MORE PATHOLOGY CODING FOR DUMMIES

Nellie Spencer, CPC
PURPOSE:

To inform and discuss Pathology Coding Process using CPT, ICD9 and ICD10
CPT - DEFINITION

- CPT is the universal “language” used today to describe, bill, and pay medical, surgical and related physician services and procedures.
CPT (cont.)

- CPT is a registered trademark of the AMA, and it references the text “Current Procedural Terminology”
CPT (cont.)

• Except for a handful of HCPCS codes, all anatomical and clinical pathology procedure codes you need to attend to are Category I CPT codes.
CPT (continued)

Most are in cytopathology

Codes 88104-88199

And pathology

Codes 88300-88399
Any unlisted specimen should be assigned to the (CPT charge) code (Category) that most closely reflects the Physician’s work involved, when compared to other specimens assigned to that code.
All CPT codes are “comprehensive” (complete) in the sense that supplies, physician and technician time are an integral part of the service, and cannot be separated.
The 3 W’s and an H

What

Where

Who

How
WHAT – (the heck is it )?

Specimen receiving area receives specimen and assigns a case number. That case number along with the patient name is printed on the cassette via the engraver machine, seen here.
What (the heck is it)?

- Empty Cassettes (blocks)

Empty cassettes awaiting specimen pieces
WHAT

Specimen Assignments (CPT)

Level I thru Level 6

I - 88300
II – 88302
III – 88304
IV – 88305
V – 88307
VI - 88309
WHAT

CPT SURGICAL PATHOLOGY

88302--88309 include accession, gross & micro examination and reporting.

Unit of service is the specimen.

Specimen is defined as tissue or tissues that is (are) submitted for individual and separate attention, requiring individual exam/diagnosis.
WHAT

CPT SURGICAL PATHOLOGY.
88300

Gross exam only
Accurate dx can be made
without micro exam
Calculus
Implants
WHAT

CPT SURGICAL PATHOLOGY
88302 (Junk Code)

Gross and micro to confirm tissue identification and absence of disease

Plastic repair
Tubes/Vas for Sterilization
Hernia
Amputation (traumatic)
Gross and micro exam with ascending levels of physician work.
WHAT (CONTINUED)

88304 (it’s the little things)

Cysts (skin)

Hemorrhoids

Aneurysm

Abscess

Hematoma

Tonsils/adenoids

Debridement
WHAT (CONTINUED)

88305 (most used CPT) code
Biopsy (TRUMP WORD)

The word Biopsy is almost always equated an 88305 charge.

Exceptions being:

Liver

Brain

Leep Cervical Cone

BX with Margins
Neoplasm

The term neoplasm, that appears in several CPT descriptors cover both Malignant and benign conditions.

It also includes pre-malignant conditions such as dysplasia

Uses a level V or VI CPT assignment
WHAT (CONTINUED)

88307 - Big or Complicated

These are typically large specimens
ie: Breast Mastectomy (Partial/simple)
Cervix Conization , Lymph Nodes (regional resection, Colon Segmental Resection,
Liver wedge and Thyroid (total/lobe)

Or Complicated ie: Biopsies of Heart. Liver, Brain,
Pancreas any size and placenta
What (the heck is it)?

- **Gross Placenta**

The "gross" specimen is then sent for processing in the cassettes.
WHAT (the heck is it?)

- Specimen tissue ready for paraffin embedding

Specimen sent to the processing machine overnight
WHAT (the heck is it)?
88309 Bigger and Complicated

Bigger, ie: Lung Total Lobe; Total Resection (bundle Lymph nodes), Larynx Total Resection

And Complicated ie: Colon for Tumor (Partial or Total) and Breast(s) with Lymph Nodes
Any unlisted specimen should be assigned to the code which most closely reflects the physician work involved when compared to other specimens assigned that code.
WHERE Location, Location, Location

Specimen CPT codes equate to location ie the WHERE

You approach the WHERE using the “back to front” rule, ie: code the organ first

A. Cysts of Ovary, code ovary, cyst = 88305

Cysts of skin, code skin, cyst = 88304
WHERE (CONTINUED)

B. Organ

Breast cyst = 88305
Liver biopsy = 88307
Pancreas biopsy = 88307
Brain biopsy = 88307
Lipoma of organ (ie: intestine, kidney) can be 88305 (bx) or 88307 (resection)
Skin = 88304

