

Professional Pricing Policy	
Subject: Surgical Pathology and Related Prostate Needle Biopsy	
Policy Number: HLCP-0013	Policy Section: Coding
Last Approval Date: September 1, 2020	Effective Date: October 17, 2020

Disclaimer

These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for allowed amounts for HealthLink members. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes and/or Revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to participating providers and facilities.

If appropriate coding/billing guidelines are not followed, HealthLink and/or its Payors may:

- *Reject or deny the claim*
- *Recover and/or recoup claim payment*

These policies may be superseded by provider or State contract language, or State, Federal requirements or mandates.

We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or adjust pricing accordingly to the effective date. HealthLink reserves the right to review and revise its policies periodically when necessary. When there is an update, we will publish the most current policy to the website. Note: medical claim pricing and processing services provided by HealthLink are available to a payor; however not all payors purchase such services for the benefit plans they sponsor.

Policy

HealthLink applies a frequency limit of nine units per date of service for CPT code 88305. Therefore, when CPT code 88305 is reported in excess of sixteen units on the same date of service for the same patient by the same provider, the units billed in excess will not be allowed. For prostate needle biopsy specimens greater than nine units report HCPCS code G0416 with one unit regardless of the number of specimens.

A prostate needle biopsy commonly occurs based on the detection of elevated prostate-specific antigen (PSA) performed as part of prostate cancer screening. Typically, the initial biopsy consists of a small number of core specimens taken of the prostate. Individuals with an elevated PSA level but with a normal initial biopsy often undergo repeat biopsy evaluation.

Prostate saturation biopsy, also referred to as prostate saturation needle biopsy, involves taking numerous samples of prostate tissue, typically 20 to 40 cores, in order to increase the likelihood of detecting prostate cancer in a subgroup of high-risk individuals in whom previous conventional prostate biopsies have been negative.

Related Coding

Code	Description	Comment
88305	Level IV – Surgical pathology, gross and microscopic examination	Reported in excess of 16 units and with prostate diagnosis will not be allowed
G0416	Surgical pathology, gross and microscopic examinations, for prostate needle biopsy, any method	For prostate needle biopsy specimens greater than nine units report with one unit regardless of the number of specimens.

Exemptions

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Definitions

Specimen	Tissue or tissues that is (are) submitted for individual and separate attention, requiring individual examination and pathologic diagnosis.
General Professional Pricing Policy Definitions	

Related Policies and Materials

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References and Research Materials

This policy has been developed through consideration of the following <ul style="list-style-type: none">• CMS• American Medical Association (AMA) Current Procedural Terminology (CPT)

Use of Pricing Policy

This policy is subject to federal and state laws, to the extent applicable, as well as the terms, conditions, and limitations of a member's benefits on the date of service. Pricing Policy is constantly evolving and we reserve the right to review and update these policies periodically.

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