



COLLEGE of AMERICAN
PATHOLOGISTS

Proposed 2024 Medicare Policy and Payment Changes for Pathologists

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July 26, 2023

Welcome

Jonathan L. Myles, MD, FCAP

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



Welcome

Ronald McLawhon, MD, PhD, FCAP

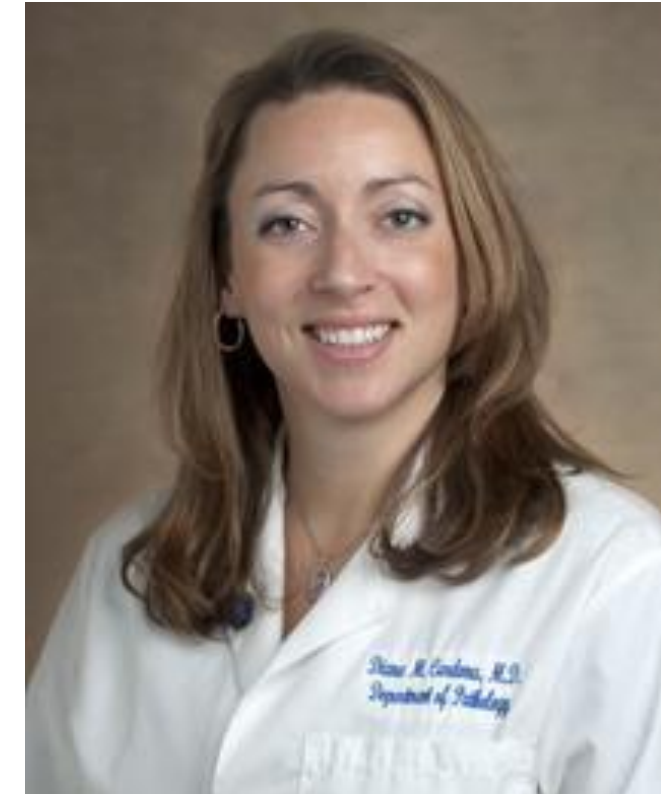
- **Chair, CAP Economic Affairs Committee**



Welcome

Diana M. Cardona, MD, FCAP

- **Chair, Quality and Clinical Data Registry Committee**



Agenda

- **Overview of Payment Policy and Advocacy**
- **Proposed 2024 Fee Schedule Changes**
- **Pathology Codes Impact and Outlook for 2024**
- **Proposed 2024 Quality Payment Program Policy Overview**
- **CLIA Request for Information**
- **Questions**

Proposed 2024 Medicare Physician Fee Schedule and Quality Payment Program Regulations

- Proposed 2024 Medicare Physician Fee Schedule and Quality Payment Program regulations were released on July 13, 2023
 - CAP members received a *Special Advocacy Update* with initial analysis of this regulation
- CAP will continue to engage with the Centers for Medicare & Medicaid Services (CMS)
- Final regulations expected Fall of 2024

Recent CAP Advocacy In Action

- **Successful meetings with 145 congressional offices on Capitol Hill.**
- **Main asks:**
 - Stop Medicare cuts to pathology services.
 - Support legislation to stop Medicare cuts to clinical laboratory services (+2 new cosponsors).
 - Cosponsor legislation to add new GME slots (+7 new cosponsors).



Stopping Medicare Cuts

- Debt limit deal set spending caps.
- CAP, AMA, and other physician specialties are pushing hard for Congress to now fix Medicare cuts.
 - In 2022, lawmakers mitigated Medicare cuts by increasing pay 1.25% in 2024.
 - However, pathologists will face about 2.75% cut despite the increase.
- Proposed Medicare fee schedule shows the impact of the cut.



Support for Saving Access to Laboratory Services Act (SALSA)

- CAP strongly supports passage of SALSA.
 - Mitigate Medicare cuts to clinical lab services of up to 15%.
 - Reform Medicare statute requiring accurate data collection to set future rates for lab fees.
 - Creates a sustainable path for labs going forward.
- Partnered with ACLA on support for the bill with our lobbying.



Physician Practice Information (PPI) Survey

Launch Date July 31, 2023

- The CMS is updating practice expense per hour data to calculate payment for physician services
 - AMA-led effort focuses on indirect practice expense cost data
 - These data are key to future updates in Medicare pay formula used to reimburse pathologists
- Be on the lookout for an email with the subject line “**American Medical Association requests your input on physician practice expense and patient care hours**”
 - Invitations and reminders about the PPI survey to **financial experts** at a practices will come from: PPISurvey@mathematica-mpr.com.
 - Invitations and reminders about the physician hours survey to **physicians** will come from PhysicianHoursSurvey@mathematica-mpr.com or from the practice directly.



Proposed 2024 Medicare Physician Fee Schedule

Restore Rank Order for Histotechnologists and Laboratory Technicians

- The CMS is in the third year of the clinical labor rate update
- Following the CAP advocacy last year, the CMS announced positive changes to the histotechnologist and laboratory technician clinical labor rates, which impacts pathology technical component services
- In the proposed 2024 regulation, the CMS continues to apply the update

CMS Proposes Implementing E/M Add-on Code G2211 and other E/M Services

- In the CY 2021 final rule, CMS adopted a new add-on code for complex patients, *G2211 (Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious condition or a complex condition. (Add-on code, list separately in addition to office/outpatient evaluation and management visit, new or established))*
- Per CMS the primary policy goal of G2211 was to increase payments to primary care physicians and to reimburse them more appropriately for the care provided to serious condition or complex patients.
- G2211 can be reported in conjunction with all office/outpatient E/M visits levels “to better account for additional resources associated with primary care, or similarly ongoing medical care related to a patient's single, serious condition, or complex condition”

CMS Proposes Implementing E/M Add-on Code G2211 and other E/M Services

- Initially CMS assumed that G2211 would be reported with 90% of all office/outpatient E/M visit claims, which would account for a significant portion of total Medicare Physician Fee schedule spending. However, the house of medicine disagreed and believed it would be 75%.
- Given the extremely high utilization estimate, G2211 had a significant effect on budget neutrality, accounting for an estimated increase of \$3.3 billion and a corresponding 3.0% cut to the CY 2021 Medicare Physician Fee Schedule.
- Because of the potential payment reductions to physicians and a successful advocacy effort by organized medicine including the CAP, Congress delayed implementation of G2211 until CY 2024