C. Blood/Blood Forming
Spleen = 88305
Bone Marrow = 88305
WHERE (CONTINUED)

D. Coding for Bone Specimens

88304 Bone fragment(s), other than pathologic fracture

88304 Femoral head, other than fracture

88305 Bone exostosis

88305 Femoral head fracture

88305 Joint resection

88307 Biopsy / Curetting

88307 Bone fragment(s), pathologic fracture

88309 Bone resection
WHERE (continued)

• Bone fragments have 2 choices:
  • Fragments due to weakening of bone; due to disease, i.e. neoplasm, osteomyelitis (88307)
  • Fragments due to Trauma or shavings (88304)
  • Soft tissue/cartilage attached or included not separately charged.
WHERE (continued)

- Check clinical information and specimen submitted to be sure you have chosen most accurate code:
  - Example: bone fragments from knee, including soft tissue and synovium, could describe a joint resection (88305)
WHERE (continued)

- FEMORAL HEAD:
  - 2 choices 88304 other than fracture/88305 fracture
  - Codes specifically for the femoral head only
  - Exceptions:
    - If acetabulum is included – joint resection 88305
    - If a significant portion of neck is included; could be reported as 88309, bon resection
WHERE (continued)

• Bone biopsy should be straight forward:
  – Key words: biopsy and or curettings in the final diagnosis should be used to prevent coding errors.

Osteochondroma is considered a type of exostosis (88305)

Bone resection whether submitted in fragments/pieces or intact is reported 88309 if the intent of the surgery was a resection
Debridement: often over coded

Tissue that is predominantly debridement of the sinus cavity and/or nasal passage, ie: Ethmoid, turbinate, nasal septum is conventionally equated to 88304.

VS

A biopsy of these areas have an 88305 charge.
WHO

Sex specific

FEMALE
Breast
Uterus
Pregnancy codes

MALE
Prostate
A CPT code is sometimes determined by “how” it is done.

ie: The process; Biopsy vs Resection (Total / Subtotal)

Is it for tumor/not for tumor?
HOW

A. Soft Tissue
   Biopsy = 88305
   Debridement/lipoma = 88304
   Mass (simple excision) = 88307
   Mass (extensive) = 88309
B. Fractures (88307)

Pathologic Fractures (weakening or actual fracture) of bone are due to a pathologic process.

Example: Neoplasia, osteomyelitis, etc
This does not apply to inflammatory conditions of bone, ie: rheumatoid arthritis
C. Breast

Breast Biopsy = 88305

Mastectomy, Simple/Partial = 88307

Lumpectomy with margins, = 88307

Radical Mastectomy, Simple/Partial with Regional Lymph Nodes = 88309
D. Colon

Colon biopsy  = 88305

Colon/ Segmental resection (other than for tumor)  = 88307

Colon/ Segmental resection for Tumor, = 88309

If there is a history of neoplasm, use 88309, whether tumor is found or not
E. Skin

“skin specimens, for the most part (exceptions cysts, debridement) must be classified under 88305, even with a dx of melanoma. However, sometimes the excision is so deep that the outer layer is incidental, this is classified under soft tissue rules (careful this must be supported by correct language)
F. Biopsy (Cytology Specimens)

A tissue core biopsy is a histological specimen regardless of the “HOW” ie: CT / US guided biopsy

Examples:
  Lung = 88305,
  Liver = 88307
  Bone = 88305
G. Complex Surgical Pathology Specimens with multiple organs and radical Surgical Procedures

General Guideline:

When determining the most accurate code(s) for complex surgical pathology specimens with multiple organs and radical surgical procedures, use the CPT code “that most closely” reflects the physicians work.

WARNING: DO NOT upgrade a code, because of malignancy or size.
G. Complex Surgical Pathology Specimens with multiple organs and radical Surgical Procedures

1. Intestine (88307 vs 88309)
   Do not code short segments of terminal ileum or appendix that are part of a right colectomy for cancer

   EXCEPTION:
   Separate segments submitted for the evaluation of a lesion, such as a ischemic bowel (88307), diverticulitis (88307), or carcinoma (88309)
HOW

G. Complex Surgical Pathology Specimens with multiple organs and radical Surgical Procedures

2. General RULE: Separate codes are appropriate when other organs that are not ordinarily part of the specimen are submitted and evaluated

Example

Kidney (88307) with adrenal gland (assign code appropriate for the work involved)
HOW

G. Complex Surgical Pathology Specimens with multiple organs and radical Surgical Procedures

3. Multiple organs attached and submitted in one container

Example

Radical Cystoprostatectomy (bladder and prostate coded separately)

