MIDWEST DIAGNOSTIC PATHOLOGY

Coding Bundled/Unbundled Hysterectomy Specimens
(Approved by the Board on 3/25/2003)

The following CPT codes may be used for gross and microscopic examination of uterus, fallopian tubes, and ovary specimens:

88309   Uterus, with or without tubes and ovaries, neoplastic
88307   Uterus, with or without tubes and ovaries, other than neoplastic/Prolapse
88305   Uterus, with or without tubes and ovaries, for prolapse
88307   Ovary with or without tube, neoplastic
88305   Ovary with or without tube, non-neoplastic
88307   Lymph nodes, regional resection

1. <u>Hysterectomy, No Tumor Found</u>

   a. 88307 (Uterus, with or without tubes and ovaries, other than neoplastic/Prolapse) is coded when the pathologist finds benign conditions in the uterus, such as polyps, hyperplasia, leiomyomata, etc.

   b. Tubes and ovaries are bundled: no separate codes are applied for the tubes and ovaries, even if they are received in separate containers, and are separately identified.

      (i) Unbundling exception: if tumor is discovered in one ovary, then that ovary becomes the primary, separate specimen, and is coded 88307. Thus, if a hysterectomy showed tumor in one ovary, and none in the uterus, this would be coded: 88307 (Uterus, with or without tubes and ovaries, other than neoplastic/prolapse), plus 88307 (Ovary with or without tube, neoplastic).

      (ii) If tumor is found in both ovaries, each would be separately coded (88307x2) in addition to the uterus (88307x1).

   c. A diagnosis of leiomyoma should be coded 88307 (Uterus, with or without tubes and ovaries, other than neoplastic/prolapse). Recommendations have been made to code this as a non-malignant tumor (88309), but CAP recommends 88307.

2. <u>Hysterectomy with Tumor</u>

   a. 88309x1 is coded when the pathologist finds tumor in the uterus.

   b. Tubes and ovaries are bundled: no separate codes are applied for the tubes and ovaries, even if they are received in separate containers, and are separately identified.

   c. Exception: if a uterus is removed because of a history of carcinoma in situ, it is coded as an examination for neoplasm (88309) even if no residual neoplasm is present.

   d. If tumor is found in one or both ovaries, they are unbundled, as above (1(b)(i-ii)).

   e. Even if the preoperative diagnosis is leiomyoma, when endometrial carcinoma is diagnosed, the correct code is 88309x1.

3. Hysterectomy for Prolapse

    a. 88305 (Uterus with or without tubes and ovaries, for prolapse) is coded when the diagnosis is prolapse, and no tumor, polyps, hyperplasia, or leiomata are found in the uterus.

    b. Tubes and ovaries are bundled: no separate codes are applied for the tubes and ovaries, even if they are received in separate containers, and are separately identified.

    c. If tumor is found in the uterus, it is coded 88309 (Uterus with or without tubes and ovaries, neoplastic). If polyps, hyperplasia, or leiomata are found in the uterus, it is coded 88307 (Uterus with or without tubes and ovaries, other than neoplastic/prolapse).

    d. If tumor is found in one or both ovaries, they are unbundled, as above (1(b)(i-ii)

4. Oophorectomy

    a. If ovaries and uterus are removed with a preoperative diagnosis that suggests ovarian neoplasm, and separate pathological examination is required, the following coding is appropriate:

        (i)   Tumor is found in one ovary only, no neoplasm in the uterus: code 88307x1 (Ovary, neoplastic) and 88307x1 (Uterus, with or without tubes and ovaries, other than neoplastic/ prolapse). The second, normal ovary is bundled into the 88307 for the uterus.

        (ii) Tumor is found in both ovaries, no neoplasm in the uterus: code 88307x2 (Ovary, neoplastic x2) and 88307x1 (Uterus, with or without tubes and ovaries, other than neoplastic/prolapse).

        (iii) No tumor is found in either ovary: 88307x1 (Uterus, with or without tubes and ovaries, other than neoplastic/prolapse). Both normal ovaries are bundled into the 88307 for the uterus.

        (iv) In all of the above three situations, the uterus would be coded 88309 if a neoplasm is found in the uterus.

    b. General Rule: whenever an ovary is removed with a uterus, and the ovary is found to be normal, the normal ovary or ovaries must be bundled with the uterus.

    c. If one or both ovaries are removed without the uterus, they are coded separately: 88307x1 or x2 if a neoplasm is found; 88305x1 or x2 if no neoplasm is found.

5. Other Findings

    a. Hysterectomy and oophorectomy do not typically include lymph nodes. If lymph nodes are found in resected tissue, examination of the lymph node(s) is not coded separately.

    b. If, however, lymph nodes are resected and submitted separately, they should be coded 88305x1 (Lymph node biopsy) if a single node is received, or 88307 (Lymph nodes, regional resection) if multiple nodes are received.

    c. If vaginal mucosa is submitted separately, it should be coded as 88302 (Vaginal mucosa, incidental). If vaginal mucosa is attached as part of the larger specimen, it is not coded.