



EFFECTIVE DATE: 11/01/2005
POLICY LAST UPDATED: 02/21/2012

OVERVIEW

This payment policy documents the coverage for Clinical and Surgical Pathology services.

PRIOR AUTHORIZATION

Prior authorization is not required.

POLICY STATEMENT

BlueCHiP for Medicare and Commercial

Clinical Pathology, Surgical Pathology services are covered.

MEDICAL CRITERIA

None

BACKGROUND

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.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement for applicable laboratory coverage/benefits.

CODING

Blue CHiP for Medicare and Commercial

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
-------	-------	-------

RELATED POLICIES

None

PUBLISHED

Provider Update May 2012

REFERENCES

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

CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS

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. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

