

AUTOPSY

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Date Of Origin: June 30, 1988

Status: Current

I. POLICY/CRITERIA

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

II. MEDICAL NECESSITY REVIEW

Prior authorization for certain drugs, services, and procedures may or may not be required. In cases where prior authorization is required, providers will submit a request demonstrating that a drug, service, or procedure is medically necessary. For more information, please refer to the [Priority Health Provider Manual](#).

III. 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. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*
- ❖ **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) and/or the Evidence of Coverage (EOC); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** *For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html, the*

Michigan Medicaid Provider Manual will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage. If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern.

IV. DESCRIPTION

An autopsy is a medical exam performed on the body after death. An autopsy may be performed for reasons of clinical research, provider protection, public health, criminal investigation, or family comfort.

V. CODING INFORMATION

ICD-10 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 (<i>Explanatory notes must accompany claim</i>)

AMA CPT Copyright Statement:

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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.

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