Coding Frozen Sections With Touch Preps? Read This First

*New edits could override CPT instructions that will affect your bottom line*

Although CPT 2006 provides new codes and instructions allowing intraoperative touch preps and frozen sections on the same specimen, CMS took it all away on April 1. The change could cost you $46 for each touch prep--and that’s no April Fools’ joke.

Second-quarter National Correct Coding Initiative (NCCI) edits list new code 88334 (*Pathology consultation during surgery; cytologic examination [e.g., touch prep, squash prep], each additional site*) as a component of both 88331 (*Pathology consultation during surgery; first tissue block, with frozen section[s], single specimen*) and 88332 (*each additional tissue block with frozen section[s]*).

“These edit pairs directly contradict CPT direction about how to use the new codes,” says Ernest J. Conforti, MSHS, SCT (ASCP) MT, assistant director of anatomic pathology operations at North Shore-Long Island Jewish Health System, headquartered in Great Neck, N.Y.

NCCI version 12.1 took effect April 1. You can access the edits online at [www.cms.hhs.gov/physicians/cciedits/default.asp](http://www.cms.hhs.gov/physicians/cciedits/default.asp).

**CPT OKs 88331 and 88334 Together**

In addition to providing 88333 (*Pathology consultation during surgery; cytologic examination [e.g., touch prep, squash prep], initial site*) and 88334, CPT 2006 includes text notes that explain how to use the new codes. One note states, “For intraoperative consultation on a specimen requiring both frozen section and cytologic evaluation, use 88331 and 88334.”

“The CPT instruction clearly states that you can report both 88331 and 88334 for the same specimen when you perform both services,” Conforti says.

If that were not clear enough, the March 2006 *CPT Assistant* states: “There may be cases in which both frozen section and intraoperative touch prep analyses are performed. If different analyses are performed on the same specimen but at different sites it is appropriate to report 88331 and 88334.”

Using both touch preps and frozen sections during a surgical consultation is not unusual, says Stephen Yurco III, MD, partner and pathologist at Clinical Pathology Associates in Austin, Texas.

**For instance:** The surgeon excises a breast mass and calls the pathologist into the operating room to consult on the lesion. The pathologist examines frozen sections and diagnoses adenocarcinoma (174.x, *Malignant neoplasm of female breast*). Then, to ensure that the surgical margins of the mass are clear while the patient is still in surgery, the pathologist examines four touch preps from specifically identified locations on the excision border.

According to CPT instruction, the proper coding for this service would be 88331 for the frozen
sections on the specimen, and 88334 x 4 for the four touch preps examined on the same specimen at different sites.

**CMS Halts 88331 and 88334 Together**

But now CMS says you can’t use 88331 and 88334 the way CPT instructs—the NCCI edits bundle the two codes on the column 1/column 2 code list. That means CMS won’t allow you to report both codes for the same specimen.

**Hidden trap:** You can’t just use modifier 59 (*Distinct procedural service*) to override the 88331/88334 bundle, Conforti says. By definition, the pathologist performs the 88334 service at a different site, but on the same specimen as the 88331 frozen section.

**What to do:** Unless NCCI removes the edit pair, you should not report 88331 and 88334 together for the same specimen for Medicare. Nor can you report 88331 for the frozen with 88333 (*Pathology consultation during surgery; cytologic examination [e.g., touch prep, squash prep], initial site*) for touch preps on the same specimen—each code is for a unique specimen, and NCCI already bundles those codes. You can only report 88331 with 88333 for separate specimens, and then you should use modifier 59.

**Choose and Code Multiple Sites**

For a single specimen, you should continue to use 88331 for the initial frozen-section block and 88332 (*Pathology consultation during surgery; each additional tissue block with frozen section[s]*) for each additional block. Similarly, you should continue to use 88333 for the initial intraoperative touch prep and 88334 for each additional touch prep on the same specimen. But what if you have some combination of touch preps and frozen sections?

Since you cannot report both frozen section(s) and touch prep(s) for the same specimen, I would suggest that you code the service that pays the most—probably the service that involves multiple sites, Conforti says.