

APS Update

PATHOLOGY NEWSLETTER

Volume 8 February 2011 Issue 1

Changes for Fine Needle Aspiration

The following coding and billing changes are effective January 1, 2011:

88172 (revised) Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, **first evaluation episode, each site**

88173interpretation and report

#+ 88177 (new code)..... immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site (List separately in addition to code 88172)

Per CPT "The evaluation episode represents a complete set of cytologic material submitted for evaluation and is independent of the number of needle passes or slides prepared. A separate evaluation episode occurs if the proceduralist provider obtains additional material from the same site, based on the prior immediate adequacy assessment, or a separate lesion is aspirated."

Example #1:

Fine needle aspirate lung nodule on upper lobe. The pathologist is called down to radiology and given two syringes marked A1 and A2 (first episode). Adequacy evaluation is performed by the pathologist and reported as inadequate. A third "pass" (second episode) is performed and given to the pathologists for evaluation as A3 and reported as adequate. Report 88172x1 (evaluation episode for A1 and A2) and 88177x1 (second evaluation episode for A3 from same site).

Report documentation will change for 2011 when reporting 88172 and/or 88177 as prior to 2011 documentation focused on the "pass." Starting January 1, 2011 pass results will need to be grouped according to "evaluation episode" per anatomic site.

Example #1: Intraoperative Consultation
FNA lung nodule upper lung
Evaluation episode #1 (pass 1 and 2) inadequate
Evaluation episode #2 (pass 3) adequate

Per Medicare Physician Fee Schedule for 2011, the National Payment Amount for codes 88172 and 88177 will be:

	Professional	Technical	Global
88172	\$29.90	\$20.73	\$50.62
88177	\$21.41	\$6.46	\$27.86

Important Update on PECOS

PECOS, the Provider Enrollment, Chain, and Ownership System, is a national electronic database for recording and retaining data on Medicare-enrolled providers and suppliers to combat fraud and abuse.

CMS has announced that it will not enforce the expected January 2011 enrollment deadline by rejecting claims of those providers who receive orders from referring/ordering practitioners who are not enrolled in the agency's PECOS. In a January 10th update, CMS stated that it "has not yet decided when it will begin to reject claims if ordering/referring providers are not enrolled." At this time the system's automated edits to reject claims would not be "turned on" in the near future. These edits automatically deny claims for services that were ordered or referred by a physician or other eligible professional who do not have an approved file in PECOS.

APS has updated and continues to update all client NPI-related information on behalf of all of its clients. Please contact your client representative with any questions.

2011 EDUCATION CALENDAR Hope to see you there!

Feb 11-13: Lake Buena Vista, FL
FL Society of Pathologists

Feb 28-Mar 2: San Antonio, TX
US & Canadian Academy of Pathology

Mar 9-11: Las Vegas, NV
American Pathology Foundation

Apr 8-9: Charlotte, NC
NC Society of Pathologists

Apr 29-30: Harrisburg, PA
PA Association of Pathologists

Code 88363

For 2011 CPT has provided a new code for retrieving and selecting archived material for molecular testing.

88363 Examination and selection of retrieved archival (i.e., previously diagnosed) tissue[s] for molecular analysis (e.g., KRAS mutational analysis)

This code will allow charging for the work involved in selecting and preparing archived specimens for molecular tests ordered by the treating physician after the primary case has been signed out.

Per CPT, code 88363 is specific to "retrieved archival" tissue or tissues. This code cannot be reported when the decision to perform a molecular test is made by a pathologist or the referring physician before the primary case is completed and signed out.

To report code 88363 you will be required to:

- I. Retrieve the archived case report, blocks and slides from storage.
- II. Re-examine the report and slides to determine which block(s) contains cells needed specifically for the requested molecular test.
- III. Prepare the appropriate block(s) for referral to the molecular lab. This can be an in-house lab or sent to an outside lab.

Code 88363 will be reported once for each selection episode. The number of molecular tests ordered or performed on the archived material will not be a factor. An addendum to the original report describing the service provided and the results of the molecular studies is one way to report the service or a separate report is acceptable.

