Fallopian Tube Billing

Sterilizations

Clinical practice has changed since the introduction of the CPT® code for fallopian tube sterilization, 88302; the processing of these specimens now often includes examination of the fimbriated end to rule out any malignancy.

When the intent of the procedure is sterilization of the patient, the extent of the work done to examine the specimen does not support any CPT other than 88302. Basically, in the absence of significant findings, examining the fimbrial end in detail does not warrant up-coding a sterilization specimen from 88302.

When significant pathology is identified, the AMA does support billing a different CPT code. Clinical history, purpose of the service, and the pathologist's findings all must be taken into account. If the patient record indicates a family or personal history of gynecological cancer, a positive BRCA test, or anything else that negates presuming the specimen to be "normal," that would support billing a higher charge.

Please note that if the surgeon submits and separately identifies the left and right tube with a clear indication which is which, with ink or a suture, then 2 charges of 88302 can be billed. If the report does not identify this clearly, only one charge of 88302 is billed.
For example: A specimen is submitted in one container labeled "R and L fallopian tube."

- If the gross description has supporting verbiage like "ink on R" or "suture on R" or even "longer tube is R," then we can identify which is which and 88302x2 is billed.
- If the gross description does NOT provide identifying information, 88302x1 is billed.

The process of examining the fimbrial end to rule out malignancy on a sterilization specimen can make the 88302 charge feel out of balance. Until the CPT descriptions catch up with current clinical practice, 88302 remains the correct way to bill these specimens.

Other Specimens

Fallopian tube specimens can come in other forms and for other reasons. Most of the time, fallopian tubes are submitted with the ovary as part of an ovarian resection specimen and they are not separately billed. Fallopian tubes can be unbundled from an ovary only if the surgeon is directing specific attention to it by submitting it as a separate specimen AND there is clinical significance, such as the fallopian tube is submitted as a biopsy specimen, ectopic pregnancy specimen, or for suspicion of neoplasia.

Fallopian tubes submitted for biopsy would warrant CPT 88305, unless there is neoplasia present. In the case of neoplasia, 88307 would be the most appropriate code. This applies to cysts as well – a cyst found to be benign would be billed as 88305, whereas a neoplastic cyst would be 88307.

Some specific situations apply to certain diagnoses: Hydatid of Morgagni or paratubal cysts, for example, are billed as 88304 when submitted separately. Ectopic pregnancy is billed as 88305.

Fallopian tube specimen billing takes into account the clinical history and reason for the service, the specific structure being submitted, and the final diagnosis. For appropriate charge capture, pathologists should be as specific as possible when describing the specimens.

CPT copyright 2021 American Medical Association. All rights reserved.
Information provided by APS Medical Billing, April 2022