



COLLEGE of AMERICAN
PATHOLOGISTS

Insights on the Implementation of Pathology Consultation Codes

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January 20, 2022

Welcome

Jonathan L. Myles, MD, FCAP

- **Chair, CAP Council on Government and Professional Affairs**
- **Vice-Chair of the CAP Council on Scientific Affairs**



Welcome

Ronald W. McLawhon, MD, PhD, FCAP

- **Vice-Chair, CAP Economic Affairs Committee**
 - Chair of the CAP CPT/RUC Workgroup
- **CAP Liaison to AMA CPT Advisory Committee and Chair, PCC**



Agenda

- **Review the Pathology Clinical Consultation CPT Codes**
- **When and How to Use Pathology Clinical Consultation CPT Codes**
- **Payment Policy Issues**
- **Clinical Examples**
- **Questions/answers**

What are Pathology Clinical Consultation CPT Codes?

Pathology Clinical Consultation Services

CPT Code	Long Descriptor	RUC Recommended Work RVU	2022 Final Work RVU
80503	Pathology clinical consultation; for a clinical problem with limited review of patient's history and medical records and straightforward medical decision making. When using time for code selection, 5-20 minutes of total time is spent on the date of the consultation.	0.50	0.43
80504	Pathology clinical consultation; for a moderately complex clinical problem, with review of patient's history and medical records and moderate level of medical decision making. When using time for code selection, 21-40 minutes of total time is spent on the date of the consultation	0.91	0.91
80505	Pathology clinical consultation; for a highly complex clinical problem, with comprehensive review of patient's history and medical records and high level of medical decision making. When using time for code selection, 41-60 minutes of total time is spent on the date of the consultation	1.80	1.71
+80506	Pathology clinical consultation; prolonged service, each additional 30 minutes (List separately in addition to code for primary procedure).	0.80	0.80

Pathology Clinical Consultation Services

- The pathology clinical consultation services (80503, 80504, 80505, 80506) may be reported when the following criteria have been met:
 - The pathologist renders a pathology clinical consultation at the request of a physician or other qualified health care professional at the same or another institution
 - The pathology clinical consultation request is related to pathology and laboratory findings or other relevant clinical or diagnostic information (eg, radiology findings or operative/procedural notes) that require additional medical interpretive judgment

A pathologist may also render a pathology clinical consultation when mandated by federal or state regulation (eg, Clinical Laboratory Improvement Amendments [CLIA])

Pathology Clinical Consultation Services

- **Pathology clinical consultation services codes (80503, 80504, 80505, 80506)**
 - Whenever a pathologist provides a requested consultation on a clinical problem (of varying complexity) for an individual patient
 - Address any clinical questions involving anatomic pathology, molecular pathology, or clinical pathology/laboratory findings and any combination thereof
- Reporting pathology and laboratory findings without medical interpretive judgment **is not considered** a pathology clinical consultation
- Clinical consultations may not be used to report a primary pathology or laboratory result, or to report a physician interpretation of a result that may be separately reported as a codifiable service elsewhere within CPT

Pathology Clinical Consultation Services

Other Key Instruction and Distinctions

- **Per CPT Instruction**

(For consultations involving the examination and evaluation of the patient, see 99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, 99255)

(For consultations involving the examination and evaluation of the patient, see 99241-99255)

- **E/M Payer Policies may vary**

Selecting a Level of Pathology Clinical Consultation Services

- According to CPT, selection of the appropriate level of pathology clinical consultation services may be based on either;
 - The total time for pathology clinical consultation services performed on the date of consultation, or
 - The level of medical decision making as defined for each service

Pathology Clinical Consultation Codes Time Criteria

Time – Pathology Clinical Consultation Codes

According to CPT,

- Time alone may be used to select the appropriate code level for the pathology clinical consultation services codes (ie, 80503, 80504, 80505)
- Time is defined by the service descriptions
- The appropriate time should be documented in the medical record when it is used as the basis for code selection

At a minimum, we recommend that the pathologist document the request, time, and clinical consultation report in the electronic or other health record.

