

BREAST INTERVENTION

# MRI Breast Biopsy

## 2011 CODING & REIMBURSEMENT GUIDE

**MRI Biopsy**

**Breast Biopsy, Intervention**

CPT® CODE <sup>1,4</sup>	DESCRIPTION	LOCATION	RVU <sup>3</sup> / APC <sup>2</sup>	2011 NATIONAL PAYMENT AVERAGE <sup>2,3</sup>
19103	Percutaneous, needle core using imaging guidance	Office - Global	16.09	\$546.68
		Professional - Hosp/ASC	5.68	\$192.99
		Facility - Hospital	0037	\$1081.42
		Facility - ASC	0037	\$608.30
19295	Image guided placement, metallic localization clip, percutaneous, during breast biopsy	Office - Global	2.66	\$90.38
		Professional - Hosp/ASC	N/A	Packaged
		Facility - Hospital	0340	Packaged
		Facility - ASC	0340	Packaged
76098	Radiological examination, surgical specimen	Office - Global	.57	\$19.37
		Professional - Hospital	.24	\$8.15
		Facility - Hospital	0317	Packaged
		Facility - ASC	0317	Packaged
A4649 or 99070	Surgical supplies and materials, miscellaneous			Not paid under OPPIs. May be subject to review for payment by commercial payors.

**Place of Service<sup>4</sup>**

PLACE OF SERVICE CODE	PLACE OF SERVICE NAME	PLACE OF SERVICE DESCRIPTION
11	Office	Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, state or local public health clinic or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis and treatment of illness or injury on an ambulatory basis
22	Outpatient Hospital	A portion of a hospital that provides diagnostic, therapeutic (both surgical and nonsurgical) and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization
24	Ambulatory Surgery Center	A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis

1. American Medical Association, CPT® 2010, Professional Edition and HCPCS 2010, Professional Edition.  
 2. Medicare 2011 Outpatient Final Rule published in the Federal Register, November 2, 2010.  
 3. Physician relative value units (RVUs) are based on a correction notice to the Medicare 2011 Physician Fee Schedule Final Rule published in the Federal Register on December 30, 2010. The National Average Medicare rates are based on the 2011 conversion factor of \$33.9764. 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. The payment rates could be further revised if Congress were to enact legislation that would change the conversion factor, which has typically occurred in recent years.  
 4. Current Procedural Terminology, Professional Edition, 2010 American Medical Association.

## BREAST INTERVENTION

# MRI Breast Biopsy

## 2011 CODING & REIMBURSEMENT GUIDE

## MRI Biopsy

## Breast Biopsy, Imaging

CPT® CODE <sup>1,4</sup>	DESCRIPTION	LOCATION	RVU <sup>3</sup> / APC <sup>2</sup>	2011 NATIONAL PAYMENT AVERAGE <sup>2,3</sup>
77021	Magnetic resonance guidance for needle placement, radiological supervision and interpretation	Office - Global	12.79	\$434.56
		Professional - Hospital	2.24	\$76.11
		Facility - Hospital	N/A	Packaged
77058	Diagnostic MRI, breast, without and/or with contrast material, unilateral (hospital outpatient must bill C8905 instead of 77058)	Office - Global	22.33	\$758.69
		Professional - Hospital	2.40	\$81.54
		Facility - Hospital	19.93	\$495.82
77059	Diagnostic MRI, breast, without and/or with contrast material, both breasts (hospital outpatient must bill C8908 instead of 77059)	Office - Global	23.17	\$787.23
		Professional - Hospital	2.40	\$81.54
		Facility - Hospital	20.77	\$495.82
77055	Mammography, unilateral (post procedure site marker verification)	Office - Global	2.55	\$86.64
		Professional - Hospital	1.03	\$35.00
		Facility - Hospital	1.52	\$51.64
77056	Mammography, both breasts (post procedure site marker verification)	Office - Global	3.26	\$110.76
		Professional - Hospital	1.28	\$43.49
		Facility - Hospital	1.98	\$67.27
G0206	Digital mammography, unilateral (post procedure site marker verification)	Office - Global	3.91	\$132.85
		Professional - Hospital	1.03	\$35.00
		Facility - Hospital	2.88	\$97.85
G0204	Digital mammography, both breasts (post procedure site marker verification)	Office - Global	4.94	\$167.84
		Professional - Hospital	1.27	\$43.15
		Facility - Hospital	3.67	\$124.69

Current Procedural Terminology (CPT) is copyright 2010 American Medical Association. All Rights Reserved. CPT® is a trademark of the AMA. No fee schedules, basic units, relative values or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS Restrictions Apply for Government Use. 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.