

# Physician Services

## 2008 CODING & REIMBURSEMENT GUIDE

Rates effective January 1, 2008 – June 30, 2008

**Facility Setting:**  
Physician Office

### Physician Owned Facility

CPT® CODE <sup>1</sup>	DESCRIPTION	2008 NATIONAL PAYMENT AVERAGE <sup>2</sup>
77057	Screening film mammography	\$83.03 (Technical \$49.13) (Professional \$33.90)
77055	Diagnostic film mammography, unilateral	\$82.65 (Technical \$48.75) (Professional \$33.90)
77056	Diagnostic film mammography, bilateral	\$104.36 (Technical \$62.46) (Professional \$41.90)
G0202	Screening mammography digital	\$133.69 (Technical \$100.17) (Professional \$33.52)
G0204	Diagnostic mammography digital, bilateral	\$151.21 (Technical \$109.31) (Professional \$41.90)
G0206	Diagnostic mammography digital, unilateral	\$120.74 (Technical \$87.22) (Professional \$33.52)
77051	Computer aided detection, diagnostic (Add-on code to be used in conjunction with codes 77055, 77056, G0204 and G0206. List each code separately.)	\$14.85 (Technical \$11.81) (Professional \$3.05)
77052	Computer aided detection, screening (Add-on code to be used in conjunction with codes 77057 and G0202. List each code separately.)	\$14.85 (Technical \$11.81) (Professional \$3.05)
19290	Preoperative placement of needle localization wire, breast	\$154.63
19291	Preoperative placement of needle localization wire, breast; each additional lesion	\$67.03

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

2. Physician relative value units (RVUs) are based on the Medicare 2008 Physician Fee Schedule Final rule published in the Federal Register, November 28, 2007. 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 2008 conversion factor is \$38.087. 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.

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Hologic Inc., provides this coding guide for informational purposes only. This guide is not an affirmative instruction as to which CPT®/HCPCS codes and modifiers to use for a particular service, supply, procedure or treatment. It is the provider's responsibility to determine and submit the appropriate codes and modifiers for any service, supply, procedure or treatment rendered. Actual codes and/or modifiers used are at the sole discretion of the treating physician and/or facility. Contact your local carrier and payer organizations for specific coding guidelines. Hologic cannot guarantee medical benefit coverage or reimbursement with the codes listed in this guide. Any payment rates listed are Medicare averages that may be subject to change without notice. Reimbursement may differ based on geographic regional variance and/or policies and fee schedules outlined as terms in your health plan, payer and/or carrier contracts.

# Physician Services

## 2008 CODING & REIMBURSEMENT GUIDE

**Facility Setting:**  
Outpatient Hospital

### Hospital Owned Facility

CPT® CODE <sup>1</sup>	DESCRIPTION	2008 NATIONAL PAYMENT AVERAGE <sup>2</sup>
77057	Screening film mammography (Technical component only)	\$49.13
77055	Diagnostic film mammography, unilateral (Technical component only)	\$48.75
77056	Diagnostic film mammography, bilateral (Technical component only)	\$62.46
G0202	Screening mammography digital (Technical component only)	\$100.17
G0204	Diagnostic mammography digital, bilateral (Technical component only)	\$109.31
G0206	Diagnostic mammography digital, unilateral (Technical component only)	\$87.22
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.)	\$11.81
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.)	\$11.81
19290	Preoperative placement of needle localization wire, breast (Technical component only)	\$61.70
19291	Preoperative placement of needle localization wire, breast; each additional lesion. (Technical component only)	\$30.47