

Part B Insider (Multispecialty) Coding Alert

Fee Schedule: New Codes Split Components of Flow Cytometry

CMS slashes roughly \$200 from interpretation code

Changes to the physician fee schedule could make it harder for leukemia patients to obtain important tests next year, doctors recently told the **Centers for Medicare & Medicaid Services**.

CPT 2005 deletes the old flow cytometry code (88180), which paid for flow cytometry per marker. Instead, new codes will cover just the technical components of flow cytometry for the first marker (88184), and each additional marker (88185). And new codes (88186-88189) will pay for interpretation of flow cytometry for the first marker, the second through eighth markers, ninth through 15th markers, and 16 or more markers.

The new payment methodology means a physician who interprets 15 markers will see a 71 percent cut in reimbursement in 2005 from the current \$296, complained **Jason DuBois**, vice president for government at the **American Clinical Labs Association** during the Medicare Open Door Forum on the 2005 [Physician Fee Schedule](#), held Nov. 15. This change will reduce patients' access to flow cytometry, he charged.

"The flow cytometry cuts suggest to me that there is some discrepancy between the [Relative Value Update Committee] process and reality," charged **Patricia Gregg**, a Florida pathologist.

CMS officials responded the agency was concerned that under the old methodology, Medicare was overpaying for the interpretation by paying each marker separately. CMS worked with the **Council of American Pathologists** and other doctors to solve this problem, and "better recognize the physician resources associated with the interpretation portion of the service," one official told the ODF. But CMS officials said they welcomed any new pricing information pathologists could provide.

Pathologists use flow cytometry to diagnose anyone suspected of having leukemia, noted **Raul Braylan**, professor of pathology at the **University of Florida**. "Not all flow cytometry was created equal," he added. Some types are automated and easy to administer, but others require expertise, training and "labor-intensive activity." The more complex types of flow cytometry will become harder to access as a result of these cuts, he charged.

CMS officials said they would consider comments on the final [Fee Schedule](#) rule from providers. The agency could either take comments into account in future rulemaking or make interim changes to the fee schedule.