The prostate or / and the bladder, neoplastic (88309)

Non neoplastic would be (88307)
HOW

G. Complex Surgical Pathology Specimens with multiple organs and radical Surgical Procedures

4. Pelvic Resections, maybe more complicated to evaluate and code

Example

Rectum, bladder and genital organs, are all coded separately,

ie: rectum neoplastic (88309)
Bladder neoplastic (88309)
Genital Organs NON neoplastic (uterus, tubes & ovaries is an (88307)
G. Complex Surgical Pathology Specimens with multiple organs and radical Surgical Procedures

5. Pancreas / Spleen

Example

Pancreas Resection (88309)
Spleen Resection (88305)
Intestine attached to pancreas (88307)
HOW

G. Complex Surgical Pathology Specimens with multiple organs and radical Surgical Procedures

6. Tissues not requiring separate evaluation

Example

Neck Dissection:

Regional Lymph Nodes (88307)
Salivary Gland (88307)
Muscle and vascular structures (NO CODE)
LETS TALK LYMPH NODES

NOT SEPARATELY CODED IF:
• CPT specimen ordinarily includes LNs, do not code separately, e.g., mastectomy, laryngectomy, colectomy for CA
Radical prostatectomy (88309) -- regional LN resections reported and coded separately
LYMPH NODES (CONTINUED)

LN--difficult lymphoma dx is still 88305

Sentinel lymph node(s) (88307) are separately coded and may have multiple units if separately identified.
BUNDLING (YES OR NO)

Tissues usually removed together
--Mandatory bundling

Disregard # of specimens in container

Disregard separate containers in some cases
BUNDLING (YES OR NO)

A. Tonsils/adenoids

Tonsils separately identified 88304 x 2

Tonsils in same container - 88304 x 1

Adenoids only 88304

Adenoids with tonsils - no separate charge.  88304 is “Tonsil and/or adenoids”
BUNDLING (YES OR NO) CONTINUED

Uterus/ tubes and ovaries

Uterus and ovary/tubes, must be combined for a single charge in all cases (prolapse, with/without tumor)

Are tubes and ovaries incidental to the uterus?

Ovaries/tubes from the same side of the pelvis are bundled; if the ovary and fallopian tube from both sides are submitted separately and diagnosed, you may post a charge for each

(KEY WORDS: SEPARATELY AND DIAGNOSED)
Tubes and ovaries are considered incidental and subsequently bundled with the uterus when diagnoses such as, “No Pathologic Diagnosis” or “No Physiological changes” is utilized.

However tubes and ovaries are coded separately from the uterus, when a separate evaluation is required and is appropriate.

Example: Ovary neoplastic (88307) and benign uterus, an additional (88307)
C. Lymph nodes

Lymph nodes with breast

Radical or modified mastectomy
(one or more nodes) (88309)
(Excluding “sentinal nodes 88307)

Lymph nodes with Larynx resection
(except designated “sentinal”)
D. Bowel Resections
Segmental or total large bowel resection – one or more lymph nodes are bundle

E. Fingers/toes – 2 or more same foot bundle (non-traumatic 88305) (Traumatic 88302).

Opposing hand foot can be charged separately.

Opposing foot – separate charge (left/right)
CONSULTS

A. 88321 – Referred Consultation – prepared slides, routine (each specimen)

B. 88323 - Referred Consultation – requiring preparation of routine slides

C. 88325 – Complex: Includes chart review, laboratory results, oncologists consult, etc
CYTOPATHOLOGY – CPT CODING OF FNAs

FNA performance 10021 or 10022
  (must be accompanied by a procedure note)
88172 – FNA adequacy (can be unit coded)
88177 – FNA adequacy (additional passes)
88173 – FNA interpretation and report coded
  only once per site
CPT CODING OF FNAs WITH NEEDLE CORE BX

Needle core bx – 88305/88307
Adequacy by touch prep – intraop consult with TP - 88333
CYTOPATHOLOGY – CPT CODING CYTO

88104 cyto, fluids, washings brushings
88108 concentration technique
88112 Thin Prep Surepath (Anal Paps) Cyto
    selective cell enhancement technique
Cell Block (88305) is an added code
CPT CODING CYTO

- Code to highest level of specificity and complexity when multiple prep methods on same specimen, e.g. fluid 88112 not 88104
- Bill only one code from the cyto group of related codes 881xx
- Separate specimens (e.g. bronchial washings & brushings) –use 59 modifier
- Document
ADD ONS
(For the most part must be used with additional code)

