

## Part B Insider (Multispecialty) Coding Alert

### READER QUESTION: Don't Code Fibroid Tumor Diagnosis Until You Pinpoint Location

Plus: Know the alternative terms that physicians use to describe the various types of tumors.

Question: When our pathologist diagnoses uterine fibroid tumors, which ICD-9 code should we use on our claim?

Answer: You should choose the appropriate diagnosis based on the fibroid tumor's location, as follows:

- **Submucous fibroids** (218.0, Submucous leiomyoma of uterus) grow from the uterine wall toward the uterine cavity. They can also be referred to as "intracavitary fibroids."
- **Intramural fibroids** (218.1, Intramural leiomyoma of uterus) grow within the uterine wall (myometrium). Some physicians may document this condition as "interstitial fibroids."
- **Subserous fibroids** (218.2, Subserous leiomyoma of uterus) grow outward from the uterine wall toward the abdominal cavity. They are also called subperitoneal fibroids.
- If the physician does not specify the uterine fibroid's location, assign 218.9 (Leiomyoma of uterus, unspecified) as the diagnosis.

CPT alert: You should code the pathology exam of uterus with leiomyomas as 88307 (Level V -- Surgical pathology, gross and microscopic examination, uterus, with or without tubes and ovaries, other than neoplastic/prolapse).

Although ICD-9 classifies leiomyoma as a benign neoplasm, a coding convention supported by the American Medical Association and the College of American Pathologists dictates that you code this condition as 88307, not 88309 (Level VI -- Surgical pathology, gross and microscopic examination, uterus, with or without tubes and ovaries, neoplastic).

For myomectomy specimens -- fibroid tumors that the surgeon removes while leaving the uterus intact -- bill the pathology exam as 88305 (Level IV -- Surgical pathology, gross and microscopic examination, leiomyoma[s], uterine myomectomy -- without uterus).