



COLLEGE of AMERICAN
PATHOLOGISTS

2022 Pathology Clinical Consultation Codes

Practical Discussion on Selection and Documentation

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March 28, 2023

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Topics for Today's Discussion

- Review of pathology clinical consultation codes
- Physician order requirements
- Documentation requirements and examples
- Discussion

Pathology Clinical Consultation Codes

CODE	DESCRIPTION <i>Pathology clinical consultation; ...</i>	PATHOLOGIST TIME (MIN.)
80503	...for a clinical problem, with limited review of patient's history and medical records and straightforward medical decision making	5-20
80504	...for a moderately complex clinical problem, with review of patient's history and medical records and moderate level of medical decision making	21-40
80505	...for a highly complex clinical problem, with comprehensive review of patient's history and medical records and high level of medical decision making	41-60
+80506	...prolonged service, each additional 30 minutes (List separately in addition to code for primary procedure)	

Pathology Consult Code Rules

- Requires a *written* clinical assessment, evaluation of pathology and laboratory findings and relevant clinical and/or diagnostic information that requires medical interpretive judgement
- Related to pathology and laboratory findings or other relevant clinical or diagnostic information (e.g., radiology findings, operative or procedural notes) that require additional medical interpretive judgement
 - Example: pathologist provides a requested consultation on a clinical problem (of varying complexity) for an individual patient

Pathology Consult Code Rules, cont.

- Must be requested (written, verbal, electronic) by a physician at the same or another institution
 - Standing orders do not apply for these types of consultations
- The consult includes a written report by the pathologist which exhibits medical interpretive judgement
- Do not use these codes to report an interpretation of a result that may fulfill a service defined by another CPT code
 - Example: hemoglobin and/or serum protein electrophoresis interpretations

Pathology Consult Code, MDM Based

Three levels of MDM: low, moderate, high

Each level consists of 3 elements

- **Number and complexity of problems addressed** (e.g., number of lab/path findings reviewed; exacerbation or progression of chronic illness; new diagnosis with uncertain prognosis; or acute/chronic illness that poses a threat to bodily function)
- **Amount and/or complexity of data to be analyzed or reviewed** (e.g., tests, documents, independent historian interview, discussion of management or test interpretation)
- **Risk of complications and/or morbidity/mortality of patient management** (e.g., low, moderate or high risk of morbidity)

Level of MDM is selected based 2 out of the above 3 elements

Pathology Consult Code 80503, MDM Based

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Number and Complexity of Problems Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed * - Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.	Risk of Complications and/or Morbidity or Mortality of Patient Management
80503	Low	<p>Low</p> <ul style="list-style-type: none"> • 1 to 2 laboratory or pathology findings or • 2 or more self-limited problems 	<p>Limited (Must meet the requirements of at least 1 of the 2 categories:</p> <p>Category 1: Tests and documents</p> <ul style="list-style-type: none"> • Any combination of 2 from the following: • Review of prior note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering or recommending additional or follow-up testing <p>Or</p> <p>Category 2: Assessment requiring an independent historian(s) (For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)</p>	<p>Low risk of morbidity from additional diagnostic testing or treatment</p>

Pathology Consult Code 80504, MDM Based

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Number and Complexity of Problems Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed * - Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.	Risk of Complications and/or Morbidity or Mortality of Patient Management
80504	Moderate	<p>Moderate</p> <ul style="list-style-type: none"> • 3 to 4 laboratory or pathology findings or • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or • 2 or more stable chronic illnesses; or • 1 undiagnosed new problem with uncertain prognosis; or • 1 acute illness with systemic symptoms 	<p>Moderate (Must meet the requirements of at least 1 out of 3 categories)</p> <p>Category 1: Tests, documents, or independent historian(s)</p> <ul style="list-style-type: none"> • Any combination of 3 from the following: <ul style="list-style-type: none"> • Review of prior note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering or recommending additional or follow-up testing • Assessment requiring an independent historian(s) <p>Or</p> <p>Category 2: Independent interpretation of tests</p> <ul style="list-style-type: none"> • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); <p>Or</p> <p>Category 3: Discussion of management or test interpretation</p> <ul style="list-style-type: none"> • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported) 	<p>Moderate risk of morbidity from additional diagnostic testing or treatment</p> <p>Examples only:</p> <p>Prescription drug management</p> <ul style="list-style-type: none"> • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health

Pathology Consult Code 80505, MDM Based

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Number and Complexity of Problems Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed * - Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.	Risk of Complications and/or Morbidity or Mortality of Patient Management
80505	High	<p>High</p> <ul style="list-style-type: none"> • 5 or more laboratory or pathology findings or • 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or • 1 acute or chronic illness or injury that poses a threat to life or bodily function 	<p>Extensive (Must meet the requirements of at least 2 out of 3 categories)</p> <p>Category 1: Tests, documents, or independent historian(s)</p> <ul style="list-style-type: none"> • Any combination of 3 from the following: • Review of prior note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering or recommending additional or follow-up testing; • Assessment requiring an independent historian(s) <p>Or</p> <p>Category 2: Independent interpretation of tests</p> <ul style="list-style-type: none"> • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); <p>Or</p> <p>Category 3: Discussion of management or test interpretation</p> <ul style="list-style-type: none"> • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported) 	<p>High risk of morbidity from additional diagnostic testing or treatment</p> <p>Examples only:</p> <ul style="list-style-type: none"> • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization

