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Clarification on Coding for IHC & Prostate Specimens Effective January 1, 2014

The 2014 CPT book includes a revision to 88342 and addition of code 88343. Their descriptions are as follows:

- **88342** - Immunohistochemistry or immunocytochemistry, each separately identifiable antibody **per block**, cytologic preparation, or hematologic smear; first separately identifiable antibody per slide

(Do not report 88342 in conjunction with 88360 or 88361 for the same antibody)

(For quantitative or semiquantitative immunohistochemistry, see 88360, 88361)

- **88343**...each additional separately identifiable antibody **per slide** (List separately in addition to code for primary procedure)

(Use 88343 in conjunction with 88342)

(When multiple antibodies are applied to the same slide, use one unit of 88342 for the first separately identifiable antibody and one unit of 88343 for each additional separately identifiable antibody)

Immunohistochemistry code 88342 has been revised to more clearly define the unit of service. Currently, 88342 describe immunohistochemistry including tissue immunoperoxidase, each antibody. For 2014, the descriptor will include immunocytochemistry and describes each separately identifiable antibody per block, cytologic preparation or hematologic smear. To be considered separately identifiable antibodies, two or more antibodies must stain different color or different portion of the cell.

The unit of service will be the first separately identifiable antibody per slide. The new add-on code 88343 is to identify each additional separately identifiable antibody per slide. When more than one antibody is applied to the same slide simultaneously, one unit of 88342 should be reported and one of 88343 for each additional antibody. This will apply mainly for IHC cocktails, dual and triple stains. Or in other words, if you are looking at a slide one time to get two or more IHC results, this would be a case in which 88343 would be reported. Obviously, it will be very important to document the block and slide for assigning the appropriate codes.

CMS' Position on IHC

As stated in the previous article, CMS disagreed with the AMA's descriptors of 88342 and 88343 in their PFS Final Rule and created two new "G" codes. For a Medicare, Medicaid or Tricare beneficiary, the focus will not be per block but will be per antibody, per specimen. These new codes are:

- **G0461** (Immunohistochemistry or immunocytochemistry, per specimen; first single or multiplex antibody stain) and



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- **G0462** (Immunohistochemistry or immunocytochemistry, per specimen; each additional single or multiplex antibody stain (List separately in addition to code for primary procedure)

Example 1

Two Specimens

Per CPT S100 on block A1 and B1=88342x2
Medicare S100 on block A1 and B1=G0461x2

Example 2

One Specimen

Per CPT Cytokeratin on block A1 and A2=88342x2
Medicare Cytokeratin on block A1 and A2=G0461

Example 3

Per CPT Cytokeratin on slide 1 and 2 from block A1=88342x1
(Same antibody)
Medicare Cytokeratin on slide 1 and 2 from block A1=G0461

Example 4

Per CPT ER (slide 1) and PR (slide 2) from block A1=88342x2
(Two different antibodies on two different slides)
Medicare ER (slide 1) and PR (slide 2) from block A1=G0461 and G0462

Example 5

One specimen

Per CPT CD20 (slide 1), CD45 (slide 2), CD15 (slide3) from block A1=88342x3
CD20 (slide 1), CD30 (slide 2), PAX-5 (slide 3) from block A2=88342x3
Medicare CD20, (slide 1), CD45 (slide 2), CD15 (slide 3) from block A1=G0461 and G0462 x 2
CD20 (slide 1), CD30 (slide2), PAX-5 (slide 3) from block A2= G0462x2
(There is only one specimen so the second CD20 cannot be charged)

Example 6

Per CPT PIN4 (slide 1 from block A1) =88342 and 88343x2
(P5045, HMWCK and p63 on one slide)
Medicare PIN4 (slide 1 from block A1) =G0461

Also, as part of CMS' PFS Final Rule, CMS revalued or recalculated RVUs for codes 88342/88343 and G0461/G0462. CMS ruled the 88342/88343 codes and matching "G" codes should share like RVU values. CMS did, however, lower the work and practice expense RVU's for the 88342/G0461 and allowed for an even lower work RVU for add on code 88343/G0462.



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APS would like to instruct all clients to have CPT 88343 added to their Anatomic Laboratory Systems and please code IHC stains per CPT guidelines. Based on the financial class, APS will edit claims and submit the appropriate "G" code to government payers. Should you have any further questions please feel free to contact your Account Manager.

RE: Update on Prostate Needle Biopsy Coding

Effective January 1, 2014, per CMS (Medicare) all prostate needle biopsies, **any method** will be reported with the appropriate HCPCS code. They are:

G0416-Surgical pathology, gross and microscopic examination for prostate needle biopsies, any method: 10 to 20 specimens

G0417- Surgical pathology, gross and microscopic examination for prostate needle biopsies, any method: 21 to 40 specimens

G0418- Surgical pathology, gross and microscopic examination for prostate needle biopsies, any method: 41 to 60 specimens

G0419- Surgical pathology, gross and microscopic examination for prostate needle biopsies, any method: greater than 60 specimens

Per CMS, the descriptor was changed to say "any method" and is no longer tied to the surgical approach. So now it will be the count of individual biopsies that will tell you how to code your case. If you have 12 vials, you will report G0416. Please note that for nine or less you will continue to report 88305 per the number of separately identified biopsies. This will apply for CMS patients nationwide.

As this is only a guideline for Medicare, Medicaid and Tricare patients, continue to report 88305 for the appropriate number of separately identified specimens. APS Medical Billing is prepared to accommodate this change through a system program to convert 88305 to the appropriate "G" code if the patient is a Medicare, Medicaid or Tricare beneficiary.

Should you have any further questions please feel free to contact your Account Manager.