APS Update

PATHOLOGY NEWSLETTER

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Blue Cross Blue Shield Reports Confidentiality Leak

Recently, APS has been made aware by various Blue Cross Blue Shield programs around the country that the Blue Cross and Blue Shield Association (the licensure of the Blue Cross and Blue Shield brands across the United States) experienced an unauthorized transfer of provider network data. Apparently, a BCBSA employee transferred provider data onto a personal laptop and that laptop was stolen. BCBSA has indicated that there is no evidence at this time that the information has been misused, however they are taking steps to notify various providers around the country of this breach. The data that was on the laptop includes, provider name, address, provider tax ID number/social security number and NPI number. As APS receives notification from the various Blue Cross Blue Shield plans they will forward these letters to our clients as quickly as possible. BCBSA is recommending that any affected providers activate a credit monitoring program that will monitor your personal credit report for a one year period of time free of charge. This is recommended to establish an on-going monitoring of your personal credit report.

Update on New MUE Edits

As you are probably aware, CMS has implemented for all providers a claims editing program called The Correct Coding Initiative. There have been a few notable additions to the CCI list effective October 1, 2009. They are:

- CMS payment policy allows only one unit of service for CPT codes 88321, 88323 and 88325, per beneficiary per provider on a single date of service.
- The unit of service for CPT code 88172 (cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of a specimen) is the separately identifiable lesion or tumor. Per the code descriptor, all specimens from a single lesion are included in the single unit of service, therefore if a physician performs multiple passes into the same lesion to obtain multiple specimens for immediate cytohistologic study, all specimens from the lesion are included in the single unit of service.

Please contact us with any questions or if you'd like to have a better understanding of how the CCI or MUE's could affect your practice.

Are You Preparing for the Conversion to ICD-10?

As you may be aware, efforts are underway by providers, payors and information systems to expand programs to accommodate the new ICD-10 CM program. Essentially, the ICD-10 will replace the current ICD-9 diagnosis coding system and will use five times more codes or an increase to 68,000 from 13,000 codes. This change will impact every system, including coding software, LIS, billing systems, ABN/medical necessity software, registration systems, claims submission/ scrubbing systems, test ordering systems, utilization and managed care reporting systems, data warehousing, system to system interfaces, registries such as cancer and even paper forms. It is important to be aware of this change as full implementation is scheduled for the year 2013 with testing to begin as early as next year.

ICD-9 Update

ICD-9 is updated annually with new, revised and deleted diagnosis codes. For 2010, there will be more than 300 new, revised and deleted codes. These changes became effective October 1, 2009. Remember, in keeping with HIPAA regulations, there is no longer a grace period to implement these new and changed ICD-9 codes. Use of an outdated diagnosis code after October 1st can result in a claims 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. If you need assistance, please don't hesitate to contact us.

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CPT Coding for Sinus Contents

This is to inform our clients of a change in coding policy for billing Sinus Contents.

The CPT text provides two codes for nasal specimens:

- 88304 - Surgical pathology, gross and microscopic examination, polyps, inflammatory-nasal/sinusoidal
- 88305 - Surgical pathology, gross and microscopic examination, sinus, paranasal biopsy

Following the definition of "sinus contents" which refers to pieces or portions of ethmoid tissue, mucus membranes or other soft tissue of a nasal sinus removed for diagnostic study it doesn't specifically fit CPT code 88304 or CPT code 88305. In which case, per CPT it is considered an "unlisted" specimen. If a specimen is "unlisted," the surgical pathology section of the CPT book states "Any unlisted specimen should be assigned to the code which most closely reflects the physician work involved when compared to other specimens assigned to that code." For the past several years APS has followed the industry standard in billing this specimen as 88304 similar to polyps, inflammatory-nasal/sinusoidal.

With consideration given to the CPT coding nomenclature for this type of specimen, the advice from AMA, The College of American Pathologists and The Coding Institute, we recommend that sinus content when submitted for gross and microscopic examination be reported with CPT code 88305.

Nasal sinus tissue is not typically bundled with another specimen. Therefore report each individually identified and separately diagnosed specimen. If two or more in a container cannot be separately distinguished they are bundled as one unit of 88305.

If you have any questions or additional comments regarding this information, please feel free to contact Tom Scheanwald or Jan Toczynski CPC at (800) 288-8325 or e-mail:

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Femoral Head or Joint Resection??

