



April 12, 2022 – Billing Hurdles and Coding

During the session, there were some contributions that we did not have time to address on the air. We value your participation and did not want to overlook your thoughts, so we have provided some additional responses below.

1. **Question:** “Bone fragments from diabetic patients, excision of metatarsal bones in one container and the second container has bone margin. 1st spec. 88307, does 2nd specimen qualify for 88307, as a surgeon is asking if the margins are clear of osteo/disease?
Bone fragments for osteomyelitis – when looking for osteomyelitis isn't it the same amount of work for the pathologist 88307 whether they find osteomyelitis or not?”

Response: Generally, CPT code 88307 refers to bone fragments due to pathologic fracture which is a weakening or fracture of bone due to a disease state. This code is assigned based on the pathologic diagnosis and can be reported when a pathologic fracture is suspected and diagnosed; not suspected but diagnosed or suspected but not diagnosed. In the latter situation, the pathologist must document work level commensurate with a level V examination even when disease is not found.

2. **Question:** Breast Excision - when the specimen is large, not labeled as lumpectomy, margins are not mentioned in final dx, however surgeon-oriented specimen or there is a savi clip. Does this qualify for 88307? Breast Excision- when specimen dx is not fibroadenoma (CAP 88305), and yet no margins mentioned in dx, nor identified as lumpectomy. Does this qualify for 88305 or 88307?

Response: CPT code 88305 describes breast, biopsy not requiring microscopic evaluation of surgical margins while the description under CPT 88307 is breast, excision of lesion requiring microscopic evaluation of surgical margins. Unlike bone specimens, the diagnosis doesn't drive the selection of the code; rather the level of work required and documented to examine the specimen is the principal code selection criteria. Thus, when documentation exists of microscopic examination of surgical margins, then 88307 is supported; without such documentation, then 88305 is the appropriate code selection.

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