CPT Code Changes for 2015
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 2014 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 2014 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.

OVERVIEW

To provide details on the 2015 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). Any updated Healthcare Common Procedure Coding System (HCPCS) codes by the Center for Medicare and Medicaid Services (CMS) not currently published will come at a later date when CMS has published those, if any, for 2015.

2015 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 look under the Code Symbols section of the introduction in the code book 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 2015 updates. The document is not intended to be an extensive coding course on the new, revised, and deleted codes. Please refer to your 2015 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 **107** new codes added, **47** deleted codes and **32** revised codes.

There is a large revision of the drug screening codes for 2015 with five (5) new codes and the deletion of the current drug screening codes. There are fifty-eight (58) new drug codes for quantitative drug testing and two (2) new therapeutic drug assay codes.

AMA made major changes to the immunohistochemical/cytohistochemical, morphometric analysis and fluorescent in situ hybridization (FISH) stains for 2015. Revisions were made to the unit of service and eight (8) new codes introduced to represent a clearer definition of single staining procedures, probe staining procedures and multiplex staining procedures.

In molecular diagnostics, the scope of the molecular pathology services codes have increased yet again for 2015, with the addition of three (3) new Tier 1 codes and six (6) new Tier 2 tests added.

In addition, the AMA added a new section Genomic Sequencing Procedures and Other Molecular Multianalyte Assays. This section is commonly referred to as Next Gen Sequencing in the laboratory and twenty-one (21) new codes were added.

Also, the AMA added one (1) new 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. In concert with the addition of this subsection, the CPT code set also contains an Administrative Code List (Appendix O of the code book).

NEW, REVISED AND DELETED CODES: EFFECTIVE JAN. 1, 2015

The AMA introduced the following pathology/laboratory code changes for 2015.

Section 1 – New Codes

DRUG ASSAYS- PRESUMPTIVE DRUG CLASS SCREENING[1]

CPT Code	Code Description
80300	Drug screen, any number of drug classes from Drug Class List A; any number of non-TLC devices or procedures, (eg, immunoassay) capable of being read by direct optical observation, including instrumented-assisted when performed (eg, dipsticks, cups, cards, cartridges), per date of service
80301	Drug screen, any number of drug classes from Drug Class List A; single drug class method, by instrumented test systems (eg, discrete multichannel chemistry analyzers utilizing immunoassay or enzyme assay), per date of service
80302	Drug screen, presumptive, single drug class from Drug Class List B, by immunoassay (eg, ELISA) or non-TLC chromatography without mass spectrometry (eg, GC, HPLC), each procedure
80303	Drug screen, any number of drug classes, presumptive, single or multiple drug class method; thin layer chromatography procedures(s) (TLC) (eg, acid, neutral, alkaloid plate), per date of service
80304	Drug screen, any number of drug classes, presumptive, single or multiple drug class method; not otherwise specified presumptive procedure (eg, TOF, MALDI, LDTD, DESI, DART), each procedure

The drug testing section of the code book has been revised to update the drug procedures but the same three subsections were retained. Detailed instructions are provided under the "Drug Assay" section of the code book.[2] Also of particular note is the addition of a definition and acronym conversion listing table to assist the coder/reader in the various drug terminology. In addition, the AMA provided a list of drug classes, Class A and Class B, as well as a definitive drug testing table to assist the coder in assigning the appropriate code(s) for a given drug(s) for that given methodology.

The three subsections associated with drug procedures are:

- Drug Assay,
- Therapeutic Drug Assay (TDA), and
- Chemistry

In the "Drug Assay" section, the two following subsections are the major categories for drug testing:

- Presumptive Drug Class and
- Definitive Drug Class testing

These types of drug testing are commonly done first by presumptive screening method then may be done by a definitive drug identification method as well.

[1] 2015 CPT Professional Edition, AMA, Page 472.
[2] 2015 CPT Professional Edition, AMA, Pages 467-472.

A major change in this section is the deletion of the Drug Screening services (Codes 80100, 80101, 80102, 80103, and 80104) and the replacement of them with new codes that more clearly define the drug class and the methodologies involved in the testing (80300, 80301, 80302, 80303, 80304).

A key point for **Presumptive Drug** testing is that the reported value may be qualitative, semi-quantitative or quantitative depending on the purpose of the testing. AMA specifically states that methods that cannot distinguish between structural isomers (such as morphine and hydromorphone or methamphetamine and phentermine) are considered presumptive.[3] The list of drug classes and the methodology used are considered when coding presumptive procedures.

AMA provides a complete list of drugs categories as "Drug Class A" or "Drug Class B" in the code book, located in the "Presumptive Drug Class Screening" section.

