

Coding and Compliance Newsletter

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Happy New Year, I hope 2005 brings everyone peace and happiness.

I'd like to begin with the changes in the CPT codes for 2005.

The technical and professional components for the flow cytometry cell surface markers have been separated into two different CPT codes and the codes have also been bundled, resulting in the following codes:

88184 - Flow cytometry, cell surface, cytoplasmic, or nuclear, technical component only; first marker

88185 - each additional marker (list separately in addition to code for first marker)

88187 - Flow cytometry, interpretation; 2 to 8 markers

88188 - 9 to 15 markers

88189 - 16 or more markers

Last year we were quite delighted when a CPT code for quantitative immunohistochemistry was listed, and by April 1, 2004 were quite distressed when the code was clarified as only applying to computer assisted technology. Since Medicare giveth and then taketh away, they have chosen to give again, and effective January 1, 2005 there are two codes for quantitative immunohistochemistry.

88360 – Morphometric analysis, tumor immunohistochemistry (e.g., Her-2/neu, estrogen receptor/ progesterone receptor), quantitative or semi quantitative, each antibody; manual

88361 – using computer-assisted technology

These codes are not reported in addition to 88342, but instead of 88342 – immunohistochemistry.

The in situ hybridization codes have also been revised, and two codes have been added.

88365 used to be described as “Tissue in situ hybridization, interpretation and report”, it has been revised to “In situ hybridization (e.g. FISH), each probe”.

88367 – Morphometric analysis, in situ hybridization, (quantitative or semi-quantitative) each probe: using computer-assisted technology

88368 – manual

Ownership of Research Tissue: Recently a court case has been settled in Florida which has led to a clarification of this issue. In this case, the parents of children who have Canavan's disease donated tissues voluntarily and knowingly for research. The investigators used the tissues to develop a commercially available predictive prenatal genetic test. The families alleged that they were willing to participate in research for a cure, but did not expect the investigator to profit monetarily from their donations. The judge ruled that the researchers had no duty to disclose to the participants the potential for future economic benefits from the research, and thus there was no misuse or fraud by the investigator. The judge also stated that such retroactive curtailment of use of biological materials was likely to “chill” medical research by permitting participants to dictate the progress and direction of research. This judge also followed the reasoning outlined in a case settled in California in 1990, that “a research product developed from human tissue is legally and factually distinct from the originally excised tissue.” Therefore, a tissue specimen becomes the property of a researcher, and prevents the source from asserting reach through rights to a patent or commercial product.

The BCM Tissue Bank and Tissue Procurement office can help you to obtain paraffin-embedded, fresh and frozen, consented human tissues for your research projects.

Reference: Hakimian R. Korn D; Ownership and Use of Tissue Specimens for Research, JAMA, November 24, 2004, 292; 20, 2500-2505