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# RT100

# CPT Coding for Surgical Pathology

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# Disclosure

- I have no financial relationships or commercial interests to disclose.

# Course Objectives

## ***Session Description:***

- This session will provide an update of recent CPT coding changes that impact pathology services, and a preview of likely changes that will be implemented in the near future.

## ***You will learn to:***

- Describe recent changes to CPT codes and NCCI edits as they pertain to pathology services, including a status report on MUEs
- Better code problematic cytopathology and surgical pathology cases

# Agenda

Topic:

CPT Coding for Surgical Pathology

Opening/ Introductions:

Learning Objectives

CPT Coding Symbol System

2007 CPT Subsection Changes

CCI & MUE

Break

Vignettes

Summary and Closing:

CPT Coding Compliance & Resources

# CPT Lab Changes in 2007

- Chemistry
- Immunology
- Microbiology
- Cytopathology
- Surgical Pathology (Mohs)
- Other Procedures

# CPT Coding Symbol System

- ▲ 80000 The triangle preceding the code indicates that this code has been modified in the most current edition of CPT.
- 80000 The circle preceding the code indicates that this code has been added to the most current edition of CPT.

# CPT Coding Symbol System

- + 80000** The cross preceding the code indicates that this is designated an “add-on” code, meaning that it must be used in addition to another CPT code.
- ▶X◀** The paired arrows indicate verbiage added to the most current edition of CPT (usually within parenthetical comments).
- 80000** For purposes of this presentation, un-symbolled codes are presented only for placement purposes.

# Chemistry

- 82105 Alpha-fetoprotein (AFP);serum
- 82106 Amniotic fluid
- 82107 AFP-L3 fraction isoform and total AFP (including ratio)

# Chemistry

- 83698 Lipoprotein-associated phospholipase A<sub>2</sub>, (Lp-PLA<sub>2</sub>)

# Chemistry (Molecular Pathology)

▶ (For microbial identification, see 87470-87801) ◀

(For array technology using more than 10 probes, see 88384-88386)

83890 Molecular diagnostics;  
molecular isolation or extraction

# Chemistry (Molecular Pathology)

83890 Molecular diagnostics; molecular isolation or extraction

- 83913 RNA stabilization

# Immunology

## (Introductory Paragraph)

...if multiple assays are performed for antibodies of different immunoglobulin classes, each assay should be coded separately. ► When a coding option exists for reporting IgM specific antibodies (e.g., 86632), the corresponding nonspecific code (e.g., 86631) may be reported for performance of either an antibody analysis not specific for a particular immunoglobulin class or for an IgG analysis. ◀

# Immunology

- 86710 Antibody; influenza virus
- 86787 varicella-zoster
- 86788 West Nile virus, IgM
- 86789 West Nile virus

# Microbiology

87086 Culture, bacterial; quantitative colony count, urine

▲ 87088 with isolation and presumptive identification of (isolates)  
*each isolate, urine*

# Microbiology

87301 Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; adenovirus

- 87305 Aspergillus

# Microbiology

87470 Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae...

87497 cytomegalovirus, quantification

● 87498 enterovirus, amplified probe technique

# Microbiology

87470 Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae...

- 87640 Staphylococcus aureus, amplified probe technique
  - 87641 Staphylococcus aureus, methicillin resistant, amplified probe technique
- ▶ (For assays that detect methicillin resistance and identify Staphylococcus aureus using a single nucleic acid sequence, use 87641) ◀

# Microbiology

87470 Infectious agent detection by nucleic acid (DNA or RNA); *Bartonella henselae*...

- 87653 Streptococcus, group B, amplified probe technique

# Microbiology

87800 Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique

87801 amplified probe(s) technique

- ▶ (For each specific organism nucleic acid detection from a primary source, see 87470-87660. For detection of specific infectious agents not otherwise specified, see 87797, 87798, 87799 one time for each agent) ◀

# Microbiology

87802 Infectious agent antigen  
detection by immunoassay with  
direct optical observation;  
Streptococcus, group B

87804 Influenza

● 87808 *Trichomonas vaginalis*

# Cytopathology

88104 Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation

▲ 88106 simple filter method with interpretation

▲ 88107 smears and simple filter preparation with interpretation

▶ (For non-gynecological selective cellular enhancement including filter transfer techniques, use 88112) ◀

# Surgical Pathology

88302      **Level II** – Surgical pathology, gross and microscopic exam...