Time – Pathology Clinical Consultation Codes

- **Total time on the date of the consultation (pathology clinical consultation services)**
- **It includes time personally spent by the consultant on the day of the consultation**

Consultant time includes the following activities

- Review of available medical history, including presenting complaint, signs and symptoms, personal and family history
- Review of test results
- Review of all relevant past and current laboratory, pathology, and clinical findings
- Arriving at a tentative conclusion/differential diagnosis
- Comparing against previous study reports, including radiographic reports, images as applicable, and results of other clinical testing
- Ordering or recommending additional or follow-up testing
- Referring and communicating with other health care professionals (not separately reported)
- Counseling and educating the clinician or other qualified health care professional
- Documenting the clinical consultation report in the electronic or other health record

Time-Based Clinical Consultation Documentation

- A pathology clinical consultation is a service, including a written report, rendered by the pathologist in response to a request (eg, written request, electronic request, phone request, or face-to-face request) from a physician or other qualified health care professional
- Time for these services is the total time on the date of the consultation. It includes time personally spent by the consultant on the day of the consultation

Pathology Clinical Consultation Codes Medical Decision-Making (MDM) Criteria

Medical Decision-Making Criteria

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	Low <ul style="list-style-type: none"> • 1 to 2 laboratory or pathology findings or • 2 or more self-limited problems 	Limited (Must meet the requirements of at least 1 of the 2 categories: Category 1: Tests and documents <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 Or 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)	Low risk of morbidity from additional diagnostic testing or treatment

Medical Decision-Making Criteria

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	Moderate <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 	Moderate (Must meet the requirements of at least 1 out of 3 categories) <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) 	Moderate risk of morbidity from additional diagnostic testing or treatment <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

Medical Decision-Making Criteria

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	High <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 	Extensive (Must meet the requirements of at least 2 out of 3 categories) Category 1: Tests, documents, or independent historian(s) <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) Or Category 2: Independent interpretation of tests <ul style="list-style-type: none"> • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); Or Category 3: Discussion of management or test interpretation <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) 	High risk of morbidity from additional diagnostic testing or treatment Examples only: <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

MDM-Based Clinical Consultation Documentation

- A pathology clinical consultation is a service, including a written report, rendered by the pathologist in response to a request (eg, written request, electronic request, phone request, or face-to-face request) from a physician or other qualified health care professional
- The level of Medical Decision-Making (MDM) is defined for each service
- The level of MDM is guided by Medical Decision-Making (MDM) criteria available in CPT 2022
 - To qualify for a particular level of MDM, two of three elements for that level of MDM must be met or exceeded

Pathology Clinical Consultation Codes Payment Policy Considerations

Payment Policy Considerations

CMS Published Medically Unlikely Edits (MUEs)		
CPT Code	Code Description	Practitioner Services MUE Values
80503	Pathology clinical consultation; for a clinical problem with limited review of patient's history and medical records and straightforward medical decision making. When using time for code selection, 5-20 minutes of total time is spent on the date of the consultation.	1
80504	Pathology clinical consultation; for a moderately complex clinical problem, with review of patient's history and medical records and moderate level of medical decision making. When using time for code selection, 21-40 minutes of total time is spent on the date of the consultation	1
80505	Pathology clinical consultation; for a highly complex clinical problem, with comprehensive review of patient's history and medical records and high level of medical decision making. When using time for code selection, 41-60 minutes of total time is spent on the date of the consultation	1

Payment Policy Considerations

New 2022 CPT Codes 80503, 80504, 80505, 80506

- **Payment policies for these new codes will vary by payer**
- **Understanding the Paradigm Shift will take time**

Codes 80500, 80502

- **Now Deleted**
- **Not valid for use in 2022**
- **Existing payer policies associated with codes 80500, 80502**

Clinical Examples Discussion

Clinical Examples

Thrombocytopenia and Anemia

- A 41-year-old female with acute thrombocytopenia and anemia. Pathology clinical consultation is requested

Complex Toxicology

- Assessment of patient with complex toxicology results. Pathology clinical consultation is requested.

Congenital Heart Disease

- Newborn with congenital heart disease, on aspirin and with intracranial bleeding. A question was raised about possible Bernard - Soulier syndrome, congenital bleeding disorder. Pathology clinical consultation is requested.

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Questions



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