

## Internal Medicine Coding Alert

### Reader Questions: Location Matters When Coding Ultrasound Service

Question: Our internist took a thyroid biopsy using ultrasound to guide needle placement in the office (he owns the equipment). Can we report the ultrasound separately?

Maine Subscriber

**Answer:** Since he conducted the test in the office with his own ultrasound equipment, you should report the service separately. You'll code these claims with the following codes:

- 10022 (Fine needle aspiration; with imaging guidance) for the biopsy
- 76942 (Ultrasonic guidance for needle placement, imaging supervision and interpretation) for the ultrasound.

However, if the internist provided the ultrasonic guidance with interpretation and performed the biopsy in the hospital, you would code 10022 and 76942 with modifier 26 (Professional component) appended to show that you are billing only for the internist's work, not the ultrasound equipment used.

If someone on the hospital staff (radiologist, etc.) provided the ultrasound and the internist only performed the biopsy, you would only report 10022 for the encounter.