

**Roundtable: 2022 Pathology Clinical Consultation Codes
Follow-Up Questions and Answers**

Date: March 28, 2023

| Questions and Answers | | |
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| Questions Asked | Answer Given | Responder |
| To bill the consult codes does it have to be from a Path Group doing the consult or can it be a pathologist that is on staff at an Independent Laboratory? If we do send the consults to a path group does the 70/30 rule apply to Medicare samples? | These codes are on the Physician Fee Schedule so the physician who performs the service does the billing for the service. | Jonathan L Myles, MD |
| For CPT coding and getting paid for the consultation, do we have to create a written report in LIS that will be interfaced in EMR OR just an EMR note? | The consultation must be part of the patient's permanent medical record. Ideally, the report would be documented in both the LIS and EMR. Each institution may have specific rules regarding the documentation of these consults. | Provided During Roundtable |
| Can non-MDs use the codes when code criteria are met, i.e., PharmDs or pharmacists for PGx consultation? | No. These codes can only be used by practitioners able to bill for codes that are on the Physician Fee Schedule | Jonathan L Myles, MD |
| Do you have a link to the 2023 CPT guide with these data? | The MDM guidelines are available via printed text within CPT-2023, Professional Edition, pages 612-613. | Brenda Cox, MT ASCP, CPC, FHFMA |
| What counts as a laboratory finding? For example, I am a renal pathologist, in a typical consult with a clinician I show 1 H&E and 3 special stains, plus IHC, plus IF, and EM. Would that be high complexity? | The renal pathology report could be considered one laboratory finding that could be used in determining MDM criteria for a pathology clinical consultation. However, going over findings in the report with the clinician does not qualify in itself as a clinical consultation unless an additional medical judgment is exercised, and additional information is used in providing the consultation. | Jonathan L Myles, MD |
| Also, as a renal pathologist, our standard practice is to call the clinician for every case to do a consult. These take time and are almost always complex. If we want to bill for them, do we have to wait to have the clinician to contact us? Or is there any way | To qualify as a clinical consultation, a physician's order must be present (written or verbally) and result in a written report that becomes part of the patient's medical record. As a reminder, standing orders for these consults are not applicable. Interpreting a surgical pathology specimen is not a pathology clinical consultation. | Brenda Cox, MT ASCP, CPC, FHFMA Jonathan L Myles, MD |

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| to set up something between the services knowing that the clinician always wants to speak with the renal pathologist about the biopsy? | communication of morphologic findings to the clinician is part of the surgical pathology service provided and not billable as a pathology clinical consultation. | |
| Is the selection of specific molecular testing assays for tumor profiling, or a specific panel from a specific reference laboratory, a "consultation"? | Consults must be ordered by the patient's physician and result in a written consultation that demonstrates the use of medical interpretive judgment. If you are interpreting a surgical pathology case and order molecular testing as part of that evaluation, that does not qualify as a pathology clinical consultation. If you receive an order for a pathology clinical consultation and review the patient's medical record and recommend to the clinician to order a specific molecular test to assist in the patient's evaluation that may qualify as a pathology clinical consultation. | Brenda Cox, MT ASCP, CPC, FHFMA |
| Is it a clinical consult when the clinician comes to review slides with the pathologist, to refine the diagnosis and plan the next steps in treatment? | No. | Brenda Cox, MT ASCP, CPC, FHFMA |
| Do you have any examples of consults successfully billed as 80505? | No | Brenda Cox, MT ASCP, CPC, FHFMA |
| How is this different from the tumor board? Regularly addressing the clinical problem of patients and performing the in-depth review for clinicians, answering emails from clinicians on clinical questions, etc.? | Pathology clinical consultations require an individual order and written report that exercises medical judgment. Reviewing surgical pathology reports at a conference does not meet the requirements for a pathology clinical consultation. | Jonathan L Myles, MD |
| Can CPT G0452 (cytogenetics and molecular cytogenetics interpret and report) be replaced by these codes? Question regarding BMT HLA consultation if consultation ordered? | G0452 represents a pathologic interpretation of a molecular pathology procedure which represents the professional component of a clinical lab procedure. G0452 is an interpretation code in which a hospital governing committee can designate that it can be performed on specified molecular tests without an individual order. The pathology clinical consultation codes require an individual order and can be used for cases that involve molecular diagnostics. | Jonathan L Myles, MD Brenda Cox, MT ASCP, CPC, FHFMA |
| Clinician called today for asking me to review three prior path specimens and wanted my opinion if the tumor is from the same source or separate sources. Would this qualify if I issue a written report? | Assuming all guideline criteria are met (e.g., verbal/written order), and the review culminates in a written report that documents the review of patient medical records and/or histology reports, the service could potentially qualify as a clinical consultation. | Provided During Roundtable |

