CPT Code Changes for 2016
PATHOLOGY/LABORATORY

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This commentary is a summary prepared by McKesson’s Business Performance Services division and highlights certain changes, but not all changes, in 2015 CPT® codes relating to the specialty of Pathology/Laboratory. This commentary does not supplant the American Medical Association’s (AMA) current listing of CPT codes, its documentation in the annual CPT Changes publications, and other related publications from the AMA, which are the authoritative source for information about CPT codes. Please refer to your 2015 CPT Code Book, annual CPT Changes publication, HCPCS Book and Payer Bulletins for additional information, including additions, deletions, changes and interpretations that may not be reflected in this document.

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OVERVIEW
To provide details on the 2016 CPT® changes, McKesson (BPS) has prepared this summary of new, deleted and revised codes for pathology and laboratory issued by the American Medical Association (AMA).

2016 CPT Code Changes for Pathology/Laboratory
All individuals should understand the various code symbols that AMA uses to denote new codes, revised codes, deleted codes, resequenced codes, etc. You should refer to the introduction section of your 2016 CPT codebook, under the Code Symbols section for definitions and explanations of the various symbols.

Each year, the AMA publishes its new, revised and deleted CPT codes for that calendar year. This document will provide the necessary information for the reader to ensure the proper codes are assigned reflecting the 2016 updates. The document is not intended to be an extensive coding course on the new, revised, and deleted codes. Please refer to your 2016 CPT code book for further details.

SUMMARY REVIEW
AMA made several changes in the Pathology and Laboratory 80000 series code section of the CPT code set. There were 28 new codes added, 11 deleted codes and 50 revised codes.

In molecular diagnostics, the scope of the molecular pathology services codes have increased yet again for 2016, with the addition of eight new Tier 1 codes and seven new genomic sequencing procedures (this section is commonly referred to as Next Gen Sequencing in the laboratory) as well as ten multianalyte assay with algorithmic analyses (MAAAs), which are procedures that utilize multiple results derived from assays of various types, including molecular pathology, FISH and non-nucleic acid based assays.

NEW, REVISED AND DELETED CODES: Effective JAN. 1, 2016
The AMA introduced the following pathology/laboratory code changes for 2016.

Section 1 – New Codes

ORGAN OR DISEASE-ORIENTED PANELS

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>80081</td>
<td>Obstetric panel (includes HIV testing)</td>
</tr>
</tbody>
</table>

This new code is identical to the 80055 code (Obstetric panel) except the HIV testing was added. In order to bill this code all components of the panel must be performed. The added service for this new panel includes HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result (87389).  

MOLECULAR PATHOLOGY TIER 1 MOLECULAR PATHOLOGY PROCEDURES

The following are the new codes for 2016 for gene-specific and genomic procedures.

Molecular pathology codes include all analytical services performed in the test. This includes cell lysis, nucleic acid stabilization, extraction, digestion, amplification, and detection. Any procedures required prior to cell lysis such as microdissection (88380, 88381) are reported separately.

AMA instructs coders to use 87149-87153, 87470-87801, and 87900-87904 for any molecular testing done for microbial identification. This means molecular testing for infectious agents, such as HPV are NOT reported in the molecular pathology section of the code book. You should look to the Microbiology section for those codes.

For in situ hybridization, use the 88271-88275 (when interpreted by scientist instead of pathologist) and 88365-88368 when interpreted by a pathologist.

MOLECULAR PATHOLOGY TIER 1 MOLECULAR PATHOLOGY PROCEDURES

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>81170</td>
<td>ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain</td>
</tr>
<tr>
<td>81162</td>
<td>BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis</td>
</tr>
<tr>
<td>81218</td>
<td>CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence</td>
</tr>
<tr>
<td>81219</td>
<td>CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9</td>
</tr>
<tr>
<td>81272</td>
<td>KIT (v-kit Hardy-Zukeran 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [GIST], acute myeloid leukemia, melanoma), gene analysis, targeted sequence analysis (eg, exons 8, 11, 13, 17, 18)</td>
</tr>
<tr>
<td>81273</td>
<td>KIT (v-kit Hardy-Zukeran 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, D816 variants(s)</td>
</tr>
<tr>
<td>81276</td>
<td>KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma gene analysis; additional variants(s) (eg, codon 61, codon 146)</td>
</tr>
<tr>
<td>81311</td>
<td>NRAS (neuroblastoma RAS viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 and 13) and exon 3 (eg, codon 61)</td>
</tr>
<tr>
<td>81314</td>
<td>PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18)</td>
</tr>
</tbody>
</table>

