People. Trust. Results.
Since 1960

CPT Coding Breast Margins as an 88305 vs. 88307

When a segment of tissue is taken primarily to extend a surgical margin of resection further into the normal tissue zone, the margin(s) of the new specimen (i.e., the "margins of the margin") may require microscopic evaluation. This descriptor isn't listed in CPT, but the average physician work envisioned is comparable to that described by Breast, excision of lesion, requiring microscopic evaluation of surgical margins: accordingly, code 88307. This is what would be called a complicated surgical margin examination.

An example of a complicated margin documentation may be:

- Specimen A-is labeled "inferior and lateral, **stitch on the new margin**. It consists of a 5.5x2.5x2.0 cm portion of soft adipose tissue, 0.5 cm in thickness between the sutured and opposite un-sutured surface. **The suture surface is inked blue and the opposite is inked orange. The specimen is serially sectioned and totally submitted in four cassettes.**

Final Diagnosis
A. Right Breast inferior lateral margin, re-excision
- Atrophic breast tissue
- **Margins negative**

- Specimen A- is received in formalin and labeled re-excision of right breast-inferior/lateral margin. A lobular excision of yellow-tan fibro fatty tissue has a **short suture on one surface which designates the inferior margin, a long suture near one edge which designates the lateral margin.** The biopsy is 4.5x4x2.5. **The surgical margins are inked as follows: the new inferior margin is inked green, the new lateral margin is inked yellow, the posterior edge is inked black and the anterior edge is inked orange.** The specimen is multiply sectioned perpendicular to the medial/lateral axis to reveal equal parts of soft, lobular adipose tissue and dense, white gray tissue. Specimen is submitted in alternating sections……..all submitted for microscopic review.

Final Diagnosis
A. Right Breast inferior lateral margin, re-excision
- **Extensive involvement by ductal carcinoma in situ with multiple areas of DCIS at new margins**
- **Residual invasive ductal carcinoma, 0.3 CM from nearest new margin**

Code 88305 would be assigned to a usually fairly small segment of breast tissue taken primarily to extend a surgical margin of resection further into the normal tissue zone. This could be done as a breast needle core biopsy, an incisional breast biopsy, or an excised discrete lesion of the breast where specified margin laterality is not identified by inking, suturing, etc. The surgeon may label the specimen "inferior margin" or "lateral margin" or simply "margin," with only one or two blocks submitted for evaluation, and *the report won't make meaningful mention of the margins of the specimen as the pathologist was not required to microscopically evaluate them with a detailed margin status in the final diagnosis* (such as the bolded portions in the examples above). Again, this descriptor isn't listed in CPT, but the average physician work is comparable to that described by Breast, biopsy, not requiring microscopic evaluation of surgical margins: accordingly, code 88305 is applied to this "uncomplicated" surgical margin.

In either case the pathologist must exercise good faith judgment specimen-by-specimen to decide which level of charge is the more appropriate, code 88305 or 88307.