When your pathologist consults with the surgeon during a surgical procedure, you should use the appropriate code(s) from the following code family:

- 88329 — Pathology consultation during surgery;
- 88331 — ... first tissue block, with frozen section(s), single specimen
- +88332 — ... each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)
- 88333 — ... cytologic examination (eg, touch prep, squash prep), initial site
- +88334 — ... cytologic examination (eg, touch prep, squash prep), each additional site (List separately in addition to code for primary procedure).

Don’t forget the 3 R’s: As with any consultation, you can use 88329-88334 only when the pathologist gets a “request” for the service, “renders” a medical opinion, and files a written “report.”

Meet special conditions: In addition to the 3 R’s, the specific nature of these consultation codes is that the pathologist gives immediate feedback to the surgeon during the surgical procedure. The pathologist provides a medical opinion that may influence the course of the surgery.

1. Learn Parent Code Limits

Use 88329 when the pathologist consults with the surgeon but only performs a gross tissue examination. When the surgeon asks for a quick look at a specimen or a margin during surgery and the pathologist does not perform a microscopic exam, you should report this code.

That’s not all: In addition to knowing how to use 88329 for a stand-alone service, you should realize that 88329 is the parent code for the 88329-88334 code family. That means that the definition, “pathology consultation during surgery,” is the beginning of each of the subsequent indented codes. As such, each of the codes 88331-88334 includes the service described by 88329.

Avoid unbundling: In other words, you should not report 88329 together with any of the codes 88331-88334 for the same specimen. Only if the pathologist performs a gross consult on one specimen and a frozen-section consult on a different specimen should you report 88329 with the frozen section codes. Then you’d have to use modifier 59 (Distinct procedural service) modifier 59 or other appropriate modifier.

2. Follow Frozen Section Rules

Reporting frozen-section consults (88331 and +88332) requires understanding certain processes and terminology as follows:

- Specimen — Use the same specimen definition as you use for any other surgical pathology code (“tissue[s] submitted for individual and separate attention, requiring individual examination and pathologic diagnosis” according to CPT® definition).

- Block — A block is a portion of tissue that the pathologist prepares for sectioning (slicing into thin pieces). During surgery, the pathologist prepares the blocks by freezing them because it is faster than preparing traditional paraffin blocks. You may see one or multiple blocks from a single specimen.

- Frozen sections — Frozen sections are thin slices cut from the frozen block of tissue and placed on a slide. The pathologist may microscopically examine one or several sections from a single block.

Step 1: For any given specimen, report 88331 for any number of “frozen sections” (slides) that the pathologist examines
from a single block.

**Step 2 - Identify additional block:** If the pathologist examines one or more frozen sections from a second block that came from the same specimen, report +88332. For a third block from the same specimen, report 88332 again — and so on for each additional block.

**Step 3 - Manage a second specimen:** If the pathologist consults on a second specimen, go back to step one and start over, reporting 88331 for the first block of the second specimen and +88332 for subsequent blocks of the second specimen.

**Caution:** You can’t just count blocks to correctly code frozen section consults. You could have different scenarios with the same number of blocks but completely different coding. Let’s look at an example of that for three scenarios, each with three blocks:

**Example 1:** A surgeon requests a pathology consultation during surgery for a large ovarian mass. The pathologist prepares and evaluates frozen section slides from three blocks and reports the results to the surgeon.

**Solution 1:** Report this service as 88331 for the first block and 88332 x 2 for the additional two blocks. Final coding: 88331; 88332 x 2

**Example 2:** A pathologist consults on the margins of a bowel resection, preparing two blocks for frozen section diagnosis. Later that day, the surgeon calls the pathologist back to consult on a separate margin for the same patient, requiring one block with frozen sections.

**Solution 2:** Report this service as 88331 and +88332 for the first margin consult. Also report 88331 for the block the pathologist prepared and examined for the second surgical margin consultation later in the day. Final coding: 88331 x 2; 88332

**Example 3:** The surgeon requests an intra-operative consultation on three distinct skin lesions. The pathologist prepares and evaluates frozen sections from three blocks for each lesion.

