IHC Billing Education

For 2014, CPT introduced a new code for immunohistochemistry (IHC), 88343. This was to be used as an add-on code to 88342, per antibody, for multiplex staining, which is when multiple antibodies are applied to a single slide, to be distinguished by chromophore (e.g., red vs brown) or localization (e.g., nuclear vs cytoplasmic). The earlier code, 88342, was retained for use with single stains (when a single antibody is applied to a slide) and for the first separately identifiable stain in a multiplexed IHC stain.

The CPT unit of service for both these codes was specified to be per antibody, per block. This differed from Medicare’s National Correct Coding Initiative (NCCI) specification, which was that each unique antibody was payable only once per specimen, however many blocks were stained with that antibody, noting that the NCCI Manual, in prior iterations defined the unit of service as the block.

Even though the amount payable (as extrapolated from the CPT code RVUs) for both the 88342 and the 88343 was reduced for these new CPT descriptions, Medicare was concerned that this would lead to an increase in total payments for IHC, so they specified in the Final Rule for 2014 that they would not accept either CPT code, but would instead substitute two new (HCPCS level II) G-codes, that are used for governmental payers. They did so “to ensure that the services are only reported once for each antibody per specimen.” Unfortunately several iterations of the descriptors of these codes were communicated, further confusing this already problematic issue. As ultimately formed, G0461 was for the first single or multiplex antibody stain on a specimen, and G0462 for each subsequent single or multiplex antibody stain after the first on a specimen, irrespective of whether the stains were single or multiplex.

Medicare assigned G0461 the same RVUs as the (now reduced) 88342, and G0462 the same RVUs as the (even more reduced) 88343. In addition to the apparent mismatch between application of these G-coded services and their valuation, this leads to a coding conundrum for pathologists who bill for services both to Medicare (which as above codes on the basis of first versus subsequent single or multiplex antibody stains per specimen) and to all other payers, who are required by HIPAA to use CPT (which now codes on the basis of unique stain per block, and distinguishes between single and multiplex staining).

For reference, the selected code descriptors for both CPT and HCPCS are:

<table>
<thead>
<tr>
<th>Code</th>
<th>Descriptor</th>
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</thead>
<tbody>
<tr>
<td>88342</td>
<td>Immunohistochemistry or immunocytochemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; first separately identifiable antibody per slide</td>
</tr>
<tr>
<td>88343</td>
<td>Immunohistochemistry or immunocytochemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; each additional separately identifiable antibody per slide (list separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>G0461</td>
<td>Immunohistochemistry or immunocytochemistry, per specimen; first single or multiplex antibody stain</td>
</tr>
<tr>
<td>G0462</td>
<td>Immunohistochemistry or immunocytochemistry, per specimen; each additional single or multiplex antibody stain (List separately in addition to code for primary procedure).</td>
</tr>
</tbody>
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Attached are the excerpted pages from the above-referenced Federal Register in which Medicare defines and gives their rationale for these new G-codes, respectively.
Critical to compliant billing of these services to Medicare, however, are the following NCCI guidance (Chapter 10, Section K, Number 8, of the NCCI Policy Manual for Medicare Services, Revision Date: 1/1/2014):

The unit of service for immunohistochemistry / immunocytochemistry (HCPCS codes G0461, G0462) is each antibody(s) stain (procedure) per specimen. If a single immunohistochemical / immunocytochemistry stain (procedure) for one or more antibodies is performed on multiple blocks from a surgical specimen, multiple slides from a cytologic specimen, or multiple slides from a hematologic specimen, only one unit of service may be reported for each separate specimen. Physicians should not report more than one unit of service per specimen for an immunohistochemical / immunocytochemistry antibody(s) stain (procedure) even if it contains multiple separately interpretable antibodies. A physician may report HCPCS code G0461 for the first immunohistochemistry / immunocytochemistry antibody(s) stain on a specimen. A physician may report each additional immunohistochemistry / immunocytochemistry antibody(s) stain on the same specimen with HCPCS code G0462.