- ▶ (Do not report 88302-88309 on the same specimen as part of Mohs surgery) ◀

+ 88314                      histochemical staining with frozen section(s)

- ▶ (Do not report 88314 with 17311-17315 for routine frozen section stain (e.g., hematoxylin and eosin, toluidine blue), performed during Mohs surgery. When a non-routine histochemical stain on frozen tissue is utilized, report 88314 with modifier -59) ◀

# Other Procedures

- ▲ 89060 Crystal identification by light microscopy with or without polarizing lens analysis, tissue or any body fluid (except urine)
- ▶ (Do not report 89060 for crystal identification on paraffin-embedded tissue) ◀

# Correct Coding Initiative (CCI)

- CMS originally contracted with AdminaStar Federal, Inc., a Medicare carrier in Indiana, to propose and maintain a system of coding edits to be utilized nationally by all Medicare carriers.
- These new coding edits are released on a quarterly basis into the system known as the National Correct Coding Initiative (CCI).

# Correct Coding Initiative (CCI)

- Two forms of edits:
  - “0” CPT Modifiers are not acceptable
  - “1” CPT Modifiers are acceptable

# Correct Coding Initiative (CCI)

- **Modifier –59:** Type I CCI edits, a CPT modifier may be appropriate and necessary to indicate that distinct or independent services were in fact performed and the inclusion of both codes on the same claim form is not inappropriate coding. The modifier that is most used to attest to distinct services performed on the same date is modifier –59, defined as follows:
  - **-59, Distinct Procedural Service:** Under certain circumstances, the physician may need to indicate that a procedure or service was distinct or independent from other services performed on the same day. Modifier ‘-59’ is used to identify procedures/services that are not normally reported together, but are appropriate under the circumstances...

# Path/Lab NCCI Edits

- Consists of three documents all available at:

*[http://www.cms.hhs.gov/NationalCorrectCodiNitEd/01\\_overview.asp](http://www.cms.hhs.gov/NationalCorrectCodiNitEd/01_overview.asp)*

- Column 1/Column 2 Edits (ccigrp10v131.xls)-  
3184 edits to-date
- Mutual Exclusive Edits (ccimeg09v131.xls)-  
384 edits to-date
- NCCI Policy Manual for Medicare Services,  
v12.3 Chapter 10 (CHAP10final.doc)

# Column 1/Column 2 Edits

Column 1	Column 2	Effective Date	Deletion Date *=no data	Modifier 0=not allowed 1=allowed 9=not applicable
88108	88104	19990701	*	1
88108	88106	19990701	*	1
88108	88107	19990701	*	1
88108	88162	19990101	19960101	9
88331	88160	20040101	*	1
88331	88161	20040101	*	1
88331	88162	20040101	*	1
88331	88329	19961001	*	1
88331	88333	20060101	*	1
88331	88334	20060401	*	1

\*=in existence prior to 1996

# Mutual Exclusive Edits

Column 1	Column 2	Effective Date	Deletion Date *=no data	Modifier 0=not allowed 1=allowed 9=not applicable
88300	88172	19960101	19960101	9
88300	88173	19960101	19960101	9
88302	88172	19960101	19960101	9
88302	88173	19960101	19960101	9
88304	88172	19960101	19960101	9
88304	88173	19960101	19960101	9
88313	88358	20030701	*	1
88361	88360	20050101	*	1
88367	88368	20050101	*	1

\*=in existence prior to 1996

# Medically Unlikely Edits

- Being dealt with by CMS through NCCI process.
- Changed name from “Medically Unbelievable” to “Medically Unlikely.”
- Units of service limitations per patient, per provider, per day.
- Focus has changed from initial release.
- Multiple phases released for comment over a two-year period.

# Medically Unlikely Edits

- General Criteria for Edits
  - Anatomic Consideration
  - Code Descriptor
  - CPT Coding Instruction
  - CMS Policies
- Other Criteria
  - Nature of Equipment
  - Nature of Study/Procedure
  - Nature of Analyte
  - Clinical Judgment

# Medically Unlikely Edits

- Edit based on Anatomic Consideration
  - CPT Code 44212 (Laparoscopy, surgical; colectomy, total, abdominal with proctectomy, with ileostomy)
- Edit based on CPT Code Descriptor
  - CPT Code 99304 (Initial Nursing Facility Care, per day, for Evaluation and Management)
- Edit based on CPT Coding Instruction
  - CPT Code 12005 (Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm, to 20.0 cm)
  - CPT Instruction: “When multiple wounds are repaired, add together the lengths of those in the same classification (see above) and from all anatomic sites that are grouped together into the same code descriptor.”

