**UW Medicine - Pathology**

400-10-01-01

Charge Policy

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| Adopted Date: 01/2006Review Date: 02/2006, 4/22/13, 8/26/13Revision Date: 05/03/11 |

PURPOSE

To appropriately assign CPT codes to Cytogenetics cases.

POLICY

### Specimen Test Types

### Amniotic Fluid

* 1. Twins are each charged as individual cases.
	2. Mass cultures established and grown for biochemical or DNA testing elsewhere are charged.
	3. If a pregnancy is lost due to miscarriage or stillbirth, the charges for cytogenetic analysis already performed will remain in effect. In the unusual circumstance that loss of the pregnancy resulted from complications of amniocentesis, each case should be considered individually in consultation with the referring physician and/or Hospital Administration.
	4. Repeat analysis for clarification of an abnormal finding in a first amniotic fluid specimen will each be considered on an individual basis.
	5. A set-up fee will be charged if growth is inadequate to provide a cytogenetic diagnosis or if the test is canceled.
	6. Studies of parental blood done in conjunction with an amniotic fluid analysis are discussed below.
	7. Follow-up studies of fetal or newborn blood or tissue(s) are discussed below.
1. **Chorionic Villi**
	1. If no villi are present in the sample there will be no charge.
	2. A set-up fee will be charged if growth is inadequate to provide a cytogenetic diagnosis or if the test is canceled.
	3. Repeat analysis from amniotic fluid for clarification of an abnormal finding in a chorionic villi specimen will be charged.
	4. Repeat analysis from amniotic fluid due to the possibility that the chorionic villi diagnosis may have been based on maternal cells will be done at a reduced rate (the professional fee will be omitted).
2. **Peripheral Blood**

***Note*:** Un-stimulated peripheral blood lymphocytes sent for evaluation of known or suspected malignancy are charged as "neoplastic specimens," see below.

* 1. Each member of a couple analyzed because of repeated spontaneous abortion is charged separately.
	2. Couples analyzed to determine if prenatal diagnosis is necessary are charged for the blood studies.
	3. Parental studies requested by us in order to clarify the nature of heteromorphisms, additional small markers, or rings identified in amniotic fluid, chorionic villi, or fetal blood cells are each charged at the reduced family follow-up rate.
	4. Family members studied as follow-up to abnormal findings in a relative, when genetic counseling of the family is indicated (such as balanced or unbalanced translocations), are each charged at the reduced family follow-up rate.
	5. Occasionally it may be indicated to do a follow-up study of an infant in whom an abnormality was diagnosed prenatally. The study will be charged because it will provide important information for genetic counseling. Studies for research purposes that cannot be charged are done as arranged with the researchers involved.
	6. To rule out Turner or Klinefelter syndromes we will automatically do an extended analysis to rule out mosaicism if 45,X or 47,XXY cells are not found among the first 20 cells analyzed. There will be an additional mosaicism charge issued.
	7. For males having cytogenetic studies for infertility we will automatically perform and charge for Y-PCR studies.
	8. STAT bloods will be charged for the additional stat harvest.
	9. A set-up fee will be charged if growth is inadequate to provide a cytogenetic diagnosis or if the test is canceled.
	10. Cultures set up as back-ups for concurrent prenatal diagnosis or bone marrow cultures will be charged a set-up fee if not used, and the usual fee if completed.
1. **Neoplastic Specimens**
	1. Back-up unstimulated peripheral blood cultures will be set up if available and appropriate and will be analyzed if a bone marrow preparation is inadequate for complete diagnosis; this back-up service is included in the basic charge. If both the bone marrow and peripheral blood studies are specifically requested (rather than as a back-up), then each procedure will be charged separately.
	2. A set-up fee will be charged if growth is inadequate to provide a cytogenetic diagnosis or if the test is cancelled.
2. **Stat Bone Marrow**
	1. The cost of a back-up PHA-stimulated peripheral blood culture set up at the same time or subsequently made available for a repeat studies included in the original Stat Bone Marrow charge rather than being charged later as a separate Peripheral Blood Study.
	2. A set-up fee will be charged if growth is inadequate to provide a cytogenetic diagnosis or if the test is canceled.
3. **Solid Tissue**
	1. Analysis of skin to determine possible mosaicism (including X-inactivation studies) of an abnormality identified in blood is charged as a complete analysis separately from the blood.
	2. Occasionally it may be indicated to do a follow-up study of an infant or fetus in whom an abnormality was diagnosed prenatally. The study will be charged, as it will provide important information for genetic counseling. Studies for research purposes that cannot be charged to the patient are done as prearranged with the researchers involved.
	3. Multiple samples from one patient are charged as separate cases if complete analysis of each is required (for example, for mosaicism). If multiple samples are submitted as back-up material to assure adequate growth only one of the specimens will be analyzed completely and only one charge made.
	4. Postmortem specimens (autopsy, stillborn, abortus or fetal material) are charged.
	5. A set-up fee will be charged if growth is inadequate to provide a cytogenetic diagnosis or if the test is canceled.
4. **Solid Tumors**
	1. Same as solid tissue, above.
	2. RT-PCR will be performed as indicated and will be charged.
	3. A set-up fee will be charged if growth is inadequate to provide a cytogenetic diagnosis or if the test is canceled. No additional set-up fee will be charged if growth (or specimen) is inadequate for RT-PCR.

