Bone Biopsy Coding & Reimbursement Information

CPT	Procedure Description	Physician Fee[1]		APC[2]		ASC Payment[3]
		Non-Facility	Facility	Code	Payment	
20220	Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)	$254.07	$92.03	5072	$1,372.60	$576.39
20225	Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)	$430.19	$137.14	5072	$1,372.60	$576.39
38220	Diagnostic bone marrow; aspiration(s)	$172.15	$72.54	5072	$1,372.60	$122.34
38221	Diagnostic bone marrow; biopsy(ies)	$161.32	$72.18	5072	$1,372.60	$111.88
38222	Diagnostic bone marrow; biopsy(ies) and aspiration(s)	$178.28	$80.84	N/A	N/A	$994.34

ICD-10-PCS[4]	Description
079T3ZX	Drainage of Fluids and/or Gas from Bone Marrow, Percutaneous Approach, Diagnostic
079T3ZZ	Drainage of Fluids and/or Gas from Bone Marrow, Percutaneous Approach
07DQ3ZX	Extraction from Bone Marrow, Sternum, Percutaneous Approach, Diagnostic
07DQ3ZZ	Extraction from Bone Marrow, Sternum, Percutaneous Approach
07DR3ZX	Extraction from Bone Marrow, Iliac, Percutaneous Approach, Diagnosticw
07DR3ZZ	Extraction from Bone Marrow, Iliac, Percutaneous Approach
07DS3ZX	Extraction from Bone Marrow, Vertebral, Percutaneous Approach, Diagnostic
07DS3ZZ	Extraction from Bone Marrow, Vertebral, Percutaneous Approach
0PB03ZX	Excision of Sternum, Percutaneous Approach, Diagnostic
0QB03ZX	Excision of Lumbar Vertebra, Percutaneous Approach, Diagnostic
0QB13ZX	Excision of Sacrum, Percutaneous Approach, Diagnostic
0QB23ZX	Excision of Right Pelvic Bone, Percutaneous Approach, Diagnostic
0QB33ZX	Excision of Left Pelvic Bone, Percutaneous Approach, Diagnostic

MS-DRG[5]	Description
579	Biopsies of Musculoskeletal Tissue and Connective Tissue with MCC
580	Biopsies of Musculoskeletal Tissue and Connective Tissue with CC
581	Biopsies of Musculoskeletal Tissue and Connective Tissue without CC/MCC

C-Code[5]	Description
G0364	Bone marrow aspiration performed with bone marrow biopsy through the same incision on the same date of service