# Medically Unlikely Edits

- Edit based on CMS Policies
  - CPT Code 76516 (Ophthalmic biometry by ultrasound echography, A-Scan)
  - Bilateral Indicator “2”
    - (RVUs based on procedure being performed as a bilateral procedure)

# Medically Unlikely Edits

- Edit based on Nature of Analyte
  - Nature of Testing Procedure
    - CPT Code 85557 (Osmotic fragility, RBC; incubated)
  - Nature of Testing Specimen
    - CPT Code 82575 (Creatinine; clearance)
  - Physiology/Pathophysiology
    - CPT Code 82747 (Folic Acid; RBC)
- Edit based on:
  - Clinical judgment
    - CPT Code 80053 (Comprehensive Metabolic Panel)

# MUE and Modifiers

- 59 – Distinct Procedural Service
- 91 – Repeat Clinical Diagnostic Laboratory Test
- 76 – Repeat Procedures by Same Physician
- 77 – Repeat Procedure by Another Physician
- Anatomic Modifiers
  - LT, RT
  - E1, E2
  - F1, F2
  - T1, T2
  - LC, RC, LD

# MUE Implementation

- Multi-phased Approach
  - Phase I: 1/1/2007 Implementation
    - Edits based on anatomic considerations
  - Phase II: 4/1/2007 Implementation
    - Edits based on criteria other than clinical judgment
    - Includes some laboratory codes
  - Phase III: 7/1/2007 Implementation
    - Edits based on criteria other than clinical judgment
    - Mostly DMAC codes, some lab, radiology and medicine codes

# Phase IV

- Phase IV: 10/1/2007 Implementation
  - Includes some anatomic edits
    - Consult Codes: 88321, 88323, and 88325 are limited to ‘1’
    - CAP response: ***These codes should not have an MUE***
    - It appears CMS will implement an MUE of ‘1’ as proposed

# Phase V

## Phase V: (Cover letter information)

- 1/1/2008 Implementation
- “Most edits in Phase V are based on clinical judgment...although some are based on anatomic considerations, CPT code descriptors/CPT coding instructions, CMS policies, nature of procedure/service, nature of analyte, or nature of equipment.”
- The ideal MUE criterion is one that allows the vast majority of appropriately coded claims utilizing modifiers as described below to pass the MUE criterion.

# MUE Implementation

To date:

- 462 8XXXX MUEs proposed by Correct Coding Solutions, a few have had the UoS modified, none have been reversed.

# MUEs: There are still concerns...

- Black-Box Nature of Edits
  - Will not publish final edits for fear of “gaming” of the system
  - But, some edits state that need to use modifier
    - 59 (two cervixes ex)
  - How will someone know when to use modifier if don't know the edit??
- Movement toward non-anatomic edits based on clinical judgment and request for freq data from contractor

# Medically Unbelievable Edits

End Result





# FEAR

Until you have the courage to lose sight of the shore, You will not know the terror of being forever lost at sea

# Case #1

- A pathologist goes to the radiology suite where the radiologist performs a core needle biopsy from a right lung lesion. The pathologist immediately performs a touch prep evaluation and provides the following diagnosis: “Specimen #1: scar tissue; no malignancy present.”
- A second core needle biopsy is then done separately, submitted from a different site of the same lesion. The pathologist immediately performs a touch prep evaluation and diagnosis: “Specimen #2: adenocarcinoma.”
- Both specimens are submitted for routine histopathologic evaluation.

***How is this entire exam coded?***

# Case #1 (continued)

- A. 88333x1 Pathology consultation during surgery; cytologic examination (e.g., touch prep, squash prep), initial site  
88334x1 Pathology consultation during surgery; cytologic examination (e.g., touch prep, squash prep), each additional site  
88305x1
- B. 88333x1  
88334x1  
88305x2
- C. 88333x2  
88305x2

# Case #1 (continued)

- The answer is C (88333x2 and 88305x2)
  - Two separately received and separately designated specimens are received. Both require immediate cytologic examination by touch prep methodology and routine histologic evaluation.
  - 88333 is used for both touch preps as each represent the initial site of each specimen.

