



POLICY INFORMATION

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|-----------------|---|--------------------------|------------|
| Policy Number: | POL-PP-289 AHS –P2018 – Immunohistochemistry | Original Effective Date: | 07/01/2025 |
| Version Number: | 001 | Revision Date: | |
| Policy Status: | Active | Next Revision Date: | 07/01/2026 |

NOTICE

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED

| | | | | | |
|--|--|--|---|---|--|
| <input checked="" type="checkbox"/> PROFESSIONAL | <input checked="" type="checkbox"/> FACILITY | <input type="checkbox"/> DME | <input type="checkbox"/> AMBULATORY SURGERY | <input checked="" type="checkbox"/> LAB | <input type="checkbox"/> OTHER |
|--|--|--|---|---|--|

LINES OF BUSINESS IMPACTED

| | | | | | | |
|--|---|---|---|---|---|---|
| <input checked="" type="checkbox"/> COMMERCIAL | <input checked="" type="checkbox"/> BLUE MEDICARE ADVANTAGE | <input checked="" type="checkbox"/> ACA QHP¹ | <input checked="" type="checkbox"/> SMALL GROUP ACA | <input checked="" type="checkbox"/> JAA² | <input checked="" type="checkbox"/> FEP³ | <input type="checkbox"/> DENTAL |
|--|---|---|---|---|---|---|

¹ ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family ² JAA: Joint Administrative Account ³ FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.



Description/Application

Immunohistochemistry (IHC) is a very sensitive and specific staining technique that uses anatomical, biochemical, and immunological methods to identify cells, tissues, and organisms by the interaction of target antigens with highly specific monoclonal antibodies and visualization through the use of a biochemical tag or label (Fitzgibbons et al., 2014).

Policy

Application of coverage criteria is dependent upon an individual’s benefit coverage at the time of the request.

Code 88342 should be used for the first single antibody procedure and is reimbursed at one unit per specimen, up to four specimens, per date of service.

Code 88341 should be used for each additional single antibody per specimen and is reimbursed up to a maximum of 13 units per date of service.

Code 88344 should be used for each multiplex antibody per specimen, up to six specimens, per date of service.

Coding

| CPT | Code Description |
|-------|--|
| 88341 | Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure |
| 88342 | Immunohistochemistry or immunocytochemistry, per spec; initial single antibody stain |
| 88344 | Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure |

References and Resources

Avalon Medical Policy AHS –P2018 – Immunohistochemistry

Related Documents

| Policy Number | Policy Title |
|---------------|--------------|
| N/A | |

Revision History

| Version | Date | Summary of Revisions |
|---------|------------|----------------------|
| 001 | 06/01/2025 | Initial version |



Kansas City

PAYMENT INTEGRITY COMPLIANCE
Immunohistochemistry