

# Coding for Breast Interventions

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# Resources

- AMA
- CMS
- SIR
- ZHealth



# Disclaimer

The information presented is based on the experience and interpretation of the presenters. Though all of the information has been carefully researched and checked for accuracy and completeness, ADVOCATE does not accept any responsibility or liability with regard to errors, omissions, misuse or misinterpretation.

# Agenda

- Anatomy & Terminology
- Coding Conventions for Breast Procedures
- Breast Biopsy
- Breast Localization
- Other Breast Procedures
- Q&A

OCTOBER

BREAST CANCER



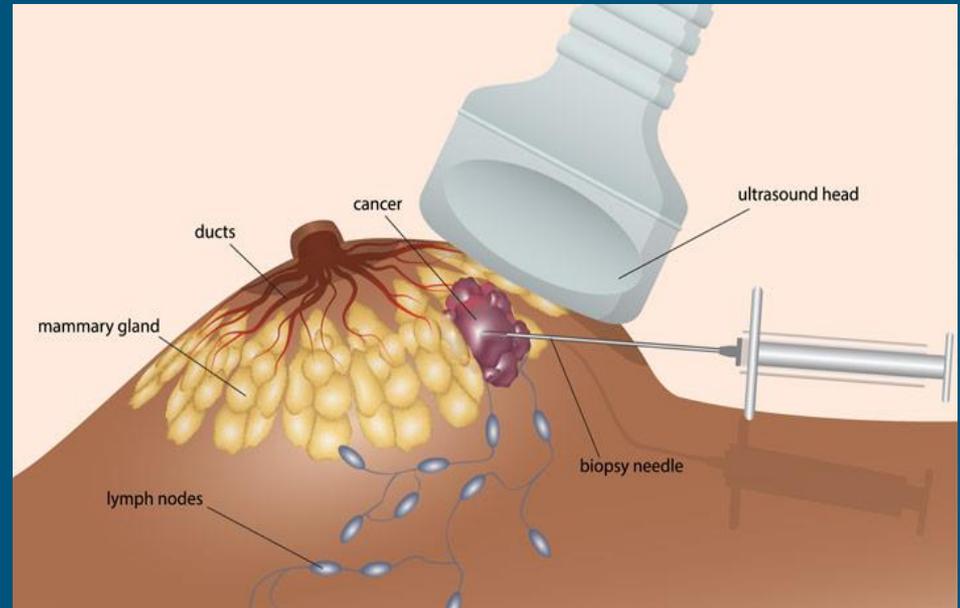
AWARENESS MONTH

EARLY  
DETECTION  
SAVES  
LIVES



# Anatomy & Terminology

- Cyst: Fluid filled sac
- Duct: Passage for carrying fluid
- Core Biopsy: Use of a hollow needle to remove sample of tissue
- Aspiration: Withdrawal of fluid through a needle
- Breast Quadrants



# Breast Procedures

- Breast Biopsy
- Breast Localization
- Breast Cyst Aspiration
- Galactogram
- Sentinel Node
- Radiotherapy

# Key Reference

- Breast Imaging FAQ
  - [https://www.acr.org/-/media/ACR/Files/Advocacy/2021-Breast-Imaging-Frequently-Asked-Questions-\(1\).pdf](https://www.acr.org/-/media/ACR/Files/Advocacy/2021-Breast-Imaging-Frequently-Asked-Questions-(1).pdf)



# Breast Procedure Coding Basics

- Most codes are comprehensive
- Radiologic guidance not separately billable for most breast procedures
- Special Consideration:
  - Specimen Radiograph
  - Post Procedure Mammography
  - Multiple Lesions

# Radiologic Guidance

- Radiologic guidance not separately billable for most breast procedures
- Different types of radiologic guidance that may be used:
  - US guidance (76942)
  - Fluoro guidance (77002)
  - CT guidance (77014)
  - MR guidance (77021)
  - Stereo guidance-NO CODE
  - Tomosynthesis guidance\*-NO CODE
  - Mammo guidance-NO CODE