GENOMIC SEQUENCING PROCEDURES AND OTHER MOLECULAR MULTIANALYTE ASSAYS

This new section of genomic sequencing procedures (GSPs) are DNA or RNA sequence analysis methods that simultaneously assay multiple genes or genetic regions relevant to a clinical situation. Most commonly referred to a “Next Gen Sequencing” (NGS) or “Massively Parallel Sequencing” (MPS) in the laboratory, are tests intended to evaluate the genetic material in totality or near totality.

The codes in this section should be used when the components of the descriptor(s) are met regardless of the technique used, unless specifically noted in the code descriptor.

If all the components are NOT performed, then you must assign code(s) in the Tier 1 or Tier 2 section or if they aren’t listed in the Tier codes, use the unlisted code 81479. AMA provides two parenthetical statements after this introduction section:

- For cytogenomic microarray analyses, see 81228, 81229, 81405, 81406.
- For long QT syndrome gene analyses, see 81280, 81282

GENOMIC SEQUENCING PROCEDURES AND OTHER MOLECULAR MULTIANALYTE ASSAYS

<table>
<thead>
<tr>
<th>CPT Code</th>
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<tbody>
<tr>
<td>81412</td>
<td>Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes, including ASPA, BLM, CFTR, FANCC, GA, HEXA, IKBKAP, MCOLN1, and SMPD1</td>
</tr>
<tr>
<td>81432</td>
<td>Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 14 genes, include ATM, BRCA1, BRIP1, CHD1, MLH1, MSH2, MSH6, NBN, PALB2, PTEN, RAD51C, STK11, and TP53</td>
</tr>
<tr>
<td>81433</td>
<td>Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); duplication/deletion analysis panel, must include analyses for BRCA1, BRCA2, MLH1, MSH2, and STK11</td>
</tr>
<tr>
<td>81434</td>
<td>Hereditary retinal disorders (eg, retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 15 genes, including ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12, RHO, RP1, RP2, RPE65, PRGR, and USH2A</td>
</tr>
<tr>
<td>81437</td>
<td>Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma; genomic sequence analysis panel, must include sequencing of at least 6 genes, including MAX, SDHB, SDHC, SDHD, TMEM127, and VHL</td>
</tr>
<tr>
<td>81438</td>
<td>Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma; duplication/deletion analysis panel, must include analyses for SDHB, SDHC, SDHD, and VHL</td>
</tr>
<tr>
<td>81442</td>
<td>Noonan spectrum disorders (eg, Noonan syndrome, cardio-facio-cutaneous syndrome, Costello syndrome, LEOPARD syndrome, Noonan-like syndrome), genomic sequence analysis panel, must include sequencing of at least 12 genes, including BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, RIT1, SHOC2, and SOS1</td>
</tr>
</tbody>
</table>

The CPT codes listed above in this section are panels associated with various disorders where the testing is performed by genomic sequence analysis. In each of the CPT panel codes the code descriptors define specifically what genes must be tested in that panel as well as the minimum number of genes that must be tested in order to assign that given CPT code.

MULTIANALYTE ASSAYS WITH ALGORITHMIC ANALYSES

Multianalyte Assays with Algorithmic Analyses (MAAAs) are procedures that utilize multiple results derived from assays of various types, including molecular pathology assays, fluorescent in situ hybridization assays and nonnucleic acid based assays (eg, proteins, polypeptides, lipids, carbohydrates). Algorithmic analysis using the results of these assays as well as other patient information, if used, is then performed and reported typically as a numeric score(s) or as a probability.

MAAAAs are typically unique to a single clinical laboratory or manufacturer. The results of individual component procedure(s) that are inputs to the MAAAs may be provided on the associated laboratory report; however, these assays are not reported separately using additional codes. For more information on these codes, please see the MAAA section of the 2016 CPT code book and Appendix O in your 2016 Code book.

