# IR Coding Series: Mastering Biopsy & Aspiration Procedures

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# Agenda

- Procedure Basics
- Types of Procedures/Coding & Case Review
  - Aspiration
  - Biopsy
  - Drainage
  - Breast Procedures
- Biopsy & Aspiration Documentation Checklist

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# Sources/References




# Procedure Basics

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## Percutaneous vs. Open

- Percutaneous means through the skin.
- Most procedures done by Interventional Radiologists are done percutaneously.

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# Radiologic Guidance

- Radiologic guidance is used for most interventional procedures.
- Guidance codes are divided into 4 categories:
  - Fluoroscopic 77001-77003
  - Ultrasound 76932-76965
  - Computed Tomography 77011- 77014
  - Magnetic Resonance 77021-77022
- Many procedure codes include the radiologic guidance

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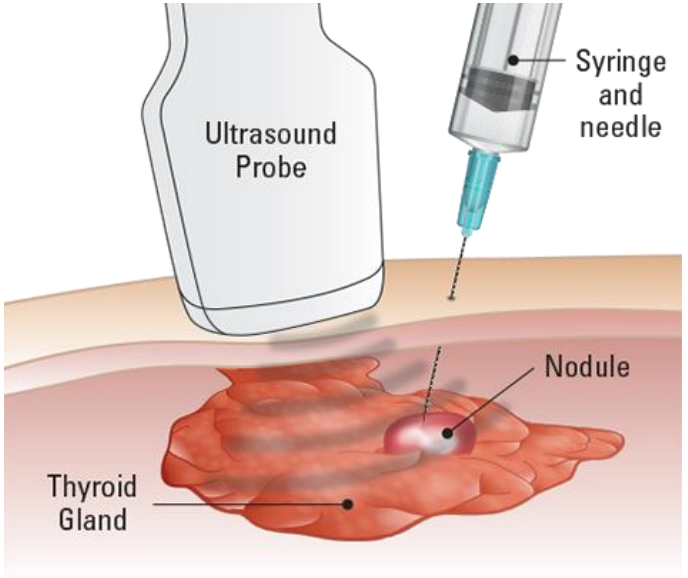
# Aspiration, Biopsy & Drainage

- ASPIRATION
  - Thoracentesis
  - Paracentesis
  - Joints
- BIOPSY
  - Core vs Aspiration
- DRAINAGE
  - Drainage of fluid collection
  - Indwelling catheter
- BREAST PROCEDURES

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# Types of Procedures

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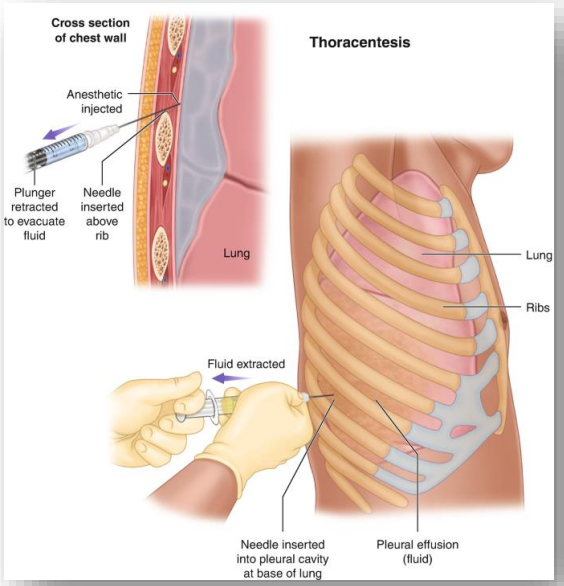
# Aspiration

- Aspiration-Withdrawal of material with a needle or small catheter
- Diagnostic & Therapeutic
- Body Site Specific
  - Depending on body site and type of guidance, codes may be comprehensive
- Most common aspiration procedures in IR:
  - Thoracentesis
  - Paracentesis
  - Joint procedures

# Thoracentesis

- Procedure to remove the fluid, blood, or air from the space between the lungs and chest wall
- Commonly performed for:
  - Pleural effusion, pneumothorax
- Inclusive of confirmatory chest x-ray
- Codes:
  - 32554 – Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance
  - 32555 – with imaging guidance

