

**CAUTION: Read the [ICD-9 Policy Holding Library](#) page about policy in this document.**

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## Pathology: Surgical

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This section contains information to assist providers in billing for pathology procedures related to surgical services.

### Reimbursable Codes

CPT-4 codes 88300 – 88309, 88360, 88361, 88367, 88368, 88387 and 88388 are reimbursable for the examination and evaluation of surgically removed tissue specimen(s). These procedures range in difficulty from a gross examination to a high-level examination that includes a microscopic evaluation.

**Note:** Refer to reimbursement restrictions regarding billing specimens on a following page for exceptions to this policy.

### Billing Guidelines

Surgical examinations and evaluations should be billed according to the following guidelines:

- Use 88300 (gross examination) for any specimen that, in the opinion of the examining pathologist, can be accurately diagnosed without a microscopic examination.
- Use 88302 when gross and microscopic examination is performed on a specimen to confirm identification or the absence of disease.
- Use 88304 – 88309 for all other gross and microscopic examinations of specimens, representing additional ascending levels of physician work.

For further information, refer to the current CPT-4 book.

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Specimens From  
Different Sites:  
Separately Reimbursable

Two or more surgical pathology specimen examinations (88300 – 88309) from different sites billed by the same provider, for the same recipient and date of service are separately reimbursable only when billed “By Report.” Documentation must identify each specimen (for example, skin lesions, endoscopic biopsies) and include the diagnosis for each specimen. The examinations must be billed on separate claim lines on the same claim form, and the *Service Units/Days or Units* field must be “1” for each claim line.

Specimens From  
Same Site: Not  
Separately Reimbursable

CPT-4 code 88300 is not separately reimbursable when billed with codes 88302 – 88309 by the same provider, for the same recipient and date of service, for the same anatomical site or location. If 88300 has been previously paid, reimbursement for 88302 – 88309 will be reduced.

Codes 88302 – 88309 are not separately reimbursable if 88309 has been previously paid to the same provider, for the same recipient and date of service, for the same anatomical site or location. If 88302 – 88309 has been previously paid, reimbursement for 88309 will be reduced.

Morphometric  
immunohistochemistry  
Analysis Codes

CPT-4 codes 88360 (morphometric analysis, tumor [eg, Her-2/neu, estrogen receptor/progesterone receptor], quantitative or semi-quantitative, each antibody; manual) and 88361 (using computer-assisted technology) cannot be billed with code 88342 (immunochemistry or immunocytochemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; first separately identifiable antibody per slide) unless each procedure is for a different antibody for the same recipient, same provider and date of service. Providers must document the different antibody in the *Remarks* area/*Additional Claim Information* field (Box 19) of the claim or on an attachment.

Billing Specimens  
Examined By Another  
Provider: Surgical Services  
Not Separately Reimbursable

Surgeons will not be separately reimbursed for examining tissue specimens they obtain during surgery (CPT-4 surgical procedure codes 10000 – 69999) when such tissue(s) is subsequently submitted to another provider for individual examination and pathologic diagnosis (CPT-4 codes 88300 – 88309). Surgical pathology services rendered to the same recipient, for the same service, are payable to only one provider. Therefore, claims for codes 88300 – 88309 will be denied if such services have previously been paid to any provider for the same procedure and the same recipient.

Billing Specimens:  
Miscellaneous  
Reimbursement  
Restrictions

Surgeons may be reimbursed for the surgical pathology if they perform the surgical pathology service and do not send the specimen to another provider who performs the examination and pathologic diagnosis. However, examination of tissue specimens in the operating room by the operating surgeon – a service that is not separately identifiable and for which no procedure code exists – is considered part of the surgical procedure.

**Reminder:** Tissue examination is an integral part of micrographic surgery. Therefore, claims for codes 88302 – 88309 will be denied if codes 17311 – 17315 (Mohs' micrographic surgery) have previously been paid to any provider for the same recipient, for the same date of service. Conversely, reimbursement for codes 17311 – 17315 will be cut back if codes 88302 – 88309 have previously been paid to any provider for the same procedure, for the same recipient and date of service.

Separate reimbursement will be allowed for codes 88302 – 88309 if documentation is provided that the pathology claims are for different specimens.

Code 88314 (histochemical staining) is not reimbursable with codes 17311 – 17315 for a routine frozen section stain. Code 88314 is reimbursable when billed with CPT-4 codes 17311 – 17315 for a non-routine frozen section stain when billed with modifier 59.

Code 88387 (macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies [eg, nucleic acid-based molecular studies]; each tissue preparation [eg, a single lymph node]) may not be billed in conjunction with codes 88388 or 88329 – 88334.

Code 88388 (macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies [eg, nucleic acid-based molecular studies]; in conjunction with a touch imprint, intraoperative consultation, or frozen section, each tissue preparation [eg, a single lymph node] [List separately in addition to code for primary procedure]) is used in conjunction with codes 88329 – 88334. This code cannot be billed in conjunction with 88387.

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Diagnosis Codes  
Required

Reimbursement for surgical pathology codes 88300 – 88309 (gross and microscopic examinations of tissue specimens) requires a primary diagnosis code for all specimens. Surgical pathology claims billed without a diagnosis code will be denied.

Examination of abortion specimen by the provider performing the abortion procedure is included in the reimbursement for the abortion procedure.

Surgical pathology codes are not reimbursable when billed with the following ICD-9-CM diagnosis codes:

635.00 – 637.92, V61.7 or V72.60.

**Prostate Biopsy**

HCPCS codes G0416 – G0419 (surgical pathology, gross and microscopic examinations, for prostate needle biopsy, any method) are Medi-Cal benefits and may not be billed with each other or CPT-4 codes 88300 – 88309. Codes G0416 – G0419 are split-billable. When billing for both the professional and technical service components of a split-billable procedure, a modifier is neither required nor allowed. When billing for only the professional component, use modifier 26. When billing for only the technical component, use modifier TC. Modifier 99 is allowed.

**Immunohistochemistry**

HCPCS code G0461 (immunohistochemistry or immunocytochemistry, per specimen; first single or multiplex antibody stain) and G0462 (each additional single or multiplex antibody stain) are split-billable. When billing for both the professional and technical service components of a split-billable procedure, a modifier is neither required nor allowed. When billing for only the professional component, use modifier 26. When billing for only the technical component, use modifier TC. Modifier 99 is allowed.

HCPCS codes G0461 and G0462, and CPT-4 code 88343 (immunohistochemistry, each additional separately identifiable antibody per slide) are not reimbursable when billed with the following ICD-9-CM diagnosis codes:

V70.0, V70.5 – V70.9, V72.0, V72.1 or V72.9

Do not report code HCPCS code G0461 with CPT-4 code 88342 or HCPCS code G0462 with code CPT-4 code 88343.