

# Bedside Fine Needle Aspiration: Cost, Convenience, Covid

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# Disclosures

- None

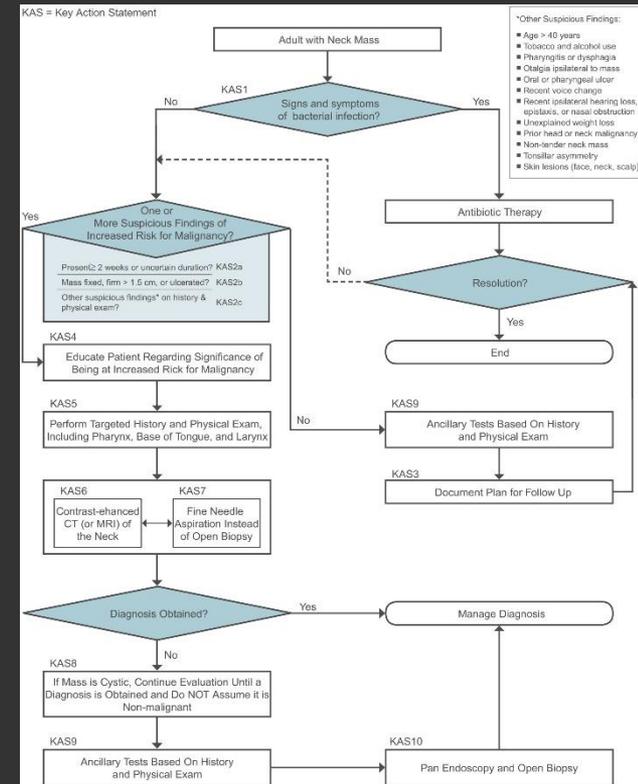
# Learner Objectives

- After this presentation you should:
  - 1) Appreciate the importance of guided FNA in evaluation of neck mass
  - 2) Understand documentation and coding requirement for FNA
  - 3) Recognize the natural role of Otolaryngologists in bedside procedures
  - 4) Consider benefit of adding to your practice

# CPG: Fine Needle Aspiration

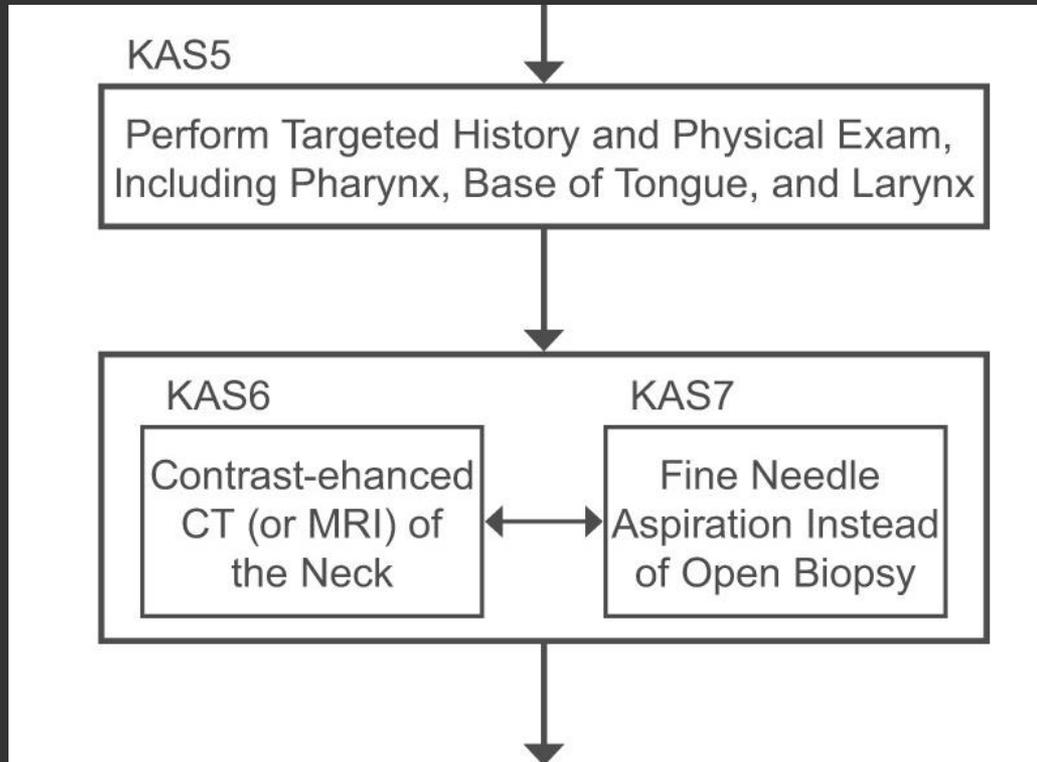
- Key Action Statement 7

FNA accurate, safe and cost-effective and useful for diagnosis of malignancy in metastatic scca, thyroid carcinoma and lymphoma



