

UNDERSTANDING YOUR PATHOLOGY BILL

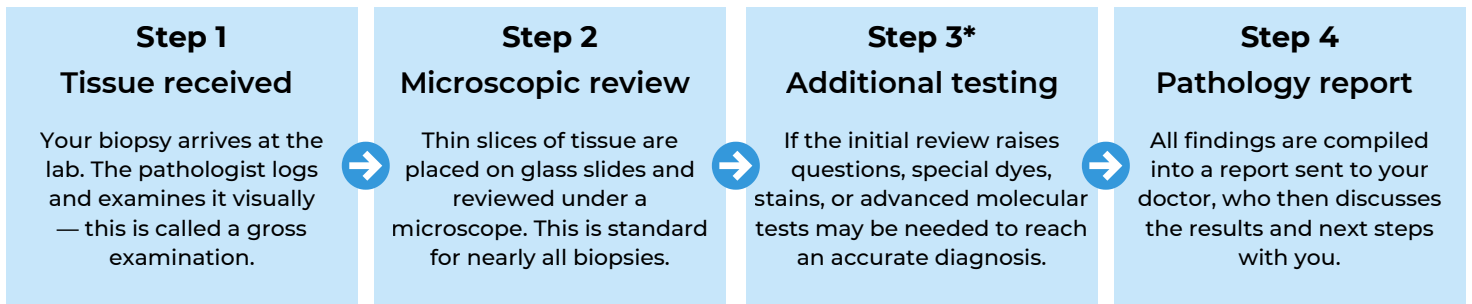
A patient guide to laboratory charges and why they may vary



When your doctor takes a biopsy, it is sent to a pathology laboratory where trained specialists examine the tissue to help diagnose your condition. The type of examination required depends on what the tissue looks like and that is something the pathologist can only determine after the process begins. This guide explains why you may receive more than one charge from the laboratory.

What Happens to Your Biopsy?

Every biopsy goes through the following steps.



*Additional charges can arise at Step 3 if further testing is needed.

Common Charges and CPT Codes

CPT (Current Procedural Terminology) codes are standardized billing codes used by all medical providers. Below are the most common codes you may see on a lab bill, along with plain-language explanations.

CPT CODE	WHAT IT IS	PLAIN-LANGUAGE EXPLANATION	TYPE
88305	Routine biopsy exam	The most common charge. Covers the standard microscopic review of your tissue. Skin biopsies, colon polyps, stomach biopsies, and cervical biopsies commonly fall under this code.	Routine
88307	Complex tissue exam	Used when the tissue is more complex to evaluate — for example, a partial organ resection or a tumor specimen that requires more extensive review by the pathologist.	Additional
88309	Extensive exam	Reserved for the most complex specimens, such as a complete organ removal (e.g., a uterus or colon segment) where cancer is suspected and thorough examination is required.	Additional
88342	Immunohistochemistry (IHC) — first stain	A specialized technique using proteins called antibodies to tag specific cells in your tissue. Helps identify cancer type, infections, or conditions not visible under a standard microscope.	Advanced
88341	IHC — each additional stain	If the pathologist needs more than one antibody stain on the same specimen, each additional stain is billed separately. Multiple stains are often required to reach a definitive diagnosis.	Advanced

CPT CODE	WHAT IT IS	PLAIN-LANGUAGE EXPLANATION	TYPE
88312	Special stain — Group I	A chemical dye applied to the tissue slide to highlight specific features such as bacteria, fungi, or abnormal proteins that a standard stain would not show clearly.	Advanced
88313	Special stain — Group II	Similar to Group I stains but used for different cellular targets (e.g., mucin, iron, connective tissue). May be ordered alongside Group I stains on the same specimen.	Advanced
88365	Molecular probe test (ISH/FISH)	A highly specialized test that examines the genetic material (DNA or RNA) inside cells. Often used in cancer cases to identify specific gene changes that affect treatment decisions.	Advanced

Why Your Charges May Vary

It is common for a single biopsy to result in more than one charge. Here is why:

Examination findings vary:

The pathologist cannot know in advance what tests will be needed. Just like an ER doctor may order more tests based on what they find, a pathologist may require additional stains or specialized testing once they begin examining your tissue.

Each test is billed separately:

A single biopsy specimen can generate multiple CPT codes if it requires a standard exam plus one or more special stains or advanced tests. Each step involves different laboratory materials, equipment, and specialized expertise.

Tissue complexity drives the level of service:

A simple skin tag removal is examined at a lower billing level than a mass removed from an organ — even if your doctor collected both specimens during the same appointment.

The laboratory bills separately from your doctor:

Your physician charges for the procedure to collect the tissue. The laboratory charges separately for examining it. You may receive two different bills from two different providers for the same visit.