**MULTIANALYTE ASSAYS WITH MAAAs**

<table>
<thead>
<tr>
<th>Category I Codes for Multianalyte Assays with Algorithmic Analyses (MAAA)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>81490</strong> Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score</td>
</tr>
<tr>
<td>Do not report 81490 in conjunction with 86140</td>
</tr>
<tr>
<td><strong>81493</strong> Coronary artery disease, mRNA, gene expression profiling by real-time RT-PCR of 23 genes, utilizing whole peripheral blood, algorithm reported as a risk score</td>
</tr>
<tr>
<td><strong>81525</strong> Oncology (colon), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence score</td>
</tr>
<tr>
<td><strong>81528</strong> Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result</td>
</tr>
<tr>
<td>Do not report 81528 in conjunction with 81275, 82274</td>
</tr>
<tr>
<td><strong>81535</strong> Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; first single drug or drug combination</td>
</tr>
<tr>
<td>+81536 Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; each additional single drug or drug combination (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>Do not report 81536 in conjunction with 81535</td>
</tr>
<tr>
<td><strong>81538</strong> Oncology (lung), mass spectrometric 8-protein signature, including amyloid A, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall survival</td>
</tr>
<tr>
<td><strong>81540</strong> Oncology (tumor of unknown origin), mRNA, gene expression profiling by real-time RT-PCR of 92 genes (87 content and 5 housekeeping) to classify tumor into main cancer type and subtype, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a probability of a predicted main cancer type and subtype</td>
</tr>
<tr>
<td><strong>81545</strong> Oncology (thyroid), gene expression analysis of 142 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)</td>
</tr>
<tr>
<td><strong>81595</strong> Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score</td>
</tr>
<tr>
<td><strong>0009M</strong> Fetal aneuploidy (trisomy 21, and 18) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy</td>
</tr>
<tr>
<td><strong>0010M</strong> Oncology (High-Grade Prostate Cancer), biochemical assay of four proteins (Total PSA, Free PSA, Intact PSA and human kallikrein 2 [hK2]) plus patient age, digital rectal examination status, and no history of positive prostate biopsy, utilizing plasma, prognostic algorithm reported as a probability score</td>
</tr>
</tbody>
</table>

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SURGICAL PATHOLOGY

Immunofluorescence Stains
AMA has added one code for 2016, an add-on code for immunofluorescence stains. This code represents any additional stains that are performed above the initial first stain which is assigned CPT 88346.

The “unit of service” is defined as each additional “single antibody stain procedure” from that designated specimen. It is not solely each additional stain performed, it has to be a separate stain procedure for that given stain, hence the descriptor “single antibody stain procedure.”

Also please note in the parenthetical that the AMA specifically states to not report 88346 and 88350 when the stain performed is a multiplex immunofluorescence stain(s)... it directs to the coder to assign the miscellaneous code 88399.

NOTE that 88350 has a + sign denoting an add-on code and can only be billed when 88346 is also billed.

IMMUNOFLUORESCENCE STAINS

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>+88350</td>
<td>Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure) Report 88350 in conjunction with 88346 Do not report 88346 and 88350 for fluorescent in situ hybridization studies, see 88364, 88365, 88366, 88367, 88368, 88369, 88373, 88374, and 88377 Do not report 88346 and 88350 for multiplex immunofluorescence analysis, use 88399</td>
</tr>
</tbody>
</table>

SECTION II – DELETED CODES

Numerous codes have been deleted for 2016 with most coming from the drug testing section. Laboratories performing drug testing will need to update their charge master and coders will need to pay close attention to the replacement codes for those drug tests.

In addition, AMA deleted code 88347, indirect method for immunofluorescence staining. They did not replace the code, therefore coders would assign the 88346 code and if appropriate 88350 add on code which is new for 2016.

The following are the deleted codes and the parenthetical statements directing the reader to the new code for that testing, if applicable.

DRUGS (including chemistry section for drugs)

