

# Stereotactic Breast Biopsy

## 2011 CODING & REIMBURSEMENT GUIDE

### Stereotactic 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, automated vacuum assisted or rotating biopsy 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
77031	Stereotactic localization guidance for breast biopsy or needle placement, each lesion, radiological supervision and interpretation	Office - Global	4.76	\$161.73
		Professional - Hospital	2.36	\$80.18
		Facility - Hospital	N/A	Packaged
A4649 or 99070	Surgical supplies and materials, miscellaneous	Office - Global Professional - Hospital Facility - Hospital		Not paid under OPFS. May be subject to review for payment by commercial payors.

\* A post-biopsy mammogram for site marker verification is not reimbursed after a stereotactic biopsy.

#### 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.