CMS Proposes Implementing E/M Add-on Code G2211 and other E/M Services

- Current proposal will change the Medicare Status of G2211 to “Active”
- Not payable when office/outpatient E/M visit is reported with modifier -25
- CMS revised its utilization assumptions from 90% of all E/M services to:
 - Initially be billed with 38 percent of all office and outpatient E/M visits and
 - Billed with 54 percent when fully adopted
- Proposed 2024 Payment \$16.05

CMS Proposes Implementing Other E/M G-code Services

- Two new HCPCS G codes describing psychotherapy for crisis services furnished in any place of service other than the office setting
- Two new HCPCS G codes to describe community health integration services performed by certified or trained auxiliary personnel, which may include a community health worker, incident to the professional services and under the general supervision of the billing practitioner.
- One new HCPCS G code for the administration of an evidence based social determinants of health risk assessment
- Two new HCPCS G codes to describe principal illness navigation services by *certified or trained* auxiliary personnel under the direction of a physician or other practitioner including a patient navigator or certified peer specialist

Proposed Pathology Payment Changes for 2024

- The conversion factor proposed for the 2024 fee schedule payment formula is decreased by 3.36% relative to that of the 2023 fee schedule
- The decrease in the conversion factor is primarily due to:
 - Proposed increases to primary care visit services
 - Implementation of the E/M add-on code G2211
- As a result of these changes, the CAP estimates:
 - -2.75% overall impact to pathology Medicare payments
 - -1.74% overall impact to independent laboratory Medicare payments
- Review the proposed pathology services changes in our [proposed 2024 Medicare Physician Fee Schedule Impact Table](#).

Top Pathology Services – Proposed Reimbursements

CPT Code	Modifier	Short Descriptor	2023 Payment	Proposed 2024 Payment	Percent Change
88305	Global	Tissue exam by pathologist	\$71.84	\$70.41	-2%
88305	26	Tissue exam by pathologist	\$36.60	\$35.37	-3%
88305	TC	Tissue exam by pathologist	\$35.24	\$35.04	-1%
88307	Global	Tissue exam by pathologist	\$292.79	\$283.27	-3%
88307	26	Tissue exam by pathologist	\$80.99	\$77.61	-4%
88307	TC	Tissue exam by pathologist	\$211.80	\$205.65	-3%
88312	Global	Special stains group1	\$113.52	\$110.69	-2%
88312	26	Special stains group1	\$26.09	\$25.22	-3%
88312	TC	Special stains group1	\$87.43	\$85.47	-2%
88313	Global	Special stains group 2	\$82.69	\$81.54	-1%
88313	26	Special stains group 2	\$11.86	\$11.46	-3%
88313	TC	Special stains group 2	\$70.82	\$70.08	-1%
88341	Global	Immunohisto antb addl slide	\$87.09	\$89.40	3%
88341	26	Immunohisto antb addl slide	\$27.79	\$26.53	-5%
88341	TC	Immunohisto antb addl slide	\$59.30	\$62.88	6%
88342	Global	Immunohisto antb 1 st stain	\$100.98	\$104.14	3%
88342	26	Immunohisto antb 1 st stain	\$34.23	\$33.08	-3%
88342	TC	Immunohisto antb 1 st stain	\$66.76	\$71.06	6%

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88342	TC	Immunohisto antb 1 st stain	\$66.76	\$71.06	6%

Largest Changes in Pathology – Proposed 2024

CPT Code	Modifier	Short Descriptor	2023 Payment	Proposed 2024 Payment	Percent Change
36514	Global	Apheresis plasma	\$571.34	\$617.95	8%
88104	TC	Cytopath fl nongyn smears	\$43.04	\$45.85	7%
88342	TC	Immunohisto antb 1st stain	\$66.76	\$71.06	6%
88341	TC	Immunohisto antb addl slide	\$59.30	\$62.88	6%
36430	Global	Blood transfusion service	\$39.65	\$41.92	6%
88369	TC	M/phmtrc alysisishquant/semiq	\$90.82	\$94.31	4%
88374	TC	M/phmtrc alys ishquant/semiq	\$264.32	\$242.66	-8%
88374	Global	M/phmtrc alys ishquant/semiq	\$306.34	\$282.61	-7%
88387	TC	Tiss exam molecular study	\$7.79	\$7.20	-7%
88120	TC	Cytp urne 3-5 probes ea spec	\$546.60	\$511.84	-6%
88311	26	Decalcify tissue	\$12.20	\$11.46	-6%
88120	Global	Cytp urne 3-5 probes ea spec	\$603.87	\$566.86	-6%

CAP Win: Digital Pathology Codes for 2024

Digital Pathology Category III Codes

- The CAP successfully advocated for the inclusion of 30 additional new CPT digital pathology codes for 2024
- The CAP worked with the American Medical Association (AMA) CPT Editorial Panel to develop 30 new digital pathology add-on codes
 - This is in addition to the 13 digital pathology add-on codes established for 2023
- The codes are used to report additional clinical staff work and service requirements associated with digitizing glass microscope slides for primary diagnosis
- The codes help pathologists, pathology practices, and laboratories providing digital pathology digitization procedures appropriately report these services

Digital Pathology Digitization Procedures

- **June 30, 2023:** Released to the AMA website
- **July 2023 - December 2023:** Implementation Period
- **Effective Date:** January 1, 2024

Digital Pathology CPT Codes

Histopathology	Cytopathology	Hematopathology
88321 +0838T	88104 +0827T	85060 +0854T
88323 +0839T	88106 +0828T	
88325 +0840T	88108 +0829T	85097 +0855T
88331 +0841T	88112 +0830T	
88332 +0842T	88141 +0831T	
88346 +0845T	88160 +0832T	
88350 +0846T	88161 +0833T	
88363 +0847T	88162 +0834T	
88365 +0848T	88172 +0835T	
88364 +0849T	88177 +0836T	
88366 +0850T	88173 +0837T	
88368 +0851T	88333 +0843T	
88369 +0852T	88334 +0844T	
88377 +0853T		
88348 +0856T		

Digital Pathology Digitization Procedures

Digital pathology is a dynamic, image-based environment that enables the acquisition, management, and interpretation of pathology information generated from digitized glass microscope slides.

