Coding Breast Procedures with CPT

By Melanie Endicott, MBA/HCM, RHIA, CDIP, CCS, CCS-P, FAHIMA

There are a multitude of CPT codes available to report breast procedures, including incision, excision, introduction, mastectomy, repair, and reconstruction. The correct application of these codes requires an in-depth analysis of the notes associated with codes 19000-19396 and an understanding of the procedure techniques.

Breast Incision and Excision Procedures

There are four codes to describe breast incision procedures. Codes 19000-19001 are to be used for aspiration of cysts, which include the use of a syringe needle to puncture the skin of the breast into the cyst and withdraw fluid into the syringe to reduce the size of the cyst. Exploration or drainage of a deep breast abscess is assigned with code 19020 and includes an incision into the breast down to the abscess or other suspicious tissue. Code 19030 is used for reporting injection procedures for mammary ductograms or galactograms. In these injection procedures, the cannula or needle is inserted into the duct of the breast and contrast media is introduced.

Certain types of biopsies, cyst, tumor, or lesion excisions, as well as other surgical treatments of the breast, are ified as excision procedures. Percutaneous biopsies that include the placement of breast localization devices—such as clips or metallic pellets—and imaging guidance—such as stereotactic, ultrasound, or magnetic resonance—are reported with codes 19081-19086. These biopsy procedures involve the use of a large gauge hollow core biopsy needle or the biopsy device may be inserted through the skin of the breast and into the breast lesion. The physician typically takes several cores of tissue from a single lesion to obtain an adequate amount of tissue for diagnosis. If more than one lesion is biopsied using the same type of imaging guidance, an add-on code from this section is assigned. If additional biopsies are obtained using different imaging techniques, report another primary code for each additional modality.

There is a single code for ablation, cryosurgical, of fibroadenoma. This code, 19105, is assigned for each fibroadenoma that is destroyed using this technique. In this procedure, a cryoprobe is inserted through a small incision and placed within the fibroadenoma, typically with the use of ultrasound guidance. The cryoprobe then creates an ice ball formation to obliterate the fibroadenoma. Codes 19110-19126 are used to report open excisions of breast lesions without specific attention to adequate surgical margins. These procedures may or may not include preoperative placement of radiological markers.

Placement of Devices

When a localization device, such as a clip or wire, is placed using image guidance but without image-guided biopsy of the lesion, a code from 19281-19288 is assigned. If more than one lesion receives a localization device, using the same type of imaging guidance, an add-on code from this section of codes is assigned. If additional devices are placed using different imaging techniques, report another primary code for each additional modality. A single or multichannel afterloading expandable catheter placed in the breast following a partial mastectomy for interstitial radiotherapy treatment is assigned code 19296 if performed on a date separate from the partial mastectomy or 19297 if performed concurrent with the partial mastectomy. The expandable balloon tip holds a radioactive seed or other treatment source. The catheter will remain in the breast until radiotherapy treatment sessions are complete.

If brachytherapy catheters are placed into the breast, either during or after the partial mastectomy, code 19298 is reported. These catheters remain in place until the actual loading of the radioactive material for treatment. This code only includes the placement of catheters, not the brachytherapy treatment itself.

Example: Percutaneous Breast Biopsies

A female patient with multiple suspicious breast lesions has percutaneous biopsies of the left breast using stereotactic guidance on two lesions and ultrasound guidance on one lesion.

19081-LT	Biopsy, breast, with placement of breast localization device(s) (i.e., clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous, first lesion, including stereotactic guidance
+ **19082-LT**	Each additional lesion, including stereotactic guidance
19083-LT	Biopsy, breast, with placement of breast localization device(s) (i.e., clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous, first lesion, including ultrasound guidance

Biopsies performed without the use of imaging guidance are assigned codes 19100 (percutaneous, needle core) or 19101 (open, incisional). Open incisional biopsies performed after image-guided placement of a localization device are reported with code 19101 and the appropriate image-guided localization device placement code (19281-19288).

Mastectomy Procedures

CPT includes eight different procedures to describe mastectomies. Coders should understand the differences of these eight procedures. The first code is 19300, which describes mastectomy for gynecomastia. This code is only assigned on male patients for the purpose of removing excess fat and breast tissue.

Partial mastectomies include lumpectomies, tylectomies, quarantectomies, and segmentectomies, and are reported with codes 19301 or 19302 (includes axillary lymphadenectomy). These procedures include excision of the breast tumor and a margin of normal tissue.

Simple complete mastectomies (19303) include resection of all subcutaneous breast tissue, with or without nipple and skin. A subcutaneous mastectomy (19304) includes resection of breast tissue, but the skin and pectoral fascia remain.

Codes 19305-19306 describe radical mastectomies. Both of these codes include removal of the breast, including pectoral muscles and axillary lymph nodes. Code 19306 also includes removal of the internal mammary lymph nodes.

A modified radical mastectomy includes resection of the axillary lymph nodes, with or without resection of the pectoralis minor muscle, but leaving the pectoralis major muscle intact. This procedure is reported with code 19307.

Repair and/or Reconstruction Procedures

Repair and/or reconstruction of breasts can involve several different techniques, which are reported with codes 19316-19396. A breast lift, or mastopexy, involves relocating the nipple and areola to a higher position and removing excess skin below the nipple and above the lower breast crease. A mastopexy procedure is coded to 19316.

Mammaplasty procedures are performed for reduction (19318), or for augmentation without a prosthetic implant (19324) or with prosthetic implant (19325). Reduction procedures reduce the size of the female breast by removing breast tissue, whereas augmentation procedures increase the size of the breast by either rearranging existing fat and mammary tissue (without prosthesis) or by inserting a prosthesis or implant.

Removal of an intact breast implant or prosthesis is reported with code 19328. Removal of a leaking or defective implant is reported with code 19330. When a patient has a breast prosthesis inserted immediately following mastopexy, mastectomy, or other reconstructive breast surgery, code 19340 is reported. Delayed insertion of a prosthesis is coded to 19342.

Code 19350 describes reconstruction of the nipple and areola. Repair of inverted nipples is assigned code 19355.

Breast reconstruction procedures can be performed with tissue expanders (19357), with a latissimus dorsi flap (19361), with a free flap (19364), with other technique (19366), or with a transverse rectus abdominis myocutaneous (TRAM) flap (19367-19369). If a patient feels pain and tightness from contracture around the breast implant, an open periprosthetic capsulotomy may be performed, which is reported with code 19370. If the contracted capsule that is causing pain and tightness is excised, code 19371 is assigned for the periprosthetic capsulectomy.

Revision of a reconstructed breast, often done to correct an asymmetry problem, is reported with code 19380. Creating a custom breast implant model, or moulage, that resembles the remaining breast configuration in a mastectomy patient is reported with code 19396.

References

American Medical Association. *CPT Professional Edition*. Chicago: American Medical Association, 2014.

Optum. *Coders' Desk Reference for Procedures 2014*. OptumInsight, 2014.

Melanie Endicott (melendicott@yes-himconsulting.com) is director of coding at YES HIM Consulting, Inc.

Article citation:
Endicott, Melanie. "Coding Breast Procedures with CPT" *Journal of AHIMA* 85, no.5 (May 2014): 66-67.