If a drug is not listed in Class A or B AND it is **not** performed by TLC (thin layer chromatography), then you are to use code 80304 unless the specific analyte is listed in the Chemistry Section (Codes 82009-84830) of the code book.

Drug Class A - usually performed by methods such as direct optical observation (e.g., dipsticks, cards etc.) or by instrumented test systems (e.g., immunoassay analyzers).

Drug Class B - methods such as ELISA or RIA would represent this section as these methods require more resources to perform the service over the Class A methods.

ALL drug class immunoassays are considered presumptive, whether qualitative, semi-quantitative, or quantitative values are provided.

These new codes identified as Presumptive Drug Class will represent the routine drug screening (i.e. urine drug screens) based on the Drug Class and the method used to test that drug.

DRUG ASSAYS- DEFINITIVE DRUG TESTING[4]

CPT Code	Code Description
80320	Alcohols
80321	Alcohol biomarkers; 1 or 2
80322	Alcohol biomarkers; 3 or more
80323	Alkaloids, not otherwise specified
80324	Amphetamines; 1 or 2
80325	Amphetamines; 3 or 4
80326	Amphetamines; 5 or more
80327	Anabolic steroids; 1 or 2
80328	Anabolic steroids; 3 or more
80329	Anagesics, non-opiod; 1 or 2
80330	Analgesics, non-opiod; 3-5
80331	Analgesics, non-opiod; 6 or more

[3] 2015 CPT Professional Edition, AMA, Pages 470-471.
[4] 2015 CPT Professional Edition, AMA, Pages 472-476.

80332	Antidepressants, serotonergic class; 1 or 2
80333	Antidepressants, serotonergic class; 3-5
80334	Antidepressants, serotonergic class; 6 or more
80335	Antidepressants, tricyclic and other cyclical; 1 or 2
80336	Antidepressants, tricyclic and other cyclical; 3-5
80337	Antidepressants, tricyclic and other cyclical; 6 or more
80338	Antidepressants, not otherwise classified
80339	Antiepileptics, not otherwise specified; 1-3
80340	Antiepileptics, not otherwise specified; 4-6
80341	Antiepileptics, not otherwise specified; 7 or more
80342	Antipsychotics, not otherwise specified; 1-3
80343	Antipsychotics, not otherwise specified; 4-6
80344	Antipsychotics, not otherwise specified; 7 or more
80345	Barbiturates
80346	Benzodiazepines; 1-12
80347	Benzodiazepines; 13 or more
80348	Buprenorphine
80349	Cannabinoids, natural
80350	Cannabinoids, synthetic; 1-3
80351	Cannabinoids, synthetic; 4-6
80352	Cannabinoids, synthetic; 7 or more
80353	Cocaine
80354	Fentanyl
80355	Gabapentin, non-blood
80356	Heroin metabolite
80357	Ketamine and norketamine
80358	Methadone
80359	Methylenedioxyamphetamines (MDA, MDEA, MDMA)
80360	Methyphenidate
80361	Opiates, 1 or more
80362	Opiods and opiate analogs; 1 or 2
80363	Opiods and opiate analogs; 3 or 4
80364	Opiods and opiate analogs; 5 or more
80365	Oxycodone
80366	Pregabalin
80367	Propoxyphene
80368	Sedative hypnotics (non-benzodiazepines)
80369	Skeletal muscle relaxants; 1 o 2
80370	Skeletal muscle relaxants; 3 or more
80371	Stimulants, synthetic
80372	Tapentadol
80373	Tramadol
80374	Stereoisomer (enantiomer) analysis, single drug class

80375	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 1-3
80376	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 4-6
80377	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 7 or more

The **Definitive Drug Class** methods are able to identify individual drugs and distinguish between structural isomers but not necessarily stereoisomers, such as gas chromatography with mass spectrometry, liquid chromatography mass spectrometry. The AMA specifically reminds that methods such as immunoassay or enzymatic methods are EXCLUDED from being considered definitive drug testing (i.e., they are presumptive).[5]

When chromatography is used, each combination of stationary and mobile phase is to be counted as one procedure. This drug class testing also allows for qualitative as well as quantitative or a combination of qualitative and quantitative values. The Definitive Drug Class Listing provides the drug classes, their associated codes, and the drugs included in each class.

Each category of a drug class, including metabolite(s) if performed (except steroisomers), is reported once per date of service. If a metabolite is not listed in the table, the AMA states to report using the code for the **parent drug**. Drug class metabolite(s) is **not reported separately** unless the metabolite(s) is listed as a separate category in the Definitive Drug Classes Listing (e.g., heroin metabolite). Definitive drug procedures that are not specified for the code range 80320-80373 should be reported using the unlisted definitive procedure codes 80375, 80376, 80377, unless the specific analyte is listed in the Therapeutic Drug Assays section (80150-80203) or Chemistry section (82009-84830) sections.[6] In other words, you are not to use the unlisted definitive codes if the drug is listed in either of those sections.