**Solution 3:** Report this service as 88331 x 3 because the pathologist consulted on frozen sections from three distinct specimens. Final coding: 88331 x 3

A final warning: Pathologists often refer to the 88331-+88332 consultations simply as “frozens” or “frozen sections.” But labs prepare frozen section tissue blocks for reasons other than intraoperative consultations. For instance, histochemical staining for a muscle biopsy specimen typically uses frozen section preparation (+88314). Don’t report “frozen section” codes 88331 or +88332 in addition to other procedures, such as the +88314 special stain, that do not involve an intraoperative consultation.

3. Negotiate Touch-Prep Consultation Codes

Similar to the intraoperative consultations with frozen sections, CPT® provides two codes to report intraoperative consultations with touch preps. Recall from cytopathology chapter 13 that touch preps involve pressing (squashing) a tissue specimen onto a slide to examine the cellular material left behind.

**Don’t confuse touch preps:** You’ll use 88333 and +88334 only for touch preps that the pathologist performs in the surgical theater as part of a consultation with the surgeon. For touch preps in any other setting, use 88161 or 88162.

**Select initial site code:** When a pathologist consults during surgery, he may examine touch preps from multiple, uniquely-identified sites on a single specimen, such as the medial and proximal margins. You should separately code each site (regardless of the number of slides from the site). Just as you list 88331 for the initial block from a unique specimen, you should report 88333 for the initial site from a unique specimen when the pathologist performs touch preps from multiple sites.

**Add subsequent site code:** For each subsequent touch-prep site from the same specimen, you should list a unit of +88334. This is also similar to frozen section coding that uses +88332 for subsequent blocks from the same specimen.

**Caution:** Don’t take multiple touch-prep sites lightly — the pathology report must provide clear documentation that the pathologist evaluated unique sites.
Manage a second specimen: Similar to frozen section coding, if the pathologist examines touch preps from a second distinct specimen, you should list the “initial site” code (88333) again, followed by +88334(s) for any subsequent sites.

Use with frozen sections: Sometimes pathologists will evaluate frozen sections and touch preps as part of a single intraoperative consultation. For instance, the pathologist may examine frozen sections for tumor classification and intraoperative touch preps for margin evaluation from a different site on the specimen.

Do this: When the pathology report documents frozen sections and touch preps from distinctly identified sites on the same specimen, you should report the frozen sections as 88331 and the touch preps as +88334.

Key: You should report the touch prep using +88334 not 88333 because the touch prep comes from an "additional site" distinct from the frozen section.

Watch for CCI edits: Although CPT® provides clear direction in a text note following +88334 — “For intraoperative consultation on a specimen requiring both frozen section and cytologic evaluation, use 88331 and 88334” — CCI bundles 88331 and +88334. That means you’ll have to append modifier 59 or other appropriate modifier to +88334 when you list the two codes together.

Caution: To override this edit you should have good documentation that the pathologist performed these services on separate sites for medically significant reasons.

Example: The pathologist goes to surgery to render an intraoperative consult with a breast case that’s underway. The surgeon shows the pathologist the partial mastectomy (lumpectomy) specimen that he removed from the patient’s right breast. He points out the long and short sutures that mark the medial and lateral margins of the specimen. In addition to determining if the mass is cancerous, the surgeon asks the pathologist to evaluate the marked margins in particular due to concern that they may show residual tumor.

The pathologist performs a rapid microscopic examination of the lumpectomy specimen as a whole using frozen section technique (one block) and jots down her immediate diagnosis, which is “infiltrating ductal carcinoma.” She then microscopically examines each of the two resection margins the surgeon has marked.

The pathologist decides to conduct the exam by touch preparation technique to ensure a broad surface area of each margin for evaluation. After individually examining each margin separately under the microscope, she jots down her findings: “medial margin: no tumor present; lateral margin: no tumor present.”

The pathologist walks back into the operating room and reports the outcome of her examination to the surgeon, who then proceeds to close the surgical wound.

Solution: The lumpectomy in this case represents the specimen, but the pathologist examines three different sites from the specimen that you should code individually. The three sites/services are the frozen block from the tumor plus the separately marked medial and lateral resection margins. Each site is medically significant to the patient’s care and treatment. Neither touch preparation exam in any way duplicates the frozen section exam.

You should report the case as 88331 for the frozen section, plus +88334-59( modifier 59 or other appropriate modifier) x 2 for the two distinct margin touch preps.

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