

Provider Education Bulletin

DECEMBER 2025



PURPOSE OF THIS NOTICE

This notice serves as official provider education regarding the appropriate coding and billing practices for Immunohistochemistry (IHC) services. A recent review of submitted claims has identified instances of non-compliant billing practices, specifically of multiple units of CPT code 88342. This billing practice does not align with established CPT guidelines, Centers for Medicare & Medicaid Services (CMS) regulations, or National Correct Coding Initiative (NCCI) guidelines.

Improper billing may result in claim payment denials, delayed reimbursements, takebacks, and placement on focused review.

The following information is provided as an educational resource to assist providers in understanding the applicable coding and billing requirements for Immunohistochemistry (IHC) services. This guidance outlines the specific actions providers must take to ensure compliance with established regulations and to prevent claim denials or potential audit findings. Providers are encouraged to review this material thoroughly and implement the necessary corrective measures within their billing practices.



CPT REQUIREMENTS

The CMS coding requirements for the identified CPT codes are established to ensure appropriate billing practices and accurate reimbursement for IHC procedures.

CPT Code	Definition
88342	Immunohistochemistry, per specimen, <i>initial</i> single antibody stain procedure.
88341	Immunohistochemistry, each additional single antibody stain procedure (Add-on code).

Correct Billing Structure

Service Performed	Correct CPT Code
First (initial) antibody	88342 (billed once per specimen)
Each additional, distinct antibody	88341 (once unit per antibody)

● It is incorrect to bill multiple units of 88342 for multiple antibodies. ●
Each additional antibody must be billed using 88341, not repeated units of 88342.



CMS NCCI COMPLIANCE REQUIREMENTS

The **CMS National Correct Coding Initiative (NCCI) Policy Manual, Chapter 10 – Pathology/Laboratory**, Section F (Immunohistochemistry) states:

- **“Only one unit of CPT code 88342 may be reported for the initial antibody for a specimen.”**
- **“Each additional antibody for the specimen shall be reported with CPT code 88341.”**
- **“It is incorrect to report CPT code 88342 more than once per specimen.”**

Claims for CPT 88341-88342 may be subject to post-service medical necessity review if medically unnecessary or excess units are suggested on the available clinical information according to CMS.

Adhering to these guidelines ensures compliance with CMS requirements and facilitates accurate claims processing. Providers are advised to consult with the most current CMS documentation to remain informed of applicable billing practices and regulatory requirements.

Violating NCCI rules constitutes **incorrect billing** and may trigger audit findings or repayment obligations.



MEDICALLY UNLIKELY EDIT (MUE) LIMITATIONS

The CMS Medically Unlikely Edits (MUEs) represent unit-of-service edits applied to Healthcare Common Procedure Coding System (HCPCS) and CPT codes. These edits establish the maximum number of service units that a healthcare provider would reasonably report under standard circumstances on a given date of service. MUEs serve three primary objectives: mitigating improper payments attributable to coding errors, enhancing claims processing efficiency, and promoting provider review of billing practices and coding logic.

CPT **88342** is subject to MUE, meaning Medicare limits reimbursement to a clinically reasonable number of units per date of service.

Billing units beyond the MUE **without valid documentation of distinct antibodies** will result in claim denial or post-payment recoupment.

DOCUMENTATION REQUIREMENTS

The CMS coding requirements for the identified CPT codes are established to ensure appropriate billing practices and accurate reimbursement for IHC procedures.

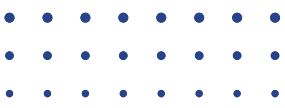
DOCUMENTATION REQUIREMENTS

COMMON INCORRECT BILLING PRACTICES

The following billing patterns violate CPT and NCCI guidelines:

- Billing **multiple units of 88342** for multiple antibodies
- Billing 88342 instead of 88341 for additional stains
- Billing 88342 per slide or block rather than per specimen
- Billing more units than documented in the pathology report

These errors compromise compliance and reimbursement integrity.



CORRECT BILLING EXAMPLE

If a specimen undergoes staining with four antibodies:

- 88342 × 1 unit (initial antibody)
- 88341 × 3 units (each additional antibody)

Total units billed: 4 units, **not 88342 × 4.**

PROVIDER ACTION REQUIRED

Providers **are expected to:**

- ✓ Review internal pathology billing processes
- ✓ Ensure coding staff are trained on CPT & NCCI IHC requirements
- ✓ Verify documentation supports every billed antibody
- ✓ Adjust claim submission practices immediately

We encourage all providers to carefully review the information outlined in this educational document to ensure clear understanding of the updates and expectations. If you have any questions or need additional clarification, please contact Provider Services at 833-218-8492. Our team is available to support you Monday – Friday, 8:00 am – 8:00 pm CST.