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>82486</td>
<td>Chromatography, qualitative; column (eg, gas liquid or HPLC, analyte not elsewhere specified) 82486 has been deleted. For a qualitative column chromatography procedure, use the appropriate specific analyte code, if available, or 82542</td>
</tr>
<tr>
<td>82487</td>
<td>Chromatography, qualitative; paper, 1-dimensional, analyte not elsewhere specified</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>82488</td>
<td>Chromatography, qualitative; paper, 2-dimensional, analyte not elsewhere specified. 82487, 82488 have been deleted. For a paper chromatography procedure, use the appropriate specific analyte code, if available, or 84999</td>
</tr>
<tr>
<td>82489</td>
<td>Chromatography, qualitative; thin layer, analyte not elsewhere specified. 82489 has been deleted. For a thin layer chromatography procedure, use the appropriate specific analyte code, if available, or 84999</td>
</tr>
<tr>
<td>82491</td>
<td>Chromatography, qualitative; column (eg, gas liquid or HPLC); single analyte not elsewhere specified, single stationary and mobile phase. 82491 has been deleted. For a quantitative column chromatography procedure, use the appropriate specific analyte code, if available, or 82542</td>
</tr>
<tr>
<td>82492</td>
<td>Chromatography, qualitative; column (eg, gas liquid or HPLC); multiple analytes, single stationary and mobile phase. 82492 has been deleted. For a quantitative column chromatography procedure that detects more than one analyte, use a single specific code that represents all of the analytes, if available, or one unit of 82542 for all of the analytes.</td>
</tr>
<tr>
<td>82541</td>
<td>Column chromatography/mass spectrometry (eg, GC/MS, or HPLC/MS), non-drug analyte not elsewhere specified; qualitative, single stationary and mobile phase. 82541 has been deleted. For a quantitative chromatography procedure with mass spectrometry that only detects a single specific analyte, use the appropriate specific analyte code, if applicable, or 82542</td>
</tr>
<tr>
<td>82543</td>
<td>Stable isotope dilution, single analyte, quantitative, single stationary and mobile phase. 82543 has been deleted. For a quantitative chromatography procedure with mass spectrometry that only detects a single specific analyte, use the appropriate specific analyte code, if applicable, or 82542</td>
</tr>
<tr>
<td>82544</td>
<td>Stable isotope dilution, multiple analytes, quantitative, single stationary and mobile phase. 82544 has been deleted. For a quantitative chromatography procedure with mass spectrometry that detects more than one analyte, use a single specific code that represents all of the analytes, if applicable, or one unit of 82542 for all of the analytes.</td>
</tr>
<tr>
<td>83788</td>
<td>Mass spectrometry and tandem mass spectrometry (MS, MS/MS), analyte not elsewhere specified; qualitative, each specimen. 83788 has been deleted. For a qualitative mass spectrometry or tandem mass spectrometry procedure, use the specific analyte code, if available, or 83789</td>
</tr>
</tbody>
</table>

**SURGICAL PATHOLOGY**

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>88347</td>
<td>Immunofluorescent study, each antibody; indirect method. 88347 has been deleted. To report, see 88346, 88350</td>
</tr>
</tbody>
</table>

**Section III: Revised Codes**

The revised codes (represented with the blue triangle symbol in the 2016 AMA code book) and parenthetical notes are indicated below. Items presented with “underlined” narratives represent the new/revised verbiage for 2016 while “strike-through” verbiage was deleted from the narrative. When new or revised parenthetical statement(s) are shown, they will appear in green font.

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There were numerous revisions throughout the pathology/laboratory section of the code book. Coders should pay very close attention to revised verbiage and parenthetical statements made (also pertains to deleted codes and those parenthetical statements). Many parenthetical statements were added for 2016 and appear in green font in the AMA 2016 Professional edition; close attention to those statements will determine the accurate code to use.

