



**AUTOPSY**

Effective Date: December 19, 2001

Review Dates: 1/93, 12/94, 10/97, 12/99, 12/01, 02/02,  
01/03, 01/04, 01/05, 12/05, 12/06, 12/07, 12/08, 12/09

Date Of Origin: June 30, 1988

Status: Current

**I. DESCRIPTION**

An autopsy may be performed for reasons of clinical research, provider protection, public health, criminal investigation, or family comfort.

**II. POLICY/CRITERIA**

An autopsy is not medically necessary for the welfare of the patient, therefore, autopsies are not a covered benefit.

**III. MEDICAL NECESSITY REVIEW**

Required

Not Required

Not Applicable

**IV. APPLICATION TO PRODUCTS**

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS).*
- ❖ **MEDICAID:** *Coverage is determined by the Michigan Medicaid Provider Manual and the Michigan Medicaid Fee Schedule at: [http://www.michigan.gov/mdch/0,1607,7-132-2945\\_42542\\_42543\\_42546\\_42551-159815--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html).*
- ❖ **MICHILD:** *For MICHILD members, this policy will apply unless MICHILD certificate of coverage limits or extends coverage.*



## V. CODING INFORMATION

### ICD-9 Codes that may support medical necessity

*Not specified*

### CPT/HCPCS Codes

88000	Necropsy (autopsy), gross examination only; without CNS
88005	Necropsy (autopsy), gross examination only; with brain
88007	Necropsy (autopsy), gross examination only; with brain and spinal cord
88012	Necropsy (autopsy), gross examination only; infant with brain
88014	Necropsy (autopsy), gross examination only; stillborn or newborn with brain
88016	Necropsy (autopsy), gross examination only; macerated stillborn
88020	Necropsy (autopsy), gross and microscopic; without CNS
88025	Necropsy (autopsy), gross and microscopic; with brain
88027	Necropsy (autopsy), gross and microscopic; with brain and spinal cord
88028	Necropsy (autopsy), gross and microscopic; infant with brain
88029	Necropsy (autopsy), gross and microscopic; stillborn or newborn with brain
88036	Necropsy (autopsy), limited, gross and/or microscopic; regional
88037	Necropsy (autopsy), limited, gross and/or microscopic; single organ
88040	Necropsy (autopsy); forensic examination
88045	Necropsy (autopsy); coroner's call
88099	Unlisted necropsy (autopsy) procedure

## VI. REFERENCES

### AMA CPT Copyright Statement:

All Current Procedure Terminology (CPT) codes, descriptions, and other data are copyrighted by the American Medical Association.

---

*This document is for informational purposes only. It is not an authorization, certification, explanation of benefits, or contract. Receipt of benefits is subject to satisfaction of all terms and conditions of coverage. Eligibility and benefit coverage are determined in accordance with the terms of the member's plan in effect as of the date services are rendered. Priority Health's medical policies are developed with the assistance of medical professionals and are based upon a review of published and unpublished information including, but not limited to, current medical literature, guidelines published by public health and health research agencies, and community medical practices in the treatment and diagnosis of disease. Because medical practice, information, and technology are constantly changing, Priority Health reserves the right to review and update its medical policies at its discretion.*

*Priority Health's medical policies are intended to serve as a resource to the plan. They are not intended to limit the plan's ability to interpret plan language as deemed appropriate. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment they choose to provide.*

*The name "Priority Health" and the term "plan" mean Priority Health, Priority Health Managed Benefits, Inc., Priority Health Insurance Company and Priority Health Government Programs, Inc.*