Local Coverage Article:
Billing and Coding: Lab: Special Histochemical Stains and Immunohistochemical Stains (A57611)

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## Contractor Information

<table>
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<tr>
<th>CONTRACTOR NAME</th>
<th>CONTRACT TYPE</th>
<th>CONTRACT NUMBER</th>
<th>JURISDICTION</th>
<th>STATE(S)</th>
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<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01111 - MAC A</td>
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<td>California - Entire State</td>
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Article Information

General Information

Article ID
A57611

Article Title
Billing and Coding: Lab: Special Histochemical Stains and Immunohistochemical Stains

Article Type
Billing and Coding

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**CMS National Coverage Policy**

N/A

**Article Guidance**

**Article Text:**

The following coding and billing guidance is to be used with its associated Local coverage determination.

To report special histochemical stains and/or immunohistochemical stains services, please submit the following claim information:

- Select the appropriate CPT® code
- Enter 1 unit of service (UOS)

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**Coding Information**

**CPT/HCPCS Codes**

**Group 1 Paragraph:**

N/A

**Group 1 Codes:**

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<th>DESCRIPTION</th>
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<tr>
<td>88312</td>
<td>SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROUP I FOR MICROORGANISMS (EG, ACID FAST, METHENAMINE SILVER)</td>
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<tr>
<td>88313</td>
<td>SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROUP II, ALL OTHER (EG, IRON, TRICHROME), EXCEPT STAIN FOR MICROORGANISMS, STAINS FOR ENZYME CONSTITUENTS, OR IMMUNOCYTOCHEMISTRY AND IMMUNOHISTOCHEMISTRY</td>
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<td>88341</td>
<td>IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIMEN; EACH ADDITIONAL SINGLE ANTIBODY STAIN PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
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<td>ANTIBODY STAIN PROCEDURE</td>
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<td>SPECIMEN, EACH SINGLE ANTIBODY STAIN PROCEDURE; USING COMPUTER-ASSISTED</td>
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<td>TECHNOLOGY</td>
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**CPT/HCPCS Modifiers**

N/A

**ICD-10 Codes that Support Medical Necessity**

N/A

**ICD-10 Codes that DO NOT Support Medical Necessity**

N/A

**Additional ICD-10 Information**

N/A

**Bill Type Codes:**

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

**Revenue Codes:**

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services
reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

Other Coding Information
N/A

Revision History Information
N/A

Associated Documents

Related Local Coverage Document(s)
LCD(s)
L36351 - Lab: Special Histochemical Stains and Immunohistochemical Stains

Related National Coverage Document(s)
N/A

Statutory Requirements URL(s)
N/A

Rules and Regulations URL(s)
N/A

CMS Manual Explanations URL(s)
N/A

Other URL(s)
N/A

Public Version(s)
Updated on 10/30/2019 with effective dates 12/01/2019 - N/A

Keywords
N/A