A. Decals
   (88311)
   Mentioned in gross description vs final dx

B. Special Stains:
   (88312, 88313, 88342)
   “If you don’t say it; they won’t pay it”
   Specify stain and block -

C. Electron Microscopy
   (88348)
   (exception to rule)
   Reported separately, usually in an addendum
D. Frozen Section/Touch Preps

(88329, 88331, 88332, 88334)

88329 – gross exam
88331 – Frozen section first (done on each block)
88332 – Frozen section each additional (with 88331 on first block)
88334 – Touch prep/squash prep done with 88331

Each stain must me reported separate from gross description and labeled:

MODIFIERS  (Yes or No)

A. 59  
B. 26  
C. 22  

- [ ] A
- [ ] B
- [ ] C
Modifiers

59 - Procedure or service distinct or independent from other services performed on the same day

1. Example -- separate sites, procedures, patient encounter

AVOID APPEARANCE OF UNBUNDLING
Modifiers

EXAMPLE - 59

1. 88189 (Flow Cytometry 16 or > with 88342-59

2. Separate procedures, same day, necessary and not duplicative

3. Nat’l CCI edits must use - 59 modifier
Modifiers

22- Unusual procedural service

• Greater work than usually required for the listed CPT code
• Use modifier instead of “upcoding”
• Usually no increase in payment
• Not recognized by most other payors
Modifiers

26- Professional component

- Procedures that have both technical and professional component
- Global = TC + PC
- Used for clinical lab test interpretations
- Use with lab bills TC, physician bill PC separately
ICD-9 – International Classification of Diseases, 9th Revision

HOW TO USE

1. Don’t code words such as suspicious for, probable, questionable or rule out.

2. Code to highest level of specificity: use 4th and 5th digits as indicated.

3. Pathologic findings and diagnosis, not the clinical diagnosis or clinical history are coded

4. Back to front rule applies (Disease first)
ICD-9 – International Classification of Diseases, 9th Revision

ICD-9 dx code can dictate your CPT code

Samples:
1. Specimen submitted as axillary lymph node resection (88307)
   Diagnosed as fat only, new code 88304

2. Specimen submitted as uterine prolapse, (88305)
   Diagnosed as moderate dysplasia
   new code, 88309
ICD-10 FINAL RULE

• The compliance date for Implementation of ICD10-CM is

• OCTOBER 1, 2014
## ICD-9 – ICD-10 Format Comparison

<table>
<thead>
<tr>
<th>ICD-9-CM Diagnoses</th>
<th>ICD-10-CM Diagnoses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st char alphanumeric (only E and V codes)</td>
<td>1st char alphanumeric (all letters except U)</td>
</tr>
<tr>
<td>3 to 5 characters</td>
<td>3 to 7 characters</td>
</tr>
<tr>
<td><strong>ICD-9-CM Procedures</strong></td>
<td><strong>ICD-10 PCS Procedures</strong></td>
</tr>
<tr>
<td>Numeric</td>
<td>Alphanumeric</td>
</tr>
<tr>
<td>Codes 3 to 4 characters</td>
<td>All codes 7 characters</td>
</tr>
<tr>
<td><strong>ICD-9 General</strong></td>
<td><strong>ICD-10 General</strong></td>
</tr>
<tr>
<td>Space is limited for new codes</td>
<td>Easily expandable for new codes</td>
</tr>
<tr>
<td>Lacks significant detail</td>
<td>More specific. For example, identifies:</td>
</tr>
<tr>
<td></td>
<td>• Laterality (left, right, bilateral)</td>
</tr>
<tr>
<td></td>
<td>• Trimester</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ICD-9 CURRENT</th>
<th>ICD-10 FUTURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis</td>
<td></td>
</tr>
<tr>
<td>XXX.XX</td>
<td>XXX.XX.X (Extension) ( ~68,069 codes)</td>
</tr>
<tr>
<td>Procedure</td>
<td></td>
</tr>
<tr>
<td>XX.XX</td>
<td>XXXXXXXXX (Qualifier) ( ~72,589 codes)</td>
</tr>
<tr>
<td></td>
<td>(14,025 codes) (11,087 codes)</td>
</tr>
</tbody>
</table>
Brief Mechanics of ICD-10

Sample procedure code breakdown

Characters: All codes in ICD 10 PCS are seven characters long. Each character in the seven-character code represents an aspect of the procedure, as shown in the following diagram of characters from the main section of ICD-10-PCS, called MEDICAL AND SURGICAL.