# Tomosynthesis Guidance

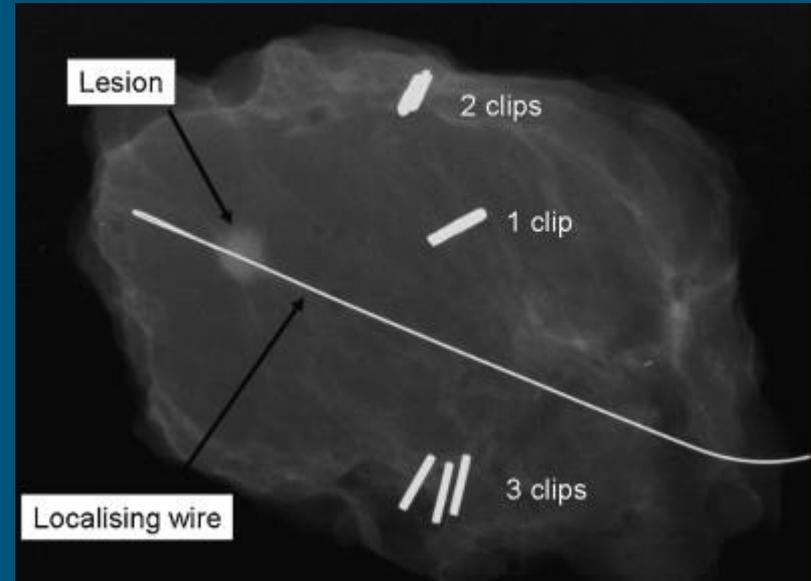
- Newer technology/practice
- If a procedure is done SOLELY under tomosynthesis guidance, report unlisted code 19499
- Combination stereotactic AND tomosynthesis guidance, report stereotactically guided procedure

# Post-Procedure Mammography

- Mammography following biopsy, localization, or other breast procedure is reported separately UNLESS the initial breast procedure is performed under MAMMOGRAPHIC guidance (e.g. 19281-19282) (*NCCI Policy Manual Chapter 9*)
- 77065/77066-Diagnostic Mammo
- MUE-1
- Report should document some type of finding (e.g. verification/confirmation of clip, etc.)

# Specimen Radiograph

- Included with most breast procedures
- Only billable when breast tissue is radiographed following a NON-image guided biopsy by same or different provider (*AMA CER Spring 2014*)
- 76098-Radiological examination, surgical specimen
- Multiple specimens
- If ultrasound is used to image the specimen, use unlisted 76999



# Breast Biopsy

- Purpose
- Percutaneous
- Comprehensive Codes
- Codes are Unilateral
- Biopsy Codes Inclusive of:
  - Radiologic guidance
  - Clip placement
  - Specimen imaging
- Post-procedure mammography billable unless biopsy is done under mammo guidance



# Breast Biopsy Coding

- 19081 - *Biopsy breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance*
  - +19082 - *each additional lesion*
- 19083 - *including ultrasound guidance*
  - +19084 - *each additional lesion*
- 19085 - *including MRI guidance*
  - +19086 - *each additional lesion*
- CPT 19100/19101 for breast biopsy WITHOUT imaging guidance
- No code for mammographic guided breast biopsy-use unlisted code 19499
- Reporting Multiple Lesions

# Example

Reason for Exam: Abnormal breast imaging

Procedure Note: STEREOTACTIC BIOPSY LEFT BREAST:

**PATHOLOGY RESULTS:** Stereotactic guided core biopsy of a cluster calcifications in the left breast demonstrates multiple foci of ductal carcinoma in situ, comedo carcinoma and papillary types nuclear grade 3. This is concordant with radiographic findings. The findings and recommendations were discussed with patient by telephone by the patient navigator in our department.

**INDICATION:** 66 year old female presents for new clustered calcifications in the left breast (19081)

The procedure was explained to the patient with associated risks and benefits including bleeding, bruising and infection, and signed consent was obtained.

Using 2-D and 3-D digital mammography, local anesthetic and aseptic technique: , a cluster calcifications in the upper inner periareolar region of the left breast was targeted. Using a 9 gauge Suros biopsy needle, good needle position was confirmed by stereotactic pair images. 10 core samples were obtained and sent to Pathology for further evaluation. A Senor X marking clip was deployed at the biopsy site. Post procedure mammogram demonstrates the marking clip to correspond to the targeted lesion. The radiographic specimen demonstrates calcifications to be within the specimen. The patient tolerated the procedure well and left the department in stable condition.

