

Clinical Laboratory Services

2010 CODING & REIMBURSEMENT GUIDE

Gynecological

Cytopathology – Screening

CPT® CODE ¹	DESCRIPTION	NATIONAL LIMITATION AMOUNT ²
88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	\$29.02
88175	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening or review, under physician supervision	\$37.94

Microbiology

CPT® CODE ¹	DESCRIPTION	NATIONAL LIMITATION AMOUNT ²
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	\$50.27
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	\$50.27
87621	Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, amplified probe technique	\$50.27

Chemistry

CPT® CODE ¹	DESCRIPTION	NATIONAL LIMITATION AMOUNT ²
82731	Fetal fibronectin, cervicovaginal secretions, semi-quantitative	\$92.26 (Lab)

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Non-Gynecological

Surgical Pathology

CPT® CODE ¹	DESCRIPTION	RVU ³	NATIONAL AVERAGE MEDICARE RATE ³
88305	Level IV - Surgical pathology, gross and microscopic examination	2.82	\$101.71
26	Professional component	1.02	\$36.79
TC	Technical component	1.80	\$64.92

Cytopathology

CPT® CODE ¹	DESCRIPTION	RVU ³	NATIONAL AVERAGE MEDICARE RATE ³
88112	Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical and vaginal	2.76	\$99.54
26	Professional component	1.57	\$56.62
TC	Technical component	1.19	\$42.92

1. American Medical Association, CPT® 2007, Professional Edition and HCPCS 2007, Nineteenth edition.

2. National lab amounts are taken from the Medicare 2010 Clinical Diagnostic Laboratory Fee Schedule posted December 29, 2009 on the CMS website (www.cms.hhs.gov).

3. Physician relative value units (RVUs) are based on the Medicare 2010 Physician Fee Schedule Final rule published in the Federal Register, November 25, 2009. National average Medicare rates rounded to the nearest dollar, are based on these RVUs and account for the work RVU adjustment completed by CMS for Medicare budget neutrality purposes. The 2010 conversion factor is \$36.067. Actual payment to a physician will vary based on geographic location. Payment for a given procedure in a given locality is available in the Medicare Physician Fee Schedule Look-up file posted in the Physician Center of the CMS website. The 2010 payment rates could be further revised if Congress were to enact legislation that would revise the conversion factor, which has typically occurred in recent years.

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