<table>
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<th>Questions</th>
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<td>How long can I access the on demand version?</td>
<td>You will find that in the same instructions box you utilized to access this presentation. Subscription access expires December 31, individual purchases will not expire for at least two years. If you are the purchaser, you can find your information through following these steps: 1. Go to <a href="http://www.aapc.com">http://www.aapc.com</a> &amp; login 2. Go to Purchases/Items 3. Click on “Webinars” tab 4. Click on “Details” next to the webinar 5. Find the instructions box in the middle of the page. Click on the link to the item you need (Presentation, MP3 file, Certificate, Quiz)</td>
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<td>Where can I ask questions after the webinar?</td>
<td>The online member forums, where over 100,000 AAPC members have access to help each other with all types of questions. <em>Forum Posting Instructions</em> 1. Login to your online account 2. In the middle of the page you will see “discussion forums” 3. Click on “view all” – top right hand side 4. Select “general discussion” under “medical coding” unless you see a topic that suits you more – 5. On the top left side of the forum box, you will see a blue button, “new thread” – click on that 6. Type your question and submit 7. Check back in that location for answers as you please</td>
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<td>When we bill CPT codes 81212 (BRCA1/BRCA2 Gene Analysis) and 81271 (Known familial variant for BRCA2 Gene Analysis) on the same DOS. These two codes hit an NCCI edit yet the two tests are distinctive and separate services. Can we use a modifier 59 for this scenario?</td>
<td>If both are performed, the code for BRCA1 (81214 or 81215) and the code for BRCA2 (81216 or 81217) should be used. See page xvi in 2013 Professional Edition of CPT for this answer</td>
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<td>Where can we locate the approval process for the CPT editorial/ advisory panel?</td>
<td><a href="http://www.ama-assn.org/go/cpt">www.ama-assn.org/go/cpt</a></td>
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<td>With respect to KRAS, CPT 81275 is defined as KRAS analysis of variants in codons 12 and 13, but some facilities perform KRAS using codes 12, 13, and 61. So how is work for codon 61 reported - unlisted 8xx99 (in addition ato 81275), or 81403 (KRAS variant in exon 2?)</td>
<td>On page 421 in the Professional Version of CPT (last paragraph on left)...Typically, all of the listed variants would be tested. However, these lists are not exclusive. If other variants are also tested in the analysis, they would be included in the procedure and not reported separately......</td>
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<td>Regarding molecular pathology and PDGFRA, and the scenario of analysis run first on exon 18 (detecting most variants), and if 18 is negative, then analysis run for 12 and 14: The AMA CPT manual indicates PDGFRA, targeted sequence analysis (e.g., exons 12, 18) under CPT 81404 (MoPath level 5, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons). So the coding question for the two-part test is do we use 8xx99 for PDGFRa exon 18 (since 81404 is 2-5 exons), and then 81404 for exons 12 and 14 (subsequent test) - or just 81404 once?</td>
<td>On page 421 in the Professional Version of CPT (last paragraph on left)...Typically, all of the listed variants would be tested. However, these lists are not exclusive. If other variants are also tested in the analysis, they would be included in the procedure and not reported separately......</td>
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<td>Regarding Question #1, can you please provide the page number referenced in the CPT book? We are looking at xvi and cannot find the information.</td>
<td>In the Professional Edition in CPT, 2013, there is a special 5 page &quot;Molecular Pathology &quot; insert that starts on page xix. There is a list of Frequently Asked Questions that start on page xx.</td>
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<td>How can we bill G0452(26) multiple units per day. When we render interpretation services for KRAS and ECFR we are not able to add modifier 59 according to CCI, how do we get the carrier to know that these are two distinctive seperately identifiable services?</td>
<td>Modifier 59 is used when you have two distinct procedures. Check with your specific carrier for instructions. Each one seems to have different rules for submitting claims for reimbursement under this circumstance</td>
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<td>For appendix O (MAAA) codes, are you aware of any MUE or NCCI mutually-exclusive edits? For example, would 0002M (assay for alcoholic steatohepatitis) be mutually exclusive to 0003M (non-alcoholic steatohepatitis)? It many not be apparent from the clinical diagnosis (such as fatty liver).</td>
<td>For 2014, CMS announced that they will not reimburse MAAA codes</td>
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<td>Regarding new (for 2014) CPT 81507 [fetal aneuploidy (trisomy 21, 18 + 13) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk source for each trisomy], there was previously in 2013 code 0005M for Harmony Prenatal Test by Ariosa Diagnostics. The Appendix O codes seem associated with proprietary clincial labs or manufacturers. However, Lab Corp and Integrated Genetics also distribute this non-invasisve pre-natal blood test. So can all labs now use 81507, or is it restricted to the distributor/manufacrer?</td>
<td>The test code 81507 is for MAAA. Not the actual individual lab tests that are performed. According to the guidelines on page 478 in professional edition of CPT, &quot;MAAAs are typically unique to a signle clinical laboratory or manufacturer.</td>
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<td>Since G0452 is a professional only code why do we have to add modifier 26 when billing this code?</td>
<td>You would not need at -26 on this code since it is a professional service only.</td>
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<td>There are a number of Sxxxx HCPCS codes (S3721 - S3870) that appear to be somewhat duplicative to CPT. Any reason why the HCPCS are not deleted?</td>
<td>It may be a timing issue. You will probably see them deleted in the next publication. Look on CMS.gov website for the quarterly updates to HCPCS</td>
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<td>Are we allowed to bill both a technical and professional portion for these molecular codes or are they strictly global procedures with no TC/26 split allowed?</td>
<td>You should be allowed to use the 26/TC codes on these tests. However, I would check with the specific payer/MAC to review their guidelines.</td>
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