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Prostate Specimen and HPV CPT Coding Update for 2015

Prostate Biopsy HCPCS Codes

As of January 1, 2015, there will be only one code you can report to CMS for prostate needle specimens:

G0416 Surgical pathology, gross and microscopic examination, for prostate needle biopsy, any **method, any number of specimens**

Deleted for 2015 are:

G0417 Surgical pathology, gross and microscopic examination, for prostate needle biopsy, any method, 21-41 specimens

G0418 Surgical pathology, gross and microscopic examination, for prostate needle biopsy, any method, 41-60 specimens

G0419 Surgical pathology, gross and microscopic examination, for prostate needle biopsy, any method, greater than 60 specimens

You cannot report 88305 for a prostate needle biopsy for a Medicare beneficiary. Code G0416 has a global, professional and technical component in the physician fee schedule and the appropriate modifier can be appended (TC or -26) depending on the billing circumstances. The national allowed charge for 2015 for code G0416 professional component will be \$182.58 when compared to 88305 for 12 prostate biopsies will be \$468.26.

As this is only a guideline for a Medicare beneficiary, continue to report 88305 for the appropriate number of separately identified specimens. APS Medical Billing is prepared to accommodate this change through a system program to convert 88305 to the appropriate "G" code if the patient is a Medicare or Medicaid beneficiary.



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Human Papilloma Virus (HPV)

CPT 2015 has redone HPV coding by deleting 87620-87622 and adding three new codes 87623-87625. The new codes have been added to differentiate high and low risk HPV types. This HPV genotyping should be used in conjunction with or as a follow-up to an abnormal cytology report.

Low-risk types would be reported with code 87623 and high-risk types with code 87624.

Code 87625 is reported only for HPV types 16 and 18 and includes type 45, if performed. If both low-risk and high-risk HPV types are performed in a single assay, only code 87624 for high-risk genotyping should be reported per the parenthetical note following code 87624.

New codes for 2015

87623 Human Papillomavirus (HPV), low-risk types (e.g., 6, 11, 42, 43, 44)

87624 Human Papillomavirus (HPV), high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)

87625 Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed.

Deleted for 2015

87620 papillomavirus, human, direct probe technique

87621 papillomavirus, human, amplified probe technique

87622 papillomavirus, human, quantification

This change may be significant for payment, since many payers will cover testing for high-risk HPV types, but not low-risk HPV types under certain clinical circumstances.

Should you have any further questions please feel free to contact your Practice Manager or Client Representative.