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National Advisory Board, President,
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American Academy Of Professional Coders

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Biopsies
Drainages
Arthrograms

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Definition

- Incisional – a surgical cut
- Percutaneous – through the skin eg. injection

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Fine Needle Aspiration (FNA) Aspiration of cells

- ☐ CPT-10021 Fine needle aspiration; without image guidance
- ☐ CPT-10022 with image guidance

Image Guidance

76942,77002,77012,77021

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Puncture Aspiration

- ❑ This procedure is generally used for more superficial cysts, hematoma, abscess or bulla.

Example: Abdominal wall

CPT-10160 Puncture aspiration of abscess, hematoma, bulla or cyst

Image Guidance

76942,77002,77012,77021

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Percutaneous Needle Biopsy

- ❑ Muscle Biopsy

CPT-20200 Biopsy, muscle
Superficial

CPT-20205 deep

CPT-20206 Biopsy, muscle,
percutaneous needle

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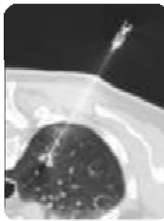
Percutaneous Needle Biopsy

- ❑ A percutaneous biopsy is when tissue is removed thru a needle (cutting needles) or by a biopsy gun for analysis.



❑ Examples by Site:

- | | |
|-------------|----------------|
| ❑ Liver | CPT code 47000 |
| ❑ Lung | CPT code 32405 |
| ❑ Kidney | CPT code 50200 |
| ❑ Abdominal | CPT code 49180 |



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Percutaneous Needle Biopsy

❑ Continued

- | | |
|------------------|-----------|
| Kidney | CPT 50200 |
| Breast | CPT 19100 |
| Epididymis | CPT 54800 |
| Lymph node | CPT 38505 |
| Nucleus Pulposus | CPT 62267 |
| Pancreas | CPT 48102 |

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Percutaneous Needle Biopsy

☐ Continued

| | |
|---|-----------|
| <input type="checkbox"/> Pleura | CPT 38400 |
| <input type="checkbox"/> Prostate | CPT 55700 |
| <input type="checkbox"/> Salivary gland | CPT 42400 |
| <input type="checkbox"/> Spinal cord | CPT 62269 |
| <input type="checkbox"/> Testes | CPT 54500 |
| <input type="checkbox"/> Thyroid | CPT 60100 |

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Percutaneous Needle Biopsy - Continued

☐ Generally, Biopsies will have Imaging Guidance.

☐ The imaging code is added in addition to the biopsy code for billing:

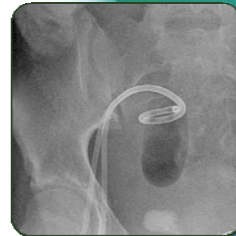
- ☐ Ultrasound Guidance
CPT code 76942
- ☐ CT Guidance
CPT code 77012
- ☐ Fluoroscopic Guidance
CPT Code 77002

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Percutaneous Abscess Drainage

- ❑ A drainage catheter is placed thru the skin percutaneously into the abscess with the catheter open to external drainage
- ❑ The catheter usually remains in place until the drainage has stopped or until the cavity is gone.



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Percutaneous Abscess Drainages

❑ Abscess Drainage examples by site:

- | | |
|--------------------|-----------|
| ❑ Lung | CPT-32201 |
| ❑ Appendiceal | CPT-44901 |
| ❑ Peritoneal | CPT-49021 |
| ❑ Subdiaphragmatic | CPT-49041 |
| ❑ Retroperitoneal | CPT-49061 |
| ❑ Renal/Perirenal | CPT-50021 |

❑ Reminder:

Imaging code 75989 would be appended in addition to the above abscess procedures



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Percutaneous Drainages

❑ Drainage examples by site:

- ❑ Lung(thoracentesis) CPT-32421-32422
- ❑ Appendiceal CPT-44901
- ❑ Peritoneal CPT-49021
- ❑ Subdiaphragmatic CPT-49041
- ❑ Retroperitoneal CPT-49061
- ❑ Renal/Perirenal CPT-50392
- ❑ Peritoneocentesis, initial CPT-49080
- ❑ Peritoneocentesis, subsequent CPT-49081

