

Histology/Surgical Pathology

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Specimens submitted for pathologic evaluation of gross and microscopic examinations should be placed in 10% formalin containers supplied by Allina Medical Laboratories.

All biopsy specimen containers must be labeled with the first and last name of the patient, site of specimen, doctor and referring doctors' names, and the correct collection date. Incomplete or inaccurately labeled specimens will be returned to the office for re-labeling.

A properly completed Histopathology request form must accompany each specimen. Gross and Microscopic Testing will always be performed on appropriate specimens for all samples submitted with this requisition. An example of this form is included in the FORMS section of this directory for reference when filling out patient and specimen information.

The Allina Medical Laboratories Histopathology Departments use the most current year CPT coding to classify tissues for reporting and billing purposes.

The unit of service for CPT 88300 through 88309 is the specimen. A specimen is defined as tissue(s) that are submitted for individual and separate attention, requiring individual examination and pathologic diagnosis. Two or more such specimens from the same patient (e.g., separately identified endoscopic biopsies, skin lesions, etc.) are each appropriately assigned an individual code reflective of its proper level of service. For the final pathology coding, please refer to your clinic or patient bill.

For pathology reports, please call the appropriate facility's pathology secretary.

Abbott Northwestern Hospital Phone: 612-863-4670

Mercy Hospital Phone: 763-236-8190

United Hospital Phone: 651-241-8713

Unity Hospital Phone: 763-236-4825

HISTOLOGY/SURGICAL PATHOLOGY

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| FROZEN SECTION: | To microscopically evaluate tissue biopsy fragments or entire organs on an immediate basis. Turn-around-time should occur within 15 minutes after receipt of the tissue within the appropriate hospital pathology laboratory. For STAT smear interpretation, such as would be obtained from a fine needle aspiration procedure, please refer to the Cytology section of the directory. |
| Test Frequency: | Monday - Friday, anytime during routine OR hours. Outside of the Monday - Friday time frame, Frozen Sections <u>must</u> be scheduled with a pathologist at the appropriate hospital. The phone numbers are located on the previous page. |
| Specimen Requirements: | <ol style="list-style-type: none"> 1. Excise the specimen. 2. Place specimen into its own container. DO NOT PLACE IN FORMALIN! 3. Properly label specimen as to site, patient name, patient social security number, and date of birth. 4. Fill out a Histopathology test request form completely being sure to include a phone number to which results may be called. For further form information, see the FORMS section of the directory. 5. Transport fresh specimen immediately to hospital's histology department. |
| Other Comments: | <ol style="list-style-type: none"> 1. For small specimens, wrap the tissue in saline soaked gauze to prevent its drying out. 2. Make sure that the fresh specimen does not spend long periods of time at room temperature, in order to prevent tissue autolysis. |
| CPT: | 88331 |

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| <p>TISSUE GROSS ONLY:</p> | <p>To evaluate discrete tissue fragments or whole organs grossly. Turn-around-time can be expected within 24 hours after receipt of the tissue within the appropriate hospital pathology laboratory prior to 4:30 p.m. Specimens received after 4:30 p.m. will be turned around within 48 hours. For cytologic smears and biopsy fragments, such as would be obtained from a fine needle aspiration procedure, please see the CYTOLOGY section of the directory.</p> |
| <p>Test Frequency:</p> | <p>Monday - Friday.</p> |
| <p>Specimen Requirements:</p> | <ol style="list-style-type: none"> 1. Excise the specimen. 2. Place specimen into a container containing 10% buffered formalin. 3. Please note that the specimen should be placed immediately in buffered formalin unless a frozen specimen is needed. 4. Properly label specimen as to site, patient name, patient social security number, and date of birth. 5. Fill out a Histopathology test request form completely being sure to include a phone number to which results may be called. For further form information, see the FORMS section of the directory. |
| <p>Other Comments:</p> | <ol style="list-style-type: none"> 1. For most samples, 10 ml of formalin is sufficient. A ratio of 10 parts of formalin to 1 part of tissue is recommended (10% formalin). 2. For larger samples, insure that the specimen is completely covered with formalin. |
| <p>CPT:</p> | <p>88300</p> |