The bifurcated nature of coding for immunohistochemistry, depending on payer, is clearly disruptive to pathologists, histology departments and pathology billers. The following vignettes are provided to illustrate the differences of these coding systems.

Vignette #1: Microscopic examination of a CD15 immunohistochemical antibody stain performed on blocks A1 and A2 of a cervical lymph node with suspected Hodgkin lymphoma.

To CPT code this service one would use 2 units of 88342, as the unit of service for this code is the separately identifiable antibody per surgical block, cytologic preparation, or hematologic smear.

To HCPCS code this service one would use 1 unit of G0461, as the unit of service for this code is each antibody per specimen (specimen being defined by CPT/HCPCS as “tissue or tissues that is (are) submitted for individual and separate attention, requiring individual examination and pathologic diagnosis”).

Vignette #2: Microscopic examination of an immunohistochemical cocktail of P504S and HMWK (34ßE12) performed on a two prostate needle core biopsies (designated “LA” and “RA”) from a 66-year-old male with elevated PSA that underwent a six-part transectal prostate needle biopsy procedure.

To CPT code this service one would use 2 units of 88342 and 2 units of 88343. One set of 88342/3 is used to code for the multiplex stain for the first stained (“LA”) specimen and the other set to code for the second stained (“RA”) specimen.

To HCPCS code this service one would use 2 units of G0461; although the unit of service for this code is each antibody per specimen, the above NCCI guidance limit billing of second or subsequent antibody stains on the same slide.

The CAP is fully aware of the difficulties that this bifurcation code system creates and is working diligently with both CPT and CMS to create a single appropriate coding system for immunohistochemical services.
no information to determine how often the service was performed unilaterally but asserted, and the AMA RUC agreed, that the service was performed bilaterally 10 percent of the time. In determining its recommendation, the AMA RUC applied work neutrality to the current work RVU of 0.61 to arrive at the recommended work RVU of 0.58 based upon the assertion that the code that was previously only reported once if furnished bilaterally, would now be reported for two units, due the descriptor change.

We disagree with the assumption by the AMA RUC that the procedure will be furnished in both ears only 10 percent of the time as the physiologic processes that create cerumen impaction likely would affect both ears. Given this, we will continue to allow only one unit of CPT 69210 to be billed when furnished bilaterally. We do not believe the AMA RUC’s recommended value reflects this and therefore, we will maintain the CY 2013 work value of 0.61 for CPT code 69210 when the service is furnished.

(15) MRI Brain (CPT Code 70551, 70552, 70553, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, and 72158)

For CY 2014, the AMA RUC reviewed the family of magnetic resonance imaging (MRI) for the brain (CPT codes 70551, 70552, and 70553) and the family for MRI for the spine (CPT codes 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, and 72158). We are assigning the AMA RUC-recommended work RVUs as CY 2014 interim final values for all of these codes except for CPT code 70553.

The AMA RUC found that the codes in these two families required a similar amount of work and valued the codes with similar work identically, except for CPT code 70553, which is the MRI code for brain imaging. CPT code 70553 is brain imaging without contrast followed by brain imaging with contrast. The AMA RUC recommended that the work RVU for this code remain at its current value of 2.36, while recommending that the work RVUs of CPT codes 72156, 72157 and 72158 be decreased to 2.29. These three codes are similar to CPT code 70553 in that they identify MRI services without contrast followed by contrast for the three sections of the spine—cervical, thoracic and lumbar. We agree with the AMA RUC that the work is similar for the two families of codes and that the codes should be valued accordingly. The AMA RUC-recommended value for CPT code 70553 is not consistent with the determination that these codes require a similar amount of work. Therefore, we are assigning a CY 2014 interim final work RVU of 2.29 to CPT code 70553.