► *Glass microscope slides are scanned by clinical staff, and captured whole-slide images (either in real-time or stored in a computer server or cloud-based digital image archival and communication system) are used for digital examination for pathologic diagnosis distinct from direct visualization through a microscope. Static digital photographic and photomicrographic imaging or digital video streaming of any portion of a glass microscope slide on mobile smartphone and tablet devices does not constitute a digital pathology digitization procedure.*

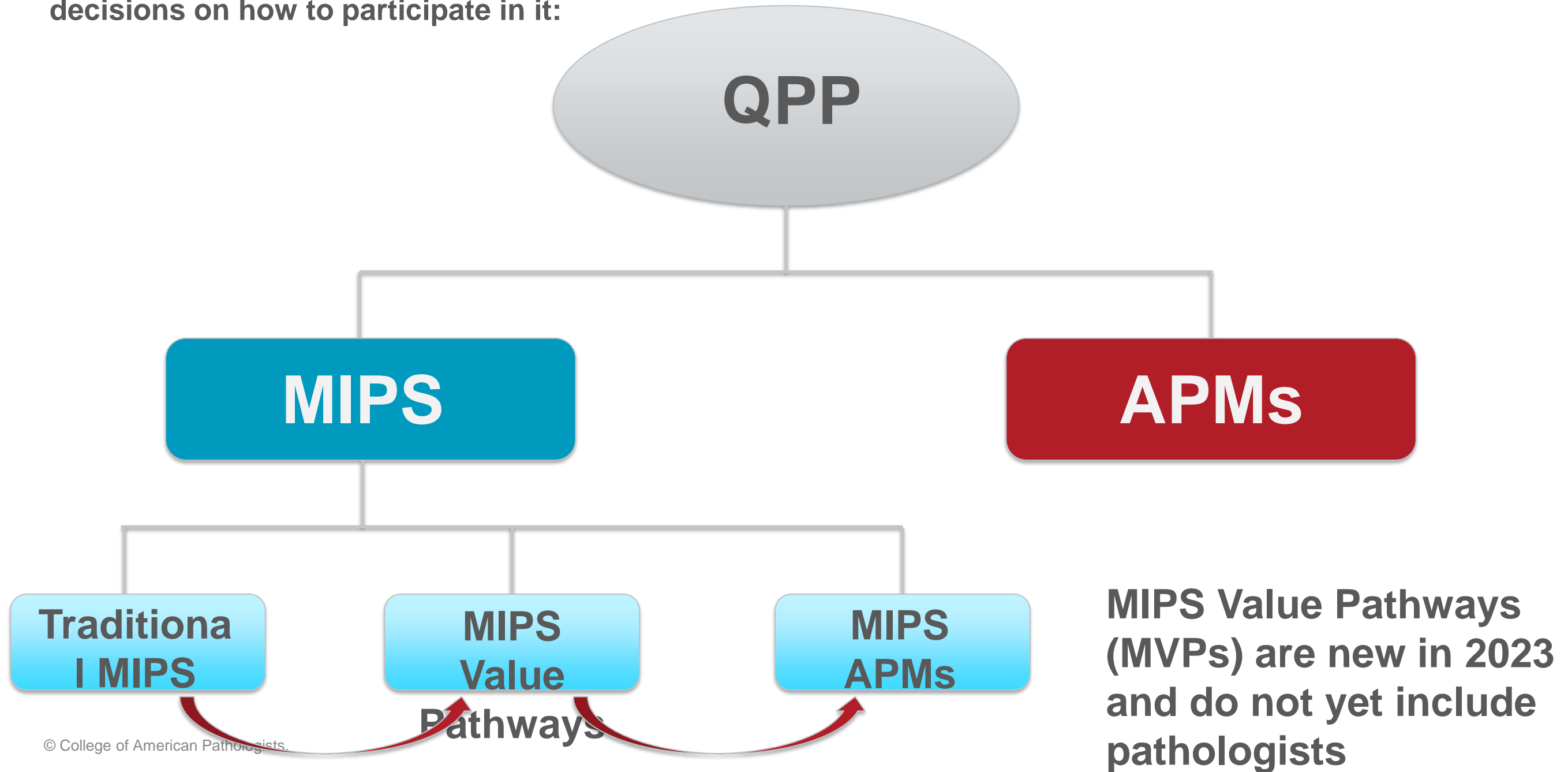
Digital Pathology Digitization Procedures

*Digitization of glass microscope slides enables remote examination by the pathologist and/or in conjunction with the use of artificial intelligence (AI) algorithms. Category III add-on codes 0751T-0763T, **0827T-0856T** may be reported in addition to the appropriate Category I service code when the digitization procedure of glass microscope slides is performed and reported in conjunction with the Category I code for the primary service. **Each Category III add-on code is reported as a one-to-one unit of service for each primary pathology service code.** ◀*

