

Reimbursement Policy

Immunohistochemistry

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I. Policy Description

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.¹

II. Indications and/or Limitations of Coverage

Application of coverage criteria is dependent upon an individual's benefit coverage at the time of the request. Specifications pertaining to Medicare and Medicaid can be found in the "Applicable State and Federal Regulations" section of this policy document.

- 1) 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.
- 2) 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.
- 3) Code 88344 should be used for each multiplex antibody per specimen, up to six specimens, per date of service.

III. Applicable State and Federal Regulations

DISCLAIMER: If there is a conflict between this Policy and any relevant, applicable government policy for a particular member [e.g., Local Coverage Determinations (LCDs) or National Coverage Determinations (NCDs) for Medicare and/or state coverage for Medicaid], then the government policy will be used to make the determination. For the most up-to-date Medicare policies and coverage, please visit the Medicare search website: <https://www.cms.gov/medicare-coverage-database/search.aspx>. For the most up-to-date Medicaid policies and coverage, visit the applicable state Medicaid website.

Food and Drug Administration (FDA)

Many labs have developed specific tests that they must validate and perform in house. These laboratory-developed tests (LDTs) are regulated by the Centers for Medicare and Medicaid (CMS) as high-complexity tests under the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88). LDTs are

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not approved or cleared by the U. S. Food and Drug Administration; however, FDA clearance or approval is not currently required for clinical use.

Recently, four clinical IHC biomarker assays (PTEN, RB, MLH1, and MSH2) have been validated for use as biomarkers in a nationwide clinical trial; these assays were then approved by the FDA as laboratory-developed tests to assist in the treatment selection of patients in clinical trials.²¹ This shows that IHC assays are currently being utilized with molecular tests to assist in therapeutic decisions.

IV. Applicable CPT/HCPCS Procedure Codes

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

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Procedure codes appearing in Medical Policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

V. Evidence-based Scientific References

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2. Tuffaha MSA, Guski H, Kristiansen G. Immunohistochemistry in Tumor Diagnostics. *Immunohistochemistry in Tumor Diagnostics*. 2018// 2018:1-9. doi:10.1007/978-3-319-53577-7_1
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VI. Revision History

Revision Date	Summary of Changes
12/03/2025	Reviewed and Updated: Updated the background, guidelines and recommendations, and evidence-based scientific references. Literature review did not necessitate any modifications to coverage criteria