

Part B Insider (Multispecialty) Coding Alert

Hematology: New Edits Clarify: Don't Bill Consultation on Slides

Billing for hematology just became a puzzle again, thanks to a raft of new National Correct Coding Initiative edits.

You can no longer bill 85008 (Blood count; blood smear, microscopic examination without manual differential WBC count) with five codes, three of which are new additions. That code is now a component of new code 85004 (Blood count; automated differential WBC count), 85025 (... complete, automated and automated differential WBC count), 85027 (... complete, automated), new code 85032 (... manual cell count), and new code 85049 (... platelet, automated).

If you bill regularly for [CPT 88321](#) (Consultation and report on referred slides prepared elsewhere), 88323 (Consultation and report on referred material requiring preparation of slides) and 88325 (Consultation, comprehensive, with review of records and specimens, with report on referred material), you'll have to be careful what else you bill for.

A truckload of codes just became components of those three codes in new non-mutually exclusive edits.

These include:

1. 85097 (Bone marrow, smear interpretation)
2. cytopathology codes 88104-88141, 88160-88162, 88173, 88180-88182
3. level II through level VI surgical pathology codes 88302-88309
4. surgical pathology codes 88312-88319, 88342-88358 and 88365-88372.

Codes 88104-88107 have become components of cytopathology smear screening and interpretation codes 88160 and 88162, and 88104 also became a component of 88161.

A new code, 87271 (Cyto-megalovirus, direct fluorescent antibody) has become a component of three codes: 87140 (Culture, typing; immunofluorescent method, each antiserum), 87253 (Virus isolation; tissue culture, additional studies or definitive identification) and 87254 (... centrifuge enhanced technique, includes identification with immunofluorescence stain).