<table>
<thead>
<tr>
<th>Section</th>
<th>Root operation</th>
<th>Approach</th>
<th>Qualifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Body system  Body part  Device

Code OLB50Z7:
Excision of right lower arm and wrist tendon, open approach.

<table>
<thead>
<tr>
<th>Character 1</th>
<th>Character 2</th>
<th>Character 3</th>
<th>Character 4</th>
<th>Character 5</th>
<th>Character 6</th>
<th>Character 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDICAL</td>
<td>TENDONS</td>
<td>EXCISION</td>
<td>LOWER ARM AND WRIST, RIGHT</td>
<td>OPEN</td>
<td>NO DEVICE</td>
<td>NO QUALIFIER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Character 1</th>
<th>Character 2</th>
<th>Character 3</th>
<th>Character 4</th>
<th>Character 5</th>
<th>Character 6</th>
<th>Character 7</th>
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<tbody>
<tr>
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<td>L</td>
<td>B</td>
<td>5</td>
<td>0</td>
<td>Z</td>
<td>Z</td>
</tr>
</tbody>
</table>
ICD 10 RULE

• Basic coding rules still apply i.e.
  – 1. Look up main term in the Alphabetic index first. Follow cross-references such as “see” and “see also”. DO NOT CODE FROM ALPHABETIC INDEX WITHOUT VERIFYING THE ACCURACY OF THE CODE IN THE TABULAR LIST!!!!!!!1
ICD 10 RULE

- Locate the code in the numerically arranged Tabular List
- Observe the punctuation, cross-reference notations and other conventions.
- To determine the appropriateness of the code selection, read all the instructional material
ICD-10 RULES

• Consult the official ICD-20-CM guidelines which govern specific codes. These guidelines provide both general and chapter-specific coding guidance.

• Confirm and assign the correct code
A FEW OF MY FAVORITE CODES

• CHRONIC GASTRITIS
  • ICD-9  535.10 without hemorrhage; 535.11 with hemorrhage
  • ICD-10  K29.50 (Chronic gastritis); K29.51 (with bleeding)

• DEGENERATION OF AORTIC VALVE
  • (see endocarditis)
  • ICD-9 424.1
  • ICD-10 I35.8 (other non-rheumatic heart valve disease)
  • Watch out for those I vs 1 (with mitral valve I08.3/active/acute I01.1)
One More for the road

- FRACTURE OF FEMUR, SHAFT, CLOSED
- ICD-9 ICD-10
  821.01  572.30

– HOPE YOU DIDN’T THINK IT WAS THAT EASY DID YOU?
Specificity of ICD-10

Diagnoses specificity looks like this...

ICD-9-CM
821.01 Fracture of femur, shaft, closed

ICD-10-CM

Many possible codes
Benefits of ICD-10

- Incorporates much greater clinical detail and specificity
- Terminology and disease classification now consistent with current clinical practice
- With detailed codes, there is potential for:
  - More accurate payment for new procedures
  - Fewer miscoded, rejected and improper reimbursement claims
  - Improved disease management
  - Improved documentation
  - Better understanding of healthcare outcomes
  - Greater flexibility for expansion of new codes
MOST COMMON ERRORS

1. Under/over
2. Location
3. Bundle
4. Modifiers
MOST COMMON ERRORS (continued)

Up coding for malignancy

Unless specified in a surgical pathology code listing, you cannot up code for malignancy.

Exceptions:

Uterus and Colon

Up coding for size

Similarly, specimens listed in one code should not be up coded because they are unusually large.

Examples:

Skin (88305) Prostate (TUR) (88305) and Breast (88307) Size and weight does not matter
AUDIT FLAGS

A. State the obvious

EX: Special Stains – Iron stores evaluated by use of iron stain.
“If it ain’t documented, it weren’t done”

EX: FNA – immediate study, all stains on all parts
Make sure your report contains a clear and complete description of the service or procedure
B. Key Words

EXAMPLES:

Leep biopsy vs conization

Bone biopsy vs fragments

Breast mass, excision of lesion requiring margins (88307) not an incisional biopsy (88305)
C. Red Flags:

Special stain – non contributory?

Insufficient for diagnosis

No Pathologic diagnosis

? Absence of medical necessity?

? Don’t pay for normal colon?