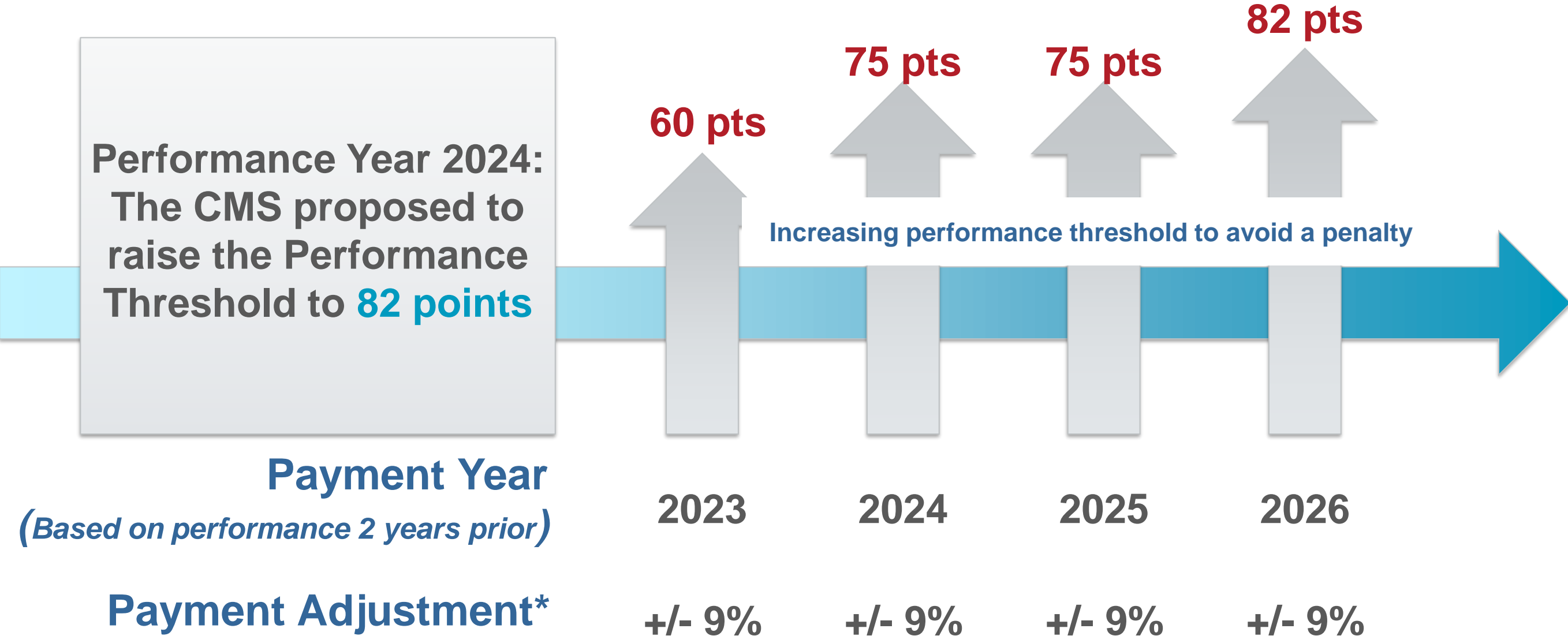
Proposed 2024 Medicare Quality Payment Program Requirements

Quality Payment Program Pathways

The Quality Payment Program is increasingly complex and pathology practices need to make strategic decisions on how to participate in it:



We Are In Year 8 of MIPS Implementation

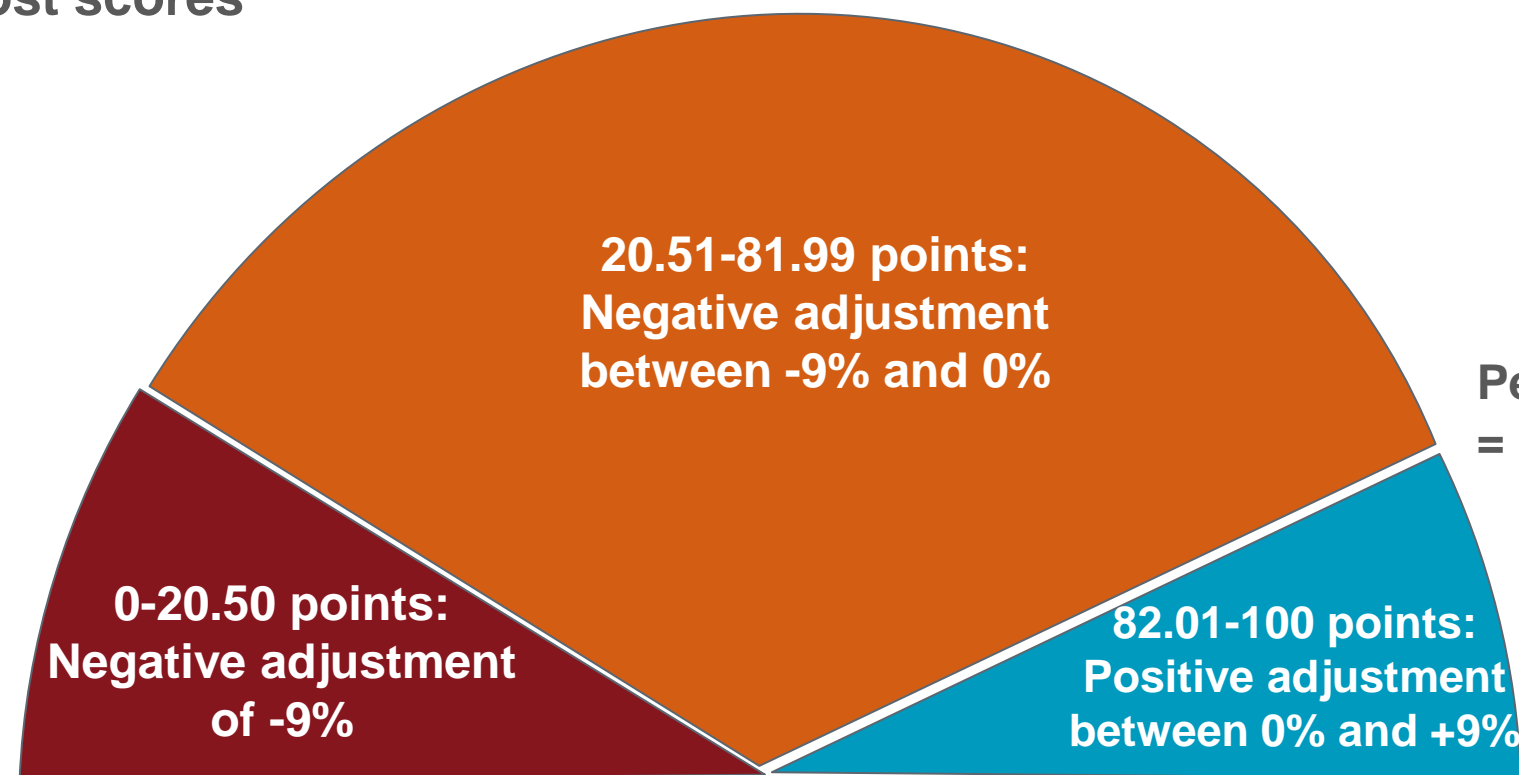


**Payment adjustment is from a budget-neutral pool: positive adjustments come from the funds generated by negative adjustments. The maximum positive adjustments have been less than 2% each year so far.*

