

Molecular Section in Clinical Chemistry Book

Pages 160 - 164

Automation Objectives

- **Compare and contrast**
 - **Random access and batch analysis**
 - **Open and closed systems**
 - **Dry vs. liquid analysis systems**

Automation Objectives

- **Describe the components of an automated system**
- **List one advantage and one disadvantage of an integrated system**

Current Procedural Terminology (CPT) Coding



December 13, 2006



Objectives

- **State the two levels of HCPCS codes used and how they differ from each other**
- **Define what a CPT-4 code is and how it is used**
- **State steps used to find and assign the appropriate CPT procedure code**

Objectives

- **Define what an ICD-9 code is and how it is used**
- **Discuss the function of an Advanced Beneficiary Notice and when it should be used**

History and Use of the CPT Code

- **Current Procedural Terminology - CPT 2007**
- **Also called first level HCPCS codes (Healthcare Common Procedural Coding System)**
- **Five digit codes used to identify all types of health services including laboratory tests**

History and Use of the CPT Code

- **First established and published by the American Medical Association in 1966**
- **Originally designed for use in physician office practice and has since been applied to hospital practices as well**

Use of CPT Code

- **Used for billing services to Medicare, Medicaid, insurance carriers and HMOs**
- **The CPT code is what appears on the bill**
- **Updated annually and published in November**

Use of CPT Codes

- **For most coding changes, there is a grace period between January 1 and April 1 when both old and new codes will be accepted by payer**
- **Review and implementation of changes must be done annually to bill properly**

CPT Codes

- **The CPT Code book is divided into six sections**
 - **Evaluation and Management**
 - **Anesthesiology**
 - **Surgery**
 - **Radiology**
 - **Pathology and Laboratory (8XXXX range)**
 - **Medicine**

HCPCS Codes

- **First level is the CPT-4 Code**
 - **Five digit numeric code**
 - **Most commonly used level of code**
 - **Over 1200 codes for laboratory tests and panels are in the Pathology & Laboratory section of CPT book**

HCPSC Codes

- **Second level**
 - Five digit alpha numeric code (A0000-V9999)
 - Products, supplies and services
 - Used for Blood Bank products and some miscellaneous procedures, such as venipunctures or screening tests such as PAP smear or PSA

HCPSC Codes

- **Third level**
 - Discontinued on December 31, 2003
 - Were not nationally recognized
 - Varied from state to state
 - Were not used for laboratory testing

Steps to CPT Code Assignment

- **Check for procedure/analyte by name**
 - **Electrolyte Panel**
 - Organ or Disease panel subsection of Pathology & Laboratory
 - Find code 80051 - Electrolyte panel, must include carbon dioxide (82374); chloride (82435); potassium (84132); sodium (84295)
 - CPT code 80051 is what appears on the bill
 - Never bill for calculations (anion gap)

Steps to CPT Code Assignment

- **Glucose Tolerance (2 hour includes 3 specimens - fasting, 1 hr, 2 hr)**
 - Chemistry section
 - Find code 82951 - glucose, tolerance tests, (GTT), 3 specimens
 - Includes administration of the measured glucose load
 - CPT 82951 appears on code

Steps to CPT Code Assignment

- **Potassium**
 - Chemistry Section
 - Find code 84132 - Potassium; serum
 - In this case, CPT code 84132 is what appears on the bill

Steps to CPT Code Assignment

- If procedure/analyte is not listed, look for a method code
 - Caffeine (method is chromatography)
 - Chemistry subsection
 - Not listed, look for methodology Chromatography
 - Find code 82491 Chromatography, quantitative, column (gas, liquid or HPLC) Single analyte not elsewhere specified, single stationary and mobile phase

Steps to CPT Code Assignment

- **If neither an analyte specific code or methodology code can be identified, assigned a miscellaneous code by specialty under which the analyte should be found (last resort)**
 - **84999 Unlisted Chemistry procedure**
 - Any code with __999 will usually hold up a claim and require more paper documentation of the testing being submitted

Steps to CPT Code Assignment

- **CPT Codes are mapped to service/charge codes specific to a billing system. These charge codes are then mapped to test order codes which are specific to the lab and are found in the Laboratory Information System (LIS)**
- **CPT code placed on bill with associated price for service/charge code**

ICD-9 Definition and Use

- **International Classification of Disease, 9th edition**
- **Coding takes description of patient signs, symptoms, or diagnosis and relates it to a numerical system**
- **Updated and published annually by US Dept. of Health & Human Services**

ICD-9 Definition and Use

- **Use of ICD-9 codes mandated in 1994 for all claims submitted to Medicare**
- **ICD-9 code must be submitted with the CPT code**
- **For all Medicare outpatient submissions, if ICD-9 code does not support medical necessity of the testing, an Advanced Beneficiary Notice (ABN) must be obtained**

ICD-10

- **ICD-10 is used primarily for statistics involving patient death**
- **Uses a 4 digit alpha-numeric code, whereas ICD-9 is a four digit numeric code**

Advanced Beneficiary Notice

- **Must be procured prior to providing any services**
 - Patient diagnosis or signs/symptoms do not support performing the test
 - Testing for screening purposes (screening not paid by Medicare)
 - Testing is performed too frequently for diagnosis (A1C only every 13 weeks)
 - Testing is for research purposes

Advanced Beneficiary Notice

- ABN process applies to hospital outpatients and clinic patients
- A signed ABN allows the performing location to bill the patient for those services after Medicare denies payment
- Existence of ABN is noted by adding a modifier to the CPT for the test involved, or by specific notation on claims form

Basic Rules of CPT Coding

- Enlist the services of an individual trained in coding if this is a new process for you
- The laboratory should **ALWAYS** be part of this process due to our technical expertise
- Use only the codes that accurately describe the testing (no guessing)
- When using a panel code, make certain all the correct tests are performed in the panel.

Basic Rules of CPT Coding

- As an alternative to panel code, can use individual CPT codes for each test
- Develop a relationship with your billing office. Make sure they notify you of billing code rejections and other problems
- Never “upcode”
 - Don't code for quantitative HCG when only qualitative test was performed
 - Don't code for UA with microscopic when only dipstick was performed

Happy Holidays!

