

# Bone Needle Biopsy Procedures

## 2018 CODING AND REIMBURSEMENT GUIDE

Coverage, coding and payment for medical procedures and devices can be confusing. This guide was developed to assist with Medicare reporting and reimbursement when using Cook bone biopsy needles. If you have any questions, please contact our reimbursement team at 800.468.1379 or by e-mail at [Reimbursement@cookmedical.com](mailto:Reimbursement@cookmedical.com).

### Coverage

Medicare carriers may issue local coverage decisions (LCDs) listing criteria that must be met prior to coverage. Physicians are urged to review these policies (<http://www.cms.hhs.gov/mcd/search.asp?>) and encouraged to contact their local carrier medical directors (<http://www.cms.hhs.gov/apps/contacts>) or commercial insurers to determine if a procedure is covered.

### Coding

#### Bone Needle Biopsy Procedures

20220 Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)

20225 Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)

#### Imaging Guidance Procedures

+77002 Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)

77012 Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation

77021 Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation



*Disclaimer: The information provided herein reflects Cook's understanding of the procedure(s) and/or device(s) from sources that may include, but are not limited to, the CPT coding system; Medicare payment systems; commercially available coding guides; professional societies; and research conducted by independent coding and reimbursement consultants. This information should not be construed as authoritative. The entity billing Medicare and/or third party payers is solely responsible for the accuracy of the codes assigned to the services and items in the medical record. Cook does not, and should not, have access to medical records, and therefore cannot recommend codes for specific cases. When you are making coding decisions, we encourage you to seek input from the AMA, relevant medical societies, CMS, your local Medicare Administrative Contractor and other health plans to which you submit claims. Cook does not promote the off-label use of its devices.*

## Payment

### 2018 Medicare Reimbursement for Bone Biopsy in the Outpatient Setting

CPT® Code	Procedure Description	Ambulatory Surgery Center		Outpatient Hospital		Physician Services	
		Facility Fee (National Medicare Avg <sup>1</sup> )	APC	Facility Fee (National Medicare Avg <sup>2</sup> )	Fee When Procedure Is Performed in Hospital or ASC (National Medicare Avg <sup>3</sup> )	Fee When Procedure Is Performed in Office (National Medicare Avg <sup>3</sup> )	
20220	Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)	\$542.96	5072	\$1,347.94	\$74.52	\$171.72	
20225	Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)	\$542.96	5072	\$1,347.94	\$111.24	\$531.71	
+77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)	Imaging is included in allowance for bone biopsy procedure		Imaging is included in allowance for bone biopsy procedure	\$28.80	\$96.12	
77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation	Imaging is included in allowance for bone biopsy procedure		Imaging is included in allowance for bone biopsy procedure	\$58.68	\$127.08	
77021	Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device), radiological supervision and interpretation	Imaging is included in allowance for bone biopsy procedure		Imaging is included in allowance for bone biopsy procedure	\$75.24	\$398.16	

<sup>1</sup> 2018 Medicare Ambulatory Surgery Center Fee Schedule

<sup>2</sup> 2018 Medicare Hospital Outpatient Prospective Payment System Fee Schedule

<sup>3</sup> 2018 Medicare Physician Fee Schedule

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2018 physician fees for your local area can be found at the following CMS links:

<https://www.cms.gov/apps/physician-fee-schedule/overview.asp>

or

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/index.html>



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