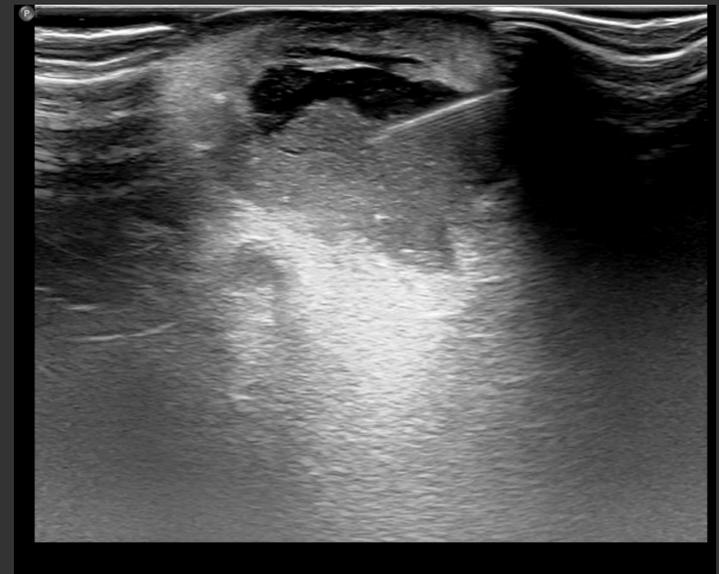
Clinical Practice Guideline: Evaluation of the Neck Mass in Adults. Otolaryngology–Head and Neck Surgery. 2017;157(2\_suppl):S1-S30. doi:10.1177/0194599817722550

# Purposefully Flexible



# US Guided FNA

- Risks:
  - Bleeding, infection
  - Non-diagnostic sample
  - Seeding of tract?



# Point of Care Ultrasound (POCUS)

- Acquisition, interpretation, and immediate clinical integration of US imaging by the treating physician at patient “beside”.
- Many practice settings, many specialties
- Screening, diagnosis, procedure guidance, monitoring
- Efficient and cost-effective
- Morbidity low
- Potential for inaccurate diagnosis or inappropriate use
- US ubiquitous: machines more portable, cost decreased
- Patient-centered care, patient-centered endpoints hard to measure

# Radiology vs Point of Care



RADIOLOGIST



EXPERIENCED CLINICIAN

# Competency in POCUS

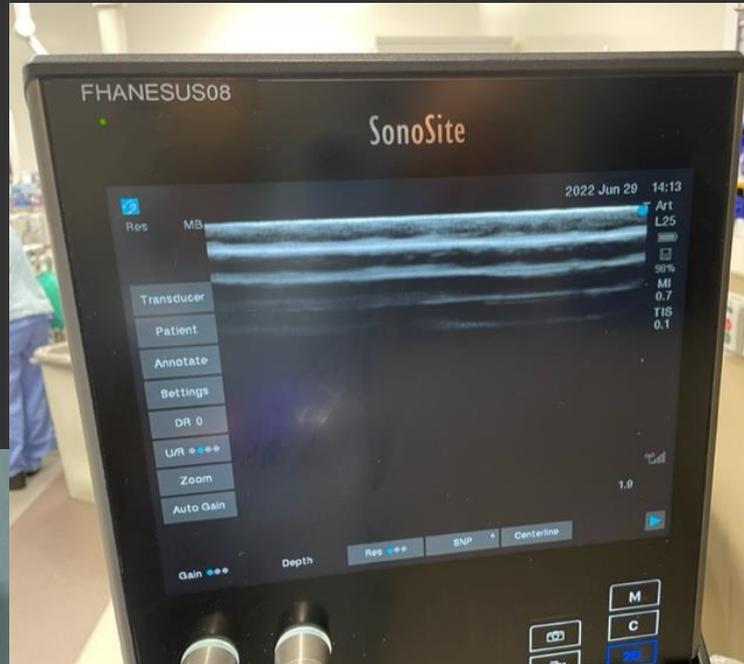
- Competence is specialty specific
- Expert consensus: 25-50 procedures with diagnostic procedures
- Institutional series: Competence for US guided during procedures ~10 procedures
- Risk
  - JCAHO Top 10 health technology hazards 2020: POCUS
- Education/Competency for safe and effective use
  - AAMC: 35% medical schools focused US training program
  - ACGME: Emergency Medicine, Anesthesia, General Surgery
  - ACS courses, simulation, US assisted exams

# US Assisted Exam

- US done at part of exam
- Is there a mass?
- Longitudinal exams
- "Quicklook"