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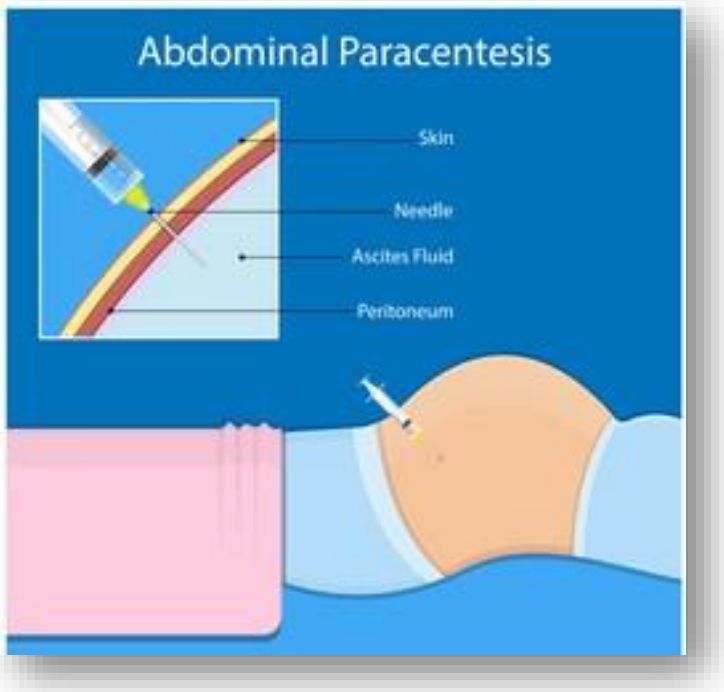
# Paracentesis

- Puncture of the abdominal cavity for the removal of fluid for diagnosis or treatment
- Commonly performed for:
  - Ascites
- Codes:
  - Without imaging guidance - 49082
  - With imaging guidance - 49083

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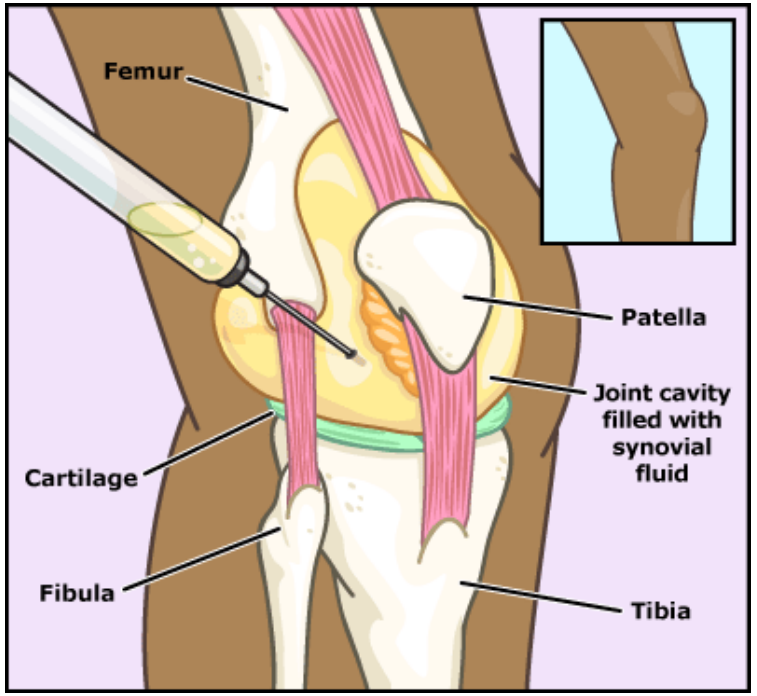
# Joint Aspiration

- Joint Aspiration W/US guidance-comprehensive codes
  - Small Joint-toes, fingers
  - Medium Joint-TMJ, wrist, ankle, elbow
  - Large Joint-knee, shoulder, hip
- Performed for diagnostic purposes or therapeutic-joint effusions, bursitis
- Codes:
  - 20600, 20605, 20610-w/o US guidance
  - 20604, 20606, 20611-w/US guidance
- When performed with guidance other than US, use appropriate code + radiologic guidance code
- Same codes used for injection of joints (steroid, analgesic, etc.)

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# Case Study

HISTORY: Right olecranon bursa fluid collection.

PROCEDURE: Right olecranon bursa fluid collection fluid collection aspiration with ultrasound guidance.

The benefits, risks and alternatives to ultrasound guided right olecranon bursa fluid collection fluid collection aspiration were explained to the patient who conveyed understanding and wished to proceed. Informed written consent was obtained and placed in the patient`s medical record. A time-out was then performed and the patient, procedure, side, and site were confirmed. The patient was continuously monitored with EKG, pulse oximetry, and blood pressure throughout the procedure.

