



Special Molecular Pathology Coding Update CY 2013

In the past, the Centers for Medicare and Medicaid Services (CMS) and the American Medical Association (AMA) have asked facilities to bill for molecular pathology tests using combinations of long-standing Current Procedural Terminology (CPT) codes that describe each of the various steps required to perform a given test. This billing method is called “stacking” because different CPT codes are billed together, depending on the components of the finished test.

In 2012, the AMA released its first set of test-specific molecular pathology CPT codes. Although claims were still paid based on the “stacked” codes, providers were required to report both the “stacked” CPT codes and the newly released test-specific CPT codes, so that the AMA, CMS and other payers could learn how the new test-specific codes were being billed.

Earlier this year, the AMA announced that it would delete the “stacked” coding system for molecular pathology CPT codes at the end of 2012. Therefore, for dates of service on or after January 1, 2013, providers must use the test-specific CPT codes exclusively, and will no longer be able to bill for these tests using the old “stacked” CPT codes. Thus, the test-specific CPT codes will be the standard for molecular pathology billing going forward. (Providers should continue to use the previous “stacked” CPT codes [in conjunction with the test-specific CPT codes] to bill for molecular pathology tests with 2012 dates of service, even if they do not submit claims for those tests until 2013.)

A number of tests routinely performed by Red Cross customers will be impacted by this change, including Human Leukocyte Antigen (HLA) typing and molecular immunohematology testing services. Examples of relevant codes include HLA typing codes 81370-81383 and new molecular pathology testing codes 81400-81407. However, hospitals are strongly encouraged to review the complete lists of molecular pathology codes in the 2013 CPT manual.



For more information refer to “Clinical Laboratory Fee Schedule CY 2013 Updates,” which describes the new codes, including the 814XX series codes (cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSched/Downloads/CY2013-Public-Meeting-New-Test-Codes-aeth.pdf).

More reimbursement information at redcrossblood.org/reimbursement.