DRUG ASSAYS- THERAPEUTIC DRUG ASSAY

Therapeutic Drug Assays are performed to monitor known, prescribed medication. The results are reported in quantitative values. Two codes have been added to the Therapeutic Drug Assays.

DRUG ASSAYS- THERAPEUTIC DRUG ASSAY[7]

CPT Code	Code Description
80163	Digoxin; free
80165	Valproic acid (dipropylacetic acid); free

Digoxin; free is being added to compliment the current code for Digoxin, which does not provide information regarding free, total and bound digoxin in the body.

Valproic acid (dipropylacetic acid); free, does the same as the new digoxin code, it provides the measurement of the “free” valproic acid in the body whereas currently the testing doesn’t separate free from total or bound.

Performance of the testing procedure is not limited to a particular method; therefore, these codes are intended to be used for any quantitative method. If the testing of the parent drug also identifies a

[5] 2015 CPT Professional Edition, AMA, Page 470.
[6] 2015 CPT Professional Edition, AMA, Page 472.
[7] 2015 CPT Professional Edition, AMA, Pages 476-478.

metabolite of the parent drug, the metabolite is included in the parent drug CPT code and is not separately reported.

MOLECULAR PATHOLOGY TIER 1 MOLECULAR PATHOLOGY PROCEDURES

The following are the new codes for 2015 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[8]

CPT Code	Code Description
81246	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836)
81288	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis
81313	PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer)

Molecular pathology Tier 1 code 81246 has been established for reporting analysis of the FLT3 gene for the testing of acute myeloid leukemia and indicates the testing is specifically for tyrosine kinase domain variants (TKD).

MLH1 gene analysis (code 81288) is testing of colorectal cancer variants specifically for the promoter methylation analysis method.

The PCA3/KLK3 (code 81313) is for the prostate specific antigen testing for prostate cancer, common testing in the current laboratories

TIER 2 MOLECULAR PATHOLOGY PROCEDURES

The following molecular pathology procedure (Tier 2) codes are used to report procedures not listed in the Tier 1 molecular pathology codes.

They are arranged by level of technical resources and interpretive work by the physician or other qualified health care professional. The individual analyses listed under each code (i.e., level of procedure) utilize the definitions and coding principles as described in the introduction preceding the Tier 1 molecular

[8] 2015 CPT Professional Edition, AMA, Pages 482-487.

pathology codes. The parenthetical examples of methodologies presented near the beginning of each code provide general guidelines used to group procedures for a given level and are not all-inclusive.

Use the appropriate molecular pathology procedure level code that includes the specific analyte listed after the code descriptor. If the analyte tested is **not listed** under one of the Tier 2 codes or is **not represented** by a Tier 1 code, use the unlisted **code 81479.**

AMA clearly states that if a procedure and the specific test being performed is NOT listed in any of the 1-9 levels of the Tier 2 codes, you cannot "assign" one of the codes based on a similar assigned code level of work. Assign unlisted code 81479 in this instance.

TIER 2 MOLECULAR PATHOLOGY PROCEDURES[9]

CPT Code	Code Description
81402	**Molecular pathology procedure, Level 3 (eg, >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants of 1 exon, loss of heterozygosity [LOH], uniparental disomy [UPD])**
	Chromosome 1p-.19q- (eg, glial tumors), deletion analysis
81403	**Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons)**
	Human erythrocyte antigen gene analyses (eg, SLC14A1 [Kidd blood group], BCAM [Lutheran blood group], ICAM4 [Landsteiner-wiener blood group], SLC4A1 [Diego blood group], AQP1 [Colton blood group], ERMAP [Scianna blood group], RHCE [Rh blood group, CcEe antigens], KEL [Kell blood group], DARCX [Duffy blood group], GYPA, GYPB, GYPE [MNS blood group], ART4 [Dombrock blood group]) (eg, sickle-cell disease, thalassemia, hemolytic transfusion reactions, hemolytic disease of the fetus or newborn), common variants
	RHD (Rh blood group, D antigen) (eg, hemolytic disease of the fetus and newborn, Rh maternalfetal compatibility), deletion analysis (eg, exons 4, 5, and 7, pseudogene)
	RHD (Rh blood group, D antigen) (eg, hemolytic disease of the fetus and newborn, Rh maternalfetal compatibility), deletion analysis (eg, exons 4, 5, and 7, pseudogene), performed on cell-free fetal DNA in maternal blood
	(For human erythrocyte gene analysis of RHD, use a separate unit of 81403)
81404	**Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis)**
	MPV17 (MpV17 mitochondrial inner membrane protein) (eg, mitochondrial DNA depletion syndrome), duplication/deletion analysis
	PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal cancer), targeted sequence analysis (eg, exons 9 and 20)
	Use 81426 in conjunction with 81425

[9] 2015 CPT Professional Edition, AMA, Pages 487-494.