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| <p>TISSUE, GROSS AND MICROSCOPIC:</p> | <p>To evaluate tissue biopsy fragments or whole organs, both grossly and microscopically. Turn-around-time should generally occur within one day following the receipt of the tissue within the appropriate hospital pathology laboratory prior to 4:30 p.m. Specimens received after 4:30 p.m. and in some cases larger specimens received before 4:30 p.m. will be turned around within 48 hours. For cytologic smears and biopsy fragments, such as would be obtained from a fine needle aspiration procedure, please see the CYTOLOGY section of the directory.</p> |
| <p>Test Frequency:</p> | <p>Monday - Friday.</p> |
| <p>Specimen Requirements:</p> | <ol style="list-style-type: none"> 1. Excise the specimen. 2. Place specimen into a container containing 10% buffered formalin. 3. Please note that the specimen should be placed immediately in buffered formalin unless a frozen specimen is needed. 4. Properly label specimen as to site, patient name, patient social security number, and date of birth. 5. Fill out a Histopathology test request form completely being sure to include a phone number to which results may be called. For further form information, see the FORMS section of the directory. |
| <p>Other Comments:</p> | <ol style="list-style-type: none"> 1. For most samples, 10 ml of formalin is sufficient. A ratio of 10 parts of formalin to 1 part of tissue is recommended (10% formalin). 2. For larger samples, insure that the specimen is completely covered with formalin. |
| <p>CPT:</p> | <p>Please see Alphabetical Listing of CPT codes on the following pages. CPT codes vary with the type of tissue specimen.</p> |

**ALPHABETIZED LISTING OF
PATHOLOGY SPECIMENS & GLOBAL CODE ASSIGNMENTS**

| - A - | - CPT CODE - |
|--|--------------|
| Appendix, Incidental | 88302 |
| Abortion, Induced Abscess Aneurysm-Arterial/Ventricular Anus, Tag Appendix, Other than Incidental Artery, Atheromatous Plaque | 88304 |
| Abortion - Spontaneous/Missed Artery, Biopsy | 88305 |
| Adrenal, Resection | 88307 |
| - B - | - CPT CODE - |
| Bartholin's Gland Cyst Bone Fragment(s), Other than Pathologic Fracture Bursa/Synovial Cyst | 88304 |
| Bone Marrow, Biopsy Bone Exostosis Brain/Meninges, Other than for Tumor Resection Breast, Biopsy Breast, Reduction Mammoplasty Bronchus, Biopsy | 88305 |
| Bone - Biopsy/Curettings Bone Fragment(s), Pathologic Fracture Brain Biopsy Brain/Meninges, Tumor Resection Breast Mastectomy - Partial/Simple | 88307 |
| Bone Resection Breast Mastectomy w/Regional Lymph Nodes | 88309 |

HISTOLOGY/SURGICAL PATHOLOGY

| - C - | - CPT CODE - |
|--|--------------|
| Carpal Tunnel Tissue Cartilage, Shavings Cholesteatoma Colon, Colostomy Stoma Conjunctiva-Biopsy/Pterygium Cornea | 88304 |
| Cell Block, Any Source Cervix, Biopsy Colon, Biopsy | 88305 |
| Cervix, Conization Colon, Segmental Resection, Other than for Tumor | 88307 |
| Colon, Segmental Resection for tumor Colon, Total Resection | 88309 |
| - D - | - CPT CODE - |
| Diverticulum-Esophogus/Small Bowel Dupeyren's Contracture Tissue | 88304 |
| Duodenum, Biopsy | 88305 |
| - E - | - CPT CODE - |
| Endocervix, Curettings/Biopsy Endometrium, Curettings/Biopsy Esophagus, Biopsy Extremity, Amputation, Traumatic | 88305 |
| Eye, Enucleation Extremity, Amputation, Traumatic | 88307 |
| Esophagus, Partial/Total Resection Extremity, Disarticulation | 88309 |

HISTOLOGY/SURGICAL PATHOLOGY

| - F - | - CPT CODE - |
|--|---------------------|
| Fallopian Tube, Sterilization Fingers/Toes, Amputation, Traumatic Foreskin, Newborn | 88302 |
| Femoral Head, Other than Fracture Fissure/Fistula Foreskin, Other than Newborn | 88304 |
| Fallopian Tube, Biopsy Fallopian Tube, Ectopic Pregnancy Femoral Head, Fracture Fingers/Toes, Amputation, Non-Traumatic | 88305 |
| Fetus, With Dissection | 88309 |
| - G - | - CPT CODE - |
| Gallbladder Ganglion Cyst | 88304 |
| Gingiva/Oral Mucosa, Biopsy | 88305 |
| - H - | - CPT CODE - |
| Hernia Sac, Any Location Hydrocele Sac | 88302 |
| Hematoma Hemorrhoids Hydatid of Margagni | 88304 |
| Heart Valve | 88305 |
| - I - | - CPT CODE - |
| Intervertebral Disc | 88304 |
| - J - | - CPT CODE - |
| Joint, Loose Body | 88304 |
| Joint, Resection | 88305 |

