

# APS Update

## PATHOLOGY NEWSLETTER

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### Bone Marrow Studies

Coding for Bone Marrow services can sometimes be complex, as typically a bone marrow case includes several specimens and procedures. When reporting, always code for each service. The interpretation of smears from the bone marrow aspiration is reported with CPT code 85097 and is billed in addition to code 88305 for the bone marrow biopsy. If a cell block is prepared from the aspirate clot, a separate 88305 is reported.

Additional codes are then added for any services performed. For instance, a decalcification of the bone marrow biopsy would be billed with 88311. Special stains, such as an iron stain, reticulin stain etc., should be coded once per specimen regardless of the number of slides. If a special stain is performed on the bone marrow biopsy, aspirate, and clot, code for each stain using the appropriate code. Each is considered a separate specimen. Document the name of the stain, on which specimens it is used, and the results. Do not report the Wright's stain separately because it is a standard staining technique for Bone Marrow specimens and not a "special stain." Also, because the unit of service for pathology is the specimen, if two bone marrow biopsies are identified from different locations they would be coded separately, as well as any additional services.

### NPI Registry Download Until August 1, 2007

The original release date of the downloadable registry of National Provider Identification has been pushed from June 28 to August 1, 2007. The delay comes after some Social Security Numbers and Tax Identification Numbers were found in the document which will be publicly disclosed information.

All the information populated in the NPI registry is with data provided to the National Plan and Provider Enrollment System when an application was completed for individual and facility NPI's. CMS is creating the registry under the Freedom of Information Act.

To ensure your information is accurate and the information contained within the registry is not sensitive data, log into the NPPES website (<https://nppes.cms.hhs.gov>). Here you will be able to make the necessary changes prior to the public release of the information.

### CAP Named as Lead for Quality Reporting

A new approval in pay-for-performance measures for breast and colon cancer was developed by the College of American Pathologists. The American Medical Association's Physicians Consortium approved the measures allowing pathologists closer to eligibility for Medicare's Physician Quality Reporting Initiative.

The quality reporting measures for pathology will be included in the proposed rulemaking on physician payment issues, expected in August. While this first round of proposals does not ensure final approval, this will come from multi-stakeholder, payer-supported organization (the AQA) and should be included in the final 2008 physician payment rule.

CAP has a goal to get pathologists into a bonus payment program continued through 2008. The bonus program will be offered to eligible doctors who voluntarily report specific quality measures on Medicare fee-for-service claims. The bonus is subject to a 1.5% cap of total allowed charges for services covered under Part B physician fee schedule.

### 2007 EDUCATION CALENDAR Hope to see you there!

Sept 30-Oct 2: Chicago, IL  
CAP '07

Oct 10: Arlington, VA  
APF Fall Conference

Oct 26-27: Philadelphia, PA  
MGMA 2007 Annual Conf.

Nov 17: Holmdel, NJ  
NJ Society of Pathologists

Dec 1: Plymouth, MI  
MI Society of Pathologists

## Long Delays for Medicare Provider Numbers

If you've been waiting for your Medicare provider number for a new corporation or a new doctor for what seems like eons, at least there are a lot of people in that exact same place. There are plenty of examples of carriers taking up to six months after the submission of information to even pick up the application and give an initial response such as, "the application is complete."

This is not a local problem as a recent issue of Medicare Part B News featured the problem on the front page. The delays are substantial, often going up to 8 months. For new providers, this can be especially painful as most commercial plans, including the Blue Cross/Blue Shield plans and many Medicaid plans will not credential a provider until Medicare has granted a number. This means that a new provider may have virtually no revenue coming in for over half a year because no one at the Medicare carrier can get around to looking at the application.

Medicare does backdate the effective date to when they received the application and will pay at that time for any services provided during the delay. Commercial insurers, however, are not as kind. First, you can't even submit your application in many cases until you have your Medicare number and even then, many commercial plans will not accept claims for services provided prior to their decision.

Since this is so injurious to health care providers' finances we contacted CMS to see if there were performance guidelines and sanctions to be placed on carriers for their performance on this critical issue. We were disappointed to find out that there are no guidelines and no sanctions whatsoever.

CMS, reacting to the rising level of dissatisfaction with the situation, has issued the usual comment on any such problem saying that;

1. The issue is really due to incomplete or inaccurate submissions by the providers and,
2. CMS is working on an electronic version of the submission which will speed the process.

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Based on anecdotal evidence, in all cases where we have had such a circumstance, the issue is not confined to those applications which are incomplete or inaccurate as our applications have not been returned for such issues and still take 5-7 months to finish the process.

If you are looking at the creation of a new entity for the provision of any health service it is important to add this delay into your planning timeline as its impact on revenues can be significant.

## Coding Corner

**If a cervical specimen is received labeled as a "LEEP" specimen, what would be the correct code to report?**

Code 88305 (Surgical pathology, gross and micro exam, cervix or endocervix, curettings/biopsy) or 88307 (Surgical pathology gross and micro exam, cervix, conization) could be the correct code, depending on the service performed. If the specimen is a LEEP biopsy, report 88305. LEEP conization is reported with 88307. The surgical note will be a guide in choosing the correct code. If the surgical note does not clarify the specimen, the code should be determined by the level of work involved in the tissue exam.

**What Surgical Pathology code is assigned for a needle-core specimen?**

A Needle-Core specimen is a biopsy (partial removal, no margins) specifically obtained via core needle. Report the appropriate surgical pathology CPT code based on the origin of the specimen. The method by which it is obtained is not relevant to code selection. For example, a needle-core biopsy of the pancreas, per CPT, would be 88307 (pancreas, biopsy).

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