

GENERAL

ISSUE DATE:

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I. CPT¹ PROCEDURE CODES

80048 - 87620, 87650 - 87999, 88104 - 89264, 89330 - 89399

II. DESCRIPTION

A. Pathology is the medical science and specialty practice that deals with all aspects of disease, but with special reference to the essential nature, the causes, and development of abnormal conditions, as well as the structural and functional changes that result from disease processes.

B. The surgical pathology services include accession, examination, and reporting for a specimen which is defined as tissue that is submitted for individual and separate attention, requiring individual examination and pathologic diagnosis. These codes require gross and microscopic examination.

III. POLICY

A. Pathology and laboratory services are covered except as indicated.

B. Surgical pathology procedures, billed by a pathologist, are covered services.

C. If the operating surgeon bills for surgical pathology procedures, they will be denied as incidental, since the definitive (microscopic) examination will be performed later, after fixation of the specimen, by the pathologist who will bill separately.

D. Dermatologists are qualified to perform surgical pathology services. Therefore, if a dermatologist bills for both the surgical procedure (e.g. CPT¹ procedure code 11100, skin biopsy) as well as the surgical pathology, both procedures are covered in full.

E. For Transfusion Services refer to [Chapter 6, Section 2.1](#).

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IV. EXCLUSIONS

- A. Autopsy and postmortem (CPT¹ procedure codes 88000-88099).
- B. Sperm penetration assay (hamster oocyte penetration test or the zona-free hamster egg test) is unproven (CPT² procedure code 89329).
- C. In-vitro chemoresistance and chemosensitivity assays (stem cell assay, differential staining cytotoxicity assay and thymidine incorporation assay) are unproven.
- D. Hair analysis to identify mineral deficiencies from the chemical composition of hair is unproven. Hair analysis testing (CPT² procedure code 96902) may be reimbursed when necessary to determine lead poisoning.
- E. Human papillomavirus testing (CPT² procedure code 87620 - 87622) in the management of cervical neoplasia is unproven.
- F. Insemination of oocytes (CPT² procedure code 89268).
- G. Extended culture of oocyte(s) embryo(s) 4-7 days (CPT² procedure code 89272).
- H. Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes (CPT² procedure code 89280).
- I. Assisted oocyte fertilization, microtechnique; greater than 10 oocytes (CPT² procedure code 89281).
- J. Biopsy oocyte polar body or embryo blastomere (CPT² procedure code 89290).
- K. Biopsy oocyte polar body or embryo blastomere; greater than 4 embryos (CPT² procedure code 89291).
- L. Cryopreservation reproductive tissue, testicular (CPT² procedure code 89335).
- M. Storage (per year) embryo(s) (CPT² procedure code 89342).
- N. Storage (per year) sperm/semen (CPT² procedure code 89343).
- O. Storage (per year) reproductive tissue, testicular/ovarian (CPT² procedure code 89344).
- P. Storage (per year) oocyte (CPT² procedure code 89346).
- Q. Thawing of cryopreserved, embryo(s) (CPT² procedure code 89352).
- R. Thawing of cryopreserved, sperm/semen, each aliquot (CPT² procedure code 89353).

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TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 6, SECTION 1.1

GENERAL

S. Thawing of cryopreserved, reproductive tissue, testicular/ovarian (CPT³ procedure code 89354).

T. Thawing of cryopreserved, oocytes, each aliquot (CPT³ procedure code 89356).

- END -

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