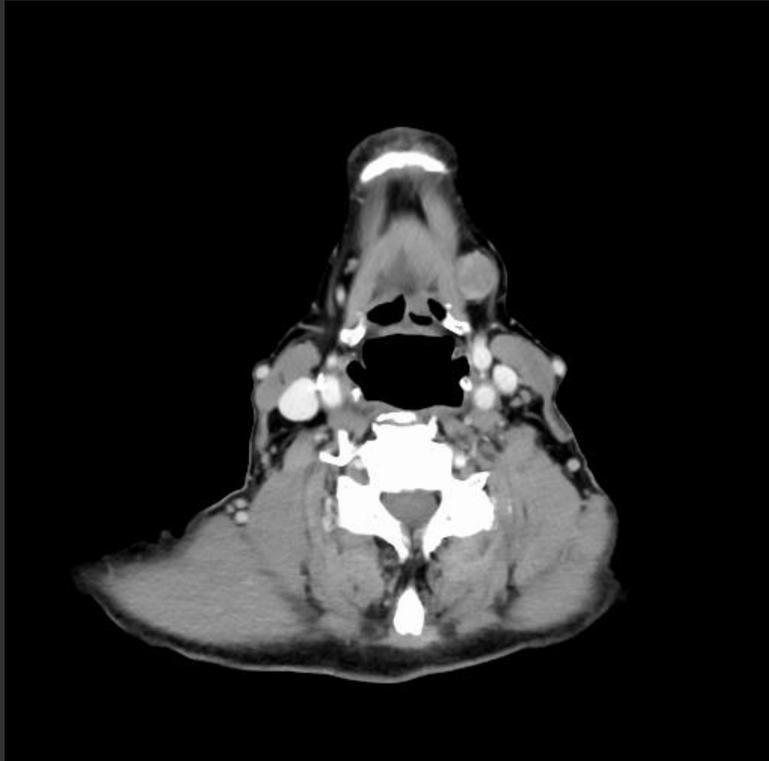
# Equipment Needs



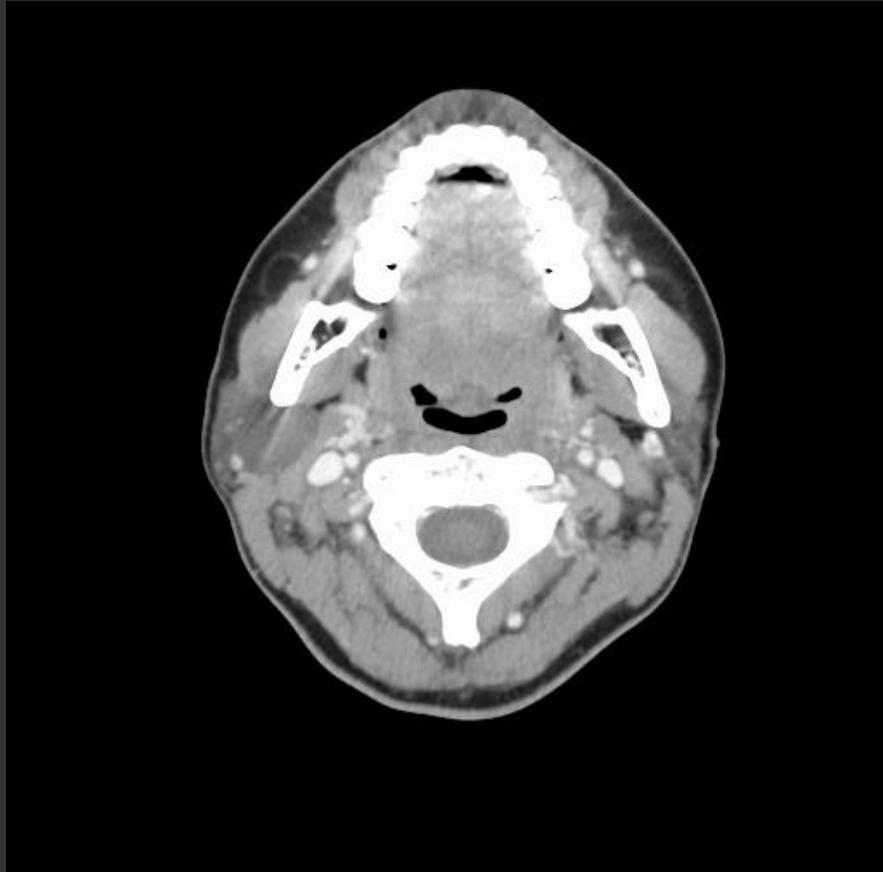
# Additional Needs

- Room for procedure
- Assistant
- On site cytopathology
- Syringe, 25g needles
- Liquid medium, slides
- Ice packs
- Probe covers, way to clean

# POCUS FNA



# POCUS FNA



# US FNA: CPT code changes 2019

- CPT: 10005 Fine needle aspiration biopsy, including ultrasound guidance, first lesion
- CPT: 10006 for each additional lesion
- Cost to patient varies between outpatient vs hospital outpatient, ASC
- Same documentation standards

# Documentation requirements

Generate a report like a radiologist, maintain images like radiology; professional fee only

“Narrative: This exam was performed by the care provider in FH CC OTOLARYNGOLOGY. It has been interpreted by the performing provider. The report can be found in the Progress or Procedure Notes section of Epic.”



