

*Excerpt from PSA's*  
**CODING PROFICIENCY CHALLENGE**  
**RESULTS & RATIONALE**  
*October 2008*

Pathology Service Associates, LLC (PSA) has completed the review and tabulation of all Coding Proficiency Challenge responses for the October 2008 survey. PSA is pleased to be able to award Continuing Medical Education (CME) credit to pathologists who participate in the Challenge.

The primary objective of the Coding Proficiency Challenge has always been to assist pathologists in honing their CPT coding skills and supplement the practices coding compliance efforts by providing "real life" coding scenarios pulled from our coding reviews using actual pathology reports.

**October 2008 Coding Proficiency Challenge Answer Key and Summary of Responses**

	A (True)	B (False)	C	D	E	F	No Response	% Correct
1. Breast cyst aspiration - Smear only. Prepared by non-laboratory personnel.	32	13	47	4	1	0	2	47%
2. Cocktail stain - PAS and Alcian Blue	13	7	12	1	64	2	0	65%
3. New ABN form - Implementation date moved to March 1, 2009.	56	42	0	0	0	0	1	42%
4. Immuno stain with qualitative grading (ie 3+) = 88360 only if the criteria for determining a positive result is outlined.	2	4	5	15	56	14	3	57%
5. Colon biopsies - same container - separately identified.	0	6	92	0	1	0	0	93%
6. Bronchial brushing - slide for immediate evaluation - no other slide received. AMA guidance - 88333.	7	5	11	14	14	48	0	14%
7. Colon biopsies - same container - <b>NOT</b> separately identified.	95	1	3	0	0	0	0	96%
8. Uterus and 4 separately submitted lymph node specimens.	86	0	7	0	5	1	0	87%

*Additional information on questions 1, 2, & 6 is provided on the following pages. A complete copy of the October 2008 Coding Proficiency Challenge, including the results and rationale for each question, is available to subscribers under the Coding Resource Center.*

## 1) Left Breast Cyst Aspirate

Received in a cardboard slide holder, is a single unstained slide labeled as “Left cyst aspirate.”

### Microscopic Evaluation:

Examination reveals amorphous cellular debris and degenerating cells of undetermined type and no definite epithelial cells or malignant cells are identified.

### Final Diagnosis:

#### Left Breast Cyst, Aspirate Smear:

Small amounts of amorphous cellular debris, no epithelial cells and no malignant cells identified.

	# of Responses	% of Responses
A) 88160	32	32%
B) 88173	13	13%
<b>C) 88104</b>	<b>47</b>	<b>47%</b>
D) 88161	4	4%
E) None of the above	1	1%
No Response	2	2%
Total	99	100%

### Rationale: C

The code selection for breast cyst fluid is based on the methodology used to prepare the slide(s). In this scenario a single smeared slide was submitted for cytologic evaluation. The appropriate coding of this specimen is 88104 (*Cytopathology, fluids, washings, or brushings, except cervical or vaginal; smears with interpretation*). The code descriptor gives no indication that the smear must be prepared by laboratory personnel.

It is inappropriate to report the 88173 code in this scenario because the specimen is from a breast cyst puncture aspiration and **not** a fine needle aspiration of a breast mass.

Codes 88160 and 88161 are incorrect because they are used to report smears prepared from sources other than fluids, washings and brushings. Examples of these specimens include direct smears prepared from nipple discharge and sputum specimens.

## 2) Special Stains – Cocktail

The patient’s clinical history indicates the need for an Alcian Blue/PAS stain, which is performed on a single slide. The pathologist interprets and documents as follows:

AB – Reveals no glandular epithelium.

PAS – No fungi are identified with stain.

	# of Responses	% of Responses
A) 88312	13	13%
B) 88313 x 2	7	7%
C) 88313	12	12%
D) 88342	1	1%
<b>E) 88313, 88312</b>	<b>64</b>	<b>65%</b>
F) None of the above	2	2%
No Response	0	0%
Total	99	100%

### Rationale: E

In this scenario, both the Alcian Blue and PAS stains are performed on a single slide. This is referred to as a “Cocktail” stain. Per the advice from the June 2004 issue of *CAP Today*, “Your CPT Questions,” it is appropriate to bill separately for the antibodies in a cocktail stain when each stain can be differentiated microscopically. In this instance, the pathologist provided a distinct interpretation for each of the two stains; therefore both stains should be reported. The Alcian Blue is reported as a Group II stain (88313), and because the PAS stain is used to identify fungus it is reported as a Group I stain (88312). The key is clearly documenting the interpretation of each stain.

## 6) Cytologic Examination During a Bronchoscopy Procedure

**Gross Description:** Right Middle Lobe Brushing.

Two smeared slides are prepared in the bronchoscopy suite (1 Air Dried and 1 Fixed) and submitted to the cytology lab with a request for intra-procedural evaluation and diagnosis.

**Intra-procedural Assessment:** Bronchial epithelium (1 Diff Quik and 1 Rapid Pap).

**Microscopic description:** The brushing contains numerous bronchial epithelial cells. No viral cytopathologic effect is seen. No granulomatous inflammation is present.

**Final Diagnosis:** Negative for malignancy.

	# of Responses	% of Responses
A) 88172, 88104, 88313	7	7%
B) 88333, 88313	5	5%
C) 88172	11	11%
<b>D) 88333</b>	<b>14</b>	<b>14%</b>
E) 88104	14	14%
F) None of the above	48	48%
No Response	0	0%
Total	99	100%

### Rationale: D

Although two slides were submitted, only one service was provided in this coding scenario; an intra-procedural consultation, appropriately reported as 88333 (*Pathology consultation during surgery, cytologic examination [e.g., touch prep, squash prep], initial site*). In April 2008, PSA submitted a similar question through the AMA Knowledge Base inquiry system, and the AMA advised against reporting the 88104 in addition to the 88333 unless distinct specimens are submitted. The AMA published this guidance in the June 2008 issue of the *CPT Assistant*.

No additional slides were submitted for routine evaluation; therefore, it would be inappropriate to report 88104 in addition to the intra-procedural evaluation. The Diff Quik stain in this instance is not a special stain (88313) but a routine cytology stain that should **not** be reported separately.

The 88172 code should not be assigned in this instance as it is used **only** for the immediate evaluation of material obtained from a fine needle aspiration. The CAP addressed the appropriate use of the 88172 code in an article entitled, “When and how to use CPT code 88172” in the September 2006 issue of *CAP Today*.