

# Stereotactic Breast Biopsy

## 2010 CODING & REIMBURSEMENT GUIDE

### Stereotactic Biopsy

#### Breast Biopsy

CPT® CODE <sup>1</sup>	DESCRIPTION	LOCATION	2010 NATIONAL PAYMENT AVERAGE <sup>2,3</sup>
19102	Percutaneous, needle core biopsy using imaging guidance	Office - Global Professional - Hosp/ASC Facility - Hospital Facility - ASC	\$204.86 \$103.15 \$526.74 \$292.19
19103	Percutaneous, automated vacuum assisted or rotating biopsy using imaging guidance	Office - Global Professional - Hosp/ASC Facility - Hospital Facility - ASC	\$518.28 \$191.51 \$1044.81 \$560.36
19295	Image guided placement, metallic localization clip, percutaneous, during breast biopsy	Office - Global Professional - Hosp/ASC Facility - Hospital Facility - ASC	\$84.04 Packaged Packaged Packaged
76098	Radiological examination, surgical specimen	Office - Global Professional - Hospital Facility - Hospital	\$19.12 \$8.30 \$10.82
77031	Stereotactic localization guidance for breast biopsy or needle placement, each lesion, radiological supervision and interpretation	Office - Global Professional - Hospital Facility - Hospital	\$168.43 \$80.79 \$87.64

#### 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® 2007, Professional Edition and HCPCS 2007, Nineteenth edition.

2. Refer to information concerning status indicator taken from the Medicare 2010 Outpatient Final Rule published in the Federal Register, November 25, 2009.

3. Physician relative value units (RVUs) are based on the Medicare 2010 Physician Fee Schedule Final Rule published in the Federal Register, November 25, 2009 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 2010 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. The 2010 payment rates could be further revised if Congress were to enact legislation that would revise the conversion factor, which has typically occurred in recent years.

4. Place of service codes listed in CPT® 2007, Current Procedural Terminology, Professional Edition, 2006 American Medical Association.

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