

Reporting Fine Needle Aspiration Procedures

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Reporting Fine Needle Aspiration Biopsy Procedures

Fine needle aspiration (FNA) biopsy codes 10021 and 10022 were identified as potentially misvalued by the American Medical Association (AMA)/Specialty Society Relative Value Scale (RVS) Update Committee (RUC). It was determined that code 10022 was reported with imaging guidance more than 75% of the time; therefore, imaging guidance should be bundled into the service. In addition, it was determined that physicians were reporting codes 10021 and 10022 for each pass of a needle rather than once per lesion as intended. Stakeholder specialties proposed extensive guideline and coding changes, which were approved for Current Procedural Terminology (CPT®) 2019.

Revised, New, and Deleted Codes

Fine Needle Aspiration (FNA) Biopsy subsection was added to the Surgery/General section of the CPT code set together with guidelines that provide a number of definitions and instructions for reporting. FNA biopsy procedures may be performed with or without imaging guidance. Revised code 10021 and new code 10004 are reported when imaging guidance is not used. New codes 10005-10012 describe FNA biopsy(ies) performed with imaging guidance, ie, imaging guidance is included or bundled into these new codes and should not be reported separately. Multiple parenthetical notes throughout the CPT code set were revised as well to incorporate the changes related to FNA biopsy. This article provides guidance for the appropriate reporting of FNA biopsy procedures.

▶ Subcutaneous Cardiac Rhythm Monitor ◀

▲ 10021

Fine needle aspiration biopsy, without imaging guidance; first lesion

▶(33282, 33284 have been deleted. To report, see 33285, 33286)◀

#+● 10004

each additional lesion (List separately in addition to code for primary procedure)

▶(Use 10004 in conjunction with 10021)◀

▶(Do not report 10004, 10021 in conjunction with 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012 for the same lesion)◀

▶(For evaluation of fine needle aspirate, see 88172, 88173, 88177)◀

#●**10005**

Fine needle aspiration biopsy, including ultrasound guidance; first lesion

#+●**10006**

each additional lesion (List separately in addition to code for primary procedure)

▶(Use 10006 in conjunction with 10005)◀

▶(Do not report 10005, 10006 in conjunction with 76942)◀

▶(For evaluation of fine needle aspirate, see 88172, 88173, 88177)◀

#●**10007**

Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion

#+●**10008**

each additional lesion (List separately in addition to code for primary procedure)

▶(Use 10008 in conjunction with 10007)◀

▶(Do not report 10007, 10008 in conjunction with 77002)◀

▶(For evaluation of fine needle aspirate, see 88172, 88173, 88177)◀

#●**10009**

Fine needle aspiration biopsy, including CT guidance; first lesion

#+●**10010**

each additional lesion (List separately in addition to code for primary procedure)

▶(Use 10010 in conjunction with 10009)◀

▶(Do not report 10009, 10010 in conjunction with 77012)◀

▶(For evaluation of fine needle aspirate, see 88172, 88173, 88177)◀

#●10011

Fine needle aspiration biopsy, including MR guidance; first lesion

#+●10012

each additional lesion (List separately in addition to code for primary procedure)

▶(Use 10012 in conjunction with 10011)◀

▶(Do not report 10011, 10012 in conjunction with 77021)◀

▶(For evaluation of fine needle aspirate, see 88172, 88173, 88177)◀

(For percutaneous needle biopsy other than fine needle aspiration, see 19081-19086 for breast, 20206 for muscle, 32400 for pleura, 32405 for lung or mediastinum, 42400 for salivary gland, 47000 for liver, 48102 for pancreas, 49180 for abdominal or retroperitoneal mass, 50200 for kidney, 54500 for testis, 54800 for epididymis, 60100 for thyroid, 62267 for nucleus pulposus, intervertebral disc, or paravertebral tissue, 62269 for spinal cord)

▶(For percutaneous image-guided fluid collection drainage by catheter of soft tissue [eg, extremity, abdominal wall, neck], use 10030)◀

An FNA biopsy is performed when material is aspirated with a fine needle and the cells are examined cytologically. It would be incorrect to report an FNA biopsy code for aspiration only. In contrast to an FNA biopsy, a core-needle biopsy is typically performed with a larger bore needle to obtain a core sample of tissue for histopathologic evaluation. Note that new parenthetical notes following codes 10005-10012 instruct that codes 88172, 88173, and 88177 should be used for the evaluation of FNA, which is separately reported. Report codes 10021 for biopsies performed and 10005 for their respective imaging guidance modalities.

Codes 10004-10012 and 10021 may be reported only once per lesion sampled in a single session. When more than one FNA biopsy is performed on separate lesions at the same session, on the same day, and using the same imaging modality, use the appropriate imaging modality add-on code for the second and subsequent lesion(s). When more than one FNA biopsy is performed on separate lesions, at the same session, on the same day, and using different imaging modalities, report the corresponding primary code with modifier 59, Distinct procedural service, for each additional imaging modality and the corresponding add-on codes for subsequent lesions sampled. This instruction applies regardless of whether the lesions are ipsilateral or contralateral to each other, and/or whether they are in the same or different organs/structures.

When FNA biopsy and core-needle biopsy are performed on the same lesion, during the same session, on the same day, and using the same type of imaging guidance, do not separately report the imaging guidance for the core-needle biopsy. When FNA biopsy is performed on one lesion and core-needle biopsy is performed on a separate lesion, during the

same session, on the same day, and using the same type of imaging guidance, both the core-needle biopsy and the imaging guidance for the core-needle biopsy may be reported separately with modifier 59. When FNA biopsy is performed on one lesion and core-needle biopsy is performed on a separate lesion, during the same session, and on the same day using different types of imaging, both the core-needle biopsy and the imaging guidance for the core-needle biopsy may be reported with modifier 59.

Coding Tip

Do not report any imaging-guidance modality with any of the FNA-biopsy codes separately.

- New FNA-biopsy guidelines include the following definitions and instructions:
- Definitions of FNA and core-needle biopsy
- Instruction prohibiting separate reporting of imaging guidance
- Instructions that the FNA-biopsy codes may only be reported once per lesion sampled, which inherently restricts: (a) separate reporting for multiple passes into a single lesion; (b) separate reporting of the use of different types of imaging on the same lesion; and (c) separate reporting of attempts at a nonimage-guided biopsy that subsequently requires some type of imaging guidance for adequate biopsy in the same lesion.
- Instructions for reporting FNA biopsies performed on different lesions; for reporting different types of biopsies; and/or for using different types of imaging guidance.
- When reporting multiple biopsies and/or multiple methods for imaging, instructions have been provided to assist users to identify when the procedure should be reported with an add-on code for services that may include certain shared tasks and when modifier 59 is appropriate. ◆