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| Can we use telemedicine/telepath if we are off-site? | The pathology clinical consultation codes would not be used for these services (the reason I would use the alternative is because telepath would not use the 900 0 series). | Jonathan L Myles, MD Brenda Cox, MT ASCP, CPC, FHFMA |
| Who will be documenting the CPT? What does the clinician need to code (modifier?) and what does the pathologist need to code? | The pathologist is responsible for determining the correct CPT code for any billed service. | Brenda Cox, MT ASCP, CPC, FHFMA |
| verbal consult request, how do we document these requests? | Laboratories should have an established process for documenting the receipt of verbal orders within the patient's medical record. Additionally, the verbal request should be documented within the clinical consultation report. | Brenda Cox, MT ASCP, CPC, FHFMA |
| If a pathology consult is requested verbally, how can we document the request? Name of requesting clinician only or reason of request as well? We manage patients on ECMO or VAD for anticoagulation. We write progress notes every day for ECMO and 2-3 times a week for VAD. It is not a standing request, but can we continue to write a note and bill continuously after one request? | See the above response for documentation of verbal orders. Each pathology clinical consultation requires a separate request. You cannot bill a pathology clinical consultation code multiple times based on one order. | Jonathan L Myles, MD |
| Can attendance of patient care conferences at the bedside during patient rounding count the time spent for a consultation? | A request for a consultation on an individual patient must be present. The physician's time spent arriving at the consultation counts. A written report must be present in the medical record. Time spent physically seeing and talking to the patient would count toward overall consultation time if that information were used in your medical judgment employed in writing the consultation report. | Provided During Roundtable |
| Verbal orders are ok for these consultations while documenting the ordering physician in the medical record. | Yes, see the above responses. | Jonathan L Myles, MD |
| Can fellow pathologists in your practice ask you for a consultation? e.g., a transfusion medicine pathologist asks | Pathologists can discuss cases with each other within a given practice, however, pathologist-to-pathologist consultation within a given practice would not qualify as a billable pathology clinical consultation service. | Jonathan L Myles, MD |

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| For many clinicians, email/phone consult is very convenient. Can you share your experience in moving these phone/email consults to a more formal and billable process? What can we do to make this process efficient and successful? | As discussed on slide 19, adopt a consistent approach for both clinical consultation orders and consultation report documentation that can be applied facility and/or practice wide. | Brenda Cox, MT ASCP, CPC, FHFMA |
| Great presentation. Can you please share your thoughts on risk (patient safety and medicolegal) assessment and mitigation strategies for a sustainable implementation? | Check with your individual hospital for documentation requirements and specific protocols for providing consultations. | Jonathan L Myles, MD |
| Have you had any luck using a clinician-ordered CP consult order for a peripheral blood smear review? | CPT code 85060 is payable by Medicare only when performed on inpatient beneficiaries. Some private payors use the same rules as Medicare, whereas some payers have adopted their own payment policy for this code. | Brenda Cox, MT ASCP, CPC, FHFMA |
| Will all payors reimburse this, that we are aware of so far? | Anecdotally, CAP is aware of payment for these services, but no collated data is available at present. | Brenda Cox, MT ASCP, CPC, FHFMA |
| Is there an expectation that the pathologist provides consultation that is outside the expected scope of the requesting provider? | The pathologist may provide the consultation if an order is received to provide the service. | Provided During Roundtable |
| Can this be used in tumor board preparation? For time spent reading patient history, gathering slides, reviewing slides, etc.? | No. A clinician must request a clinical consultation for an individual patient. | Brenda Cox, MT ASCP, CPC, FHFMA |
| It would seem that using the complexity of medical decision-making as the basis for selecting a code would not lend itself to using the additional 30-minute add-on code - is this correct? | Yes; 80505 is the most complex in medical intensity and there is no provision for any higher medical decision-making using the MDM criteria. | Provided During Roundtable |
| If the consult complexity satisfies 80505 but the time taken satisfies 80504, which code do you use? | The pathologist is responsible for CPT code selection and may either choose the time-based criteria or MDM-based criteria. | Provided During Roundtable |
| Example: comprehensive urine drug assay has individual tests within each drug category (opioid, etc.). Is the assay considered one unique test? Or is each test within the assay, like fentanyl, | This subject was not discussed during this presentation. | Brenda Cox, MT ASCP, CPC, FHFMA |

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| morphine, hydrocodone, amphetamine, counted as each unique test? | | |
| Would approvals/rejections fall under consults? For example, I approve/deny a test or blood product based on the following interpretation of the patient's history, other test results, etc. | No; a consult must be ordered by the clinician in order to qualify for the use of these consultation codes. | Provided During Roundtable |
| Follow-up: In the case of a denial. Let's say the team orders plasma but I deny it, and the team contacts me to dispute my decision. In that case, is it now a consult? | No; a consult must be ordered by the clinician in order to qualify for the use of these consultation codes. | Brenda Cox, MT ASCP, CPC, FHFMA |
| For this example, it seems the MDM base would be higher than 80503. | Seems as if this was part 2 of a previous question or comment. | Brenda Cox, MT ASCP, CPC, FHFMA |
| Re: addressing specific clinical problem: the 80505 MDM based category 2 "independent interpretation of tests"? | Seems as if this was part 2 of a previous question or comment. | Brenda Cox, MT ASCP, CPC, FHFMA |
| I am interested in using the codes to address pre-pre- and post-post analytic issues in molecular testing. I understand that you cannot have standing orders, but would it be possible for there to be a check box for "molecular pathology consultation as needed" when ordering for molecular testing? Molecular testing is often ordered with pre-analytic errors, so this could give the molecular pathologist the permission to review all possible specimens, molecular testing options, and review of the clinical chart, w/o needing to go back to the oncologist to suggest the ordering of a consultation. Similarly, upon receipt of the results, the outside results may be misinterpreted. The consultation could be permission for the molecular pathologist to tie the outside results with other results such as the pathologic diagnosis and clinical history. | Molecular pathology interpretations are considered professional interpretations of clinical laboratory tests and are typically billed using the molecular procedure CPT code with the addition of modifier -26 OR using G0452-26. If an individual order is received and all requirements are met for a pathology clinical consultation to be billed molecular diagnostic findings may be used as part of the pathology clinical consultation. | Brenda Cox, MT ASCP, CPC, FHFMA |