A brief ultrasound examination was then performed over the right olecranon bursa fluid collection fluid collection. A permanent ultrasound image was obtained and an entry site was marked. The patient was then prepped and draped in the usual sterile fashion. 1% lidocaine was used as a local anesthetic. Under real time ultrasound guidance an 16-gauge needle was advanced into the left posteromedial knee soft tissue fluid collection and aspirated 2mL of purulosanguinous fluid, which was sent to the lab. Post-procedure ultrasound image was stored. Sterile dressing was applied. There were no immediate post procedural complications.

IMPRESSION:

Right olecranon bursa fluid collection fluid collection aspiration.

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# Codes

- 20606 – Aspirate/inject medium joint with US guidance

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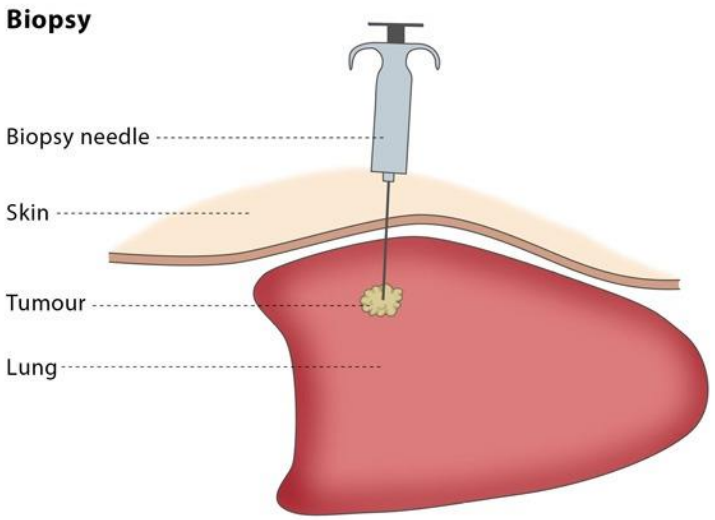
# Biopsy

- Removal of sample to determine pathology
- Core vs. Aspiration Biopsy/FNA
  - Provider documentation matters
  - Type of sample:
    - Aspiration-Cytology
    - Core-Histology

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# Biopsy

- Coding Selection:
  - Core biopsy:
    - Site Specific
    - Depending on body site, codes may be comprehensive
  - Aspiration biopsy/FNA:
    - Dependent on type of radiologic guidance
    - Dependent first/add'l lesion
  - Multiple lesion rules
    - Core/Aspiration/Both

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# Core Biopsy

- Abdominal/Retroperitoneal-49180 + guidance
- Bone (superficial/deep)-20220/20225 + guidance
- Liver-47000 + guidance
- Lung/mediastinum-32408
- Lymph Node-38505 + guidance
- Muscle-20206 + guidance
- Renal/kidney-20500 + guidance
- Thyroid-60100 + guidance

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# Aspiration Biopsy

- 10005 - Fine needle aspiration biopsy, including ultrasound guidance; first lesion
  - 10006 –each add'l lesion
- 10007 - Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion
  - 10008 - each add'l lesion
- 10009 - Fine needle aspiration biopsy, including CT guidance; first lesion
  - 10010 – each add'l lesion
- 10011 - Fine needle aspiration biopsy, including MR guidance; first lesion
  - 10012 –each add'l lesion

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# Case Study

PROCEDURE: CT-GUIDED RIGHT LOWER LOBE LUNG NODULE BIOPSY

INDICATION: RLL Nodule

SURGICAL PROCEDURE: After informed consent was obtained the patient was placed on the CT table in the left lateral position. Helical CT imaging was performed of the inferior chest in order to localize the lung nodule and determine the optimal route for percutaneous biopsy. The right lateral chest was prepped with chlorhexidine and alcohol. 1 percent lidocaine was utilized to anesthetize the skin and subcutaneous tissue lateral to the nodule. Under CT fluoroscopic guidance a 19 gauge needle was advanced to the lateral aspect of the nodule. Through this 19 gauge needle three 20 gauge core biopsies were obtained with a Bard biopsy gun with the biopsy passes set at 22 mm. The biopsy specimens were sent to pathology in formalin. The patient tolerated the procedure well.

FINDINGS: CT imaging of the chest revealed a 1.7 centimeter noncalcified pulmonary nodule in the lateral right lower lobe. Images obtained during the biopsy revealed the tip of the 19 gauge needle in the lateral aspect of the nodule prior to the biopsy passes. Images obtained immediately following the biopsy reveal a small right pneumothorax and a small amount of gas in the nodule from the needle passes.

