

FINE NEEDLE ASPIRATION

Fine needle aspiration (FNA) is a diagnostic percutaneous procedure that uses a fine gauge needle (often 22 or 25 gauge) and a syringe to sample fluid from a cyst or remove clusters of cells from a solid mass. The skin is cleansed. If a lump can be felt, the physician guides a needle into the area by palpating the lump. If the lump is non-palpable, the FNA procedure is performed using ultrasound, fluoroscopy, computed tomography (CT), or MR imaging with the patient positioned according to the area of concern.

Fine needle aspiration (FNA) codes received new instructional notes and the definition of a fine needle aspiration and a core needle biopsy were updated. Imaging guidance was added to the nine new codes and reporting imaging guidance separately is no longer allowed. Guidelines also direct that the codes are selected based on type of guidance (included) and there are add on-codes for each additional lesion for same imaging modality. If using different imaging modalities when more than one lesion is involved, modifier 59 is appended. CPT code 10021 (FNA) without imaging guidance remains. CPT code 10022 was deleted and replaced with CPT 10004 for each additional lesion. CPT codes 10005-10012 were added to report the specific imaging guidance (ultrasound, fluoroscopic guidance, CT and MRI).

New Codes Effective 01/01/2019

10021	Fine needle aspiration biopsy, without imaging guidance ; first lesion
+10004	Fine needle aspiration biopsy, without imaging guidance ; each additional lesion (List separately in addition to code for primary procedure)
10005	Fine needle aspiration biopsy, including ultrasound guidance ; first lesion
+10006	Fine needle aspiration biopsy, including ultrasound guidance ; each additional lesion (List separately in addition to code for primary procedure)
10007	Fine needle aspiration biopsy, including fluoroscopic guidance ; first lesion
+10008	Fine needle aspiration biopsy, including fluoroscopic guidance ; each additional lesion (List separately in addition to code for primary procedure)
10009	Fine needle aspiration biopsy, including CT guidance ; first lesion
+10010	Fine needle aspiration biopsy, including CT guidance ; each additional lesion (List separately in addition to code for primary procedure)
10011	Fine needle aspiration biopsy, including MR guidance ; first lesion
+10012	Fine needle aspiration biopsy, including MR guidance ; each additional lesion (List separately in addition to code for primary procedure)

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Documentation Requirements:

- Signed order
- Patient consent
- Identify the location of each lesion treated
- Provide a complete description of each lesion treated
- When guidance is used, identify the modality (e.g., ultrasound, fluoroscopic, CT, MR) for every lesion treated
- Medical necessity must be documented for every lesion treated
- Outcome of the procedure

Coding Tips:

In 2019, CPT, along with the 2019 NCCI Coding Manual, provided clear-cut information as to how to code FNA biopsies vs. core needle biopsies. CPT defines fine needle aspiration (FNA) biopsies as well as core needle biopsy as follows:

- Fine needle aspiration (FNA) biopsy is performed when material is aspirated with a fine needle and the cells are examined cytologically
- Core needle biopsy is typically performed with a larger bore needle to obtain core sample of tissue for histopathologic evaluation

New CPT guidelines for FNA biopsy:

- Imaging guidance codes can no longer be assigned along with FNA procedures
- When more than one FNA biopsy is performed at separate lesions, same session, same day, same imaging modality, use the appropriate imaging modality add-on code for the second and subsequent lesion(s)
- When more than one FNA biopsy is performed on separate lesions, same session, same day, using different imaging modalities report the corresponding primary code with modifier 59 for each additional imaging modality and corresponding add-on codes for subsequent lesions sampled
 - This instruction applies regardless of whether the lesions are ipsilateral or contralateral to each other, and/or whether they are in the same or different organ/structures
- When FNA biopsy and core needle biopsy both are performed on the same lesion, same session, same day using the same type of imaging guidance, do not separately report the imaging guidance for the core needle biopsy
- When FNA biopsy is performed on one lesion and core needle biopsy is performed on a separate lesion, same session, same day using the same type of imaging guidance, both the core needle biopsy and the imaging guidance for the core needle biopsy may be reported separately with modifier 59
- When FNA biopsy is performed on one lesion and core needle biopsy is performed on a separate lesion, same session, same day using different types of imaging guidance, both the core needle biopsy and the imaging guidance for the core needle biopsy may be reported with modifier 59

Resources:

- <https://www.Encoder.com>
- <https://www.icd10monitor.com/ama-releases-2019-cpt-code-set>
- <http://www.streamlinemd.com/Specialties/VIR/Blog/post/extensive-changes-to-coding-and-reimbursement-for-fine-needle-aspiration-fna-biopsy-in-2019>