GENOMIC SEQUENCING PROCEDURES AND OTHER MOLECULAR MULTIANALYTE ASSAYS

This new section 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, the tests are 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:[10]

- 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[11]

CPT Code	Code Description
81410	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes, including FBN1, TGFBR1, TGFBR2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, and MYLK
81411	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); duplication/deletion analysis panel, must include analyses for TGFBR1, TGFBR2, MYH11, and COL3A1
81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis
+ 81416	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parents, siblings) (List separately in addition to code for primary procedure)
	Use 81416 in conjunction with 81415
81417	Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome)
	Do not report 81417 for incidental findings **For exome-wide copy number assessment by microarray, see 81228, 81229**
81420	Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21
81425	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis
+81426	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (eg, parents, siblings((List separately in addition to code for primary procedure

[10] 2015 CPT Professional Edition, AMA, Page 504.
[11] 2015 CPT Professional Edition, AMA, Pages 503-505.

	Use 81426 in conjunction with 81425
81427	Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome)
	Do not report 81427 for incidental findings **For genome-wide copy number assessment by microarray, see 81228, 81299**
81430	Hearing loss (eg, nonsydromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence analysis panel, must include sequencing of at least 60 genes, including CDH23, CLRN1, GJB2, GPR98, MTRNR1, MYO7A, MYO15A, PCDH15, OTOF, SLC26A4, TMC1, TMPRSS3, USH1C, USH1G, USH2A, and WFS1
81431	Hearing loss (eg, nonsydromic hearing loss, Usher syndrome, Pendred syndrome); duplication/deletion analysis panel, must include copy number analyses for STRC and DFNB1 deletions in GJB2 and GJB6 genes
81435	Hereditary colon cancer syndromes (eg, Lynch syndrome, familial adenomatosis polyposis); genomic sequence analysis panel, must include analysis of at least 7 genes, including APC, CHEK2, MLH1, MSH2, MSH6, MUTYH, and PMS2
81436	Hereditary colon cancer syndromes (eg, Lynch syndrome, familial adenomatosis polyposis); duplication/deletion gene analysis panel, must include analysis of at least 8 genes, including APC, MLH1, MSH2, MSH6, PMS2, EPCAM, CHEK2, and MUTYH
81440	Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including BCS1L, C10orf2, COQ2, COX10, DGUOK, MPV17, OPA1, PDSS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, SUCLA2, SUCLG1, TAZ, TK2, and TYMP
81445	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA analysis, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, NRAS, MET, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed
81450	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, DNA 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, or isoform expression or mRNA expression levels, if performed.
81455	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm, DNA and RNA analysis when performed, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, RLT3, 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.
81460	Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [MERFF], neuropathy, ataxia, and retinitis pigmentosa [NARP], Leber hereditary optic neuropathy [LHON]), genomic sequence, must include sequence analysis of entire mitochrondrial genome with heteroplasmy detection.
81465	Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed.
81470	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); genomic sequence analysis panel, must include sequencing of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1,IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16AZ.

81471	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); duplication;/deletion gene analysis, must include analysis of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1,IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16AZ.

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. MAAAs 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 Appendix O in your 2015 Code book.

MULTIANALYTE ASSAYS WITH MAAAs[12]

Category I Codes for Multianalyte Assays with Algorithmic Analyses (MAAA)	
81519	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score

CHEMISTRY

Interleukin 1 receptor like-1 (also known as ST2) has been associated with the progression of cardiac disease. Testing for this gene may provide prognostic information in heart failure.

CHEMISTRY[13]

CPT Code	Code Description
83006	Growth stimulation expressed gene 2 (ST2, Interleukin 1 receptor like-1)

MICROBIOLOGY

The AMA added new codes for the infectious testing for gastrointestinal pathogens (e.g., salmonella, shigella, etc.) which previously did not have a separate code for these infectious molecular methodologies.

Previously, the code set contained no specific code to report the actual gene associated with HPV for high risk or low risk HPV. AMA deleted those codes and replaced them with the new codes that align the coding not on methodology alone, but rather which gene(s) was being testing; low risk genes, high risk genes and a subcategory for most common high risk genes (16, 18, 45).

[12] 2015 CPT Professional Edition, AMA, Pages 505-506.
[13] 2015 CPT Professional Edition, AMA, Page 512.

In addition, the AMA added a separate code for the detection of HIV-1 antigens with HIV-1 and HIV-2 antibodies included in the testing; testing is by immunoassay, direct optical observation, which distinguishes this code from other HIV testing codes in the code book.

