



## **In Vitro Diagnostic Multivariate Assays**

On Wednesday, July 20, the CPT Division of AMA hosted an onsite and webinar meeting in Chicago of almost 100 interested stakeholders and representatives of the multi analyte assay algorithm-based analysis industry to discuss these “In Vitro Diagnostic Multivariate Assays”.

The discussion was led by the Molecular Pathology Coding Workgroup co-chairs and payer representatives on the CPT Editorial Panel. With the impending deletion of the molecular pathology stacking codes 83890-83914 announced in March, 2011 on the CPT web site, and the potential for addition of an unlisted code for multianalyte assays, it is anticipated that there will be substantial difficulty in reporting and reimbursement of these services, particularly since there has been a paucity of CPT code applications for sole-source tests currently reported with the stacking codes.

Concerns about applying for Category I CPT codes for multianalyte assays with algorithmic analyses (MAAA) were discussed at length. Perceived impediments included the emerging status of many of these services, the lack of published literature substantiating value for others, the complexity of either a prototypical description for individual services or a common descriptive template that could be utilized, concerns that some services might be accorded Category III CPT code status rather than Category I status, and the sole source nature of many of these services.

Initial discussions were held about an optimal descriptive template for these procedures, different evidentiary requirements for laboratory testing services in contrast to other Category I services, and the concept that “widespread use by many practitioners” would be interpreted, for these services, not to require practitioners ordering the tests rather than multiple laboratories or vendors performing the tests. Discussion also focused on the general CPT convention not to include proprietary names in code descriptors, and alternatives such as potential tables to crosswalk proprietary names to services was to be investigated as a potential resolution of that issue.

It was also recognized that several of these services would appear likely to meet Category I laboratory testing criteria, and the co-chairs as well as payer representatives strongly encouraged the timely development and submission of Code Change Proposals for those services since, once the stacking codes are deleted, timely processing of those services without new codes will be unlikely because they would need to be reported with unlisted codes (taking into consideration the potential large volume of services using an unlisted code with all of the time delays and additional documentation requirements for processing of unlisted codes).

Extensive discussion also centered around the consideration that a table, unique to these services, be generated with unique code identifiers that would facilitate unambiguous reporting, payer processing, and potential reimbursement (if deemed appropriate by the individual payer).

It was recognized by all that much further work is needed to determine (a) how best to describe the multi analyte assay algorithm-based analyses; (b) how to facilitate straightforward reporting of these services such that once payers establish payment policies for individual tests, the policy can be easily and rapidly adjudicated; and (c) how to reconcile the unique nature of each test with the CPT convention not to place proprietary names into CPT code descriptors. The labors of this workgroup will

continue over the next few months with the anticipation of presenting an update report at the October CPT meeting. Concurrently, all participants involved with services that appear to meet Category I code status were strongly encouraged to submit Code Change Proposals for the November 2 deadline for consideration at the February CPT meeting.