

Part B Insider (Multispecialty) Coding Alert

Watch For Continued Molecular Test Expansion

Check with CMS for final pricing decisions.

You can get the scoop on what new 2016 clinical laboratory test codes are coming down the pike from our rundown of information presented at the CMS Annual Clinical Laboratory Public Meeting held July 16, 2015.

Although the 2016 CPT® codes aren't finalized, CMS will determine the basis of payment for the new codes using comments from the meeting, according to CMS's **Glenn McGuirk**, speaking at the event. You can access the proposed codes now, and the basis of payment when available, at

www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSched/Laboratory_Public_Meetings.html

See What's Cooking for Your Lab

Molecular pathology: CPT® 2016 could bring nine new codes for Tier 1 molecular pathology tests, ranging from a full gene sequence and duplication/deletion analysis for BRCA 1 and BRCA 2, to a new code for a targeted-sequence analysis for platelet-derived growth factor receptor, alpha polypeptide (PDGFRA).

Genomic sequencing: CPT® added a new section for genomic sequencing just last year, but that didn't stop the AMA from inserting seven new codes into the section for 2016. The procedures described by genomic sequencing codes use next-generation sequencing (NGS) technology, which allows the lab analyst to interrogate multiple genes or regions of interest within the genome at the same time.

Genomic sequencing potentially allows greater ability to identify variant changes that may be relevant to the patient's clinical situation for somatic or germ-line conditions, such as neoplasm or heritable disorders. For instance, CPT® 2016 introduces a new code for hereditary retinal disorders, and one for hereditary neuroendocrine tumor disorders.

MAAAs: Twelve new codes are in the pipeline for Multianalyte Assays with Algorithmic Analyses (MAAAs) in 2016. These include a code for analysis of 12 biomarkers for rheumatoid arthritis, and a test for fetal aneuploidy using maternal plasma.