

Mammography - Physician Payment

2009 CODING & REIMBURSEMENT GUIDE

Physician Payment

Physician Owned Facility

CPT® CODE ¹	DESCRIPTION	2009 NATIONAL PAYMENT AVERAGE ²
77057	Screening film mammography	\$81.51 (Technical \$45.80) (Professional \$35.71)
77055	Diagnostic film mammography, unilateral	\$84.76 (Technical \$49.05) (Professional \$35.71)
77056	Diagnostic film mammography, bilateral	\$107.48 (Technical \$63.12) (Professional \$44.36)
G0202	Screening mammography digital	\$129.84 (Technical \$94.86) (Professional \$34.98)
G0204	Diagnostic mammography digital, bilateral	\$152.56 (Technical \$109.28) (Professional \$43.28)
G0206	Diagnostic mammography digital, unilateral	\$121.18 (Technical \$86.20) (Professional \$34.98)
77051	Computer aided detection, diagnostic (Add-on code to be used in conjunction with codes 77055, 77056, G0204 and G0206. List each code separately.)	\$12.26 (Technical \$9.02) (Professional \$3.25)
77052	Computer aided detection, screening (Add-on code to be used in conjunction with codes 77057 and G0202. List each code separately.)	\$12.26 (Technical \$9.02) (Professional \$3.25)
19290	Preoperative placement of needle localization wire, breast	Office (Global) \$152.56 Hospital (Professional) \$65.28
19291	Preoperative placement of needle localization wire, breast; each additional lesion	Office (Global) \$66.00 Hospital (Professional) \$32.46
10021	Fine needle aspiration without image guidance	Office (Global) \$126.95 Hospital (Professional) \$64.92
10022	Fine needle aspiration with image guidance	Office (Global) \$130.20 Hospital (Professional) \$64.20

1. American Medical Association, CPT® 2007, Professional Edition and HCPCS 2007, Nineteenth edition.

2. Physician relative value units (RVUs) are based on the Medicare 2009 Physician Fee Schedule Final rule published in the Federal Register, October 30, 2008. National average Medicare rates, rounded to the nearest dollar, are based on these RVUs and account for the work RVU adjustment completed by CMS for Medicare budget neutrality purposes. The 2009 conversion factor is \$36.067. Actual payment to a physician will vary based on geographic location. Payment for a given procedure in a given locality is available in the Medicare Physician Fee Schedule Look-up file posted in the Physician Center of the CMS website.

Hospital Payment

2009 CODING & REIMBURSEMENT GUIDE

Facility Payment
Location: Hospital Outpatient

Hospital Owned Facility

CPT® CODE¹	DESCRIPTION	2009 NATIONAL PAYMENT AVERAGE²
77057	Screening film mammography (Technical component only)	\$45.80
77055	Diagnostic film mammography, unilateral (Technical component only)	\$49.05
77056	Diagnostic film mammography, bilateral (Technical component only)	\$63.12
G0202	Screening mammography digital (Technical component only)	\$94.86
G0204	Diagnostic mammography digital, bilateral (Technical component only)	\$109.28
G0206	Diagnostic mammography digital, unilateral (Technical component only)	\$86.20
77051	Computer aided detection, diagnostic (Technical component only) (Add-on code to be used in conjunction with codes 77055, 77056, G0204 and G0206. List each code separately.)	\$9.02
77052	Computer aided detection, screening (Technical component only) (Add-on code to be used in conjunction with codes 77057 and G0202. List each code separately.)	\$9.02
19290	Preoperative placement of needle localization wire, breast (Facility Payment)	N Packaged
19291	Preoperative placement of needle localization wire, breast; each additional lesion. (Facility payment)	N Packaged
10021	Fine needle aspiration without image guidance (technical component only)	\$94.62
10022	Fine needle aspiration with image guidance (technical component only)	\$295.46

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