

APS Update

PATHOLOGY NEWSLETTER

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Date of Service Changes for 2009

Effective January 5, 2009, CMS implements the new laboratory "date of service" policy. In addition to lab tests paid under the clinical laboratory fee schedule, it has been revised to now include the technical component of physician pathology services. In the past CMS had not provided written instruction for pathology services, but now you need to be made aware of the guidelines so that the DOS (Date of Service) policy can be followed for your lab.

These new guidelines will need to be followed for the TC of surgical pathology codes 88302-88309, and non gyn cytology codes 88104-88112 and 88160-88162. It will also apply for the TC on some of the "add-on" services, such as special stains 88313-88314, immunohistochemical (IHC) 88342, 88360-88361 and the in situ hybridization (ISH) codes 88365-88368. The guidelines are:

- ◆ General Rule: The DOS of the test/service must be the date the specimen was collected
- ◆ Variation: If a specimen is collected over a period that spans two calendar days, then the DOS must be the date the collection ended

There are two exceptions that apply to the DOS policy. For DOS for tests/services performed on stored specimens, which is a specimen stored for less than or equal to 30 calendar days from the date it was collected, then the DOS will be the date the test/service was performed only if:

- ◆ The test/service is ordered by the patient's physician at least 14 days following the date of the patient's discharge from the hospital
- ◆ The specimen was collected while the patient was undergoing a hospital surgical procedure
- ◆ It would be medically inappropriate to have collected the sample other than during the hospital procedure for which the patient was admitted
- ◆ The results of the test/service do not guide treatment provided during the hospital stay; and
- ◆ The test/service was reasonable and medically necessary for treatment of an illness.

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If the specimen was stored for more than 30 calendar days before testing, then the specimen is considered to have been archived and the DOS must be the date the specimen was obtained from storage. These rules also apply to chemotherapy sensitivity tests/services performed on live tissue.

ICD-10 Change Date Issued

The Department of Health and Human Services has announced a proposed date of October 1, 2011 to begin using the ICD-10 codes, X-12 (Version 5010) transaction standards, and the National Council for Prescription Drug Programs standards Version D.0.

The driver behind this effort is the growing obsolescence of the ICD-9 codes. Internationally, the ICD-10 is the standard which has caused a limited ability to compare disease related research between the U.S. and foreign studies. In addition, the ICD-10 has nearly 10 times the number of codes providing greater specificity in coding diseases. Finally, and perhaps most convincingly, ICD-9 is expected to start running out of codes next year.

The switch to ICD-10 will require expenditures from health care providers, insurance companies, etc. but the greatest impact is expected within the provider community.

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2008 EDUCATION CALENDAR

Hope to see you there!

Oct 4: Columbus, OH
OH Society of Pathologists

Oct 17-18: San Diego, CA
MGMA Pathology Mgmt. Assembly

Nov 15: Holmdel, NJ
NJ Society of Pathologists

Dec 3-6: Los Angeles, CA
CA Society of Pathologists

Dec 6: Plymouth, MI
MI Society of Pathologists

ICD-9 Update

ICD-9 is updated annually with new, revised and deleted diagnosis codes. For 2009 there will be more than 330 new, revised and deleted codes. These changes became effective October 1, 2008. Remember, there is no longer a grace period to implement these new and changed ICD-9 codes. Use of an incorrect diagnosis code after October 1st will likely result in a denial. Revisions typically include expanded ICD-9 codes for some common conditions by adding an additional digit and deleting some codes you may know from memory. To ensure current, accurate diagnosis coding, make sure you consult the 2009 ICD-9 manual.

Medicare's Error Rate Testing Program

Recently, CMS has been issuing requests for documentation of services provided under the Comprehensive Error Rate Testing (CERT) program. The program is being pursued under the authority granted by HIPAA. The stated goal of the program is to determine if Medicare Part B carriers are paying claims correctly.

The requests are typically focused on a small sample of cases and encompass any records required to substantiate the billed CPT's. Based on our experience in other similar compliance oriented programs we have found:

1. "Errors" usually only means overpayment to the provider
2. Any sample based error rate may be extended to all similar services in a recoupment effort (it is noted that overpayments will be provided to the local Medicare contractor for recoupment).

Given recent efforts by Medicare under the RAC program to determine areas of potential recovery in combination with the CERT raises concerns over the use of the CERT findings. If you do receive a CERT request, comply with the request but closely monitor any actions related to those cases. Failure to comply with the request will result in a finding of overpayment.

Coding Corner

I received a wide re-excision of skin with a previous biopsy positive for basal cell carcinoma. Multiple blocks are reviewed. Would code 88307 be the appropriate code to report?

Unfortunately, no. No matter how many blocks/margins are reviewed, if the specimen submitted is skin and the ICD-9 code is in the 172 series, 173 series, 216 series or 238.2, the highest level would be 88305. Unless the re-excision is deep into the subcutaneous tissue and/or muscle, then it would be considered a soft tissue mass or soft tissue excision and code 88307 can be reported.

Is a BAL specimen reported as 88108?

If your specimen was cytopun/concentrated, then yes, code 88108 is correct. If not, then the correct code will depend on the method used to prepare the specimen. Except for FNA's, this would be the case for all non-gyn cytology specimens such as fluids, washings or brushings. So the correct code could be one of the following:

- ◆ 88104 – Cytopathology, fluids, washings or brushings except cervical or vaginal; smears with interpretation
- ◆ 88106 – simple filter with interpretation
- ◆ 88107 – smears and simple filter with interpretation
- ◆ 88108 – concentration technique, smears and interpretation
- ◆ 88112 – selective cellular enhancement technique

Do you have a coding question or maybe a specimen that you just want clarification on or a comment or coding concern? E-mail it to me at tscheanwald@ucbinc.com and I will provide answers and/or feedback.

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