Priority Health	BILLING POLICY No. 165
Special Histochemical Stains and Immunohistochemical Stains	
Date of origin: Nov 2025	**Review dates: None yet recorded**

APPLIES TO

- Commercial
- Medicare follows CMS unless otherwise specified
- Medicaid follows MDHHS unless otherwise specified

DEFINITION

Routine Hematoxylin and Eosin (H&E) staining serves as the foundation of microscopic tissue diagnosis. Thin slices of tissue are stained with H&E to clearly reveal the structural details and overall morphology.

Special stains are referred to as “special” because they use specific dyes to highlight certain tissues, structures, or microorganisms—like bacteria—that may not be visible with standard H&E staining. These stains help determine whether a particular substance is present or absent, pinpoint its location within the tissue sample, and often indicate the quantity or concentration of that substance.

Immunohistochemistry (IHC) is a highly effective method for detecting specific substances and cell types within tissue sections. It relies on the precise interaction between antigens and antibodies, with the antibody tagged to a visible dye that can be observed under a microscope. Currently, there are over 400 unique antibody targets available, each offering different levels of sensitivity and specificity. One of the primary applications of IHC is in diagnosing poorly differentiated malignant tumors, including carcinomas, lymphomas, melanomas, and sarcomas.

RELATED BILLING POLICY

Lab and Pathology No. 015

FOR MEDICARE

For indications that don’t meet criteria of NCD, local LCD or specific medical policy a Pre-Service Organization Determination (PSOD) will need to be completed. Get more information on PSOD in our Provider Manual.

POLICY SPECIFIC INFORMATION

Place of service

22 – outpatient hospital
81 – independent lab

Documentation requirements

Complete and thorough documentation to substantiate the procedure performed is the responsibility of the Provider. In addition, the Provider should consult any specific documentation requirements that are necessary of any applicable defined guidelines.

Based on claims analysis, common practices that may lead to inappropriate overuse or billing errors may include:

- Automatically ordering special stains or IHC stains before the pathologist has reviewed the routine hematoxylin and eosin (H&E) stain;
- Applying special stains or IHC stains without documented clinical justification showing that the results will influence patient care;
- Using additional stains even when the diagnosis is already evident from the initial H&E stain evaluation.

Coding specifics

Hematoxylin and eosin (H&E) staining delivers the detailed visualization necessary for accurate tissue-based diagnosis. It is considered a standard component of pathology services and is not billed as a separate procedure.

88312 - special stain including interpretation and report; group i for microorganisms (eg, acid fast, methenamine silver)
88313 - special stain including interpretation and report; group ii, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry

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
88344 - immunohistochemistry or immunocytochemistry, per specimen; each multiplex 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; using computer-assisted technology

Modifiers

Priority Health follows standard billing and coding guidelines which include CMS NCCI. Modifiers should be applied when applicable based on this guidance and only when supported by documentation.

Incorrect application of modifiers will result in denials. The modifier list below may not be an all-inclusive list. Please see our provider manual page for modifier use here.

26 – professional component

TC – technical component

Resources
https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=57733&ver=10
https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=36805&ver=25
https://providers.lablue.com/-/media/Files/Providers/00901%2020250101%20Special%20Histochemical%20Stains%20and%20Immunohistochemical%20Stains%20pdf.pdf
https://www.emblemhealth.com/content/dam/emblemhealth/pdfs/provider/reimbursement-policies/immunohistochemistry-emblemhealth.pdf

DISCLAIMER

Priority Health's billing policies outline our guidelines to assist providers in accurate claim submissions and define reimbursement or coding requirements if the service is covered by a Priority Health member's benefit plan. The determination of visits, procedures, DME, supplies and other services or items for coverage under a member's benefit plan or authorization isn't being determined for reimbursement. Authorization requirements and medical necessity requirements appropriate to procedure, diagnosis and frequency are still required. We use Current Procedural Terminology (CPT), Centers for Medicare and Medicaid Services (CMS), Michigan Department of Health and Human Services (MDHHS) and other defined medical coding guidelines for coding accuracy.

An authorization isn't a guarantee of payment when proper billing and coding requirements or adherence to our policies aren't followed. Proper billing and submission guidelines must be followed. We require industry standard, compliant codes defined by CPT, HCPCS and revenue codes for all claim submissions. CPT, HCPCPS, revenue codes, etc., can be reported only when the service has been performed and fully documented in the medical record to the highest level of specificity. Failure to document for services rendered or items supplied will result in a denial. To validate billing and coding accuracy, payment integrity pre- or post-claim reviews may be performed to prevent fraud, waste and abuse. Unless otherwise detailed in the policy, our billing policies apply to both participating and non-participating providers and facilities.

If guidelines detailed in government program regulations, defined in policies and contractual requirements aren't followed, Priority Health may:

- Reject or deny the claim
- Recover or recoup claim payment

An authorization on file for an item or services doesn't supersede coding, billing or reimbursement requirements.

These policies may be superseded by mandates defined in provider contracts or state, federal or CMS contracts or requirements. We make every effort to update our policies in a timely manner to align to these requirements or contracts. If there's a delay in implementation of a policy or requirement defined by state or federal law, as well as contract language, we reserve the right to recoup and/or recover claim payments to the effective dates per our policy. We

reserve the right to update policies when necessary. Our most current policy will be made available in our Provider Manual.

CHANGE / REVIEW HISTORY

Date	Revisions made
Nov 2025	New policy effective Dec 4, 2025