

Outpatient Facility Coding Alert

You Be the Coder: Refer Back to NCCI Edits for Marker Placement With 38505

Question: Can I code for clip placement with an axillary lymph node biopsy? Also, the surgeon performed a same-sided extremity limited ultrasound (US) prior to the biopsy. Is this separately reportable?

Indiana Subscriber

Answer: More often than not, you might see the physician perform a clip placement with a fine needle aspiration (FNA) procedure of the axillary lymph node, but there are instances where a percutaneous core biopsy will involve the placement of a tissue marker.

In determining which codes to report, you should begin by performing a National Correct Coding Initiative (NCCI, or CCI) edits check. You will find that no NCCI edit exists between 38505 (Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary)) and 10035 (Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; first lesion). Therefore, you may submit the tissue marker placement with the axillary lymph node biopsy. However, you should not separately report ultrasound guidance code 76942 (Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation), as it's included in 10035.

As for the same-sided US performed prior to the biopsy, you should similarly perform an NCCI edits check between 38505, 10035, and 76882 (Ultrasound, limited, joint or other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft tissue structure[s], or soft tissue mass[es]), real-time with image documentation). As you'll see, no such edit exists, between these three codes. You may bill separately for the preprocedural US without the use of an overriding modifier, and as long as medical necessity supports it.