



## **Medicare Rules for Billing Clinical Laboratory Consultation and Interpretation Services**

### **Medicare Claims Processing Manual Chapter 12 - Physicians/Nonphysician Practitioners**

#### **60 - Payment for Pathology Services**

##### **D - Clinical Consultation Services**

Clinical consultations are paid under the physician fee schedule only if they:

1. Are requested by the patient's attending physician;
2. Relate to a test result that lies outside the clinically significant normal or expected range in view of the condition of the patient;
3. Result in a written narrative report included in the patient's medical record; and
4. Require the exercise of medical judgment by the consultant physician.

Clinical consultations are professional component services only. There is no technical component. The clinical consultation codes are 80500 and 80502.

Routine conversations held between a laboratory director and an attending physician about test orders or results do not qualify as consultations unless all four requirements are met. Laboratory personnel, including the director, may from time to time contact attending physicians to report test results or to suggest additional testing or be contacted by attending physicians on similar matters. These contacts do not constitute clinical consultations. However, if in the course of such a contact, the attending physician requests a consultation from the pathologist, and if that consultation meets the other criteria and is properly documented, it is paid under the fee schedule.

#### **EXAMPLE**

A pathologist telephones a surgeon about a patient's suitability for surgery based on the results of clinical laboratory test results. During the course of their conversation, the surgeon asks the pathologist whether, based on test results, patient history and medical records, the patient is a candidate for surgery. The surgeon's request requires the pathologist to render a medical judgment and provide a consultation. The pathologist follows up his/her oral advice with a written report and the surgeon notes in the patient's medical record that he/she requested a consultation. This consultation is paid under the fee schedule.

If the information could ordinarily be furnished by a non-physician laboratory specialist, the service of the physician is not a consultation payable under the fee schedule.

## **E - Clinical Laboratory Interpretation Services**

Only clinical laboratory interpretation services listed below and which meet the criteria in subsections D.1, D.3, and D.4 for clinical consultations and, as a result, are billable under the fee schedule. These services are reported under the clinical laboratory code with modifier 26. These services can be paid under the physician fee schedule if they are furnished to a patient by a **hospital pathologist or an independent laboratory**. Note that a hospital's standing order policy can be used as a substitute for the individual request by the patient's attending physician. Carriers are not allowed to revise CMS's list to accommodate local medical practice. The CMS periodically reviews this list and adds or deletes clinical laboratory codes as warranted.

### ***Clinical Laboratory Interpretation Services Code Definition***

83020 Hemoglobin; electrophoresis  
83912 Nucleic acid probe, with electrophoresis, with examination and report  
84165 Protein, total, serum; electrophoretic fractionation and quantitation  
84181 Protein; Western Blot with interpretation and report, blood or other body fluid  
84182 Protein; Western Blot, with interpretation and report, blood or other body fluid, immunological probe for band identification; each  
85390 Fibrinolysin; screening  
85576 Platelet; aggregation (in vitro), any agent  
86255 Fluorescent antibody; screen  
86256 Fluorescent antibody; titer  
86320 Immuno-electrophoresis; serum, each specimen  
86325 Immuno-electrophoresis; other fluids (e.g. urine) with concentration, each specimen  
86327 Immuno-electrophoresis; crossed (2 dimensional assay)  
86334 Immunofixation electrophoresis  
87164 Dark field examination, any source (e.g. penile, vaginal, oral, skin); includes specimen collection  
87207 Smear, primary source, with interpretation; special stain for inclusion bodies or intracellular parasites (e.g. malaria, kala azar, herpes)  
88371 Protein analysis of tissue by Western Blot, with interpretation and report.  
88372 Protein analysis of tissue by Western Blot, immunological probe for band identification, each  
89060 Crystal identification by light microscopy with or without polarizing lens analysis, any body fluid (except urine)