Interventional Radiology Coding Case Studies

Prepared by
Stacie L. Buck, RHIA, CCS-P, RCC, CIRCC, AAPC Fellow
President & Senior Consultant

Week of July 30, 2018

Supraclavicular Lymph Node & Parotid Gland Biopsy

CLINICAL HISTORY: This is a patient who had a past history of oral cancer and now has esophageal cancer that has been discovered. Patient on PET scan had a suspicious left supraclavicular lymph node noted as well as a suspicious mass in the right parotid gland. These are undergoing needle aspiration/core biopsy under ultrasound guidance.

TECHNIQUE: A PARQ conference was held and informed consent was obtained. Patient's neck was sterilely prepped with betadine and Chloraprep. Sterile technique was used throughout the exam. The left neck was initially approached. 10 mL of 1% Xylocaine was used in the skin and subcutaneous tissues of the left neck just lateral to patient's tracheostomy site. Initially needle aspiration biopsy under ultrasound guidance was obtained of the enlarged supraclavicular lymph node. This lymph node was partially compressing the left jugular vein. It measured 1.5 cm. The needle aspiration biopsy was done several times of this lymph node with smears and Saccomanno needle washings made. Under ultrasound guidance, a 16-gauge coaxial needle was placed into the anterior aspect of the lymph node. This needle was placed in a manner to avoid the jugular vein. Using ultrasound guidance, an 18-gauge Tenmo/Cooke needle was placed into the coaxial needle. The 18-gauge needle biopsy slot was then manipulated in a manner to avoid the jugular vein and yet to sample the anterior aspect of the lymph node. This was done twice with the specimens placed into formalin.

Patient had a 1.7 cm x 1.5 cm mass in the right parotid gland. This mass was well circumscribed and hypoechoic with some mild vascularity. There is also a small lymph node in the right parotid gland inferior to the mass measuring 0.5 cm to 1 cm in diameter. This area was prepped with betadine and Chloraprep. Sterile technique was used throughout the exam. 10 mL of 1% Xylocaine was used as local anesthesia in the skin and subcutaneous tissues of this area. A 21- gauge 1.5 inch needle was used to provide a path into the mass in question. Once the 21-gauge needle was in the mass, a 16-gauge 4 cm coaxial needle was placed into the mass under ultrasound guidance using the same pathway as the 21-gauge needle. The 21-gauge needle was then removed. Through the coaxial needle, an 18-gauge 9 cm core biopsy needle was placed into the mass. The biopsy slot was solely within the mass. 3-4 core biopsies were obtained of the mass in question and placed in formalin. There was a single core biopsy obtained and placed in RPMI solution in case the lesion was a lymph node.

At the end of the exam, the left carotid and jugular vein were studied and no immediate post procedural complications were encountered. There was no excess bleeding in the neck. The left jugular vein and left carotid artery were intact.

At the end of the procedure, patient's neck was cleansed with alcohol. A small band-aid was placed at each site in the neck where the skin was entered. Patient tolerated the procedure well.

IMPRESSION:

1. AN ENLARGED LEFT SUPRACLAVICULAR LYMPH NODE IS NOTED AT THE BASE OF THE NECK MEASURING AT LEAST 1.1 CM. THIS UNDERWENT NEEDLE ASPIRATION CORE BIOPSY UNDER ULTRASOUND GUIDANCE WITH AN 18-GAUGE 9 CM COAXIAL CORE BIOPSY NEEDLE.
2. A HYPOECHOIC MASS IS NOTED IN THE LEFT PAROTID GLAND. THIS MASS IS NOTED TO MEASURE 2.6 CM X 1.7 CM AND CONTAINS SOME MILD VASCULARITY. FOUR CORE BIOPSIES OF THE LESION WERE OBTAINED AND PLACED IN FORMALIN WITH AN ADDITIONAL CORE BIOPSY DONE AND PLACED IN RPMI. BIOPSIES WERE DONE UNDER ULTRASOUND GUIDANCE USING A COAXIAL 9 CM TEMNO 18-GAUGE NEEDLE.
3. PATIENT TOLERATED THE PROCEDURE WELL AND NO IMMEDIATE PROCEDURAL COMPLICATION WAS ENCOUNTERED.

Interventional Radiology Coding Case Studies
CPT Codes

Week of July 30, 2018

Supraclavicular Lymph Node & Parotid Gland Biopsy

Procedure Codes:

- 38505 Biopsy supraclavicular lymph node
- 42400 Parotid gland biopsy
- 76942 Ultrasound guidance

Diagnosis Codes:

- R59.0 Enlarged lymph node
- K11.8 Parotid mass
- C78.89 Esophageal cancer
- Z85.819 Personal history of oral cancer

Comments:

- Code 38505 is assigned for the lymph node biopsy because a supraclavicular lymph node is a superficial lymph node.
- Code 42400 is assigned for a parotid gland biopsy, because the parotid gland is a salivary gland.
- Code 76942 is assigned for the ultrasound guidance.
- Biopsy codes are assigned one time per lesion, and guidance codes are assigned one time per session.

Applicable Coding Rules:

- For core needle biopsies assign both the surgical code based on the anatomical site as well as the corresponding guidance code.

- The surgical codes for core biopsy procedures are assigned one time per lesion. Do not code for multiple passes of the same lesion.

RadRx

"Your Prescription for Accurate Coding & Reimbursement"

www.radrx.com

Applicable Coding Rules (continued):

- According to the NCCI Manual, the RS&I codes for guidance are reported one time per session:

  - *"CPT® codes 76942, 77002, 77003, 77012, 77021 describe radiological guidance for needle placement by different modalities. CMS payment policy allows only 1 unit of service for any of these codes at a single patient encounter regardless of the number of needle placements performed. The unit of service for these codes is the patient encounter, not the number of lesions, number of aspirations, number of biopsies, number of injections, or number of localizations." –NCCI Manual Chapter 9*

- Fine needle aspiration biopsy may be performed on the thyroid, breast, prostate, lung or liver. Pay close attention to the documentation to determine reporting of a FNA vs. a core biopsy.

- Typically an FNA is not reported in conjunction with a core biopsy of the same lesion, however if the aspirate is not adequate for diagnosis, the FNA may be reported with the core needle biopsy. The NCCI manual states the following:

  - *"Fine needle aspiration (FNA) (CPT® codes 10021, 10022) should not be reported with another biopsy procedure code for the same lesion unless one specimen is inadequate for diagnosis. For example, an FNA specimen is usually examined for adequacy when the specimen is aspirated. If the specimen is adequate for diagnosis, it is not necessary to obtain an additional biopsy specimen. However, if the specimen is not adequate and another type of biopsy (e.g., needle, open) is subsequently performed at the same patient encounter, the other biopsy procedure code may also be reported with an NCCI-associated modifier."-NCCI Manual Chapter 5*