### MOLECULAR PATHOLOGY

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>81210</td>
<td><strong>BRAF</strong> (v- B-raf murine sarcoma viral-Raf proto-oncogene homolog B1, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600E variant(s);</td>
</tr>
<tr>
<td>81275</td>
<td><strong>KRAS</strong> (v-Ki-ras2 Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis, variants in codons 12 and 13; variants in exon 2 (eg, codons 12 and 13)</td>
</tr>
<tr>
<td>81355</td>
<td><strong>VKORC1</strong> (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variants(s) (eg, G637A/G3139G&gt;A, c.173+1000C&gt;T)</td>
</tr>
<tr>
<td>81401</td>
<td><strong>ABL1</strong> (c-abl oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib resistance), if performed</td>
</tr>
<tr>
<td></td>
<td>DEK/NUP214 (t(6;9)) (eg, acute myeloid leukemia), translocation analysis, qualitative, and quantitative, if performed</td>
</tr>
<tr>
<td></td>
<td>IGHD@/BCL2 (t(14;18)) (eg, follicular lymphoma), translocation analysis; single breakpoint (eg, major breakpoint region [MBR] or minor cluster region [mcr]), qualitative or quantitative (When both MBR and mcr breakpoints are performed use 81402)</td>
</tr>
<tr>
<td>81402</td>
<td><strong>KIT</strong> (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), common variants (eg, D816V, D816V, D816F)</td>
</tr>
<tr>
<td>81403</td>
<td><strong>ABL1</strong> (c-abl oncogene 1, receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), variants in the kinase domain</td>
</tr>
<tr>
<td></td>
<td><strong>CEBPA</strong> (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), full gene sequence</td>
</tr>
<tr>
<td></td>
<td><strong>KRAS</strong> (v-Ki-ras2 Kirsten rat sarcoma viral oncogene) (eg, carcinoma), gene analysis, variant(s) in exon 3 (rh, codon 61)</td>
</tr>
<tr>
<td>81404</td>
<td><strong>KIT</strong> (C-kit) (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, GIST, acute myeloid leukemia, melanoma), targeted gene analysis (eg, exons 8, 11, 13, 17, 18)</td>
</tr>
<tr>
<td></td>
<td><strong>NRAS</strong> (neuroblastoma RAS viral oncogene homolog) (eg, colorectal carcinoma), exon 1 and exon 2 sequences</td>
</tr>
<tr>
<td></td>
<td><strong>PDGFRA</strong> (platelet-derived growth factor receptor alpha polypeptide) (eg, gastrointestinal stromal tumor), targeted sequence analysis (eg, exons 12, 18)</td>
</tr>
<tr>
<td>81405</td>
<td><strong>KRAS</strong> (v-Ki-ras2 Kirsten rat sarcoma viral oncogene homolog) (eg, Noonan syndrome), full gene sequence</td>
</tr>
<tr>
<td>81406</td>
<td><strong>BRAF</strong> (v-raf murine sarcoma viral-Raf proto-oncogene homolog B1, serine/threonine kinase) (eg, Noonan syndrome), full gene sequence</td>
</tr>
<tr>
<td></td>
<td><strong>PCSK9</strong> (proprotein convertase subtilisin/kexin type 9) (eg, familial hypercholesterolemia),</td>
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### Genomic Sequencing Procedures and Other Molecular Multianalyte Assays

<table>
<thead>
<tr>
<th>CPT Code</th>
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<tbody>
<tr>
<td>81435</td>
<td>Hereditary colon cancer syndromes disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); genomic sequence analysis panel, must include analysis—sequencing of at least 7-10 genes, including APC, BMPR1A, CHEK2, CDH1, MLH1, MSH2, MSH6, MUTYH, PTEN, SMAD4, and PMS2, STK11.</td>
</tr>
<tr>
<td>81436</td>
<td>Duplication/deletion analysis panel, must include analysis of at least 8-5 genes, including APC, MLH1, MSH2, MSH6, PMS2, EPCAM, CHEK2, SMAD4, and MUTYH, STK11.</td>
</tr>
<tr>
<td>81445</td>
<td>Targeted genomic sequence analysis panel, solid organ neoplasm, DNA analysis, and RNA analysis when performed, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, NRAS, MET, PDGFRα, PDGFRβ, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed.</td>
</tr>
<tr>
<td>81450</td>
<td>Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, DNA analysis, and RNA analysis when performed, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KRAS, KIT, MLL, NRAS, NPM1, NOTCH1), interrogation for sequence variants and copy number variants or rearrangements, if performed.</td>
</tr>
<tr>
<td>81455</td>
<td>Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm, DNA analysis, and RNA analysis when performed, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NPM1, NRAS, MET, NOTCH1, PDGRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed.</td>
</tr>
</tbody>
</table>

### Chemistry

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>82542</td>
<td>Column chromatography, includes mass spectrometry, if performed (eg, HPLC, LC, LC/MS, LC/MS-MS, GC, GC/MS-MS, or GC/MS, HPLC/MS), non-drug analyte(s) not elsewhere specified, qualitative or quantitative, each specimen; quantitative, single stationary and mobile phase.</td>
</tr>
<tr>
<td>83789</td>
<td>Mass spectrometry and tandem mass spectrometry (eg, MS, MS/MS, MALDI, MS-TOF, QTOF), non-drug analyte(s) not elsewhere specified, qualitative or quantitative, each specimen; quantitative, each specimen.</td>
</tr>
</tbody>
</table>

