

Medical Coverage Policy



**Blue Cross
Blue Shield**
of Rhode Island

Clinical Pathology

Device/Equipment Drug Medical Surgery Test Other

Effective Date:	11/1/2005	Policy Last Updated:	2/21/2012
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Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

Description:

Surgical Pathology:

A specimen is defined as tissue(s) submitted for individual and separate attention, requiring individual examination and pathologic diagnosis. Two or more such specimens from the same patient (e.g., separately identified endoscopic biopsies, skin lesions, etc.) are each appropriately assigned an individual code reflective of the proper level of service.

Consultation: A clinical pathology consultation is a service that includes a written report, and is rendered by the pathologist in response to a request from an attending physician in relation to a test result(s) requiring additional medical interpretive judgment.

Reporting of a test result(s) without medical interpretive judgment is not considered a clinical pathology consultation.

Medical Criteria:

Not applicable.

Policy:

Clinical Pathology, Surgical Pathology services are covered.

Coverage:

Please refer to the appropriate Member Certificate, Subscriber Agreement, or Benefits Booklet for applicable coverage/benefits.

Coding and Reimbursement:

The following codes are covered:

80500
80502
88300
88302
88304
88305
88307
88309
88321
88323
88325

The following codes are covered for institution use only:

88329

88331

88332

Also known as:

Not applicable

Related topics:

Not applicable

Published:

Policy Update, September 2004

Provider Update, May 2012

References:

Centers for Medicare and Medicaid Services : <http://www.cms.gov/CLIA/>

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.