MICROBIOLOGY[14]

CPT Code	Code Description
87505	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets
87506	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 6-11 targets
87507	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets
87623	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), low-risk types (eg, 6, 11, 42, 43, 44)
87624	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) **When both low-risk and high-risk HPV types are performed in a single assay, use only 87624**
87625	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed
87806	Infectious agent antigen detection by immunoassay with direct optical observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies

SURGICAL PATHOLOGY

IMMUNOHISTOCHEMISTRY/IMMUNOCYTOCHEMISTRY STAINS (IHC)

AMA has completely revised the coding for IHC, FISH and morphometric analysis stains for 2015.

IHC:

For IHC stains, the unit of service has been reversed back to per specimen (NOT per block), per single antibody stain procedure and additional codes have been introduced for each version of stains performed in this section.

The codes are setup to represent the first single antibody stain procedure (88342) and then followed with a code for each additional single antibody stain procedure (88341).

NOTE that 88341 has a + sign denoting it is an add on code and can only be billed when 88342 is also billed. Also note that the add on code in this instance is before the primary procedure code in number. AMA didn't have an available code in this area to make the add on code come after the primary code in

[14] 2015 CPT Professional Edition, AMA, Page 472.

number like they normally do. So coders will have to pay CLOSE attention to make sure they don't bill the wrong code as the primary and add on code.

Finally, new codes to represent multiplex antibody stain procedure have been introduced (88344) to represent when a stain procedure contains multiple antibodies on that single stain procedure.

IMMUNOHISTOCHEMISTRY/IMMUNOCYTOCHEMISTRY STAINS (IHC)[15]

CPT Code	Code Description
+88341	Immunohistochemistry or Immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)
	Use 88341 in conjunction with 88342 **For multiplex antibody stain procedure, use 88344**
88344	Immunohistochemistry or Immunocytochemistry, per specimen; each multiplex antibody stain procedure
	Do not use more than one unit of 88341, 88342, 88344 for each separately identifiable antibody per specimen. **Do not report 88341, 88342, 88344 in conjunction with 88360, 88361 unless each procedure is for a different antibody.** **When multiple separately identifiable antibodies are applied to the same specimen [ie, multiplex antibody stain procedure], use one unit of 88344.** **When multiple antibodies are applied to the same slide that are not separately identifiable, [eg, antibody cocktails], use 88342, unless an additional separately identifiable antibody is also used, then use 88344.**

These new guidelines will once again require pathologist/laboratories to clearly document when a multiplex/cocktail stain procedure has been performed. The terms "single antibody stain procedure," and "multiplex antibody stain procedure," will play a vital part in the units of service as well as the code(s) that are selected.

Using the term single stain procedure indicates that the same stain that may contain multiple different antibodies in that stain must be assigned the code associated with multiplex stain procedure.

It is the procedure that also determines the unit of service of that multiplex stain. If all of the stained antibodies are performed in one single staining procedure, then you must consider that one unit of service for that multiplex stain.

For example if a PIN-4 IHC is performed containing three different antibodies in that one staining procedure, that is one unit of service of 88344.

Note that the different antibodies in that single staining procedure has to be separately identifiable (i.e., different colors) in order to consider this a multiplex stain. If there are multiple antibodies in the staining procedure but those antibodies cannot be separately identified (i.e., AE1/AE3), then that is NOT a multiplex stain and must be assigned code 88342 or 88341 (depending on whether any other IHC stains are done on that specimen). DO NOT code 88344 for these stains that are not separately identifiable (i.e., not different colors).

[15] 2015 CPT Professional Edition, AMA, Page 541.

SURGICAL PATHOLOGY
IN SITU HYBRIDIZATION (I.E. FISH)

These new clarified guidelines will require pathologist/laboratories to clearly document when a multiplex/ cocktail stained probe procedure has been performed for FISH. Unit of service for FISH is "per specimen, per separate single probe stain procedure."

NOTE that 88364 has a + sign denoting it is an add on code and can only be billed when 88365 is also billed. 88364 is for each additional probe "stain procedure" for a different antibody(s). Also note that the add on code in this instance is before the primary procedure code in number. AMA didn't have an available code in this area to make the add on code come after the primary code in number like they normally do. So coders will have to pay CLOSE attention to make sure they don't bill the wrong code as the primary and add on code.

Finally, a new code to represent multiplex antibody probe stain procedure has been introduced (88366) to represent when a single probe stain procedure contains multiple antibodies on that given probe.