### Immunology

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>86708</td>
<td>Hepatitis A antibody (HAAb), total.</td>
</tr>
<tr>
<td>86709</td>
<td>Hepatitis A antibody (HAAb), IgM antibody; IgM antibody.</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>87301</td>
<td>Infectious agent detection by immunooassay technique, (eg, enzyme immunoassay technique [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; adenovirus enteric types 40/41</td>
</tr>
<tr>
<td>87305</td>
<td>Aspergillus</td>
</tr>
<tr>
<td>87320</td>
<td>Chlamydia trachomatis</td>
</tr>
<tr>
<td>87324</td>
<td>Clostridium difficile toxins(s)</td>
</tr>
<tr>
<td>87327</td>
<td>Cryptococcus neoformans</td>
</tr>
<tr>
<td>87328</td>
<td>cryptosporidium</td>
</tr>
<tr>
<td>87329</td>
<td>giardia</td>
</tr>
<tr>
<td>87332</td>
<td>cytomegalovirus</td>
</tr>
<tr>
<td>87335</td>
<td>Escherichia coli 0157</td>
</tr>
<tr>
<td>87336</td>
<td>Entamoeba histolytica dispar group</td>
</tr>
<tr>
<td>87337</td>
<td>Entamoeba histolytica group</td>
</tr>
<tr>
<td>87338</td>
<td>Helicobacter pylori, stool</td>
</tr>
<tr>
<td>87339</td>
<td>Helicobacter pylori</td>
</tr>
<tr>
<td>87340</td>
<td>hepatitis B surface antigen (HBsAg)</td>
</tr>
<tr>
<td>87341</td>
<td>hepatitis B surface antigen (HBsAg) neutralization</td>
</tr>
<tr>
<td>87350</td>
<td>hepatitis Be antigen (HBeAg)</td>
</tr>
<tr>
<td>87380</td>
<td>hepatitis, delta agent</td>
</tr>
<tr>
<td>87385</td>
<td>Histoplasma capsulatum</td>
</tr>
<tr>
<td>87389</td>
<td>HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result</td>
</tr>
<tr>
<td>87390</td>
<td>HIV-1</td>
</tr>
<tr>
<td>87391</td>
<td>HIV-2</td>
</tr>
<tr>
<td>87400</td>
<td>Influenza A or B, each</td>
</tr>
<tr>
<td>87420</td>
<td>respiratory syncytial virus</td>
</tr>
<tr>
<td>87425</td>
<td>rotavirus</td>
</tr>
<tr>
<td>87427</td>
<td>Shiga-like toxin</td>
</tr>
<tr>
<td>87430</td>
<td>Streptococcus, group A</td>
</tr>
<tr>
<td>87449</td>
<td>Infectious agent antigen detection by immunooassay technique (eg, enzyme immunoassay technique [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; multiple-step method, not otherwise specified, each organism</td>
</tr>
<tr>
<td>87450</td>
<td>single step method, not otherwise specified, each organism</td>
</tr>
<tr>
<td>87451</td>
<td>multiple step method, polyvalent for multiple organisms, each polyvalent antiserum</td>
</tr>
<tr>
<td>87502</td>
<td>influenza virus, for multiple types or sub-types, includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, first 2 types or sub-types</td>
</tr>
<tr>
<td>+87503</td>
<td>influenza virus, for multiple types or sub-types, includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, each additional influenza virus type or sub-type beyond 2 (List separately in addition to code for primary procedure)</td>
</tr>
</tbody>
</table>

---

### SURGICAL PATHOLOGY

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>88346</td>
<td>Immunofluorescent study, each antibody per specimen; direct method, initial single antibody stain procedure</td>
</tr>
</tbody>
</table>

