

Interventional Radiology Coding Case Studies

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Week of August 20, 2018

CT-Guided Needle Placement Tibial Bone Cyst, Aspiration & Sclerosis

EXAMINATION:

1. Limited CT of the aneurysmal bone cyst in the left tibia.
2. CT guided needle placement and aspiration of the aneurysmal bone cyst in the left tibia.
3. CT-guided injection of doxycycline foam for treatment of the aneurysmal bone cyst in the left tibia.

CLINICAL INFORMATION: Aneurysmal bone cyst in the left tibia at risk for pathologic fracture.

TECHNIQUE: Informed consent was obtained from the patient's mother prior to the procedure. During this process, the procedure and potential alternatives were explained, along with the intended outcome and benefits. The risks of the procedure, as well as the risks of not doing the procedure, were discussed. The patient's mother was given the opportunity to ask questions regarding the procedure and appeared competent to make medical decisions. A signed consent form which documents this discussion was placed in the medical record.

A timeout was performed. The patient was intubated and anesthesia was administered by the anesthesiology team. The patient was placed supine on the CT table. Preliminary CT of the left tibia was performed with a grid marker in place. A suitable access site was chosen. The skin was marked and then sterilely prepped and draped in usual fashion. After local anesthesia of the skin and subcutaneous tissues, a 19-gauge introducer needle was advanced into the aneurysmal bone cyst using intermittent CT fluoroscopic guidance. A second needle was placed in similar fashion. A third needle was placed in similar fashion. The cyst was then aspirated. Contrast was injected to assess distribution from the middle needle tip. The contrast diffused through much of the cyst. The doxycycline was prepared as follows:

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- 200 mg doxycycline in the 5 ml solution prepared by pharmacy (40 mg doxycycline per ml of solution).
- 5 ml 25% albumin mixed with the doxycycline solution (20 mg doxycycline per ml of solution).
- 10 ml of air was agitated across a 3 way stopcock with the doxycycline/albumin solution to prepare a stable foam (10 mg doxycycline per ml of solution).

The doxycycline foam was administered through one needle while the other needles was left open for decompression to minimize the risk of extravasation outside of the bone cyst. The doxycycline foam was sequentially administered via each needle using the other needles as decompression valves. All 3 needles were treated with doxycycline. CT imaging showed distribution of the foam throughout the aneurysmal bone cyst. The foam was allowed to dwell and depressurize and then the needles were removed. A sterile dressing was applied. The patient was transferred back to the stretcher to supine position and then extubated without issue by the anesthesiologist. The patient was transferred to recovery in stable condition.

COMPLICATIONS: None

DLP: 341 mGycm.

CONTRAST: 10 ml of Omnipaque 180.

FINDINGS: Aneurysmal bone cyst in the left distal tibial diaphysis and metaphysis. No significant internal bony remodeling at this point. Successful needle placement at 3 locations in the aneurysmal bone cyst with successful doxycycline foam injection as a treatment/sclerosing. No extravasation outside of the cyst with contrast or with the doxycycline foam.

IMPRESSION: Successful CT-guided needle placement into the left tibial bone cyst, aspiration, and sclerosis (with doxycycline/albumin foam).

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CPT Codes

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CT-Guided Needle Placement Tibial Bone Cyst, Aspiration & Sclerosis

Procedure Codes:

- 20615-LT Aspiration & injection for treatment of bone cyst
- 77012-59 CT Guidance
- 49185 Sclerotherapy, tibia
- Q9967 x10 LOCM 300-399 MG/ML

Diagnosis Codes:

- M85.562 Aneurysmal bone cyst, left lower leg

Comments:

- CPT code 20615 is specific to treatment of a bone cyst. Note the code description says “aspiration and injection” indicating that it would include the injection of the substance for treatment. It can be debated that 49185 should not be assigned in addition to 20615/77012; however, sclerotherapy is allowed to be coded in addition to other types of aspiration and/or drainage (ie, 10160, 49405, etc) when done in the same session.
- Since there is no definitive guidance on this particular scenario, the provider should determine the best course of action on how to code these procedures given the absence of official guidance.
- *Supplies are billed by the facility performing the procedure and should not be assigned for professional fee coding.*

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