Proposed 2024 MIPS Performance Year

- Quality Measures: **85%** of Final Score
- Improvement Activities: **15%** of Final Score
- Promoting Interoperability: N/A: non-patient facing pathologists and groups automatically reweighted
- Cost: N/A: non-patient facing pathologists and groups are almost never attributed Cost scores

Reweight Policy for Small Practices (≤ 15 pathologists):
Quality and IA categories each scored at 50% each if Promoting Interoperability and Cost are reweighted to 0



Performance Threshold: 82 points
= neutral payment adjustment

MIPS Performance Threshold Will Be Harder to Achieve in 2024

- In addition to increasing the performance threshold to 82 points in 2024, CMS proposes to:
 - **Raise the data completeness threshold** from 70% **to 75%** for 2024, and then up to 80% in 2027
 - The CMS insists the long-term goal is to get to 100% data completeness; we do not think this is realistic
- **Recall:**
 - 3-point floor for quality measures was removed
 - Topped out measures are only worth up to 7 points; most pathology QPP (public domain) measures are topped out. This means that:
 - **Pathologists in large practices cannot reach the performance threshold by reporting only QPP (public domain) measures**; pathologists need QCDR measures that are worth more points
 - Pathologists using topped out QPP measures *must* achieve 100% to get the whole 7 points

What is Staying the Same in MIPS in 2024

Criteria	2024
Performance Category Reweighting	Large Practices: 85% Quality/15% IA Small Practices: 50% Quality/50% IA
Measure Bonus Points	No bonus points for additional high priority measures 6 bonus points for small practices
Traditional MIPS Sunset Date	No date for traditional MIPS to end

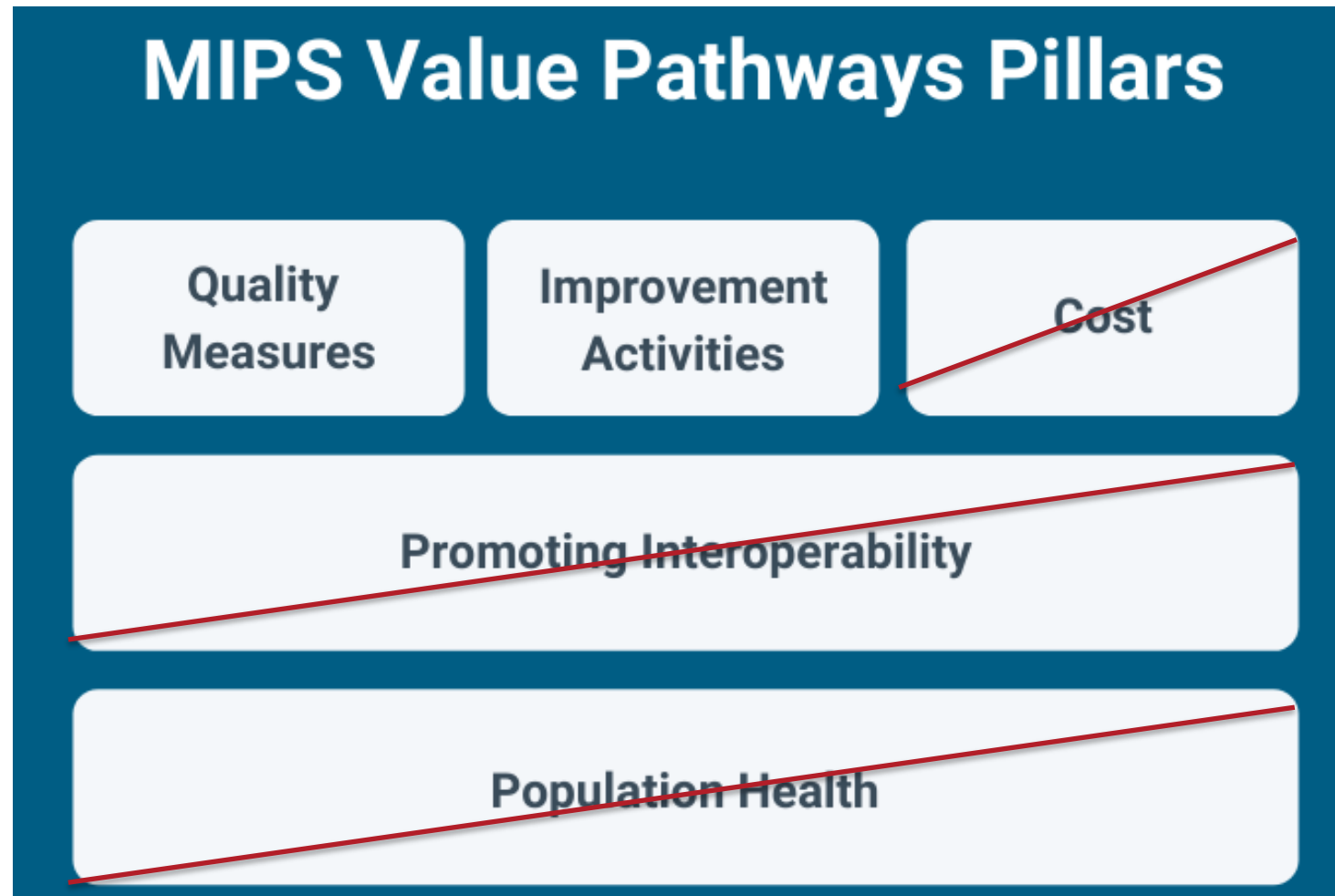
2024 Proposed Pathology Quality Measures Set

Measure ID	Title
QPP 249	Barrett's Esophagus
QPP 250	Radical Prostate Reporting
QPP 395	Lung Cancer Reporting (Biopsy/Cytology)
QPP 396	Lung Cancer Reporting (Resections)
QPP 397	Melanoma Reporting
QPP 440	Biopsy Turnaround Time: Squamous and Basal Cell Cancer and Melanoma*
QPP 491	MMR/MSI for Checkpoint Inhibitor Therapy

