March 31, 2014

Niles R. Rosen, M.D.
Medical Director
National Correct Coding Initiative
Correct Coding Solutions LLC
P.O. Box 907
Carmel, IN 46082-0907

RE: 2014 NCCI Policy Manual Revisions Regarding In Situ Hybridization

Dear Dr. Rosen:

On behalf of our sixty AdvaMedDx members, I am writing to raise concerns regarding recent changes to the NCCI policy manual which impact the units of service that can be billed for certain in situ hybridization codes. These changes went into effect on January 1, 2014 and have the potential to severely impact the reimbursement for in situ hybridization procedures that require the analysis of separately identifiable probe stains.

AdvaMedDx, which operates as a division of the Advanced Medical Technology Association (AdvaMed), represents the world’s leading diagnostics manufacturers by advocating for the power of medical diagnostic tests to promote wellness, improve patient outcomes, and advance public health in the United States and abroad. AdvaMedDx member companies produce innovative, safe and effective diagnostic tests that facilitate evidence-based medicine, improve quality of care, promote wellness, enable early detection of disease and often reduce health care costs.

AdvaMedDx understands the NCCI’s goal of ensuring appropriate reporting of the units of service involved in the performance of in situ hybridization probe analysis and notes that the stakeholder community has concerns similar to those addressed through the 2014 policy manual revisions. In response to these concerns interested stakeholders have recommended that the AMA’s CPT Editorial Panel reexamine the code descriptors for these procedures. AdvaMedDx believes that this re-examination process will result in many of the NCCI’s concerns being addressed and anticipates modifications to the in situ hybridization codes in a future edition of CPT.

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There are situations where it is appropriate to bill for more than one unit of service when performing in situ hybridization procedures which utilize the CPT codes identified in the policy manual revisions (88365, 88367, and 88368). Unfortunately, the 2014 NCCI policy manual revisions prohibit providers who legitimately need to bill more than one unit of service for certain in situ hybridization codes from doing so. As previously stated, AdvaMedDx is fairly certain that the problems created by the policy manual revisions, for providers who need to analyze separately identifiable probe stains, will be resolved through CPT code changes in future years. However, in the interim providers who need to bill more than one unit of service for these procedures should be able to do so. Consequently, AdvaMedDx asks that the NCCI not enforce the manual revisions until January 1, 2015.

We have also noted that Medically Unnecessary Edits (MUE) for these changes have not been published. In light of this fact and the anticipated CPT changes, AdvaMedDx requests that NCCI hold off on publication of any MUE related to the manual revisions. We also ask that NCCI work with CMS to notify Medicare contractors of these concerns and to encourage them to consider these issues as they evaluate and process claims for in situ hybridization procedures which include more than one unit of service and are billed with CPT codes 88365, 88367, and 88368.

AdvaMed appreciates the opportunity to address our concerns regarding this issue with you and your staff. Please feel free to contact DeChane Dorsey at: ddorsey@advamed.org or 202-434-7218 with any questions or concerns.

Sincerely,

Don May
Executive Vice President
Payment and Health care Delivery Policy

cc: Linda S. Dietz, RHIA, CCS, CCS-P, Coding Specialist