### Other Test Types

1. **FISH**
	1. Will be performed if requested and charged.
	2. Occasionally FISH studies will become necessary based on our findings in the cytogenetic analysis. In such cases, a Cytogenetics faculty member will contact the referring physician to discuss the case and obtain approval to proceed with FISH studies. These studies will be charged. Repeat or additional FISH called for by laboratory directors for the purpose of quality assurance or clarification of a result will not be charged.
	3. The number of CPT code 88271 charged is based on one probe for one analyzable unit, not including control probes. The number of cells counted for CPT 88275 is based on 100 cells analyzed per probe.
2. **Extended Analysis/Mosaicism**
	1. Requests to rule out mosaicism will result in an added mosaicism charge.
	2. Occasionally findings among the first 20 cells analyzed require us to extend counts and/or analyses in order to obtain an accurate diagnosis. In such instances an additional fee will be charged.
3. **Additional Cultures**

Additional cultures for purposes other than cytogenetics will be charged.

1. **Research Projects**

Arranged individually. Policies for charging no growths, back-up specimens and multiple samples from single individuals may vary from the policies outlined for clinical specimens. There are reduced charges for karyotyping established tissue culture specimens. See research price list.

1. **Additional Workups**
	1. If an extended analysis for which we will charge is indicated, office staff or faculty must confer with the requesting physician and obtain written permission.
	2. If the sign out faculty requests an extended analysis for internal verification (no charge) they must record what work has been requested in Special Studies > Extended Analysis Details. The information obtained from the extended analysis cannot be included in the report.

### Definitions and Examples

1. **Additional Services**: Additional CPT codes beyond a standard workup, e.g., Extended Analysis-Panel of Y's and Q-banding.
2. **Criteria** for determining a Standard workup for a given indication: 1) CSOC-Community standard of care (e.g., CAP standard), 2) LSOC-Laboratory standard of care.
3. **Extended Analysis**: Additional Services
4. **Indication**: Reason for testing, e.g., ICD9-758.7 (r/o Klinefelter syndrome).
5. **Internal Verification**: No charge for additional services(s). Results should not be stated in the report, e.g., Panel of chromosome 9's to clarify an ambiguous band.
6. **Service**: One CPT code with associated charge.
7. **Standard Workup**:
	1. An expected set of analyses for a given indication with a specified set of CPT codes; e.g., a standard workup for Klinefelter syndrome: 20-50 cells counted, 5 cells analyzed, 2 karyotypes using G-banding. Standard workups are listed in the laboratory manual Chapter 6: Cytogenetic Analysis and Workups [page: **BKMK**].
	2. A standard workup price will apply if fewer than standard number of cells is analyzed and karyotyped due to inadequate material or poor growth. The standard workup price will apply if more than the standard number of cells is examined (unless a mosaicism study was specifically requested, or unless the indication is to r/o Turner syndrome, Klinefelter syndrome, premature ovarian failure or to r/o other sex chromosome abnormalities.)
		1. **Test**: One patient, one receipt date, one or more indications and an expectation of one report, e.g., cytogenetics for patient Joan Doe, can be one or more Services.

Written By: Director Approval:

(Signature and Date) (Signature and Date)

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Cytogenetic Supervisor

**UW Medicine - Pathology**

 **Cytogenetics - UWMC**

**SIGNATURE PAGE FOR POLICIES AND PROCEDURES**

Procedure / Policy Title: Charge Policy

Procedure / Policy Number: 400-10-01-01

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