- **No change to proposed QPP measure set**

* measure NOT stewarded by the CAP

MIPS Value Pathways (MVPs) Do Not Yet Apply to Pathologists



- Implementation started this year
- Not all performance categories are applicable to pathologists
- CMS vacillates on *how* – not whether– pathologists will participate in MVPs
- It is not clear *when* the CMS will end traditional MIPS and force pathologists into MVPs

MIPS Value Pathways (MVPs) Cover Many Specialties

2023 MVPs:

- Advancing Care for Heart Disease
- Advancing Cancer Care
- **Optimizing Chronic Disease Management**
- Advancing Rheumatology Patient Care
- Improving Care for Lower Extremity Joint Repair
- Adopting Best Practices and Promoting Patient Safety within Emergency Medicine
- Patient Safety and Support of Positive Experiences with Anesthesia
- Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes
- Optimal Care for Kidney Health
- Optimal Care for Patients with Episodic Neurological Conditions
- Supportive Care for Neurodegenerative Conditions
- **Promoting Wellness**

Proposed new MVPs for the 2024 performance year:

- Focusing on Women's Health
- Quality Care for the Treatment of Ear, Nose, and Throat Disorders
- Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV
- Quality Care in Mental Health and Substance Use Disorders
- Rehabilitative Support for Musculoskeletal Care
- **CMS is proposing to combine Promoting Wellness and Optimizing Chronic Disease Management into one MVP**


CMS Proposals for Advanced Alternative Payment Models in 2024

- **Extending the APM Incentive Payment at 3.5% through payment year 2025.**
- **Calculating QP determinations at the individual level for each unique national provider identifier (NPI) associated with an eligible clinician participating in an Advanced APM**
- **Broadening the definition of services that attribute a Medicare beneficiary to an APM**
 - E/M services will no longer be the default services that attribute a beneficiary
- **Modifying some CEHRT requirements**

Protecting independent pathology practice is a high-level CAP principle

CAP continues to:

- Advocate for the continuation of traditional MIPS for as long as possible
- Engage in additional research on
 - Models for independent pathologists to engage in ACOs and APMs
 - Models for how pathologists participate in APMs
- Advocate to reduce the burden of participation in MIPS and increase the positive payment incentives

**Characteristics of a Rational Medicare Payment System**

Simplicity, relevance, alignment, and predictability, for physician practices and the Centers for Medicare and Medicaid Services (CMS).

Ensuring financial stability and predictability

- **Provide financial stability** through a baseline positive annual update reflecting inflation in practice costs, and eliminate, replace or revise budget neutrality requirements to allow for appropriate changes in spending growth.
- **Recognize fiscal responsibility.** Payment models should invest in and recognize physicians' contributions in providing high-value care and the associated savings and quality improvements across all parts of Medicare and the health care system (e.g., preventing hospitalizations).
- **Encourage collaboration, competition and patient choice rather than consolidation** through innovation, stability, and reduced complexity by eliminating the need for physicians to choose between retirement, selling their practices or suffering continued burnout.

Promoting value-based care

- **Reward the value of care provided to patients**, rather than administrative activities—such as data entry—that may not be relevant to the service being provided or the patient receiving care.
- **Encourage innovation**, so practices and systems can be redesigned and continuously refined to provide high-value care and include historically non-covered services that improve care for all or a specific subset of patients (e.g., Chronic Obstructive Pulmonary Disease, Crohn's Disease), as well as for higher risk and higher cost populations.
- **Offer a variety of payment models and incentives tailored to the distinct characteristics of different specialties and practice settings.** Participation in new models must be voluntary and continue to be incentivized. A fee-for-service payment model must also remain a financially viable option.
- **Provide timely, actionable data.** Physicians need timely access to analyses of their claims data, so they can identify and reduce avoidable costs. Though Congress took action to give physicians access to their data, they still do not receive timely, actionable feedback on their resource use and attributed costs in Medicare. Physicians should be held accountable only for the costs they control or direct.
- **Recognize the value of clinical data registries** as a tool for improving quality of care, with their outcome measures and prompt feedback on performance.

Safeguarding access to high-quality care

- **Advance health equity and reduce disparities.** Payment model innovations should be risk-adjusted and recognize physicians' contributions to reducing health disparities, addressing social drivers of care, and tackling health inequities. Physicians need support as they care for historically marginalized, higher risk, hard to reach or sicker populations.
- **Support practices where they are** by recognizing that the high-value care is provided by both small practices and large systems, and in both rural and urban settings.

The CAP's Pathologists Quality Registry Helps Our Members with MIPS

Practices in the registry get practice-specific advice on highest scoring measures for their situation.

Several choices for how to submit data for Quality Measures



- Manual data entry
 - Via web portal
 - Via excel file upload
- Automated data entry with billing and/or LIS



Improvement Activities (IA):

- The registry makes it easy to understand and choose from a subset of IA most pathologists are already doing
- Most billing companies cannot submit IA
- Even if you are facility-based, you still need to submit IA

Email us at MIPS@cap.org

CLIA Request for Information

CMS Included in the Proposed Rule a Request for Information (RFI) on CLIA Modernization

- The CDC and the CMS have been for several years signaling a move to update to the CLIA regulations to reflect changes in the laboratory environment.
 - The CAP anticipated potential changes to the scientific and laboratory regulations so have developed policies in many of these area.
- CMS and CDC will release proposed rules based on:
 - Recommendations from the CLIAC Regulatory Assessment Workgroup, and
 - Requests for Information
- This process will occur over several years and be based on subparts of the CLIA regulations.