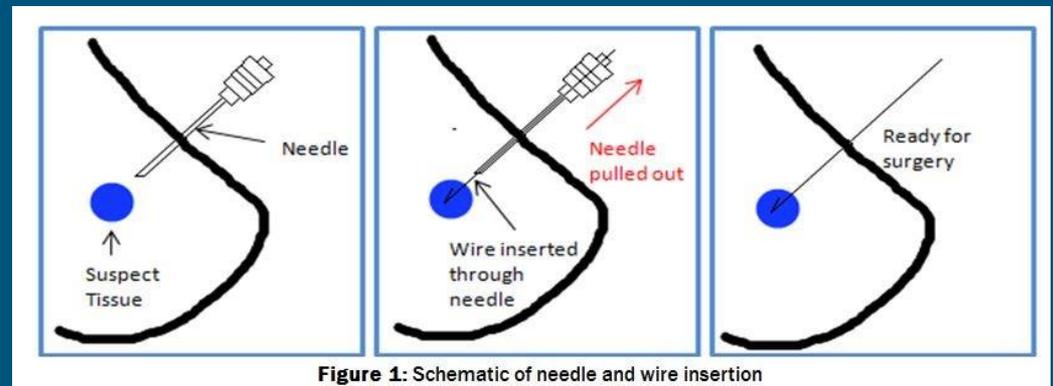
**IMPRESSION:** Successful completion of a stereotactic guided core biopsy of left breast calcification with marking clip placement. BIRAD: 6

## CODES

- 19081: Biopsy breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance
- 77065: Post biopsy mammo

# Breast Localization

- Many Purposes:
  - Wire/Needle
  - Radioactive Seed
  - Post-biopsy clip
  - Fiducial marker
- Percutaneous procedures
- Often performed to aid OPEN biopsy procedures
- Comprehensive Codes
- Codes are Unilateral
- Specimen imaging may be separately billable following the OPEN/Non-image-guided biopsy
- Reporting Multiple lesions



# Breast Localization Codes

- 19281 - Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance
  - +19282 -each additional lesion
- 19283 - including stereotactic guidance
  - +19284 -each additional lesion
- 19285 - including ultrasound guidance
  - +19286 -each additional lesion
- 19287 - including magnetic resonance imaging
  - +19288 - each additional lesion

For localization device in site OTHER than breast, see 10035 and 10036.

# Example

Procedure Note: MAM Breast Localization Left

REASON FOR EXAM: Unspecified benign mammary dysplasia of left breast

DISCUSSION: The patient's left breast was placed in the stereotactic biopsy device in the CC projection. The marker from previous biopsy localized using stereotactically imaging. This is in the posterior lateral aspect of the breast. The patient was draped and prepped in standard sterile fashion. Local anesthesia was obtained to the skin and subcutaneous tissues using 1% lidocaine. The savi scout needle was advanced to the expected depth at the abnormality. The depth of the needle was verified via stereotactic imaging. The scout marker was then deployed.

Stereotactic imaging illustrated Scout marker in the expected location. The needle was then removed. Two view mammogram was obtained to document the location of the localization needle.

The patient tolerated procedure without difficulty. Adequate hemostasis was observed throughout the procedure. The patient was returned to the operating suite. Mammographic images marked indicating the location of the wire and localization.

IMPRESSION:

Successful savi scout localization with bracketing anterior to posterior using stereotactic guidance of the left breast.

