AACE Disclaimer: Comments, information or advice (collectively referred to as “information”) provided by the coding specialists and staff at the American Association of Clinical Endocrinologists (AACE) reflect our organization’s current understanding of the proper use and application of CPT®, ICD, HCPC codes, and claims modifiers. The information provided is solely intended as general information and has been based on the limited comments provided by the requestor. Ultimately, it is the provider’s responsibility to determine medical necessity, and to correctly submit appropriate codes, charges, and modifiers for services that are rendered. The coverage and payment requirements of both government and private payor plans are quite complex, often vary and are subject to frequent change. Any information provided by AACE or its staff is intended as general guidance only. AACE and its staff cannot make any representations regarding the appropriateness of use or the likelihood of reimbursement with respect to a specific code. Any information provided by AACE and its staff is for informational purposes only and is not meant as a substitute for professional medical and/or legal advice, both of which should be obtained independently from qualified professionals.

CPT® Disclaimer: 1 CPT® Copyright 2018 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA. Applicable FARS/DFARS Restrictions Apply to Government Use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT®, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

Fine Needle Aspiration Biopsy(ies)
CPT Coding Changes, Effective January 1, 2019

In the 2019 CPT Book, there is extensive new and revised introductory language under the general surgery section with the subheading of, “Fine Needle Aspiration (FNA) Biopsy.” This introductory language provides clearer definitions for what is a fine needle aspiration (FNA) biopsy and what is a core needle biopsy. It gives instructions on how to bill for more than one FNA biopsy is performed and for when single or multiple imaging modalities are used to guide the fine needle aspirations. There are new CPT codes to report fine needle aspiration biopsies by number of separate lesions biopsied in the same session, same day and by imaging modality used to guide the biopsy. New add-on CPT codes have been created to report each separate lesion beyond the first lesion.

All imaging guidance is included into the new fine needle aspiration biopsy CPT codes and will no longer be reported separately using an imaging guidance CPT code for any type of FNA biopsy. The new and revised CPT codes and descriptions for fine needle aspirations are very important for physicians and their staff to understand prior to submitting claims to any commercial or federal insurance carrier with dates of service of January 1, 2019 and beyond.

- New CPT Codes
- Revised CPT Codes
- Deleted language
- New Text
- # Resequenced codes
- + CPT add-on codes
<table>
<thead>
<tr>
<th>Change / Revision</th>
<th>CPT Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>▲</td>
<td>10021</td>
<td>Fine needle aspiration biopsy, without imaging guidance; first lesion</td>
</tr>
<tr>
<td>#+●</td>
<td>10004</td>
<td>Fine needle aspiration biopsy, without imaging guidance; each additional lesion (list separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td><strong>Deleted</strong></td>
<td>10022</td>
<td></td>
</tr>
<tr>
<td>#●</td>
<td>10005</td>
<td>Fine needle aspiration biopsy, including ultrasound guidance; first lesion</td>
</tr>
<tr>
<td>#+●</td>
<td>10006</td>
<td>Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (list separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>#●</td>
<td>10007</td>
<td>Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion</td>
</tr>
<tr>
<td>#+●</td>
<td>10008</td>
<td>Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion (list separately in addition to code for primary procedure)</td>
</tr>
</tbody>
</table>
CPT codes for the evaluation of fine needle aspirates did not change. They are still reported with CPT codes 88172 and 88177.

Below are examples of correct coding (assuming medical necessity and that appropriate documentation is in the chart):

- Ultrasound guided fine needle aspiration biopsy on a single, left thyroid nodule
  CPT Code 10005 – RT

- Ultrasound guided fine needle aspiration biopsy on a left thyroid nodule and a right thyroid nodule:
  CPT Code 10005– RT
  CPT Code +10006-LT

The modifier 59 would not be indicated in this example because the CPT description of code 10005 indicates an additional lesion. The modifiers RT and LT indicate location only and provide coding to the highest level of specificity.

- Ultrasound guided fine needle aspiration biopsy on a left thyroid nodule, and two right thyroid nodules
  CPT Code 10005-LT
  CPT Code +10006-RT
  CPT Code +10006-RT

It is important to discuss coding and billing guidelines with your personal coding and compliance department personnel to ensure rules and regulations are being followed as per your individual local, state, and individual contract obligations.

If you have further questions on correct coding using the new and revised fine needle aspiration codes, please complete the electronic request form here
https://www.aace.com/advocacy/socioeconomics/coding-billing-assistance