### CMS New, Revised and Deleted HCPCS codes for 2016

#### Deleted/Discontinued

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0431</td>
<td>Drug screen, qualitative; multiple drug classes by high complexity test method (e.g., immunoassay, enzyme assay), per patient encounter</td>
</tr>
<tr>
<td>G0434</td>
<td>Drug screen, other than chromatographic; any number of drug classes, by clia waived test or moderate complexity test, per patient encounter</td>
</tr>
<tr>
<td>G0464</td>
<td>Colorectal cancer screening; stool-based DNA and fecal occult hemoglobin (e.g., KRAS, NDRG4 and BMP3)</td>
</tr>
<tr>
<td></td>
<td>This code has been replaced with code 81528: Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result.</td>
</tr>
<tr>
<td>G6030</td>
<td>Amitriptyline</td>
</tr>
<tr>
<td>G6031</td>
<td>Benzodiazepines</td>
</tr>
<tr>
<td>G6032</td>
<td>Desipramine</td>
</tr>
<tr>
<td>G6034</td>
<td>Doxepin</td>
</tr>
<tr>
<td>G6035</td>
<td>Gold</td>
</tr>
<tr>
<td>G6036</td>
<td>Imipramine</td>
</tr>
<tr>
<td>G6037</td>
<td>Nortriptyline</td>
</tr>
<tr>
<td>G6038</td>
<td>Salicylate</td>
</tr>
<tr>
<td>G6039</td>
<td>Acetaminophen</td>
</tr>
<tr>
<td>G6040</td>
<td>Alcohol (ethanol); any specimen except breath</td>
</tr>
<tr>
<td>G6041</td>
<td>Alkaloids, urine, quantitative</td>
</tr>
<tr>
<td>G6042</td>
<td>Amphetamine or methamphetamine</td>
</tr>
<tr>
<td>G6043</td>
<td>Barbiturates, not elsewhere specified</td>
</tr>
<tr>
<td>G6044</td>
<td>Cocaine or metabolite</td>
</tr>
<tr>
<td>G6045</td>
<td>Dihydrocodeinone</td>
</tr>
<tr>
<td>G6046</td>
<td>Dihydromorphinone</td>
</tr>
<tr>
<td>G6047</td>
<td>Dihydrotestosterone</td>
</tr>
<tr>
<td>G6048</td>
<td>Dimethadione</td>
</tr>
</tbody>
</table>

---

### New/Added

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Code Description</th>
<th>Code Short Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0475</td>
<td>Hiv antigen/antibody, combination assay, screening</td>
<td>Hiv combination assay</td>
</tr>
<tr>
<td>G0476</td>
<td>Infectious agent detection by nucleic acid (dna or rna); human papillomavirus (hpv), high-risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) for cervical cancer screening, must be performed in addition to pap test</td>
<td>Hpv combo assay ca screen</td>
</tr>
</tbody>
</table>

### NEW DRUG CODES FROM CMS

These codes were finalized and will replace the current “G0431 and G4034” urine drug screen codes as well as the current “G” codes that were in use for 2015 for the definitive drug testing (G6030-G6058), which were also deleted. CMS has stated they will NOT recognize the AMA CPT codes for drug testing for 2016.

The following are the coding guidelines published by CMS for drug testing for 2016:

1. Delete the following G-codes:
   a. G0431, G0434
   b. HCPCS codes G6030 through G6058
2. Continue to not recognize the AMA CPT codes 80300 – 80377
3. For presumptive testing, create three G codes. Only one of the three presumptive G codes may be billed per day.
4. For definitive testing, create four G codes. Only one of the four definitive G codes may be billed per day.
5. For definitive testing, the unit used to determine the appropriate definitive G code to bill is “drug class.”
6. Each drug class may only be used once per day in determining the appropriate definitive G code to bill.
7. Drug classes are listed below and are consistent with their usage in the AMA CPT Manual. The AMA CPT Manual may be consulted for examples of individual drugs within each class.
   - Alcohol(s)
   - Alcohol Biomarkers
   - Alkaloids, not otherwise Specified
   - Amphetamines
   - Anabolic steroids
• Analgesics, non-opioid
• Antidepressants, serotonergic class
• Antidepressants, Tricyclic and other cyclicals
• Antidepressants, not otherwise specified
• Antiepileptics, not otherwise specified
• Antipsychotics, not otherwise specified
• Barbiturates
• Benzodiazepines
• Buprenorphine
• Cannabinoids, natural
• Cannabinoids, synthetic
• Cocaine
• Fentanyl
• Gabapentin, non-blood
• Heroin metabolite
• Ketamine and Norketamine
• Methadone
• Methylenedioxyamphetamines
• Methylphenidate
• Opiates
• Opioids and opiate analogs
• Oxycodone
• Phencyclidine
• Pregabalin
• Propoxyphene
• Sedative Hypnotics (nonbenzodiazepines)
• Skeletal muscle relaxants
• Stereoisomer (enantiomer) analysis
• Stimulants, synthetic
• Tapentadol
• Tramadol
• Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified;