Pathology Consult Code Documentation - MDM

The physician consults a pathologist. The pathologist reviews the patient's medical record for history of present/past diseases and illnesses, medical and surgical history including transfusions, imaging data and social and travel history. The pathologist also reviews recent clinical and diagnostic findings including but not limited to hematology, coagulation, chemistry, microbiology, molecular and genetic studies, any peripheral smears, cytopathologic and histopathologic preparations if appropriate. The pathologist discusses the patient's current condition with the requesting physician.

The pathologist integrates the data for clinical correlation and medical decision making and documents the consultation on the medical record.

-CPT Changes 2022 An Insider's View, 80503 documentation example

Pathology Consult Code, Time Based

Total *pathologist* time on *the date of consultation* includes:

- Review of available medical history (signs, symptoms, personal and family history)
- Review of test results, relevant current and past laboratory, pathology and clinical findings
- Comparing results from previous studies
- Ordering or recommending additional testing
- Arriving at a tentative conclusion/differential diagnosis
- Documenting the consultation report in the electronic health record
 - Note: do not include time in activities performed by clinical staff

Pathology Consult Code Time Based



Per CPT, “*the appropriate time should be documented in the medical record when it is used for the basis of code selection*”



Time is defined by each CPT code

80503 – 5 to 20 min.
80504 – 21 to 40 min.
80505 – 41 to 60 min.
+80506 – each additional 30 min.



+80506 may be added to 80505 if the consultation requires the pathologist to expend additional time lasting at least 15 min. beyond the service time of 80505

Any time less than 15 minutes is not reported separately

Pathology Consult Code Documentation - Time

The physician consults a pathologist. The pathologist reviews the patient's medical record for history of present/past diseases and illnesses, medical and surgical history including transfusions, imaging data and social and travel history. The pathologist also reviews recent clinical and diagnostic findings including current hematology, coagulation, chemistry, microbiology, molecular and genetic studies, a recent peripheral smear, and a bone marrow aspirate study. The pathologist discusses the patient's current condition with the requesting physician

The pathologist integrates the data for clinical correlation. The consultation report details each data element reviewed, the discussion with the requesting physician, an interpretive diagnosis utilizing 25 minutes of consultation time supporting CPT code 80504.

-CPT Changes 2022 An Insider's View, 80503 documentation example

Example

Physician ordered “Special Hematology Analysis” for a 3-month-old boy. An EDTA whole blood specimen was used for a completed blood count, hemoglobin electrophoresis (acid and alkaline), hemoglobin separation by HPLC and isoteric focusing.

The pathologist reviewed relevant medical history, family history, and other laboratory results. The medical record reflects an interpretation of the peripheral smear, hemoglobin studies for a differential diagnosis of homozygous hemoglobin E. The pathologist also recommends molecular studies to establish a definitive diagnosis.

Avoid confusion with clinical test interpretation

Clinical test interpretation

- Medicare established list of clinical lab tests that qualify for pathologist interpretation
- Allows the use of standing orders
- Originally listed in the *Medicare Claims Processing Manual*
- Currently identified via the Medicare Physician Fee Schedule based on PC/TC indicator “6”
- Examples pathologist interpretation of serum protein electrophoresis, hemoglobin electrophoresis, coagulopathy screen, platelet aggregation
- Pathologist interpretation of a single clinical test
- Billed by adding modifier -26 to the clinical test CPT code (e.g., 83020-26 for pathologic interpretation of hemoglobin fractionation)

Discussion

Adopt	Adopt a consistent approach for consultation code selection based on time or MDM <ul style="list-style-type: none">• Decision tree• Documenting which medical records were reviewed for the consultation
Evaluate	Evaluate documentation for each level of consultation
Analyze	Periodically analyze consultation reports for accuracy
Educate and communicate	Educate and communicate documentation standards with coding and billing staff
Consider	Pathology clinical consultations serve as provider-to-provider consult whereas clinical test interpretation is focused on a single test interpretation



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Resources

Practice Management

- <https://www.cap.org/member-resources/practice-management>

Practice Management Articles

- <https://www.cap.org/member-resources/articles/category/practice-management>

Pathology Business Fundamentals Online Courses

- Course Package: <https://learn.cap.org/lms/activity?@curriculum.id=-1&@activity.id=7808307&@activity.bundleActivityId=-1>
- Individual Course: <https://learn.cap.org/lms/catalog?@searchCatalog.search=PBF22&@searchCatalog.type=-1&@searchCatalog.location=&@searchCatalog.termId=>

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