

# Local Coverage Article: Billing and Coding: MoIDX: Immunohistochemistry (IHC) Indications for Breast Pathology (A53704)

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## Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Palmetto GBA	A and B MAC	10111 - MAC A	J - J	Alabama
Palmetto GBA	A and B MAC	10112 - MAC B	J - J	Alabama
Palmetto GBA	A and B MAC	10211 - MAC A	J - J	Georgia
Palmetto GBA	A and B MAC	10212 - MAC B	J - J	Georgia
Palmetto GBA	A and B MAC	10311 - MAC A	J - J	Tennessee
Palmetto GBA	A and B MAC	10312 - MAC B	J - J	Tennessee
Palmetto GBA	A and B and HHH MAC	11201 - MAC A	J - M	South Carolina
Palmetto GBA	A and B and HHH MAC	11202 - MAC B	J - M	South Carolina
Palmetto GBA	A and B and HHH MAC	11301 - MAC A	J - M	Virginia
Palmetto GBA	A and B and HHH MAC	11302 - MAC B	J - M	Virginia
Palmetto GBA	A and B and HHH MAC	11401 - MAC A	J - M	West Virginia
Palmetto GBA	A and B and HHH MAC	11402 - MAC B	J - M	West Virginia
Palmetto GBA	A and B and HHH MAC	11501 - MAC A	J - M	North Carolina
Palmetto GBA	A and B and HHH MAC	11502 - MAC B	J - M	North Carolina

## Article Information

### General Information

**Article ID**

A53704

**Original Effective Date**

10/01/2015

**Article Title**Billing and Coding: MoIDX: Immunohistochemistry (IHC)  
Indications for Breast Pathology**Revision Effective Date**

10/31/2019

**Article Type**

Billing and Coding

**Revision Ending Date**

N/A

**AMA CPT / ADA CDT / AHA NUBC Copyright  
Statement****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)
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;

CODE	DESCRIPTION
	USING COMPUTER-ASSISTED TECHNOLOGY

**CPT/HCPCS Modifiers**

N/A

**ICD-10 Codes that Support Medical Necessity**

N/A

**ICD-10 Codes that DO NOT Support Medical Necessity**

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**

N/A

## Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
10/31/2019	R8	This article is being revised in order to adhere to CMS requirements per chapter 13, section 13.5.1 of the Program Integrity Manual. Under <b>Article Title</b> changed the title from "MoIDX: Immunohistochemistry (IHC) Indications for Breast Pathology" to "Billing and Coding: MoIDX: Immunohistochemistry (IHC) Indications for Breast Pathology". Title XVIII of the Social Security Act, §1833(e) was removed from the <b>CMS National Coverage Policy</b> section of the related Lab: Special Histochemical Stains and Immunohistochemical Stains L35922 LCD and placed in this article. Under <b>CPT/HCPCS Codes Group 1: Codes</b> added codes 88341, 88342, 88360 and 88361. CPT <sup>®</sup> was inserted throughout the article where applicable.
02/26/2018	R7	The Jurisdiction "J" Part B Contracts for Alabama (10112), Georgia (10212) and Tennessee (10312) are now being serviced by Palmetto GBA. The notice period for this article begins on 12/14/17 and ends on 02/25/18. Effective 02/26/18, these three contract numbers are being added to this article. No coverage, coding or other substantive changes (beyond the addition of the 3 Part B contract numbers) have been completed in this revision.
01/29/2018	R6	The Jurisdiction "J" Part A Contracts for Alabama (10111), Georgia (10211) and Tennessee (10311) are now being serviced by Palmetto GBA. The notice period for this article begins on 12/14/17 and ends on 01/28/18. Effective 01/29/18, these three contract numbers are being added to this article. No coverage, coding or other substantive changes (beyond the addition of the 3 Part A contract numbers) have been completed in this revision.
09/21/2017	R5	Added Part A contractor numbers.
06/22/2017	R4	Annual Validation completed. No changes noted.
07/14/2016	R3	Replaced CPT codes G0461 and G0462 with 88342 and 88341.
10/01/2015	R2	Annual Validation completed. Updated effective date for CPT code 88342. Effective 6/12/2015, 88342 was reactivated by CMS for Medicare submission. CPT 88343 was deleted 01/01/2015.
10/01/2015	R1	Completed Annual Validation

## Associated Documents

### Related Local Coverage Document(s)

LCD(s)

L35922 - 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 10/21/2019 with effective dates 10/31/2019 - N/A

Updated on 12/14/2017 with effective dates 02/26/2018 - N/A

Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

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# Keywords

N/A