## Fina Needle Aspiration Procedure Note

Indication: Right Lymphadenopathy

Anesthesia: 1% plain lidocaine, 2 cc in RIGHT neck

### Procedure Details:

Thyroid fine needle aspiration risks and complications (including, but not limited to infection, bleeding, and discomfort) were discussed in detail with the patient. The patient understood and all questions were answered. After this discussion, written consent was obtained and entered into the medical record.

The skin was sterilely prepped in the usual fashion. Ultrasound was used to identify the area for FNA and to confirm needle placement during each aspiration pass. A procedure time-out was performed identifying the correct patient, procedure, and site of the procedure.

A 25 gauge needle was used in each of 2 passes in the Right level IV lymph node.

Multiple slides and needle washings were prepared from the above aspirations and specimens were sent to cytopathology for interpretation.

Estimated blood loss was less than 5 ml.

The patient tolerated the procedure without complications. She was instructed on post-biopsy care.

# Should you add POCUS FNA to your practice?

Competent

Convenient

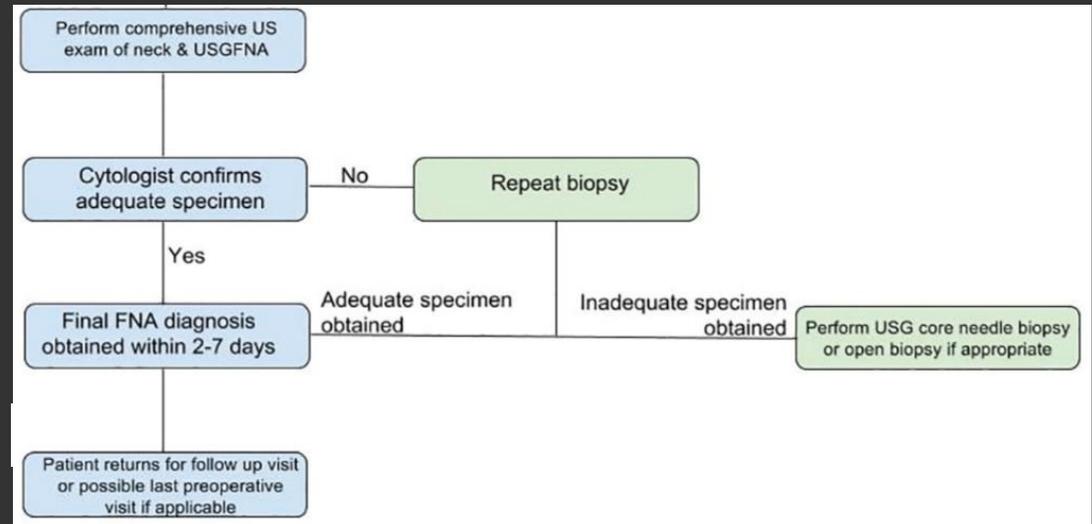
Cost  
effective

Patient  
centered

Resource  
Appropriate

# Why don't we do more POC US?

- Lack of time
- Equipment expense
- Lack of training, of opportunities



The Role of In-Office Ultrasound in the Diagnosis of Neck Masses. Otolaryngology–Head and Neck Surgery. 2017;157(1):58-61. doi:10.1177/0194599817696288

# Covid Considerations

## Towards Office Based Procedures

- Big push to get patients out of hospital-based settings
- Decreased access and wait times
- Covid testing pre-procedure
- Fear of travel, hospitals
- Economic distress patients
- Physician Autonomy

## Away from Office Based Procedures

- Push to limit patients
- Decreased room efficiency due to Covid precautions
- Limited office staff
- Cytopathology availability
- Economic distress physicians (cost lower for patients, insurers)



# Summary

- Do
  - Become comfortable using US during routine exams and/or procedures
  - Take a course—there are great ones available to us!
  - Start with the easy ones.
  - Learn what resources are already available

# Summary

- Do not:
  - Replace diagnostic US procedure with POC exams
  - Expect US FNA to be lucrative
  - Fail to systemize the process