

NO. 91054-R3

AUTOPSY

Effective date: 12/01/2025 Last reviewed: 11/2025

Instruction for use: *This document is for informational purposes only. Coverage is subject to member’s specific benefits. Group specific policy will supersede this policy when applicable. Eligibility and benefit coverage are determined in accordance with the terms of the member’s plan in effect as of the date services are rendered. It is not an authorization, certification, explanation of benefits, or contract. Receipt of benefits is subject to satisfaction of all terms and conditions of coverage.*

Priority Health’s medical policies are developed with the assistance of medical professionals and are based upon a review of published and unpublished information including, but not limited to, current medical literature, guidelines published by public health and health research agencies, and community medical practices in the treatment and diagnosis of disease. Because medical practice, information, and technology are constantly changing, Priority Health reserves the right to review and update its medical policies at its discretion. Priority Health’s medical policies are intended to serve as a resource to the plan. They are not intended to limit the plan’s ability to interpret plan language as deemed appropriate. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment they choose to provide.

I. MEDICAL NECESSITY CRITERIA

- A. An autopsy is not medically necessary for the welfare of the patient; therefore, autopsies are not a covered benefit.

II. BACKGROUND

An autopsy is a medical exam performed on the body after death. An autopsy may be performed for reasons of clinical research, provider protection, public health, criminal investigation, or family comfort.

III. CODING

ICD-10 Codes that may support medical necessity
Not specified

CPT/HCPCS Codes
88000 Necropsy (autopsy), gross examination only; without CNS
88005 Necropsy (autopsy), gross examination only; with brain
88007 Necropsy (autopsy), gross examination only; with brain and spinal cord

88012 Necropsy (autopsy), gross examination only; infant with brain
88014 Necropsy (autopsy), gross examination only; stillborn or newborn with brain
88016 Necropsy (autopsy), gross examination only; macerated stillborn
88020 Necropsy (autopsy), gross and microscopic; without CNS
88025 Necropsy (autopsy), gross and microscopic; with brain
88027 Necropsy (autopsy), gross and microscopic; with brain and spinal cord
88028 Necropsy (autopsy), gross and microscopic; infant with brain
88029 Necropsy (autopsy), gross and microscopic; stillborn or newborn with brain
88036 Necropsy (autopsy), limited, gross and/or microscopic; regional
88037 Necropsy (autopsy), limited, gross and/or microscopic; single organ
88040 Necropsy (autopsy); forensic examination
88045 Necropsy (autopsy); coroner's call
88099 Unlisted necropsy (autopsy) procedure (Explanatory notes must accompany claim)

IV. MEDICAL NECESSITY REVIEW

Prior authorization for certain drug, devices, services and procedures may or may not be required. In cases where prior authorization is required, providers will submit a request demonstrating that a drug, service or procedure is medically necessary. For more information, refer to the [Priority Health Provider Manual](#).

V. APPLICATION TO PRODUCTS

Coverage is subject to the member's specific benefits. Group-specific policy will supersede this policy when applicable.

- **HMO/EPO:** This policy applies to insured HMO/EPO plans.
- **POS:** This policy applies to insured POS plans.
- **PPO:** This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.
- **ASO:** For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.
- **INDIVIDUAL:** For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.
- **MEDICARE:** Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.
- **MEDICAID/HEALTHY MICHIGAN PLAN:** For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the [Michigan Medicaid Fee Schedule](#). If there is a discrepancy between this policy and the [Michigan Medicaid Provider Manual](#), the Michigan Medicaid Provider Manual will govern. If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.

Past review dates: 1/93, 12/94, 10/97, 12/99, 12/01, 02/02, 01/03, 01/04, 01/05, 12/05, 12/06, 12/07, 12/08, 12/09, 12/10, 12/11, 12/12, 12/13, 11/14, 11/15, 11/16, 11/17, 11/18, 11/19, 11/20, 11/21, 11/22, 11/23, 11/24

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