

Local Coverage Article: Special Stains and Immunohistochemistry (IHC) Indications for Gastric Pathology (A55802)

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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 American Samoa
Noridian Healthcare Solutions, LLC	A and B MAC	01211 - MAC A	J - E	Guam Hawaii Northern Mariana Islands American Samoa
Noridian Healthcare Solutions, LLC	A and B MAC	01212 - MAC B	J - E	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 American Samoa California - Entire State
Noridian Healthcare Solutions, LLC	A and B MAC	01911 - MAC A	J - E	Guam Hawaii Nevada Northern Mariana Islands

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Article Information

General Information

Original Article Effective Date

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Revision Effective Date

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Revision Ending Date
N/A

Retirement Date
N/A

Article ID

A55802

Article Title

Special Stains and Immunohistochemistry (IHC) Indications for Gastric Pathology

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Article Guidance

Article Text:

Only the pathologist may determine the medical necessity of a special stain. The vast majority of conditions of the stomach on biopsy can be diagnosed by the use of the routine hematoxylin and eosin (H&E) stain alone. There is potential for either over-utilization or under-utilization of these ancillary special stains. In most cases it is NOT reasonable or necessary to perform "special stains" such as alcian blue (AB) - periodic acid schiff (PAS) to determine if clinically meaningful intestinal metaplasia is present. In addition it is not usually reasonable or necessary to perform special stains or immunostains (IHC) to determine the presence of H. pylori.

Ordering special stains or immunostains prior to review of the H&E stain is not reasonable and necessary. If stains in addition to the H&E stain are needed, specific documentation to justify the need for the special stain is required in the pathology report. Although uncommon, cases that may require "special stains" or an IHC include but are not limited to the following:

- Detection of H. pylori in an appropriate milieu when organisms are not seen on H&E stained slides (Batts K, et al reference)
- Evaluating an atrophic gastritis for evidence of autoimmune etiology
- Characterizing a carcinoma, lymphoma, or sarcoma
- Defining a GIST tumor

Scientific data demonstrates that the combined number of gastric biopsies requiring special stains is equal to or

less than 20% of biopsies received and examined in a practice, laboratory, or hospital. The MoIDX Contractor agrees with the published data. To check utilization, Noridian encourages providers to perform a self-audit on the number of separate gastric biopsies (reported with CPT code 88305) as compared to ancillary stains (reported with CPT codes 88312, 88313, and 88342). The ancillary stain code group should be less than 20% of the total gastric biopsies (88305 codes) submitted. Providers that exceed the 20% criteria may be subject to additional action.

References

Wright CL, Kelly JK. The use of routine special stains for upper gastrointestinal biopsies. *Am J Surg Pathol* 2006 30:357-61.

Hartman DJ, Owens SR. Are routine ancillary stains required to diagnose *Helicobacter* infection in gastric biopsy specimens? *Am J Clin Path* 2012 137:255-60.

Smith SB, et al. *Helicobacter pylori*. To stain or not to stain? *Am J Clin Path* 2012 137:733-738.

Batts K, et al. Appropriate use of special stains for identifying *Helicobacter pylori*: recommendations from the Rodger C. Haggitt Gastrointestinal Pathology Society. *Am J Surg Pathol* 2013 37(11):e12-22.

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Coding Information

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 article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article 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 article, 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 article should be assumed to apply equally to all Revenue Codes.

N/A

CPT/HCPCS Codes

Group 1 Paragraph: N/A

Group 1 Codes:

**Group 1
CPT/HCPCS
Code**

Group 1 CPT/HCPCS Code Description

88305	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION ABORTION - SPONTANEOUS/MISSED ARTERY, BIOPSY BONE MARROW, BIOPSY BONE EXOSTOSIS BRAIN/MENINGES, OTHER THAN FOR TUMOR RESECTION BREAST, BIOPSY, NOT REQUIRING MICROSCOPIC EVALUATION OF SURGICAL MARGINS BREAST, REDUCTION MAMMOPLASTY BRONCHUS, BIOPSY CELL BLOCK, ANY SOURCE CERVIX, BIOPSY COLON, BIOPSY DUODENUM, BIOPSY ENDOCERVIX, CURETTINGS/BIOPSY ENDOMETRIUM, CURETTINGS/BIOPSY ESOPHAGUS, BIOPSY EXTREMITY, AMPUTATION, TRAUMATIC FALLOPIAN TUBE, BIOPSY FALLOPIAN TUBE, ECTOPIC PREGNANCY FEMORAL HEAD, FRACTURE FINGERS/TOES, AMPUTATION, NON-TRAUMATIC GINGIVA/ORAL MUCOSA, BIOPSY HEART VALVE JOINT, RESECTION KIDNEY, BIOPSY LARYNX, BIOPSY LEIOMYOMA(S), UTERINE MYOMECTOMY - WITHOUT UTERUS LIP, BIOPSY/WEDGE RESECTION LUNG, TRANSBRONCHIAL BIOPSY LYMPH NODE, BIOPSY MUSCLE, BIOPSY NASAL MUCOSA, BIOPSY NASOPHARYNX/OROPHARYNX, BIOPSY NERVE, BIOPSY ODONTOGENIC/DENTAL CYST OMENTUM, BIOPSY OVARY WITH OR WITHOUT TUBE, NON-NEOPLASTIC OVARY, BIOPSY/WEDGE RESECTION PARATHYROID GLAND PERITONEUM, BIOPSY PITUITARY TUMOR PLACENTA, OTHER THAN THIRD TRIMESTER PLEURA/PERICARDIUM - BIOPSY/TISSUE POLYP, CERVICAL/ENDOMETRIAL POLYP, COLORECTAL POLYP, STOMACH/SMALL INTESTINE PROSTATE, NEEDLE BIOPSY PROSTATE, TUR SALIVARY GLAND, BIOPSY SINUS, PARANASAL BIOPSY SKIN, OTHER THAN CYST/TAG/DEBRIDEMENT/PLASTIC REPAIR SMALL INTESTINE, BIOPSY SOFT TISSUE, OTHER THAN TUMOR/MASS/LIPOMA/DEBRIDEMENT SPLEEN STOMACH, BIOPSY SYNOVIUM TESTIS, OTHER THAN TUMOR/BIOPSY/CASTRATION THYROGLOSSAL DUCT/BRACHIAL CLEFT CYST TONGUE, BIOPSY TONSIL, BIOPSY TRACHEA, BIOPSY URETER, BIOPSY URETHRA, BIOPSY URINARY BLADDER, BIOPSY UTERUS, WITH OR WITHOUT TUBES AND OVARIES, FOR PROLAPSE VAGINA, BIOPSY VULVA/LABIA, BIOPSY
88312	SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROUP I FOR MICROORGANISMS (EG, ACID FAST, METHENAMINE SILVER)
88313	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
88342	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIMEN; INITIAL SINGLE ANTIBODY STAIN PROCEDURE

ICD-10 Codes that are Covered N/A

ICD-10 Codes that are Not Covered N/A

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[Revision History Information](#)

N/A [Back to Top](#) **Related Local Coverage Document(s)** N/A

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 11/09/2017 with effective dates 01/01/2018 - N/A [Back to Top](#)

Keywords

- Histochemical
- Immunohistochemical
- MoIDX
- 88305
- 88312
- 88313
- 88342

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