HISTOLOGY/SURGICAL PATHOLOGY

| - K - | - CPT CODE - |
|---|--------------|
| Kidney, Biopsy | 88305 |
| Kidney, Partial/Total Nephrectomy | 88307 |
| - L - | - CPT CODE - |
| Larynx, Biopsy Leiomyoma(s), Uterine Myomectomy without Uterus Lip, Biopsy/Wedge Resection Lung, Transbronchial Biopsy Lymph Node, Biopsy | 88305 |
| Larynx, Partial/Total Resection Liver, Biopsy-Needle/Wedge Liver, Partial Resection Lung, Wedge Biopsy Lymph Nodes, Regional Resection | 88307 |
| Larynx, Partial/Total Resection with Regional Lymph Nodes Lung, Total/Lobe/Segment Resection | 88309 |
| - M - | - CPT CODE - |
| Meniscus Mucocele, Salivary | 88304 |
| Muscle, Biopsy | 88305 |
| Mediastinum, Mass Myocardium, Biopsy | 88307 |
| - N - | - CPT CODE - |
| Nerve | 88302 |
| Neuroma-Morton's/Traumatic | 88304 |
| Nasal Mucosa, Biopsy Nasopharynx/Oropharynx, Biopsy Nerve, Biopsy | 88305 |

HISTOLOGY/SURGICAL PATHOLOGY

| - O - | - CPT CODE - |
|--|---------------------|
| Odontogenic/Dental Cyst Omentum, Biopsy Ovary with or without Tube, Non-neoplastic Ovary, Biopsy/Wedge Resection | 88305 |
| Odontogenic Tumor Ovary with or without Tube | 88307 |
| - P - | - CPT CODE - |
| Pilonidal Cyst/Sinus Polyps, Inflammatory - Nasal/Sinusoidal | 88304 |
| Parathyroid Gland Peritoneum, Biopsy Pituitary Tumor Placenta, Other than Third Trimester Pleura/Pericardium-Biopsy/Tissue Polyp, Cervical/Endometrial Polyp, Colorectal Polyp, Stomach/Small Bowel Prostate, Needle Biopsy Prostate, TUR | 88305 |
| Pancreas, Biopsy Placenta, Third Trimester Prostate, Except Radical Resection | 88307 |
| Pancreas, Total/Subtotal Resection Prostate, Radical Resection | 88309 |

HISTOLOGY/SURGICAL PATHOLOGY

| - S - | - CPT CODE - |
|--|--------------|
| Skin Plastic Repair Sympathetic Ganglion | 88302 |
| Skin-Cyst/Tag/Debridement Soft Tissue, Debridement Soft Tissue, Lipoma Spermatocoele | 88304 |
| Salivary Gland, Biopsy Sinus, Paranasal Biopsy Skin, Other than Cyst/Tag/Debridement/Plastic Repair Small Intestine, Biopsy Soft Tissue, Other than Tumor/Mass/Lipoma/Debridement Spleen Stomach, Biopsy Synovium | 88305 |
| Salivary Gland Small Intestine, Resection, Other than for Tumor Soft Tissue Mass (except Lipoma) - Biopsy/Simple Excision Stomach-Subtotal/Total Resection, Other than for Tumor | 88307 |
| Small Intestine, Resection for Tumor Soft Tissue Tumor, Extensive Resection Stomach, Subtotal/Total Resection for Tumor | 88309 |
| - T - | - CPT CODE - |
| Testis, Castration | 88302 |
| Tendon/Tendon Sheath Testicular Appendage Thrombus or Embolus Tonsil and/or Adenoids | 88304 |
| Testis, Other than Tumor/Biopsy/Castration Thyroglossal Duct/Brachial Cleft Cyst Tongue/Biopsy Tonsil/Biopsy Trachea/Biopsy | 88305 |
| Testis, Biopsy Thymus, Tumor Thyroid, Total/Lobe | 88307 |
| Testis, Tumor Tongue/Tonsil, Resection for Tumor | 88309 |

HISTOLOGY/SURGICAL PATHOLOGY

| - U - | - CPT CODE - |
|--|--------------|
| Ureter, Biopsy Urethra, Biopsy Urinary Bladder, Biopsy Uterus, with or without Tubes & Ovaries, for Prolapse | 88305 |
| Ureter, Resection Urinary Bladder, TUR Uterus, without or without Tubes & Ovaries, Other than Neoplastic/Prolapse | 88307 |
| Urinary Bladder, Partial/Total Resection Uterus, with or without Tubes & Ovaries, Neoplastic | 88309 |
| - V - | - CPT CODE - |
| Vaginal Mucosa, Incidental Vas Deferens, Sterilization | 88302 |
| Varicocele Vas Deferens, Other than Sterilization Vein, Varicosity | 88304 |
| Vagina, Biopsy Vulva/Labia, Biopsy | 88305 |
| Vulva, Total/Subtotal Resection | 88309 |