CONCLUSION

CT-guided right lower lobe lung nodule biopsy yielding three 20 gauge cores.

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# Codes

- 32408- Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed

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# Case Study

Exam Description: US BIOPSY, THYROID

Reason for Exam: Thyroid nodule, TR 5, in the right inferior lobe with interval growth

FINDINGS: Informed consent was obtained. Patient was given an opportunity to ask questions. A timeout was performed prior to the procedure.

Ultrasound guided fine-needle aspiration of the right inferior thyroid nodule the usual manner.

Skin was sterilely prepped and draped. 1% lidocaine was used as local anesthesia. six 25-gauge fine needle aspiration specimens were obtained from the nodule. Specimens were handed to cytopathology who was present for the exam to assess specimen adequacy. Post procedure images showed no evidence of perithyroidal hematoma or fluid collection. Patient tolerated the procedure well. No immediate complication. Patient left the ultrasound department in good condition.

IMPRESSION: Successful biopsy of right inferior thyroid lobe nodule.

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# Codes

- 10005 - Fine needle aspiration biopsy, including ultrasound guidance; first lesion

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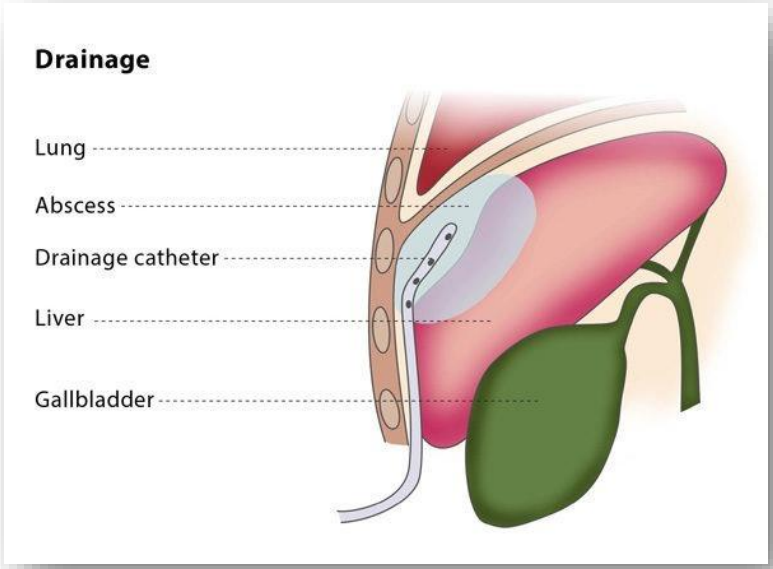
# Drainage Procedures

- Drainage of fluid collection
  - **Abscess**-A collection of fluid in a walled-off sac or pocket, often the result of infection.
  - **Hematoma**-Swelling or mass of blood confined to an organ, tissue, or space
  - **Lymphocele**-A cystic or saclike collection of lymphatic fluid
  - **Seroma**-A fluid-filled pocket that sometimes develops in the body after surgery
- Body Sites
  - **Peritoneal**-abdominal cavity
  - **Retroperitoneal**-area around the kidneys
  - **Viscera**-Internal organs (pancreas, kidneys, liver, spleen, lungs, etc.)
- Guidance-75989 (if not included)
- Requires a catheter left in place (flexible tube inserted for drainage)

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# Drainage Procedures

- Visceral-49405
- Peritoneal/Retroperitoneal-49406
- Peritoneal/Retroperitoneal (TV/TR approach)-49407
- Cholecystostomy (gallbladder)-47490
- Tunneled Peritoneal Cath-49418
- Chest Tube-32556 (wo imaging), 32557
- Tunneled Pleural Cath w/cuff-32550 + 75989
- Soft Tissue (abdominal wall, thigh, neck, skin/subcu)-10030
- Puncture aspiration/drainage-10160 + guidance
- Diagnostic Injection of Sinus Tract (Sinogram)-20501+76080
- Abscess Management (injection/check, exchange, removal etc.)

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# Case Study

Additional: History: s/p liver abscess drain placement.

Procedure: CT Drainage With Catheter Placement.

Under physician supervision, intravenous moderate sedation was administered.

Pulse oximetry, heart rate, blood pressure, and vital signs were continuously monitored by an independent trained observer present. Physician intraservice/Face-to-face sedation time: 11 minutes.