IN SITU HYBRIDIZATION (I.E. FISH) [16]

CPT Code	Code Description
+88364	In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)
	Use 88364 in conjunction with 88365
88366	In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure
	Do not report 88365, 88366 in conjunction with 88367, 88368, 88374, 88377 for the same probe

SURGICAL PATHOLOGY
MORPHOMETRIC ANALYSIS - IN SITU HYBRIDIZATION

These new clarified guidelines will require pathologist/laboratories to clearly document when a multiplex/ cocktail stained probe procedure has been performed for morphometric analysis by in situ hybridization. Unit of service for morphometric analysis by in situ hybridization is per specimen, per separate single probe stain procedure.

Use code:

- 88367 or 88368 (semi/quantitative--depending on manual versus computer assisted) for the first single probe stain procedure
- 88373 or 88369 for semi/quantitative---depending on manual or computer assisted for each additional single probe stain procedure.

For multiplex staining procedures: Use 88374 or 88377 (semi/quantitative—depending on manual versus computer assisted) when multiple antibodies on a probe by a single staining procedure.

The terms "single probe stain procedure" and "multiplex probe stain procedure" will play a vital part in the units of service as well as the code(s) that is selected. Using the term single probe stain procedure

[16] 2015 CPT Professional Edition, AMA, Page 542.

indicates that the same probe that may contain multiple different antibodies on that probe must be assigned the code associated with multiplex probe stain procedure.

It is the procedure that also determines the unit of service of that multiplex probe stain. If the probe(s) are performed in one single stain procedure, then you must consider that one unit of service for that multiplex probe.

For example, if a morphometric analysis by in situ hybridization is performed with a dual probe containing two different antibodies on that single probe, reported in semi/quantitative value…that is one unit of service of 88374 or 88377 (depending on semi/quantitative--manual versus computer assisted).

MORPHOMETRIC ANALYSIS - IN SITU HYBRIDIZATION[17]

CPT Code	Code Description
+88369	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)
	Use 88369 in conjunction with 88368
+88373	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)
	Use 88373 in conjunction with 88367
88374	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure
	Do not report 88367, 88374 in conjunction with 88365, 88366, 88368, 88377 for the same probe
88377	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure
	Do not report 88368 or 88377 in conjunction with 88365, 88366, 88367, 88374 for the same probe

REPRODUCTIVE MEDICINE

Human oocyte cryopreservation (egg freezing) is a technology that allows women to extract, freeze and store their eggs (oocytes) and later when pregnancy is desired, they can thaw, fertilize and transfer them into the woman as embryos.

REPRODUCTIVE MEDICINE[18]

CPT Code	Code Description
89337	**Cryopreservation, mature oocyte(s)**
	For cryopreservation of immature oocyte(s), use 0357T

[17] 2015 CPT Professional Edition, AMA, Page 542.
[18] 2015 CPT Professional Edition, AMA, Page 544.

SECTION II – DELETED CODES

Numerous codes have been deleted for 2015 with most coming from the drug testing section. Laboratories performing drug testing, including those physician office laboratories performing urine drug screens, 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, by deleting the infectious agent detection codes for HPV, coders will need to be aware of the specific HPV gene that is being tested as that will define the code selection for 2015, not the methodology used to test for HPV as it has been in the past. Also, note that the add on code 88343 for IHC has been deleted and replaced with a more specific code descriptor.

Finally, the electron microscopy code for scanning has been deleted, thereby the distinction between diagnostic and scanning method no longer applies; regardless of the method, the diagnostic code would be used.

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) [19]

CPT Code	Code Description
80100	Drug screen, qualitative; multiple drug classes chromatographic method, each procedure
80101	Drug screen, qualitative; single drug class method (eg, immunoassay, enzyme assay), each drug class
80102	Drug confirmation, each procedure
80103	Tissue preparation for drug analysis
80104	Drug Screen, qualitative; multiple drug classes other than chromatographic method, each procedure
80152	Amitriptyline **80152 has been deleted. To report definitive drug testing for amitryptyline, see 80355, 80336, 80377**
80154	Benzodiazepines **80154 has been deleted. To report definitive drug testing for benzodiazepines, see 80346, 80347**
80160	Desipramine **80160 has been deleted. To report definitive drug testing for desipramine, see 80335, 80336, 80377**
80166	Doxepin **80166 has been deleted. To report definitive drug testing for doxepin, see 80355, 80336, 80377**
80172	Gold **80172 has been deleted. To report definitive drug testing for gold, use 80375**
80174	Imipramine **80174 has been deleted. To report definitive drug testing for imipramine, see 80355,**

[19] 2015 CPT Professional Edition, AM , Page 689-691.