(16) Molecular Pathology (CPT Code 81161)

The AMA RUC submitted a recommended value for CPT code 81161, a newly created molecular pathology code, for CY 2014. Consistent with our policy established in the CY 2013 final rule with comment period that molecular pathology codes are paid under the CLFS as lab tests, rather than under the PFS as physician services, we are assigning CPT code 81161, a PFS procedure status indicator of X (Statutory exclusion (not within definition of ‘physician service’ for physician fee schedule payment purposes. Physician Fee Schedule does not allow payment, but perhaps another Medicare Fee Schedule does)). (77 FR 68994–69002). As explained in the CY 2013 final rule with comment period, HCPCS code G0432 can be used under the PFS by a physician to bill for medically necessary interpretation and written report of a molecular pathology test, above and beyond the report of laboratory results.

(17) Immunohistochemistry (CPT Codes 88342 and 88343)

The CPT Editorial Panel revised the existing immunohistochemistry code, CPT code 88342 and created a new add-on code 88343 for CY 2014. Current coding requirements only allow CPT code 88342 to be billed once per specimen for each antibody, but the revised CPT codes and descriptors would allow the reporting of multiple units for each slide and each block per antibody (88342 for the first antibody and 88343 for subsequent antibodies). We believe that this coding would encourage overutilization by allowing multiple blocks and slides to be billed. To avoid this incentive, we are creating G0461 (Immunohistochemistry or immunocytochemistry, per specimen; first single or multiplex antibody stain) and G0462 (Immunohistochemistry or immunocytochemistry, per specimen; each additional single or multiplex antibody stain (List separately in addition to code for primary procedure)) to ensure that the services are only reported once for each antibody per specimen. We believe this will result in appropriate values for these services without creating incentives for overutilization.

We examined the AMA RUC recommendations for work RVUs CPT codes 88342 and 88343 in order to determine whether they would be appropriate to use these recommendations as the basis for establishing work RVUs for the new G-codes. To determine whether the AMA RUC-recommended work RVUs were appropriate for use in valuing the new G-codes, we examined whether the change in descriptors between the CPT and G-codes would change the underlying assumptions regarding the physician work and resource costs of the typical services described by the codes. We note that the existing CPT code 88342 is to be reported per specimen, per antibody. To crosswalk the utilization for the service described by the current CPT code 88342 to the new CPT coding structure, the AMA RUC recommended that 90 percent of the utilization previously reported with CPT code 88342 would continue to be reported with a single unit of 88342 and that 10 percent of the utilization previously reported with CPT code 88342 would be reported with the new add-on code, CPT code 88343. It seems clear, then, that in recommending values for the new services, the AMA RUC did not anticipate that any additional services would be reported despite the new descriptors that would allow for units to be reported for each block and each slide for each antibody. Therefore, we assume that the AMA RUC’s recommended work RVUs and direct PE inputs for the new CPT codes were also developed with the assumption that the typical case would continue to be one unit reported per specimen, per antibody. Since the descriptors for the G-codes we are adopting in lieu of the new and revised CPT codes make explicit what appears to be the premise under the AMA RUC-recommended values for these services, we believe it is appropriate to use the AMA RUC recommendations for CPT codes 88342 and 88343 as the basis for establishing interim final work RVUs and direct PE inputs for the new G-codes for CY 2014.

Therefore, we are assigning an interim final work RVU of 0.60 for code G0461, which is the AMA RUC recommendation for CPT code 88342; and we are assigning an interim final work RVU of 0.24 for code G0462, which is the AMA RUC recommendation for CPT code 88343.

(18) Psychiatry (CPT Code 90863)

For CY 2013, the CPT Editorial Panel restructured the psychiatry/ psychotherapy CPT codes allowing for separate reporting of E/M codes, eliminating the site-of-service differential, creation of CPT codes for crisis, and a series of add-on CPT codes to psychotherapy to describe interactive complexity and medication management. In CY 2013, the AMA RUC