AMA CPT® changes for 2015

Effective 01/01/2015, the AMA is implementing a significant number of changes to CPT coding. Quest Diagnostics recommends that you refer to our website as a resource for comprehensive information regarding this change.

[QuestDiagnostics.com/home/physicians/cpt.icd.html]

Toxicology Changes

The Centers for Medicare & Medicaid Services (CMS) is recommending to delay pricing for these codes at this time, until further information and education is obtained.

In order to alleviate ambiguity regarding reporting drug procedures, a number of significant changes have been made within the Pathology and Laboratory section. The revisions allow for additional specificity in differentiating the materials being tested.

Instead of differentiating testing procedures based on qualitative or quantitative methodology, the new reporting mechanism differentiates procedures according to whether they are: (1) presumptive (used to identify possible use or non-use of a drug or drug class), (2) definitive (qualitative or quantitative methods that identify possible drug use or non-use and identify the specific drugs and associated metabolites), or (3) Therapeutic Drug Assays (quantitative procedures performed to monitor clinical response to a known, prescribed medication). The updated reporting mechanism has been designed to address the following: (1) ability to be easily modified for future changes and technological advances, (2) identification of updated clinical settings, and (3) identification of “sources” for specimen(s).

The new section in the AMA book includes the addition of guidelines, parentheticals, and tables that are used to direct reporting within the 2 new subsections. The codes included within these subsections identify drug procedures according to the purpose of the procedure and type of patient results obtained.

The Presumptive Drug Class Screening section includes Guidelines for the Presumptive Drug Class Screening section, Drug Class List A (which itemizes commonly assayed drugs within the listing), and Drug Class List B (which itemizes assays that require more resources than Class A). This section also includes guidelines that explain the intended use for the listing and the codes.
Five new codes have been developed to identify presumptive testing with introductory guidelines explaining the intent for use of these codes.

Definitive Drug Testing includes fifty-nine new definitive drug testing codes. The codes are arranged by drug classes. Refer to the Definitive Drug Classes Listing table for drugs and metabolites included in each definitive drug class.

**Molecular Pathology Changes**

Advances in DNA sequencing technology, commonly referred to as next generation sequencing (NGS) or massively parallel sequencing (MPS) are allowing the human genome to be analyzed in complex and diverse ways.

Applications of this technology have resulted in new clinical diagnostic procedures that are having a significant impact on the practice of medicine.

In response to the changes in clinical practice and the need to provide a reporting mechanism for NGS or MPS procedures, the CPT code set has been expanded to include a new subsection for reporting these analyses, “Genomic Sequencing Procedures (GSPs) and other Molecular Multianalyte Assays.” This new subsection includes introductory guidelines which describe some of the characteristics of GSPs and other Molecular Multianalyte Assays including their unique features, functions and applications. The new subsection includes 21 new codes.

**Microbiology Changes**

Along with several other changes, codes 87623, 87624, 87625 have been added to report human papilloma virus (HPV) genotyping to differentiate high and low risk HPV types. HPV genotyping is used in conjunction with or as follow-up to an abnormal cytology report. The existing HPV codes 87620, 87621 and 87622 have been deleted and replaced with genotyping codes that describe the specific types tested.

**Surgical Pathology Changes**

Immunocytochemistry and immunohistochemistry CPT codes have undergone additional changes for 2015.

The histomorphometry codes 88360, 88361 for reporting detection of protein receptors for diagnosing the development of tumor(s) and cancer have been revised.

The in situ hybridization codes 88365, 88367, 88368 have been revised and expanded into three separate families of codes that identify; 1) the initial single probe stain procedure (88365, 88367, 88368), 2) each additional single probe
stain procedure (88364, 88373, 88369), and 3) each multiplex probe stain procedure (88366, 88374, 88377).

Quest Diagnostics will make every effort to assist our clients with the transition to the 2015 AMA CPT coding being used for our test offerings.