

Part B Insider (Multispecialty) Coding Alert

Oncology: Breast Localization Devices And Biopsy Get New Codes In 2014

Keep your focus on the type of image guidance used.

Coding for breast procedures gets more specific in 2014. To report the right code, all you have to do is keep a count on the number of lesions and confirm what type of image guidance the oncologist used. Review the new codes 19281-19288 and deletions 19102-19103 and 19290, 19291 and 19295 for breast localization devices with or without a biopsy.

Confirm Image Guidance for Localization Devices

There are several types of imaging guidance used when reporting for placement of a localization device. The type of guidance used targets a new 2014 CPT® code set to be considered for the first, then each additional lesion. **Kelly C. Loya, CPC-I, CHC, CPHT, CRMA**, Director of Reimbursement and Advisory Services, Altegra Health, Inc, shares a general explanation of each of these guidance techniques:

- **Mammographic guidance:** using radiation/X-ray image of breast tissue to verify the placement of the localization device near the targeted tissue.
- **Stereotactic guidance:** a special mammography machine using x-rays to help guide the provider's instruments to the site of the abnormal growth.
- **Ultrasound guidance:** high frequency sound waves (ultrasound) are sent and received by a machine, creating image used to guide needle placement.
- **Magnetic resonance guidance:** use of powerful magnetic fields and radiofrequency pulses to create detailed images.

Check If the Documentation Supports Breast Biopsy

"2014 will offer you 3 new codes for breast biopsy using localization devices," **Kelly C. Loya, CPC-I, CHC, CPHT, CRMA**, Director of Reimbursement and Advisory Services, Altegra Health, Inc. These codes are structured much like the placement of the localization device codes above. They too require the use of a primary CPT® and add on code for each additional lesion. The new codes are as follows:



Note: Codes 19081, 19083, and 19085 are for percutaneous biopsy of the first lesion in the breast. For each additional lesion biopsied, you report codes +19082 (.....each additional lesion, including stereotactic guidance [List separately in addition to code for primary procedure]), +19084 (.....each additional lesion, including ultrasound guidance [List separately in addition to code for primary procedure]), +19086 (.....each additional lesion, including magnetic resonance guidance [List separately in addition to code for primary procedure]) for stereotactic, ultrasound, or MRI guidance, respectively.

It is important to note: CPT® codes +19082, +19084 and +19086 are add on codes and will only be reported in addition to the primary procedure code.

Some Codes Will Be Deleted in 2014

As a result of the creation of the placement and biopsy codes being more specific to the number of lesions and imaging used, CPT® will delete the following breast biopsy codes effective January 1, 2014:

- 19102 (Biopsy of breast; percutaneous, needle core, using imaging guidance)
- 19103 (Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance)
- 19290 (Preoperative placement of needle localization wire, breast)
- +19291 (Preoperative placement of needle localization wire, breast; each additional lesion [List separately in addition to code for primary procedure])
- +19295 (Image guided placement, metallic localization clip, percutaneous, during breast biopsy/aspiration [List separately in addition to code for primary procedure])