

Local Coverage Article: Billing and Coding: MolDX: Immunohistochemistry (IHC) Indications for Breast Pathology (A57523)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	01111 - MAC A	J - E	California - Entire State
Noridian Healthcare Solutions, LLC	A and B MAC	01112 - MAC B	J - E	California - Northern
Noridian Healthcare Solutions, LLC	A and B MAC	01182 - MAC B	J - E	California - Southern
Noridian Healthcare Solutions, LLC	A and B MAC	01211 - MAC A	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01212 - MAC B	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01311 - MAC A	J - E	Nevada
Noridian Healthcare Solutions, LLC	A and B MAC	01312 - MAC B	J - E	Nevada
Noridian Healthcare Solutions, LLC	A and B MAC	01911 - MAC A	J - E	American Samoa California - Entire State Guam Hawaii Nevada Northern Mariana Islands

Article Information

General Information

Article ID

A57523

Original Effective Date

12/01/2019

Article Title

Billing and Coding: MoIDX: Immunohistochemistry (IHC)
Indications for Breast Pathology

Revision Effective Date

N/A

Article Type

Billing and Coding

Revision Ending Date

N/A

AMA CPT / ADA CDT / AHA NUBC Copyright Statement

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Retirement Date

N/A

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CMS National Coverage Policy

Title XVIII of the Social Security Act, §1833(e), prohibits Medicare payment for any claim lacking the necessary documentation to process the claim.

Article Guidance

Article Text:

Based on recommendations from the College of American Pathologists, the American Society of Clinical Oncologists (ASCO), and the National Comprehensive Cancer Network (NCCN), hormone receptor assays, estrogen receptor (ER), progesterone receptor (PR), and Her-2/neu are the only current biomarkers that demonstrate standardized value in breast cancer pathology evaluation. Although other biomarkers, such as Ki-67, PI3K, and gene expression assays, have been studied, no proven standardized value has been established. Therefore, MoIDX will allow ER, PR, and Her2 testing by IHC for patients with primary invasive breast cancers and recurrent or metastatic cancers.

To report an IHC service for an ER, PR, Her2, submit the following claim information:

CPT Code	Specimen	UOS
88342	First single/multiplex stain	1
88341	Each additional	2

To report morphometric analysis, **select one** of the following codes based on the type of morphometric analysis:

CPT Code	Service Type	UOS
88360	Manual	3
88361	Computer-assisted	3

Effective 01/01/2014 thru 06/11/2015, CPT code 88342 and 88343 were not active for Medicare submission. Effective 6/12/2015, 88342 was reactivated by CMS for Medicare submission. CPT 88343 was deleted 01/01/2015. HCPCS codes G0461 and G0462 were deleted 1/1/2015.

Note: a unit of service applies to a single separately identifiable specimen.

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes:

CODE	DESCRIPTION
88341	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIMEN; EACH ADDITIONAL SINGLE ANTIBODY STAIN PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

CODE	DESCRIPTION
88342	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIMEN; INITIAL SINGLE ANTIBODY STAIN PROCEDURE
88360	MORPHOMETRIC ANALYSIS, TUMOR IMMUNOHISTOCHEMISTRY (EG, HER-2/NEU, ESTROGEN RECEPTOR/PROGESTERONE RECEPTOR), QUANTITATIVE OR SEMIQUANTITATIVE, PER SPECIMEN, EACH SINGLE ANTIBODY STAIN PROCEDURE; MANUAL
88361	MORPHOMETRIC ANALYSIS, TUMOR IMMUNOHISTOCHEMISTRY (EG, HER-2/NEU, ESTROGEN RECEPTOR/PROGESTERONE RECEPTOR), QUANTITATIVE OR SEMIQUANTITATIVE, PER SPECIMEN, EACH SINGLE ANTIBODY STAIN PROCEDURE; USING COMPUTER-ASSISTED TECHNOLOGY

CPT/HCPCS Modifiers

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

Group 1 Medical Necessity ICD-10 Codes Asterisk Explanation:

N/A

ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes:

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.

N/A

Other Coding Information

Group 1 Paragraph:

N/A

Group 1 Codes:

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 12/04/2019 with effective dates 12/01/2019 - N/A

Keywords

N/A