Sterile technique: and lidocaine for local anesthesia. 19 gauge needle was inserted into the fluid collection. Over a superstiff guidewire, after tract dilatation, a drainage catheter was placed into the fluid collection. Guidance with images obtained: CT.

Approach: Anterior, along the left side of the xiphoid angled into the dominant undrained component of the multiloculated hepatic abscess, to the upper left of the existing pigtail catheter tip. Location of fluid collection: Upper left hepatic lobe lateral segment

IMPRESSION:

1. CT guided placement of 12 Fr locking pigtail drainage catheter into dominant residual undrained component along upper left side of multiloculated hepatic abscess. Patient has an indwelling 14 French pigtail in the abscess to the right of the new catheter.

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# Codes

- 49405 – Percutaneous image guided fluid drainage, visceral
- 99152-Moderate sedation, initial 15 minutes

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# Case Study

EXAMINATION: US GUIDED ABSCESS DRAIN

HISTORY: Abdominal wall fluid

Comparison:  CT abdomen and pelvis 5/8/2023

TECHNIQUE: The risks, benefits and alternatives were discussed and informed consent was obtained. Prior to beginning the procedure, Universal Protocol was performed to confirm the patient`s identity and the planned procedure. The field was prepped and draped in usual sterile fashion and ChloraPrep, 2% chlorhexidine, was used for cutaneous antisepsis. The patient was placed in the supine position on the ultrasound table. The area of interest was localized with ultrasound guidance. Local anesthesia was achieved with subcutaneous injection of 1% lidocaine. Under contiguous ultrasound guidance, a needle was advanced into the collection and the collection was aspirated. 75 mL of slightly bloody serous fluid was aspirated. The patient tolerated the procedure well and there were no immediate complications.

IMPRESSION:  Successful ultrasound-guided aspiration of a left lower quadrant subcutaneous fluid collection of the anterior abdominal wall.

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# Codes

- 10160– Puncture aspiration of abscess, hematoma, bulla, or cyst
- 76942-Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation

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# Breast Procedures

- Cyst Aspiration (19000-19001):
  - Code separately for imaging guidance
- Biopsy (19081-19086):
  - Comprehensive Codes (include guidance, clip, specimen)
  - Codes based on guidance & initial/additional lesion
    - Exceptions-Mammo guidance, tomo guidance
  - Codes are Unilateral
- Localization (19281-19288)
  - Clip*, Wire Localization, Radioactive  Seeds, etc
  - Comprehensive Codes (include guidance, clip, specimen)
  - Codes based on guidance & initial/additional lesion
    - Exceptions-Mammo guidance, tomo guidance
  - Codes are Unilateral
  - For localization device in site OTHER than breast, see 10035 and 10036.

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# Breast Procedures

- Post-Procedure Mammo*
- Multiple lesion rules

**See AMA Clinical Examples in Radiology Spring 2023*

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# Case Study

Examination: MAM STEREOTACTIC BREAST BIOPSY RIGHT

REASON FOR EXAM: Breast calcifications
Technique: Stereotactic biopsy of the right breast
DISCUSSION: Written, informed consent was obtained from the patient prior to the procedure for stereotactic guided biopsy of the right breast. The patient was prepped in standard sterile fashion. The target breast calcifications were localized. 10 mL of 1% lidocaine was administered locally. A small skin nick was made and an 8 gauge needle was advanced to the pre-fire position. Subsequent needle advancement was performed. 2 views were obtained to verify both pre-fire and post fire positioning. The needle position was in adequate relative to target and similar technique was used from a lateral-medial approach to obtain satisfactory targeting. Four samples were obtained .

A barbell clip was deployed through the needle to document biopsy position. On a separate mammography machine, two-view post procedure mammogram demonstrated adequate clip position relative to target. The patient tolerated the procedure without difficulty. Adequate hemostasis was observed throughout the procedure. The patient was discharged to home with activity level, wound care and pain management instructions. Samples were provided to pathology laboratory for analysis.

IMPRESSION:
Successful stereotactic biopsy of the right breast as discussed above.

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# 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-Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral

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# Biopsy/Aspiration IR-Coding Checklist

## *Key Components*

- Access/Approach
- Radiologic Guidance
- Description of Procedure(s)
  - Laterality (if applicable)
  - Exact location of the lesion/cyst/fluid collection
  - Number of lesions (if applicable)
  - Was a catheter left in place?

❖Always check the CPT description!

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