	80336, 80377
80182	Nortriptyline **80182 has been deleted. To report definitive drug testing for nortriptyline, , see 80355, 80336, 80377**
80196	Salicylate **80196 has been deleted. To report definitive drug testing for salicylate, see 80329, 80330, 80331**
82003	Acetaminophen **82003 has been deleted. For acetaminophen, see 80329, 80330, 80331**
82055	Alcohol (ethanol); any specimen except breath **82055 has been deleted. For alcohol, any specimen except breath, see 80320, 80321, 80322**
82145	Amphetamine or methamphetamine **82145 has been deleted. For amphetamine or methamphetamine, see 80324, 80325, 80326**
82205	Barbiturates, not otherwise specified **82205 has been deleted. For barbiturates not elsewhere specified, use 80345**
82520	Cocaine or metabolite **82520 has been deleted. For cocaine or metabolite, use 80353**
82646	Dihydrocodeinone **82646 has been deleted. For dihydrocodeinone, use 80361**
82649	Dihydromorphinone **82649 has been deleted. For opiates, use 80361**
82651	Dihydrotestoseterone (DHT) **82651 has been deleted. For anabolic steroids, see 80327, 80329**
82654	Dimethadione **82654 has been deleted. For dimethadione, see 80339, 80340, 80341**
82690	Ethchlorvynol **82690 has been deleted. For ethchlorvynol, ethyl alcohol, use 80320**
82742	Flurazepam **82742 has been deleted. For flurazepam, see 80346, 80347**
82980	Glutethimide
83805	Meprobamate **83805 has been deleted. For quantitative testing for meprobamate, see 80369, 80370**
83840	Methadone **83840 has been deleted. For methadone, use 80358**
83858	Methsuximide **83858 has been deleted. For methsuximide, see 80339, 80340, 80341**
83877	Nicotine **83877 has been deleted. For nicotine, use 80323**
83925	Opiate(s), drug and metabolites, each procedure **83925 has been deleted. For opiates, see 80361, 80362, 80363, 80364, or the specific drug [eg, fentanyls, oxycodone]**
84022	Phenothiazine **84022 has been deleted. For phenothiazine, see 80342, 80343, 80344**

EVOCATIVE SUPPRESSION[20]

CPT Code	Code Description
80440	Thyrotropin releasing hormone (TRH) stimulation panel; for hyperprolactinemia **80440 has been deleted. For prolactin, use 84146**

CHEMISTRY[21]

CPT Code	Code Description
82000	Acetaldehyde, blood
82101	Alkaloids, urine, quantitative **82101 has been deleted. For alkaloids, use 80323**
82666	Epiandrosterone **82666 has been deleted. For epiandrosterone, see 80327, 80328**
82953	Glucose; tolbutamide tolerance test
82975	Glutamine (glutamic acid amide) **82975 has been deleted. For glutamine [glutamic acid amide], see 82127, 82128, 82131**
83008	Guanosine monophosphate (CMP); cyclic
83055	Hemoglobin;sulfhemoglobin, qualitative
83071	Hemosiderin; quantitative
83634	Lactose, urine; quantitative
83840	Methadone **83840 has been deleted. For methadone, use 80358**
83866	Mucopolysaccharides, acid; screen
84127	Porphyrins, feces; qualitative

MICROBIOLOGY[22]

CPT Code	Code Description
87001	Animal inoculation, small animal, with observation
87620	Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, direct probe technique **87620 has been deleted. To report, see 87623, 87624, 87625**
87621	Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, amplified probe technique **87621 has been deleted. To report, see 87623, 87624, 87625**
87622	Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, quantification

[20] 2015 CPT Professional Edition, AMA, Page 689-691.
[21] 2015 CPT Professional Edition, AMA, Page 689-691.
[22] Ibid.

	87622 has been deleted. To report, see 87623, 87624, 87625

SURGICAL PATHOLOGY[23]

CPT Code	Code Description
88343	Immunohistochemistry or immunocytochemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; each additional separately identifiable antibody per slide (List separately in addition to code for primary procedure) **88343 has been deleted. For multiplex antibody stain procedure, use 88344**
88349	Electron microscopy; scanning **88349 has been deleted. To report, use 88348**

Section III: Revised Codes[24]

The revised codes and parenthetical notes are indicated below. Items presented with "underlined" narratives represent the new/revised verbiage for 2015 while "strikethrough" verbiage was deleted from the narrative. When new or revised parenthetical statement(s) are shown, they will appear in green font. 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 2015 and appear in green font in the AMA 2015 Professional edition; close attention to those statements will determine the accurate code to use.