If not an abscess, utilize image guidance procedures by modality - 76942, 77002, 77012, 77021



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Percutaneous Abscess Drainages

The following coding rule applies for Imaging Guidance of Abscess Drainages:

- ❑ CPT Code 75989 – Radiological Guidance (CT, Fluoroscopy, or Ultrasound Scans) are used for percutaneous drainage, with placement of catheter, radiological supervision and interpretation



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Arthrography Injections

Injections

| | |
|--|-----------|
| <input type="checkbox"/> Ankle | CPT 27648 |
| <input type="checkbox"/> Elbow | CPT 24220 |
| <input type="checkbox"/> Hip w/o anesthesia | CPT 27093 |
| <input type="checkbox"/> Hip with anesthesia | CPT 27095 |
| <input type="checkbox"/> Knee | CPT 27370 |
| <input type="checkbox"/> Sacroiliac Joint | CPT 27096 |

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Arthrography continued

☐ Injections – continued

| | |
|--|----------|
| <input type="checkbox"/> Shoulder | CPT23350 |
| <input type="checkbox"/> Temporomandibular joints (TMJ) | CPT21116 |
| <input type="checkbox"/> Wrist | CPT25246 |

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Arthrography

☐ Supervision/Interpretation

| | | |
|---|-----|-------------|
| <input type="checkbox"/> Ankle | CPT | 73615 |
| <input type="checkbox"/> Elbow | CPT | 73085 |
| <input type="checkbox"/> Hip | CPT | 73525 |
| <input type="checkbox"/> Knee | CPT | 73580 |
| <input type="checkbox"/> Sacroiliac Joint | CPT | 73542 |
| <input type="checkbox"/> Shoulder | CPT | 73040 |
| <input type="checkbox"/> TMJ | CPT | 70328-70332 |
| <input type="checkbox"/> Wrist | CPT | 73115 |

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Arthrography

☐ Supervision/Interpretation-continued

1) Do Not report 77002 (fluoroscopy) with the arthrography supervision/interpretation code.

2) If formal arthrography is not performed for sacroiliac joint (27096), use code 77003 for fluoroscopic guidance for injection.

3) If, MRI is ordered post injection, do not report supervision/interpretation codes, however fluoroscopy codes 77002 or 77003 may be appended.

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Aspiration/Injection Joint

These procedures are performed for aspiration of joint effusions and/or injections of medications for pain management.

- ☐ CPT 20600 Arthrocentesis, aspiration and/or injection: small joint or bursa (eg: fingers, toes)
- ☐ CPT 20605 intermediate joint or bursa (eg. wrist, elbow or ankle, olecranon)
- ☐ CPT 20610 major joint or bursa (eg. shoulder hip, knee joint, subacromial bursa)

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Aspiration and/or Injection of Cyst

- ☐ CPT 20612 Aspiration and/or injection of Ganglion cyst(s), any location

CPT 20615 Aspiration and injection for treatment of bone cyst

Add image guidance code
76942,77002,77012,77021 if utilized

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Modifiers - Continued



- ☐ 62: Two surgeons
- ☐ 73: Discontinued service, before anesthesia (outpatient hospital, ASC)
- ☐ 74: Discontinued service, after anesthesia (outpatient hospital, ASC)
- ☐ 76: Repeat procedure- same doctor
- ☐ 77: Repeat procedure- different doctor
- ☐ 78: Return to operating room-related procedure
- ☐ 79: Return to operating room-unrelated procedure
- ☐ Right & Left: may be used with 70,000 S/I codes as a descriptor

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Modifiers

- ☐ 22: Unusual procedure services-more than CPT minimum requirement
- ☐ 26: Professional component-S/I Supervision and Interpretation
- ☐ 51: Multiple procedures-same day
- ☐ 52: Reduced services-less than CPT description
- ☐ 53: Discontinued Services (physician)
- ☐ 58: Staged Procedure
- ☐ 59: Distinct / Separate identifiable Procedures



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