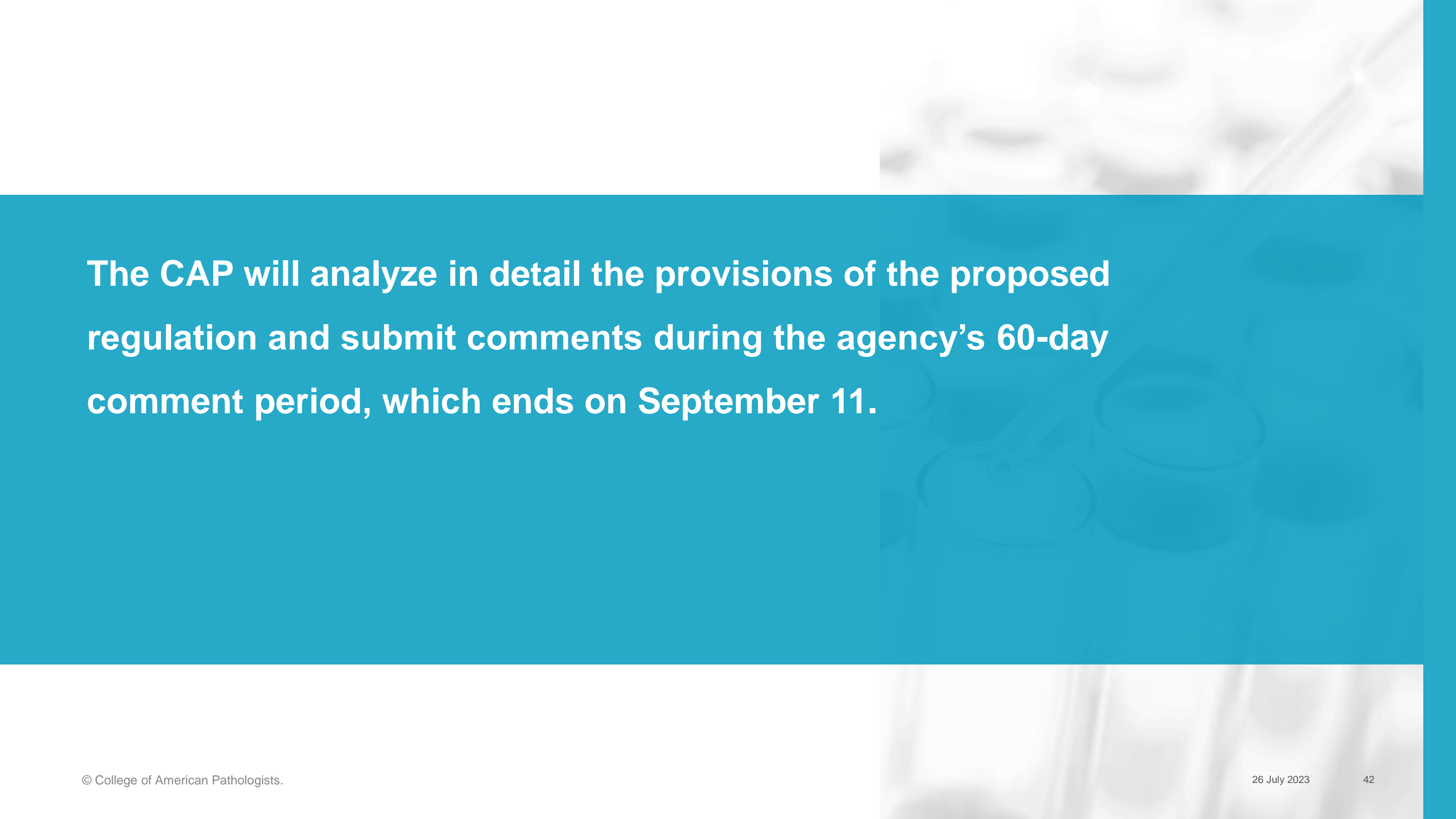
Recent History of CMS and CDC Efforts and Focus on CLIA Modernization

Area	RFI/Proposed Rule	Final Rule
Revision of Personnel Regulations	RFI Jan 2018 Personnel RFI Jul 2020 Proposed rule July 2022	
Proficiency Testing Referral	RFI Jan 2018 PT regulations: Feb 2019	Nov 2022
Histocompatibility Regulations	RFI Jan 2018 Proposed rule Jul 2022	
Fees Under CLIA	RFI Jan 2018 Comments Dec 2018 Proposed rule Jul 2022	
Retention of NGS Data in Clinical and Public Health Laboratories	RFI Jul 2020	
Alternative Sanctions for Certificate of Waiver Laboratories	Proposed rule Jul 2022	

The Request for Information (RFI)

The RFI is soliciting feedback from the public on how to develop final regulations to achieve the following objectives:

- Develop regulations around slide staining and tissue processing as a part of the wider CLIA regulations and certification
- Make the public health emergency enforcement discretion permanent to allow pathologists to review slides remotely
- Make the public health emergency enforcement discretion permanent that allows for cytogeneticists to review images remotely



The CAP will analyze in detail the provisions of the proposed regulation and submit comments during the agency's 60-day comment period, which ends on September 11.

Questions

Stay Informed Through the CAP

- Follow CAP on social media
 - Twitter @CAPDCAdvocacy
 - Facebook.com/capathologists
- Visit CAP.org > advocacy
- Read *Advocacy Update*
- Join PathNET, the CAP's grassroots advocacy network



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Appendix

2024 Digital Pathology Digitization Procedures

CPT Code	Long Descriptor
#+0827T	Digitization of glass microscope slides for cytopathology, fluids, washings, or brushings, except cervical or vaginal; smears with interpretation (List separately in addition to code for primary procedure) ▶(Use 0827T in conjunction with 88104)◀
#+0828T	Digitization of glass microscope slides for cytopathology, fluids, washings, or brushings, except cervical or vaginal; simple filter method with interpretation (List separately in addition to code for primary procedure) ▶(Use 0828T in conjunction with 88106)◀
#+0829T	Digitization of glass microscope slides for cytopathology, concentration technique, smears, and interpretation (eg, Saccomanno technique) (List separately in addition to code for primary procedure) ▶(Use 0829T in conjunction with 88108)◀

Appendix

2024 Digital Pathology Digitization Procedures

CPT Code	Long Descriptor
#+0830T	<p>Digitization of glass microscope slides for cytopathology, selective-cellular enhancement technique with interpretation (eg, liquid-based slide preparation method), except cervical or vaginal (List separately in addition to code for primary procedure)</p> <p>▶(Use 0830T in conjunction with 88112)◀</p>
#+0831T	<p>Digitization of glass microscope slides for cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician (List separately in addition to code for primary procedure)</p> <p>▶(Use 0831T in conjunction with 88141)◀</p> <p>▶(Do not report 0831T in conjunction with 88141, when digitization of glass microscope slides is performed using an automated, computer-assisted screening imaging system) ◀</p>

