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CPT Coding Update for Prostate Specimens

A recent revision to the National Correct Coding Initiative policy manual contains a new policy pertaining to the reporting of prostate needle core biopsies, HCPCS codes G0416-G0419. These codes were initially introduced in 2009 by Medicare and were to be reported when prostate biopsy specimens were collected via prostate saturation biopsy procedure. Since this procedure results in large numbers of biopsies, Medicare wanted to update the established payment policy of reimbursing one unit of 88305 for each separately identified core, so the following HCPCS codes were established:

G0416- Surgical pathology, gross and micro exam for prostate needle saturation biopsy sampling
.....1-20 specimens

G0417-.....21-40 specimens

G0418-.....41-60 specimens

G0419-.....greater than 60 specimens

As of January 1, 2012 CMS has issued **new** guidance in the NCCI Policy Manual regarding these HCPCS codes. It states:

HCPCS codes G0416-G0419 describe surgical pathology, including gross and microscopic examination, of prostate needle biopsies from a saturation biopsy sampling procedure. CMS requires that these codes rather than CPT code 88305 be utilized to report surgical pathology on prostate needle biopsy specimens only if the number of separately identified needle biopsy specimens is five or more. Surgical pathology on four or fewer prostate needle biopsy specimens should be reported with CPT code 88305 with the unit of service corresponding to the number of separately identified biopsy specimens.

As this policy update does state “saturation biopsy sampling procedure,” considerable confusion came in the instruction distinguishing five or more vs. four or fewer samples referring to “prostate needle biopsy specimens” without making the saturation biopsy distinction. However, a recent policy update by Palmetto GBA (August 2012) indicates that it is Medicare’s intent to require the use of the “G” codes for **all** prostate biopsy procedures anytime 5 or more separate specimens are reported. It has been APS Medical Billing’s experience that when an intermediary makes an announcement such as this others will follow.

It goes without saying this will have a significant financial impact. For example: The Medicare Physician Fee Schedule National Payment Amount for G0416-26 is \$182.10 which is equivalent to 5 units of 88305-26 which has a National Payment Amount of \$36.08 per unit. For a physician practice that typically bills for more than 6 specimens for a prostate case, you will see



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reimbursement capped at 5.0 units. If you bill for 12 specimens for a prostate biopsy case the Medicare reimbursement will be reduced by 58% for these cases.

Also, the financial impact of this coding change has a different impact on the technical and professional services for needle core biopsy techniques resulting in between 5 and 20 tissue samples. The national payment rate for Medicare for professional services for G0416 (used for 1-20 tissue samples) is \$182.10, which represents slightly more than 5 times the rate for a single 88305-26. A similar comparison for the technical component of the service indicates that the payment rate represents 7 times the rate for a single 88305 (\$488.78 for the TC of the G code vs. \$69.78 for the 88305 TC). The reason for this variance in the payment rate for G0416 between the professional and technical services is not discussed by CMS.

As this is only a CMS guideline, all prostate cases will need to be identified to be assured the correct code(s) is/are being reported. APS Medical Billing will review what the best process would be to effectively do this and an update will follow.

Should you have any further questions please feel free to contact Jan Toczynski or Holly Wolford in our Coding Department or Tom Scheanwald, President.