# Case #2

- A 45-year-old woman with right mammary carcinoma previously diagnosed by needle biopsy presents for lumpectomy surgery. The surgeon requests an intraoperative evaluation of the margins of the specimen.
- The pathologist evaluates the superior, inferior, lateral, and medial resections margins by 4 touch prep examinations (one slide each) and renders an intraoperative diagnosis of, “Superior, inferior, and medial resections margins free of malignancy by cytologic examination. Malignant cells present on lateral resection margin by cytologic examination.”
- The specimen is then submitted for histologic evaluation after margins are marked.
- The surgeon re-excises the lateral margin requesting routine histologic examination only.

***How is this entire exam coded?***

# Case #2 (continued)

- A. 88329 Pathology consultation during surgery  
88161x4 Cytopathology, smears, any other source; preparation, screening and interpretation  
88305  
88307
  
- B. 88333x4 Pathology consultation during surgery; cytologic examination (e.g., touch prep, squash prep), initial site  
88305x2
  
- C. 88333x1 Pathology consultation during surgery; cytologic examination (e.g., touch prep, squash prep), initial site  
88334x3 Pathology consultation during surgery; cytologic examination (e.g., touch prep, squash prep), each additional site  
88307x2

# Case #2 (continued)

- The answer is C (88333x1, 88334x3, and 88307x2)
  - Two separately received and separately designated specimens are received. Only one requires immediate cytologic examination.
  - 88333 is used for the initial touch prep and 88334 is used x3 to account for the three additional sites that were intraoperatively evaluated cytologically.
  - As both specimens require histologic evaluation of margins, the histopathology is coded using two units of 88307.

# Case #3

- A 45-year-old woman with previously excised breast carcinoma presents for sentinel lymph node biopsy. The lymph node is received and an intraoperative scrape prep is performed.
- The pathologist performs the examination and renders a diagnosis of “rare atypical cells, suspicious but not diagnostic of metastatic carcinoma.”
- The surgeon requests frozen section confirmation and a follow-up cytostat interpretation of small focus of metastatic carcinoma consistent with lobular carcinoma of breast is rendered.
- The specimen is submitted for sentinel lymph node protocol but immunohistochemistry is not deemed necessary by the pathologist.

***How is this entire examination coded?***

# Case #3 (continued)

- A. 88331 Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen  
88333 Pathology consultation during surgery; cytologic examination (e.g., touch prep, squash prep), initial site  
88307
- B. 88333 Pathology consultation during surgery; cytologic examination (e.g., touch prep, squash prep), initial site  
88332 Pathology consultation during surgery; each additional tissue block with frozen section(s)  
88307
- C. 88331  
88334  
88307

# Case #3 (continued)

- The answer is C (again!) (88331, 88334, 88307)
  - If the frozen section and touch prep are performed simultaneously, complementarily aiding in the same diagnosis, the touch preparation shouldn't be separately coded.
  - However, if the touch preparation was performed to provide a separate diagnosis (i.e., margin assessment versus tumor classification, or to yield a specific tissue diagnosis when definitive cytologic diagnosis could not be rendered) they may be coded together.
  - CCI coding edits require that you indicate that the additional examination is distinct (-59 modifier).

# Case #3 (continued)

- As a parenthetical exists in the CPT book to define usage of these codes, “(For intraoperative consultation on a specimen requiring both frozen section and cytologic evaluation, use 88331 and 88334),” the temporal relationship between the touch prep and the frozen section do not dictate the code pair (88331/88334 vs. 88332/88333 or 88331/88333).

# Case #4

- A 23-year-old man presents with cervical adenopathy and the specimen is received fresh in the laboratory for routine analysis.
- Prior to placing the node in two cassettes, an aliquot is harvested for referral to an outside institution for flow cytometric immunophenotyping and touch preparations are made to be analyzed with the histologic section.

