IMPACT OF LOSS OF BILLING FOR MULTIPLE UNITS OF 88172 ON CYTOLOGY PRACTICE

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I have no relationship that represents a possible conflict of interest with respect to the content of this presentation.

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Introduction

• Fine Needle Aspiration Biopsy (FNAB) is a safe, cost effective, rapid and accurate diagnostic technique

• Advantages of onsite evaluation while performing Fine needle aspiration biopsy are well documented *

Advantages of an onsite cytopathologist

• Appropriate slide preparation technique (reduction in the number of unsatisfactory slides)

• Pertinent dialogue between the cytopathologist and the aspirator (radiologist/clinician)

• Rapid diagnosis or differential diagnosis
Advantages of onsite evaluation of Fine needle aspiration biopsies (FNAB)

• Appropriate triage (cell block vs flow cytometry vs cultures etc)

• Marked reduction in unsatisfactory rate, hence marked reduction in repeat procedures = COST SAVINGS

Nasuti et al Diagn Cytopathol 2002;27:1-4
CPT codes tied with the FNAB procedure

- 10021  
  *Fine needle aspiration without image guidance*

- 10022  
  *Fine needle aspiration with image guidance*

- 88172  
  *(Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen)*

- 88173  
  *(Cytopathology, evaluation of fine needle aspirate; interpretation and report)*
How do we bill? Or how did we bill?

- 88172/ pass
- 88173/ per separately identified site
- 10021/10022 per separately identified site
- CMS transmittal, Version 15.3 of the NCCI manual (effective Oct 1 2009) says that practices may only bill for one unit of 88172 / site
Cost and Compensation Analysis
## Comparative reimbursement and wRVUs for onsite FNA adequacy, frozen section and touch preparations

<table>
<thead>
<tr>
<th>CPT</th>
<th>Service</th>
<th>Time (min)</th>
<th>wRVU</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>88172</td>
<td>onsite evaluation</td>
<td>35-56</td>
<td>0.60</td>
<td>$32</td>
</tr>
<tr>
<td>88331</td>
<td>frozen, first tissue block</td>
<td>10-20</td>
<td>1.19</td>
<td>$65</td>
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<tr>
<td>88332</td>
<td>frozen, addl tissue block</td>
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<td>0.59</td>
<td>$32</td>
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<tr>
<td>88333</td>
<td>touch prep, initial area</td>
<td>10-15</td>
<td>1.20</td>
<td>$66</td>
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<tr>
<td>88334</td>
<td>touch prep, addl area</td>
<td>10-15</td>
<td>0.73</td>
<td>$38</td>
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</table>

adapted from Dhillon I et al. Cytojournal 2010;7:23
Comparative reimbursement and time expenditure for onsite FNA adequacy and surgical pathology sign out

<table>
<thead>
<tr>
<th>Code</th>
<th>Time</th>
<th>$</th>
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<tbody>
<tr>
<td>88172</td>
<td>35-56</td>
<td>$52-82</td>
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<tr>
<td>88305</td>
<td>4.1 min</td>
<td>$50</td>
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<tr>
<td>88307</td>
<td>7.7 min</td>
<td>$92.75</td>
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<tr>
<td>88309</td>
<td>17.5</td>
<td>$127.75</td>
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Hourly compensation for signing out surgical pathology cases with a mixture of 50% 88305, 20% 88307 and 30% 88309 would be $638

Cost and Compensation Analysis

• Average intraprocedural time for radiology/clinician guided FNAB varies from 34.7 minutes to 56.2 minutes

• Intra procedural consultations by the cytopathologists are compensated insufficiently by the current Medicare compensation schedules using CPT code 88172 (average $32)

• Only when the cytopathologist performs and interprets the FNAB, Medicare adequately compensates for the professional services

*Layfield et al. Cancer Cytopathol 2001;93:319-322*
Objectives

• Probable loss of $$$ and wRVU in 2010 after extrapolating the data from 2009
Our practice

• University based busy cytopathology practice with six board certified cytopathologists and two cytopathology fellows

• Routine billing for multiple units of 88172 for clinician or radiologist performed FNAB with onsite evaluation

• Normally only bill for one unit of 88172 for pathologist performed FNAB*

• Our payer mix - approximately 30% Medicare patients

• (*minimize any chance of fraud self referral)
Results (Data from 2009)

- Total FNABs = 1839
- Radiologist/ Clinician performed FNABs = 1466
- Pathologist performed FNABs = 373
- Total number of passes (units of 88172) billed = 4014
<table>
<thead>
<tr>
<th></th>
<th>units of 88172 billed</th>
<th>$$$$</th>
<th>wRVU</th>
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<tbody>
<tr>
<td>2009</td>
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<td>152532</td>
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<td>101688</td>
<td>1606</td>
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<tr>
<td></td>
<td></td>
<td>(-50000)</td>
<td>(-802)</td>
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<td>2010</td>
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<td>55708</td>
<td>880</td>
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<td></td>
<td></td>
<td>(-100000)</td>
<td>(-1528)</td>
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</table>

(All patients)
Conclusions

• Cytopathologists and cytopathology practices stand to lose a substantial revenue amount and wRVU with the implementation of CMS transmittal Version 15.3
WHAT CAN WE DO??
Option 1

• I don’t care whether we bill for none or one or multiple units of 88172
• Minimal loss of reimbursement does not affect my bottom line
• (rare scenario)
Option 2

- Send me everything in fixative or as smears or better yet just do a core biopsy
- **No compensation = no service**
- Increase in **unsatisfactory** procedures with overall increase in health care costs
- (likely scenario)
Option 3

• United stand to either reinstate billing multiple units of 88172 or create a new code so that cytologists are adequately compensated for their expertise and time
• (preferred scenario)
Summary

- The compensation for 88172 is low to start with and does not take into account the time spent in providing this valuable service; restricting the billing to one unit of 88172 may lead several pathology groups to discontinue providing this crucial service with resultant increase in the number of repeat procedures and health care costs.
Summary

• Cytopathology and cytotechnology training programs will continue to provide this service (valuable teaching tool)

• Cytotechnologists should be allowed to do immediate evaluation (special code) and get compensated for their services*

*Dhillon I et al. Cytojournal 2010;7:23
CPT code 88177

- New CPT code to be implemented on 01/01/2011

- 88177 A Cytp c/v auto thin lyr addl  0.42  0.38  0.38
- 88177 TC A Cytp c/v auto thin lyr addl  0.00  0.18  0.18
- 88177 26 A Cytp c/v auto thin lyr addl  0.42  0.20  0.20

http://www.ofr.gov/OFRUpload/OFRData/2010-27969_PI.pdf
THANK YOU