Lymphoma: Proper Coding of Lymph Node Biopsies and Excisions

For most primary sites an FNA, core OR excisional biopsy of a single or multiple lymph nodes is considered surgery and should be coded under “Scope of Regional Lymph Node Surgery.” However, this is not necessarily the case for lymphomas.

As you know, lymph node excisions for lymphoma cases are not coded under “Scope of Regional Lymph Node Surgery,” but rather as either a “Surgical Diagnostic/Staging Procedure” OR as surgery. This is where the confusion occurs.

Surgical Diagnostic/Staging Procedure code 02 vs Surgery Code 25

In order to properly code lymph node biopsies (FNA, core or excisional) of single or multiple lymph nodes, you must first determine the extent of the lymphoma as based on a scan workup. This is critical in determining whether the lymph node (LN) biopsy is to be considered as surgery or not.

If a scan workup shows multiple areas of lymphadenopathy and an FNA, core or even an excisional LN biopsy is performed, the intent of the procedure is for diagnostic and staging purposes only—meaning the suspicious LN is biopsied or removed to confirm the diagnosis and determine the histology. It is NOT being performed as a curative treatment since there are multiple areas of LN involvement. Thus the LN FNA, core or excisional biopsy should be coded as a Surgical Diagnostic/Staging procedure using code 02 [A biopsy (incisional, needle, or aspiration) was done of the primary site].

If on the other hand, the scan workup only shows a single enlarged LN, correct coding depends on whether the LN was completely excised or merely biopsied:

- If the singular involved LN is removed in its entirety via an excisional biopsy, then this constitutes curative treatment. As a result, this excisional biopsy should be coded as surgery using code 25.

- However, if only an FNA or core biopsy is performed on the singular involved LN, this does not constitute treatment and should be coded as a Surgical Diagnostic/Staging procedure using code 02 [A biopsy (incisional, needle, or aspiration) was done of the primary site] since the involved LN was not removed in its entirety.
  - Should this singular involved LN be removed via excisional biopsy at a later date, then its removal would constitute curative treatment. As a result, this excisional biopsy should be coded as surgery using code 25.