THERAPEUTIC DRUG ASSAY[25]

CPT Code	Code Description
80162	Digoxin; total
80164	~~Dipropyacetic~~Valproic acid (~~valproic~~dipropylacetic acid); total
80171	Gabapentin, whole blood, serum, or plasma
80299	Quantitation of therapeutic drug, not elsewhere specified

MOLECULAR PATHOLOGY[26]

CPT Code	Code Description
81245	FLT3 *(fms-related tyrosine kinase 3)* (eg, acute myeloid leukemia), gene analysis~~, internal tandem duplication (ITD) variants (ie, exons 14, 15)~~; internal tandem duplication (ITD) variants (ie, exons 14, 15)
81405	Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons, regionally

[23] 2015 CPT Professional Edition, AMA, Page 689-691.
[24] Ibid.
[25] Ibid.
[26] Ibid.

	targeted cytogenomic array analysis ~~Cytogenomic constitutional targeted microarray analysis of the X-chromosome by interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities~~ ~~(When performing genome-wide cytogenomic constitutional microarray analysis, see 81220-81229)~~ ~~(Do not report analyte specific molecular pathology procedures separately when the specific analytes are included as part of the microarray analysis of the X-chromosomes)~~ ~~(Do not report 88271 when performing cytogenomic microarray analysis)~~ ~~Mitochondrial genome deletions (eg, Kearns-Sayre syndrome [KSS], chronic progressive external ophthalmoplegia [CPED], Pearson syndrome), deletion analysis, and duplication analysis, if performed~~

CHEMISTRY[27]

CPT Code	Code Description
82541	Column chromatography/mass spectrometry (eg, GC/MS, or HPLC/MS), non-drug analyte not elsewhere specified; qualitative, single stationary and mobile phase
82542	Column chromatography/mass spectrometry (eg, GC/MS, or HPLC/MS), non-drug analyte not elsewhere specified; quantitative, single stationary and mobile phase
82543	Column chromatography/mass spectrometry (eg, GC/MS, or HPLC/MS), non-drug analyte not elsewhere specified; stable isotope dilution, single analyte, quantitative, single stationary and mobile phase
82544	Column chromatography/mass spectrometry (eg, GC/MS, or HPLC/MS), non-drug analyte not elsewhere specified; stable isotope dilution, multiple analytes, quantitative, single stationary and mobile phase Parenthetical under 82544 states For column chromatography/mass spectrometry of drugs of substances, see Drug Assay 80300, 80301, 80302, 80303, 80304, 80320-80377, or specific analyte code(s) in the Chemistry section
84600	Volatiles (eg, acetic anhydride~~, carbon tetrachloride, dichloroethane, dischloromethane~~, diethylether~~, isopropyl alcohol, methanol~~)
Parenthetical under code 82626 states Do not report 82626 in conjunction with 80327, 80328 to identify anabolic steroid testing for testosterone	
Parenthetical under code 82638 states for Dichloroethane, use 82441 For Dichloromethane, use 82441	

TRANSFUSION MEDICINE[28]

CPT Code	Code Description
86900	Blood typing, serologic; ABO
86901	Blood typing, serologic; Rh (D)

[27] 2015 CPT Professional Edition, AMA, Page 689-691.
[28] Ibid.

86902	Blood typing, serologic; antigen testing of donor blood using reagent serum, each antigen test
86904	Blood typing, serologic; antigen screening for compatible unit using patient serum, per unit screened
86905	Blood typing, serologic; RBC antigens, other than ABO or Rh (D), each
86906	Blood typing, serologic; Rh phenotyping, complete

MICROBIOLOGY[29]

CPT Code	Code Description
87501	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, includes reverse transcription, when performed, and amplified probe technique, each type or subtype
87502	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription and multiplex amplified probe technique, first 2 types or sub-types
+87503	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription and multiplex amplified probe technique, each additional influenza virus type or sub-type beyond 2 (List separately in addition to code for primary procedure)
87631	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets
87632	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 6-11 targets
87633	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets

[29] 2015 CPT Professional Edition, AMA, Page 689-691.

SURGICAL PATHOLOGY[30]

CPT Code	Code Description
88342	Immunohistochemistry or immunocytochemistry, ~~each separately identifiable antibody~~ per ~~block, cytologic preparation, or hematologic smear~~specimen; ~~first separately iidentifiable~~initial single antibody ~~per slide~~stain procedure
88360	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; manual
88361	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; using computer-assisted technology
88365	In situ hybridization (eg, FISH), ~~each probe~~per specimen; initial single probe stain procedure
88367	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative)~~each probe~~, using computer-assisted technology, per specimen; ~~using computer-assisted technology~~initial single probe stain procedure
88368	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative)~~each probe~~, manual, per specimen; ~~manual~~initial single probe stain procedure

DISCLAIMER:

This is McKesson Business Performance Services' overview of the 2015 procedure codes affecting the laboratory and pathology. Please refer to your CPT 2015, HCPCS Book and Payer Bulletins for additional information, HCPCS additions, deletions and changes that may not be reflected in this document.

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[30] Ibid.