Per Medicare's National Correct Coding Initiative 17.0, code 88363 will bundle with outside consultation codes 88321-88325 as it includes the consultation with the ordering physician or the lab that may be performing the testing. It also bundles with microdissection codes 88380-88381. There are also certain Medicare carriers for selected states that have put Local Coverage Determination (LCD's) in place for this code. The LCD's are guidelines for selected CPT codes with a list of ICD-9-CM codes that can only be reported to support medical necessity.

The 2011 CMS Physician's fee schedule indicates the following allowed amounts for this service:

Non-Facility - \$37.33 Facility - \$17.09

Maintenance of Certification Update

If you have participated in the PQRI program with Medicare you know that you actually can get additional payments from Medicare. In 2011 CMS has indicated that they will institute a new program available to participants in the PQRI program which will add a similar amount to the physician's income (0.5% of all Medicare paid amounts) in return for the physician's participation in a Maintenance of Certification Program.

These programs are formal education programs with the following provisions:

- ⇒ They occur more frequently than programs designed to obtain or retain board certification.
- ⇒ An assessment of the physician's practice which incorporates a review of the use of evidence-based medicine, a survey of patient experiences and evidence of quality improvement plans based on the assessment's findings. In some circumstances feedback on the progress of the quality improvement plan may be required.

It is expected that organizations will attempt to provide such services as an outgrowth of current board certification processes and those desiring to do so had until January 31, 2011 to provide intent to do so. If they wish to offer a Maintenance of Certification Program under this process they will have to file information with CMS no later than March 31, 2011. Programs which are successful in gaining CMS approval will be able to submit documentation directly to CMS on behalf of participants qualifying the participant for the Maintenance of Certification Program bonus.

CMS indicates that they will be posting conditionally approved programs on their website as they are reviewed with the intent to have all such programs identified no later than this summer to permit physicians sufficient time to enter the program and complete the requirements for the current year.

Note that the most likely entities that will be offering such programs are those professional organizations which already provide board certification maintenance programs. Therefore, a physician may already be taking some form of these educational sessions but ensuring that the requirements, including participation in the PQRI program, are completely met remains the responsibility of the physician and their practice.

As information becomes available, APS will update you with that information. If you have questions about your participation in PQRI or your eligibility for the Maintenance of Certification program, call your practice manager.

New CPT Codes for FISH Test

Two new codes have been added to CPT 2011 for FISH testing on urinary tract specimens.

88120 Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual

88121 using computer-assisted technology

As a result, the descriptions for charging CPT codes 88367 and 88368 have changed. These codes are to be used for morphometric in situ hybridization on cytologic specimens other than urinary tract specimens. Also, use code 88399 for the use of more than five probes.

Correct Coding Initiative (CCI) edits released by CMS has added many bundling edits for these two new codes for bladder cancer in situ hybridization. Codes 88120-88121 should not be reported together or with 88358, 88365, 88367 and 88368 since you should only report one ISH code which most closely describes the method and specimen type.

Per Medicare Physician Fee Schedule for 2011, the National Payment Amount for codes 88120 and 88121 will be:

	Professional	Technical	Global
88120	\$52.32	\$403.98	\$456.30
88121	\$46.55	\$338.74	\$385.29

Update on CMS Physician Signature Requirement

The Centers for Medicare and Medicaid Services (CMS) has rescinded its proposed policy to require a physician's or qualified non-physician practitioner's (NPP) signature on requisitions for clinical diagnostic laboratory tests paid under the clinical laboratory fee schedule.

Coding Corner

With sinus contents reported as 88305 would you also report 88305 for turbinates when submitted?

Turbinates is not a listed specimen in CPT. Per CPT, the directive states an unlisted specimen should be assigned to the code which most closely reflects the work involved when compared to other specimens. The AMA, per CPT Information Services, advises code 88304 is the most appropriate code to report.

We use an Alcian blue/PAS stain on an esophagus biopsy to rule out Barrett's and look for microorganisms. How do we report this "special" stain?

The Alcian blue/PAS is what is called a "cocktail" stain. If you review the stain for microorganisms and cellular changes and provide two separate findings, report the PAS (used for microorganisms) as 88312 and 88313 for the Alcian Blue (used for cellular changes which would indicate Barrett's).

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