Bladder Tumor Marker FISH Billing and Coding Guidelines

CPT® 2011 introduced two new codes to report *in situ* hybridization (eg, FISH) testing for bladder tumor markers:

- **88120 -** Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual
- **88121 -** Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology

Palmetto GBA will ONLY cover these tests when performed using validated assays. To date, UroVysion Bladder Cancer Kit is the only FDA approved assay that is designed to detect aneuploidy for chromosomes 3, 7, 17, and loss of the 9p21 locus via FISH. The assay is performed on urine specimens from persons with hematuria suspected of having bladder cancer as an aid for initial diagnosis of bladder carcinoma and subsequent monitoring for tumor recurrence in patients previously diagnosed with bladder cancer.

Note: UroVysion Bladder Kit services may **ONLY** be billed by a CLIA certified lab.

To bill UroVysion Bladder Kit services, submit the following claim information:

- CPT code 88120 or 88121 as appropriate
- Enter "UroVysion" in comment/narrative field, Loop 2300, or 2400, NTE, 02 (for paper claims, submit 'DCR' on an attachment to the claim form)

All other services that meet the CPT code 88120 or 88121 definition performed by any provider type MUST bill the following claim information:

- CPT code 88120 or 88121 as appropriate
- Enter the name of the assay in comment/narrative field, Loop 2300, or 2400, NTE, 02 (for paper claims, submit 'DCR' on an attachment to the claim form)
- Submit evidence to support the analytical and clinical validity of the assay (See reference site listed below)
- Effective for dates of service on or after September 1, 2011, Palmetto GBA will reject claims submitted without the appropriate documentation

NOTE: Physicians may NOT submit claims for a CPT code 88120 and 88121 professional component when the interpretive information is provided by a lab technician or scientist. Per Chapter 10 in the NCCI Policy Manual for Medicare Services, Version 16.3, the physician work component requires a physician to read, quantitate and interpret the tissues/cells stained with the probe(s). Physicians who knowingly report an interpretation based on the documented results of another professional may be subject to additional corrective action including RAC or fraud referrals.

Reference Site for analytical and clinical validity:
http://www.palmettogba.com/palmetto/providers.nsf/DocsCat/Providers~Jurisdiction%201%20Part%20B~Articles~Lab~88WHVW2123?open&navmenu=%7C%7C