When a femoral head is submitted, there are three choices for CPT code assignment. Two CPT codes are specifically for femoral head. Accurately coding the specimen requires careful consideration to the gross features of the specimen as well as the clinical information. For example, the patient history, diagnosis and specimen labeling. The two specific choices for femoral head and their guidelines are as follows:

88304-Femoral head, other than for fracture

- Femoral head is removed during a hip replacement surgery
- It is not fractured
- It is only the head of the femur (the "ball" of the joint)
- It does not include the acetabulum or a significant portion of the femur

88305-Femoral head, fracture

- Femoral head is removed during a hip replacement surgery
- Fractured
- Fractured defined as an actual break or crack in the bone, not a pathologic fracture
- It is only the head of the femur (the "ball" of the hip joint)
- It does not include the acetabulum or a significant portion of the femur

Whether the specimen is received in fragments or pieces will not change your code choice. Small pieces of cartilage or soft tissue are not separately charged. Be sure to document keywords, such as *femoral head* and *fracture* in the report for coding and/or auditing purposes.

If you receive a significant portion of acetabulum or a portion of the neck of the femur then neither of the above codes would be appropriate. In which case, the appropriate code would be CPT code 88305, joint resection**.** Again, clinical information such as patient history, clinical diagnosis and operative procedure are the key. The focus of the surgery would be the whole joint and not just the repair of a component. It is not required to be a "complete" joint resection but the intent of the surgery needs to be a joint resection and most of the joint submitted. Document keywords such as *joint resection* or *total hip arthroplasty* in the report for coding and/or auditing purposes.

PQRI Checks Are On The Way

APS began receiving checks or direct deposit information from CMS regarding payment for qualifying participation in the PQRI program for its clients. At this point, payment is being made to the group NPI number for 2008 services. APS will notify you of any PQRI payment as they are received.

Battling the Hidden Discount

You have just signed the best insurance contract in your practice's history, achieving a 30% increase in rates. The partners are ecstatic and the group agrees to major changes in its retirement and health benefits based on the additional funds from the improved rates.

Fast forward six months and the practice is wallowing in unpaid invoices and scrambling for payroll due to lower than expected collections from the new contract. Analysis after analysis indicates that the insurance plan has correctly processed the claims but that increases in copayments and deductibles have resulted in flat collections from the insurer and mushrooming patient receivables as a result.

Copayments and deductibles often represent a substantial component of medical practice bad debt and as pressures have increased on insurers to control premium hikes more of the claim cost has been placed on the patients themselves despite the appearance of traditional health coverage. Consider this, an insurer who is willing to increase copayments from 20% to 30% can give every provider an 11.5% increase in their payment rates without increasing their direct payments to providers at all. The provider must then pursue their patients to achieve any increase in payments resulting from a double digit increase in rates.

APS Medical Billing instituted a credit card payment service for our clients in anticipation of such changes. At this point our experience has indicated that the availability of credit card payment has spurred patients to pay those copayments and deductibles quickly and completely. To date, of nearly 21,000 total credit card transactions over 88% of them have been for amounts less than $100, representing those copayments and deductibles.

At this point, APS has collected more than $1,000,000 in credit card payments for our clients in the past year, either by phone, paper or through internet transactions. This, along with our contract management programs has permitted us to effectively collect nearly all of the contracted amounts for our clients using credit card payment options.

If you do not currently use credit card payment for patient responsible balances, please contact us to see how to add this key capability to your practice.

2009 EDUCATION CALENDAR

Hope to see you there!

Nov 21: Holmdel, NJ
NJ Society of Pathologists

Dec 2-5: San Francisco, CA
CA Society of Pathologists

Dec 5: Plymouth, MI
MI Society of Pathologists

Coding Corner

We prepare 6 to 10 slides many times on CSF direct smears. Would code 88162 be the correct code to report?

No, you would not report code 88162 for fluid, washing or brushing specimens or even fine needle aspirates. When choosing the appropriate code for a cytology specimen you first need to identify the specimen and the method used to prepare the slides. Since the specimen is fluid and the method a direct smear, the correct code would be 88104. Per CPT definition, codes 88104, 88108, 88112 and 88173 state **smear(s)** and code 88162 would not be reported in addition to. CPT codes 88160-88162 state "any other source" meaning not fluids, washings, brushings, cervical or vaginal specimens but would be reported for specimens such as nipple discharge, sputum, etc. prepared by direct smear.

We received slides from a liver biopsy for review. Would we report 88307 or is there another code more appropriate?

If the slides are received from an outside lab, the appropriate code would be one of the outside consultation codes 88321-88325. The guideline to follow would be if you are the first pathologist to microscopically examine routine preparations from a specimen(s), the appropriate codes to report are 88302-88309. If the slide(s) is to confirm, clarify or supplement another pathologist's diagnosis from the same or related slide(s), report 88321-88325. Per the AMA, consult codes are reported once per surgical case (outside accession number received) not specimen received. FYI - For consultation codes 88321-88325, CMS has instituted MUE limit of one per patient per consultation per date of service. Please contact us for a list of current CMS MUE's.

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.