

## New Consultation Charges for 2022

Beginning January 1, 2022, CPT® codes 80500 and 80502 are being deleted. Code 80500 is a consultation deemed “limited” as it does not require review of additional patient records. Pathologists would report 80502 for a consultation requiring additional “complex” work of reviewing medical records. The new codes better clarify the vague language of “limited” and “complex” where the pathologist will determine the CPT based on the level of complexity (limited, moderate, high) and/or based on time.

### New code descriptions

**80503:** Pathology clinical consultation; for a clinical problem, with limited review of patient's history and medical records and straightforward medical decision making. When using time for code selection, 5-20 minutes of total time is spent on the date of the consultation.

**80504:** Pathology clinical consultation; for a moderately complex clinical problem, with review of patient's history and medical records and moderate level of medical decision making. When using time for code selection, 21-40 minutes of total time is spent on the date of the consultation.

**80505:** Pathology clinical consultation; for a highly complex clinical problem, with comprehensive review of patient's history and medical records and high level of medical decision making. When using time for code selection, 41-60 minutes of total time is spent on the date of the consultation.

**+80506:** Pathology clinical consultation; prolonged service, each additional 30 minutes (List separately in addition to code for primary procedure). Use 80506 in conjunction with 80505. (Prolonged pathology clinical consultation service of less than 15 additional minutes is not reported separately) Do not report 80503, 80504, 80505, 80506 in conjunction with 88321, 88323, or 88325.

### Code selection

Code selection can be based on time or level of complexity per medical decision making.

Medical decision making describes code 80503 as low in number and complexity of problems, amount and/or complexity of data to be reviewed, and risk of complications and/or morbidity of patient management. Code 80504 is described as moderate in these categories, and code 80505 is described as high.

Time alone may be used to select the appropriate code level for the consultation as defined by the service descriptions and must be documented in the medical record when used as the basis for code selection.

For coding purposes, time for these services is the total time on the date of the consultation. It includes time personally spent by the consultant on the day of the consultation (includes time in activities that require the consultant and does not include time in activities normally performed by clinical staff).

Consultant time includes the following, when performed:

- Review of available medical history, including presenting complaint, signs and symptoms, personal and family history
- Review of test results
- Review of all relevant past and current laboratory, pathology and clinical findings
- Arriving at a tentative conclusion/differential diagnosis



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- Comparing against previous study reports, including radiographic reports, images as applicable, and results of other clinical testing
- Ordering or recommending additional or follow-up testing
- Referring and communicating with other health care professionals (not separately reported)
- Counseling and educating the clinician or other qualified health care professional
- Documenting the clinical consultation report in the electronic or other health record

### **Billing Requirements**

Request for consultation must be a direct order (standing orders are not allowed) from a physician or other qualified healthcare professional at the same or another institution.

A request for consultation can be submitted in writing, electronically, by phone, or face-to-face but must be documented as such for billing purposes.

The clinical consultation request must be related to pathology and laboratory findings or other relevant clinical or diagnostic information requiring interpretive medical judgement.

Results from a consultation should be provided in a written report rendered by the pathologist who fulfilled the request.

A consultation can also be completed by a pathologist when mandated by federal or state regulations.

*Source: AMA CPT® 2022 Professional Edition*