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0477</td>
<td>Drug tests(s), presumptive, any number of drug classes; any number of devices or procedures, (eg immunoassay) capable of being read by direct optical observation only (eg, dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service.</td>
</tr>
<tr>
<td>G0478</td>
<td>Drug tests(s), presumptive, any number of drug classes; any number of devices or procedures, (eg immunoassay) read by instrument-assisted direct optical observation (eg, dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service.</td>
</tr>
<tr>
<td>G0479</td>
<td>Drug tests(s), presumptive, any number of drug classes; any number of devices or procedures by instrumented chemistry analyzers (eg, immunoassay, enzyme assay, TOF, MALDI, LDTD, DESI, DART, GHPC, GC mass spectrometry), includes sample validation when performed, per date of service.</td>
</tr>
<tr>
<td>G0480</td>
<td>Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem), includes sample validation when performed, per date of service.</td>
</tr>
</tbody>
</table>
CMS published The 2016 CLFS has been published to the CMS website.

**PQRS**

**Revised descriptor**
While CMS listed these codes as revised, the narratives are identical to what appeared in last year’s PQRS. Therefore there appears to be no changes.

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Code Description</th>
<th>Code Short Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>G9419</td>
<td>Documentation of medical reason(s) for not including the histological type or nsclc-nos classification with an explanation (e.g., biopsy taken for other purposes in a patient with a history of primary non-small cell lung cancer or other documented medical reasons)</td>
<td>Med reas not incl histo type</td>
</tr>
<tr>
<td>G9429</td>
<td>Documentation of medical reason(s) for not including pt category and a statement on thickness and ulceration and for pt1, mitotic rate (e.g., negative skin biopsies in a patient with a history of melanoma or other documented medical reasons)</td>
<td>Doc med reas no pt cat</td>
</tr>
</tbody>
</table>
CMS made the following revisions to the PQRS measures 395, 396, and 397. Measures 99, 100, 249, 250, and 251 had no alterations.17

For Measure #395, CMS deleted CPT 88307 and replaced it with four cytology codes, CPT 88104, 88108, 88112, and 88173 and retained CPT 88305. This revision was made to better align the measure narrative of “cytology” specimens to the appropriate CPT codes.

In addition CMS revised the age requirement from 18-75 years of age to ≥18 years of age on the date of encounter.

### LUNG CANCER REPORTING (Biopsy/Cytology Specimens) (MEASURE 395)

<table>
<thead>
<tr>
<th>CATEGORY I Denominator CPT CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT: 88104, 88108, 88112, 88173, 88305</td>
</tr>
</tbody>
</table>

Patients ≥18 years of age on date of encounter
Diagnosis for lung cancer (ICD-10-CM) [for use 1/01/2016-12/31/2016]: C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92

CMS revised the age requirement from 18-75 years of age to ≥18 years of age on the date of encounter for measure 396.

### LUNG CANCER REPORTING (Resection Specimens) (MEASURE 396)

<table>
<thead>
<tr>
<th>CATEGORY I Denominator CPT CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT: 88309</td>
</tr>
</tbody>
</table>

Patients ≥18 years of age on date of encounter
Diagnosis for lung cancer (ICD-10-CM) [for use 1/01/2016-12/31/2016]: C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92

CMS revised the age requirement from 18-75 years of age to ≥18 years of age on the date of encounter for measure 397.

### MELANOMA REPORTING (MEASURE 397)

<table>
<thead>
<tr>
<th>CATEGORY I Denominator CPT CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT: 88305</td>
</tr>
</tbody>
</table>

Patients ≥18 years of age on date of encounter
Diagnosis for malignant cutaneous melanoma (ICD-10-CM) [for use 1/01/2016-12/31/2016]: C43.0, C43.20, C43.21, C43.22, C43.30, C43.31, C43.39, C43.4, C43.51, C43.52, C43.59, C43.60, C43.61, C43.62, C43.70, C43.71, C43.72, C43.8, C43.9

17 Measure Codes. CMS.gov
DISCLAIMER:
This is an overview of the 2016 CPT and Modifier changes affecting the specialty of radiology. Please refer to your 2016 CPT® Book, HCPCS Book and Payer Bulletins for additional information. HCPCS additions, deletions and changes are not reflected in this document.

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