## CODES

- 19283 - Percutaneous placement breast localization device, stereotactic, first lesion
- 77065 - Unilateral diagnostic mammo

# Other Breast Interventions

- Cyst Aspiration
- Galactogram
- Sentinel Node
- Radiotherapy

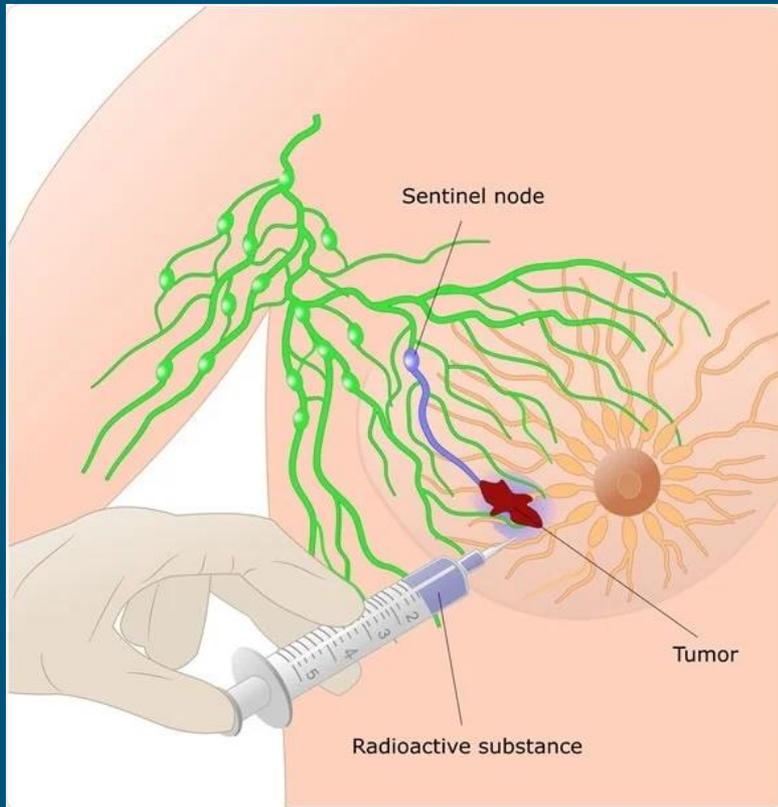
# Breast Cyst Aspiration

- Generally done under US guidance
- Code for each cyst separately
- Guidance is coded ONCE per patient encounter
- 19000
  - +19001

# Galactogram

- “Ductogram”
- Not very common
- Contrast injected followed by a mammogram which is included in the procedure code
- Codes:
  - 19030
  - 77053 (RS&I single)/77054 (RS&I multiple)
- Multiple duct rules

# Sentinel Node



- Helps identify lymph node involvement in breast cancer
- Injection of radioactive/nuclear medicine isotope or blue dye
- Codes:
  - 38792-Injection ONLY of radioactive isotope
  - 78195-Injection AND nuclear medicine lymph node imaging
  - 38900-Intraoperative injection of blue dye
- US guidance may be reported separately with 38792

# Radiotherapy

- Placement of specialized catheters to distribute radiopharmaceutical at site of tumor resection
- May be placed at the time of surgery or at a later date
- Codes are dependent on type of catheter(s) and when they are placed:
  - 19296- Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy
  - +19297- Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (list separately in addition to PRIMARY PROCEDURE)
  - 19298- Placement of radiotherapy after loading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance
- Codes include imaging guidance

# Example

US GUIDED CYST ASPIRATION LEFT:

HISTORY: The patient presents for an aspiration of the left breast.

TECHNIQUE: Ultrasound-guided cyst aspiration of the left breast.

FINDINGS: Preliminary images demonstrate a cyst in the left breast at 11 o'clock, 10 cm from the nipple, measuring 0.7 x 0.4 x 0.5 cm.

PROCEDURE: Written and oral informed consent was obtained from the patient (or representative). After explaining potential risks and benefits of the procedure as well as alternatives and the right to refuse, the patient (or representative) expressed understanding. Time out was performed.

The area in the left breast at 11 o'clock was prepped and draped in sterile fashion. 1 ml of 1% Lidocaine was administered as anesthetic. Using direct ultrasound guidance and an 18 gauge needle, the cyst was aspirated in its entirety. The fluid was discarded:

The patient tolerated the procedure well and was discharged home in stable condition with standard instructions:

IMPRESSION: Ultrasound-guided cyst aspiration performed of the left breast.

# Codes

- 19000-Puncture aspiration of cyst of breast
- 76942-US guidance

# Q&A



# Thank you!

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