healthfirst
Health Insurance for New Yorkers

Reimbursement Policy

Subject:	Surgical Pathology		
Policy Number:	PO-RE-100v1		
Effective Date:	05/01/2024	**Last Approval Date:**	03/18/2024

I. Policy Description

Healthfirst has established a policy regarding the number of units payable for surgical pathology services. This policy ensures appropriate reimbursement and encourages the provision of medically necessary surgical pathology services. This policy outlines the maximum number of units that Healthfirst will reimburse for surgical pathology procedures.

The information below applies to the following lines of business.

- Child Health Plus
- Small/Individual Group (Commercial Plan)
- Essential Plan
- Medicaid Managed Care
- Medicare PPO
- Integrated Benefits Dual Connection Plan
- Health & Recovery Plan (HARP)
- Medicare Advantage
- Medicaid Advantage Plus/MAP (Complete Care)
- Qualified Health Plan (QHP)
- Managed Long Term Care Partial Capitation Plan (MLTCP)
- Senior Health Plan (SHP)- Coverage based on benefit plan.

Policy Scope

Healthfirst will not reimburse more than four (4) units of surgical pathology with the exception of eight (8) units for gastrointestinal (GI) related diagnoses and sixteen (16) units for prostate related diagnoses.

Rationale

CPT 88305 is used to report a gross and microscopic pathology/tissue exam. Reporting this code with more than four units, though not always inappropriate, may require validation of clinical documentation. Each specimen, defined as tissue(s) that is (are) submitted for individual and separate attention, requiring individual examination and pathologic diagnosis, is considered one unit for billing purposes.

Adjudication and Appeal Process

1. If Healthfirst receives a claim that is billed with more than four units for surgical pathology services (excluding certain GI and prostate diagnoses), Healthfirst reserves the right to deny or reject the claim. In such cases, Healthfirst will require the submission of clinical documentation that supports the clinical criteria for the additional units.

2. Claim resubmissions and appeals will be subject to Healthfirst timely filing requirements, as set forth in the provider contract with Healthfirst and in the **Healthfirst Provider Manual.** ***Refer to: Healthfirst Provider Manual Subsection 17.6, "Claims Inquiries, Corrected Claims, Claim Reconsideration, and Appeal Process" in this section.***

II. Applicable Codes

Code	Description	Comment
88305	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	

III. Definitions

Term	Meaning

IV. Related Policies

Policy Number	Policy Description
N/A	N/A

Procedure codes appearing in Reimbursement Policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

V. Reference Materials

VI. Revision History

Revision Date	Summary of Changes
2/20/2024	• Changes have been implemented to include gastrointestinal (GI) related diagnoses and prostate related diagnoses: ○ Expanded the number of units to eight (8) units for gastrointestinal (GI) related diagnoses. ○ Expanded the number of units to sixteen (16) units for prostate related diagnoses.

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Disclaimer

Healthfirst's claim edits follow national industry standards aligned with CMS standards that include, but are not limited to, the National Correct Coding Initiative (NCCI), the National and Local Coverage Determination (NCD/LCD) policies, appropriate modifier usage, global surgery and multiple procedure reduction rules, medically unlikely edits, duplicates, etc. In addition, Healthfirst's coding edits incorporate industry-accepted AMA and CMS CPT, HCPCS and ICD-10 coding principles, National Uniform Billing Editor's revenue coding guidelines, CPT Assistant guidelines, New York State-specific coding, billing, and payment policies, as well as national physician specialty academy guidelines (coding and clinical). Failure to follow proper coding, billing, and/or reimbursement policy guidelines could result in the denial and/or recoupment of the claim payment.

This policy is intended to serve as a resource for providers to use in understanding reimbursement guidelines for professional and institutional claims. This information is accurate and current as of the date of publication. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for services outlined. Reimbursement decisions are based on the terms of the applicable evidence of coverage, state and federal requirements or mandates, and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.