*How would you code this examination?*

# Case #4 (continued)

- A. 88329 Pathology consultation during surgery  
88161 Cytopathology, smears, any other source; preparation, screening and interpretation  
88305
- B. 88305
- C. 88333 Pathology consultation during surgery; cytologic examination (e.g., touch prep, squash prep), initial site  
88305

# Case #4 (continued)

- The answer is B (88305)
  - As the touch prep being performed is not being interpreted intra-procedurally the use of intraoperative consultation codes are inappropriate.
  - NCCI has determined that touch preparations, used in conjunction with routine histopathology (88302-9) should not be separately coded.

# Case #5

- A 42-year-old female with strong family history of breast cancer presents with two left breast masses: one in the upper outer quadrant, cystic by ultrasound; and the other lower inner quadrant, solid by ultrasound with suspicious features (BIRADS 4).
- Because you do cyst aspiration, the patient is referred to you for workup. Aspiration of the cyst using a 20 gauge needle yields 2.5 cc of greenish fluid with the cyst collapsing. A monolayer preparation is prepared from the cyst contents. You sample the solid lesion twice with a 23 gauge needle.

# Case #5 (continued)

- Your immediate evaluation number one:
  - Atypical cells, scanty
- Your immediate evaluation number two:
  - Adequate, ductal carcinoma favored
- Your smears include a Diff-Quick stained smear, a monolayer preparation, and Pap stain.

***How is this entire examination coded?***

# Case #5 (continued)

- A. 10021x2 Fine needle aspiration; without imaging guidance  
88172x2 Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s)  
88173x2 Cytopathology, evaluation of fine needle aspirate; interpretation and report
- B. 10021x2  
88112 Cytopathology, selective cellular enhancement technique with interpretation (e.g., liquid based slide preparation method), except cervical or vaginal  
88172  
88173

# Case #5 (continued)

c. 19000 Puncture aspiration of cyst of breast

88112

10021

88172x2

88173

D. 19000

88112x2

10021

88172x2

88173

# Case #5 (continued)

E. 10021x2 Fine needle aspiration; without imaging guidance

88172x2

88112

88173

# Case #5 (continued)

- The answer is C  
(19000, 88112, 10021, 88172x2, 88173)
  - The cyst aspiration was not performed by the FNA technique, but simply as a large bore needle drainage. No immediate evaluation was performed.
  - The solid mass was sampled with fine needle technique (defined as 22-3 gauge needle or smaller) in two separate passes, each separately evaluated with additional sampling indicated after the first.

# Case #5 (continued)

- The separate and distinct procedures should be appropriately documented in the report and/or in a procedure note. The 88112 would be billed for the cytologic evaluation of the cyst contents, as this aspiration was not done with FNA technique.
- It is not appropriate to bill the 88112 for the mass (answer D), as this monolayer prep is bundled in with the 88173 that encompasses all cellular material reviewed (smears, cytopins and/or monolayer preps) except for the cell block, which, if performed, is separately billable as 88305.

# Case #5 (continued)

- It is important to note that while the immediate evaluation, 88172, is separately billable per pass as documented and medically necessary, the 88173 is billable x1 per specimen site, per patient, per provider, per day.



# MISTAKES

It could be that the purpose of your life is only to serve as a warning to others.

# CPT Coding Compliance

- Key Concepts
  - Remember who is ultimately responsible for coding (You look at them every morning in the mirror when brushing your teeth)
  - Develop a personal method for coding
    - “The bathroom mirror test”
    - Assure that your report appropriately justifies your code assignment

# CPT Coding Compliance

- Key Concepts
  - Have a plan!
    - Develop (and implement) a usable corporate compliance plan
      - See CAP’s “Compliance Guidelines for Pathologists” (1998)
    - Within the plan, develop strategies to promote Group coding consistency:
      - Have a rational plan for who codes, who checks the codes, and who monitors the codes
      - Discuss within the group problem areas of coding
      - Promote CME activities for coding (i.e., CAP Internet Coding Tutorial)

# CPT Coding Resources

- Key Concepts
  - Stay in touch with current issues in CPT coding
    - CAP Today (including quarterly Q&A)
    - CAP Coding Tutorial
    - CPT Assistant
    - “Other” sources
  - When still stumped ask for help!
    - CAP Washington Office (Ayanna Wooding)
    - CAP Web site (CPT Coding Resource Center)
    - AMA-CPT Information Services (AMA Members)

Thank you for  
participating!

Please complete the course  
evaluation before you leave.

Education by the Experts