Appendix

2024 Digital Pathology Digitization Procedures

CPT Code	Long Descriptor
#+0832T	Digitization of glass microscope slides for cytopathology, smears, any other source; screening and interpretation (List separately in addition to code for primary procedure) ▶(Use 0832T in conjunction with 88160)◀
#+0833T	Digitization of glass microscope slides for cytopathology, smears, any other source; preparation, screening and interpretation (List separately in addition to code for primary procedure) ▶(Use 0833T in conjunction with 88161)◀
#+0834T	Digitization of glass microscope slides for cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains (List separately in addition to code for primary procedure) ▶(Use 0834T in conjunction with 88162)◀

Appendix

2024 Digital Pathology Digitization Procedures

CPT Code	Long Descriptor
#+0835T	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site (List separately in addition to code for primary procedure) ▶ (Use 0835T in conjunction with 88172)◀ ▶ (Do not report 0835T in conjunction with 88172, when 0837T is reported in conjunction with 88173)◀
#+0836T	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site (List separately in addition to code for primary procedure) ▶ (Use 0836T in conjunction with 88177)◀ ▶ (Do not report 0836T in conjunction with 88177, when 0837T is reported in conjunction with 88173)◀
#+0837T	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; interpretation and report (List separately in addition to code for primary procedure) ▶ (Use 0837T in conjunction with 88173)◀

Appendix

2024 Digital Pathology Digitization Procedures

CPT Code	Long Descriptor
#+0838T	Digitization of glass microscope slides for consultation and report on referred slides prepared elsewhere (List separately in addition to code for primary procedure) ▶(Use 0838T in conjunction with 88321)◀ ▶(Do not report 0838T in conjunction with 88321 for referred digitized glass microscope slides prepared elsewhere)◀
#+0839T	Digitization of glass microscope slides for consultation and report on referred material requiring preparation of slides (List separately in addition to code for primary procedure) ▶(Use 0839T in conjunction with 88323)◀ ▶(Do not report 0839T in conjunction with 88323 for referred digitized glass microscope slides prepared elsewhere)◀
#+0840T	Digitization of glass microscope slides for consultation, comprehensive, with review of records and specimens, with report on referred material (List separately in addition to code for primary procedure) ▶(Use 0840T in conjunction with 88325)◀ ▶(Do not report 0840T in conjunction with 88325 for referred digitized glass microscope slides prepared elsewhere)◀

Appendix

2024 Digital Pathology Digitization Procedures

CPT Code	Long Descriptor
#+0841T	Digitization of glass microscope slides for pathology consultation during surgery; first tissue block, with frozen section(s), single specimen (List separately in addition to code for primary procedure) ▶(Use 0841T in conjunction with 88331)◀
#+0842T	Digitization of glass microscope slides for pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure) ▶(Use 0842T in conjunction with 88332)◀
#+0843T	Digitization of glass microscope slides for pathology consultation during surgery; cytologic examination (eg, touch preparation, squash preparation), initial site (List separately in addition to code for primary procedure) ▶(Use 0843T in conjunction with 88333)◀
#+0844T	Digitization of glass microscope slides for pathology consultation during surgery; cytologic examination (eg, touch preparation, squash preparation), each additional site (List separately in addition to code for primary procedure) ▶(Use 0844T in conjunction with 88334)◀

Appendix

2024 Digital Pathology Digitization Procedures

CPT Code	Long Descriptor
#+0845T	Digitization of glass microscope slides for immunofluorescence, per specimen; initial single antibody stain procedure (List separately in addition to code for primary procedure) ▶(Use 0845T in conjunction with 88346)◀
#+0846T	Digitization of glass microscope slides for immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure) ▶(Use 0846T in conjunction with 88350)◀
#+0847T	Digitization of glass microscope slides for examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, <i>KRAS</i> mutational analysis) (List separately in addition to code for primary procedure) ▶(Use 0847T in conjunction with 88363)◀ ▶(Do not report 0847T in conjunction 88363, when digitization of glass microscope slides has been previously reported)◀

Appendix

2024 Digital Pathology Digitization Procedures

CPT Code	Long Descriptor
#+0848T	Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; initial single probe stain procedure (List separately in addition to code for primary procedure) ▶(Use 0848T in conjunction with 88365)◀
#+0849T	Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure) ▶(Use 0849T in conjunction with 88364)◀
#+0850T	Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure (List separately in addition to code for primary procedure) ▶(Use 0850T in conjunction with 88366)◀

Appendix

2024 Digital Pathology Digitization Procedures

CPT Code	Long Descriptor
#+0851T	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; initial single probe stain procedure (List separately in addition to code for primary procedure) ▶(Use 0851T in conjunction with 88368)◀
#+0852T	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure) ▶(Use 0852T in conjunction with 88369)◀
#+0853T	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; each multiplex probe stain procedure (List separately in addition to code for primary procedure) ▶(Use 0853T in conjunction with 88377)◀

Appendix

2024 Digital Pathology Digitization Procedures

CPT Code	Long Descriptor
#+0854T	<p>Digitization of glass microscope slides for blood smear, peripheral, interpretation by physician with written report (List separately in addition to code for primary procedure)</p> <p>▶(Use 0854T in conjunction with 85060)◀</p> <p>▶(Do not report 0854T in conjunction with 85060, when digitization of glass microscope slides is performed using an automated, computer-assisted cell morphology imaging analyzer)◀</p>
#+0855T	<p>Digitization of glass microscope slides for bone marrow, smear interpretation (List separately in addition to code for primary procedure)</p> <p>▶(Use 0855T in conjunction with 85097)◀</p>
#+0856T	<p>Digitization of glass microscope slides for electron microscopy, diagnostic (List separately in addition to code for primary procedure)</p> <p>▶(Use 0856T in conjunction with 88348)◀</p>

Appendix

Do not report the Category III codes:

- Solely for archival purposes (eg, after the Category I service has already been performed and reported)
- Solely for educational purposes (eg, when services are not used for individual patient reporting)
- Solely for developing a database for training or validation of AI algorithms
- Solely for clinical conference presentations (eg, tumor board interdisciplinary conferences)