Pathology and Laboratory

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Regulatory Terms

Clinical Laboratory Improvement Amendment (CLIA)

- CMS issues a waiver
- Approximately 80 tests
- Little risk of error

Regulatory Terms

Advance Beneficiary Notice (ABN)

- Non covered laboratory tests
- Patient is responsible for payment
- For more info., Web search “CMS-R-131”
Modifiers

• 90 Reference or Outside Laboratory
  • Billed by physician but performed by an outside laboratory

• 91 Repeat clinical diagnostic lab test
  • Same test same day
  • Not used if due to error
  • Not used if there is a better code for a series of tests

• 92 Alternative laboratory platform testing
  • Portable test kit
  • Single use disposable chamber

• 99 Multiple modifiers
Unlisted Service or Procedure

• Check Category III codes before using unlisted procedure code

“If a Category III code is available, this code must be reported instead of a Category I unlisted code.”

Unlisted Service or Procedure

• Special report
  – Description of:
    • Nature
    • Extent
    • Need for procedure
  – Describe:
    • Time
    • Effort
    • Supplies
    • Skills needed
  – Additional information about patient
Organ or Disease-Oriented Panels

- Group of tests commonly ordered together
- All tests in the panel must be performed
- Additional tests can be coded also
- Some panels are included in other panels and should not be coded separately
- Be on the look-out for “or” “and”

80047 Basic Metabolic Panel (Calcium, ionized)
80048 Basic metabolic panel (Calcium, total)
80053 Comprehensive metabolic panel

Do not report 80047 in conjunction with 80053
Organ or Disease-Oriented Panels

• 80050 General Health Panel
  – Comprehensive metabolic panel (80053)
  – Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004)
    OR
  Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009)
  – Thyroid stimulating hormone (TSH) (84443)

• 80055 Obstetric Panel
  – Blood count, complete (CBC) automated and automated differential WBC count (85025 or 85027 and 85004)
    OR
  Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009)
  – Hepatitis B surface antigen (HBsAg) (87340)
  – Antibody, rubella (86762)
  – Syphilis test, non-treponemal antibody, qualitative (eg, VDRL, RPR, ART) (86592)
  – Antibody screen, RBC, each serum technique (86850)
  – Blood typing, ABO (86900) AND
  – Blood typing, Rh(D) (86901)
Definitions

• Qualitative - What is present

• Quantitative - How much is present

• Example: Alcohol
  – Is there any alcohol in the blood (qualitative)
  – Measure of blood alcohol level (quantitative)

Definitions

• Chromatography
  – Laboratory technique used to separate mixtures
    • Mobile phase
    • Stationary phase
  – “For Chromatography, each combination of stationary and mobile phase is to be counted as one procedure.”
Definitions

• Therapeutic Drug Essays
  – Quantitative
  – Drugs given for therapeutic purposes
  – Can become toxic
  – Examples:
    • Lithium
    • Coumadin

Evocative Suppression Testing

• Baseline and subsequent measurement
• Supplies and drug billed separately
• Physician attendance
  – Use Prolonged care codes
• Prolonged infusion codes from Medicine section
Consultations

• Requested by attending physician

• Rendered by pathologist

• Written report provided

• Patient not present
  – Lab test
  – Specimen
  – Slide

Urinalysis

• Read descriptors

• Commonly performed in provider offices

• Check payer contracts
Chemistry

• Quantitative unless specified otherwise

• Same analyte in multiple specimens
  – Two analytes single stationary or mobile phase -82492
  – Two analytes using different stationary or mobile phase-82491 x 2

Chemistry

• Same analyte in multiple specimens
  – Total of three analytes measured.
    • Two of the three analytes measured by single stationary or mobile phase – 82492
    • Third analyte measured separately using different stationary or mobile phase - 82491
Molecular Pathology

- Analysis of genes
- Code selection is typically based on the specific gene(s) being analyzed
- Include all analytical services performed in the test
- Tier 1 – gene-specific
- Tier 2 – less common

Hematology and Coagulation

- Test Blood Clotting

- Blood test
  - CBC
  - WBC
Immunology

• Qualitative or semiqualitative 86602-86804

• Used to detect antibodies to the listed infectious agents
  – For single-step uses a reagent strip 86318
  – Multiple-step method
    • Code for each assay performed

Example

• 1\textsuperscript{st} test is run to check for any antibodies for enterovirus
• Antibodies identified for coxsackie A and B species
• 2\textsuperscript{nd} test is run to identify the specific antibodies for each species
• Code 86658 would be used 3 times
Microbiology

• Study of viruses, microorganisms, parasites and bacteria
• Presumptive identification – by colony
• Definitive identification – requires additional tests
• Code for additional studies
• Use modifier 59 for multiple specimens
• Use modifier 91 for repeat test on same day

Anatomic Pathology

• Autopsy (also called Necropsy)
  – Gross exam only
  – Gross and microscopic exam
  – Limited
    • Regional
    • Single organ
  – Forensic
    • Coroners
Cytopathology

• Study of cells for disease

• Obtained by several methods
  – Washing or brushing
  – Smears
  – Fine needle aspiration

Cytogenetic Studies

• Study of cells for inherited disorders

• Must use modifiers from Appendix I “Genetic Testing Code Modifiers”
Surgical Pathology

• Specimen – tissue sample
  – Has to be separately identifiable

• Divided into levels of progressive complexity
  – Level I – gross
  – Level II-IV gross and microscopic

• Additional codes for special stains

Surgical Pathology

• 88302 – Level II
  – Skin, plastic repair

• 88304 – Level III
  – Skin – cyst/tag/debridement

• 88305 – Level IV
  – Skin, other than cyst/tag/debridement/plastic repair
Surgical Pathology

- 88304 – Level III
  - Soft Tissue, debridement
  - Soft Tissue, lipoma
- 88305 – Level IV
  - Soft tissue, other than tumor/mass/lipoma/debridement
- 88307 – Level V
  - Soft tissue mass (except lipoma) – biopsy/simple excision
- 88309 – Level VI
  - Soft tissue tumor, extensive resection

Pathology Consultation

Four types of consultations:

1. Report on prepared slides
2. Report on tissue requiring prep of slides
3. Review records and specimen
4. Consultation during surgery
   - Frozen sections
   - Cytology examination
In Vivo

- Photometry
  - Non invasive test using visible and near infrared optical bands pressed to the skin
  - Measures bilirubin (neonates)
  - Hemoglobin, carboxyhemoglobin, and methemoglobin

Reproductive Medicine

- In Vitro
- Cryopreservation, storage and thawing of embryos
- Sperm analysis
Closing

• Take the time to read through this section.
• Highlight, circle, underline key words
• Read parenthetical statements.
• Read all notes