Molecular Pathology Interpretation Code G0452

To help establish pathologists' role in genomics/molecular interpretation, pathologists who provide these services are encouraged to use the new G0452 code.

The Center for Medicare & Medicaid Services (CMS) has created a new G0452 code for use on the physician fee schedule, which will be used to pay pathologists for their professional work interpreting results. The 2012 CPT code for interpretation and report, 83912-26, has been deleted as of the end of calendar year 2012.

The Center for Medicare & Medicaid Services (CMS) announced that:

> *While we do not believe the molecular pathology tests are ordinarily performed by physicians, we do believe that, in some cases, a physician interpretation of a molecular pathology test may be medically necessary to provide a clinically meaningful, beneficiary-specific result. In order to make PFS [Physician Fee Schedule] payment for that physician interpretation, on an interim basis* ***for CY 2013, we have created HCPCS G-code G0452 (molecular pathology procedure; physician interpretation and report) to describe medically necessary interpretation and written report of a molecular pathology test, above and beyond the report of laboratory results.*** *This professional component-only HCPCS G-code will be considered a ''clinical laboratory interpretation service,'' which is one of the current categories of PFS pathology services under the definition of physician pathology services at § 415.130(b)(4). Section § 415.130(b)(4) of the regulations and section 60 of the Claims Processing Manual (IOM 100–04, Ch. 12, section 60.E.)* ***specify certain requirements for billing the professional component of certain clinical laboratory services including that the interpretation***
>
> ***(1) must be requested by the patient's attending physician,***
> ***(2) must result in a written narrative report included in the patient's medical record, and***
> ***(3) requires the exercise of medical judgment by the consultant physician.***

We note ***that a hospital's standing order policy can be used as a substitute for the individual request by a patient's attending physician****. The current CPT code for interpretation and report, 83912–26, is included on the current list of clinical laboratory interpretation services but will be deleted at the end of CY 2012. We will monitor the utilization of this service and collect data on billing patterns to ensure that G0452 is only being used when interpretation and report by a physician is medically necessary and is not duplicative of laboratory reporting paid under the CLFS.*

In the near future, we intend to reassess whether this HCPCS code is necessary, and if so, in conjunction with which molecular pathology tests. A discussion of the work and direct PE inputs for HCPCS G-code G0452 can be found later in this section. We note that physicians can continue to receive payment for the current clinical pathology consultation CPT codes 80500 (Clinical pathology consultation; limited, without review of a patient's history and medical records) and 80502 (Clinical pathology consultation; comprehensive, for a complex diagnostic problem, with review of patient's history and medical records) if the pathology consultation services relating to a molecular pathology test meet the definition of those codes.

We do not believe it is appropriate to establish a HCPCS G-code on the CLFS for the interpretation and report of a molecular pathology test by a doctoral level scientist or other appropriately trained non-physician health care professional. *The new molecular pathology CPT codes consolidate the services previously reported using the CLFS stacking codes, including the CLFS stacking code for laboratory interpretation and report of a molecular pathology test (CPT code 83912). As such, we believe that payment for the interpretation and report service would be considered part of the overall CLFS payment for the molecular pathology CPT codes.*

In addition, ***geneticists and other non-physician laboratory personnel do not have a Medicare benefit category that allows them to bill and be paid for their interpretation services; therefore, they cannot bill or receive PFS payment for HCPCS code G0452****. In response to our questions about the appropriate physician work RVUs and times, utilization crosswalks, and direct PE inputs for the molecular pathology services described by the CPT codes, as molecular pathology CPT codes under the PFS. We will add a new HCPCS code, G0452, to replace the current CPT code that is used to bill under the PFS for interpretation and report of a molecular pathology test (CPT code 83912–26), which is being deleted at the end of CY 2012.*

After reviewing the public comments, the AMA RUC and CAP recommendations, and the values of the current and similar services, we believe we have enough information to nationally price HCPCS code G0452

for CY 2013. We believe it is appropriate to directly crosswalk the work RVUs, time, utilization, and malpractice risk factor of CPT code 83912–26 to HCPCS code G0452, because we do not believe this coding change reflects a change in the service or in the resources involved in furnishing the service. The current work RVU of 0.37 for CPT code 83912–26 is the same as nearly all the clinical laboratory interpretation service codes.

This value is also within the range of AMA RUC- recommended values for the molecular pathology CPT codes—the utilization-weighted average AMA RUC recommended work RVU was 0.33, and the median AMA RUC-recommended work RVU was 0.45 for the molecular pathology CPT codes. Based on this information, we believe a work RVU of 0.37 appropriately reflects the work of HCPCS code G0452. Therefore, we are assigning a work RVU of 0.37 and 5 minutes of pre-service time, 10 minutes of intra-service time, and 5 minutes of post-service time to HCPCS code G0452 on an interim final basis for CY 2013. We request public comment on the interim final values for HCPCS code G0452.

To read more about G0452 see page 109 of the rule. The final rule in its entirety can be found at **http://www.gpo.gov/fdsys/pkg/FR-2012-11-16/pdf/2012-26900.pdf.** More information on the CLFS determination of the appropriate basis for payment (crosswalk or gap-filling) for these tests is available on the CMS Web site at **http://www.cms.hhs.gov/ClinicalLabFeeSched.**
