



Healthfirst Reimbursement Policy Update

For All Lines of Business

Healthfirst aims to ensure that our reimbursement policy standards are compliant with state and national regulatory requirements and industry standard coding and reimbursement practices. **This update describes our reimbursement policy for certain surgical pathology claims.**

Note: this document does not represent or guarantee that Healthfirst will cover and/or pay for the services outlined. Coverage decisions are based on the terms of the applicable evidence of coverage and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.

If you have any questions, please contact your Network Account Manager, or call Provider Services at **1-888-801-1660**, Monday to Friday, 8:30am–5:30pm.

Surgical Pathology

Policy Overview

Healthfirst will not reimburse more than four units of surgical pathology (gross and microscopic examination) unless submitted with a diagnosis of chronic atrophic/unspecified gastritis, colorectal conditions, or prostate conditions.

Rationale

CPT 88305 is used to report a gross and microscopic pathology/tissue exam. Reporting this code with more than four units, though not always inappropriate, may require validation of clinical documentation. Each specimen, defined as tissue(s) that is (are) submitted for individual and separate attention, requiring individual examination and pathologic diagnosis, is considered one unit for billing purposes.