



Breast Biopsy Global and Physician Professional Payment

| CPT®1/HCPCS Code² | Description | Place-of-Service | RVU³ | 2022 National Average Medicare Rate ^{3,4} | | |
|--------------------------|--|------------------------------|-------|--|--|--|
| | Stereotactic guided breast biopsy | | | | | |
| 10001 | Biopsy, breast, with placement of breast localization device(s) (eq. clip, metallic pellet), when performed, and imaging of the | Global (Office/Freestanding) | 15.34 | \$530.86 | | |
| 19081 | biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance | Professional (Facility) | 4.81 | \$166.46 | | |
| | Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy | Global (Office/Freestanding) | 12.02 | \$415.97 | | |
| 19082 ^{i,ii} | specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure) | Professional (Facility) | 2.42 | \$83.75 | | |
| | Ultrasound guided breas | st biopsy | | | | |
| 19083 | Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy | Global (Office/Freestanding) | 15.53 | \$537.43 | | |
| 19063 | specimen, when performed, percutaneous; first lesion, including ultrasound guidance | Professional (Facility) | 4.54 | \$157.11 | | |
| 19084 | Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, | Global (Office/Freestanding) | 11.89 | \$411.47 | | |
| 10004 | including ultrasound guidance (List separately in addition to code for primary procedure) | Professional (Facility) | 2.25 | \$77.86 | | |
| MRI guided breast biopsy | | | | | | |
| 19085 | Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy | Global (Office/Freestanding) | 23.87 | \$826.05 | | |
| 19000 | specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance | Professional (Facility) | 5.26 | \$182.03 | | |
| 19086 | Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional | Global (Office/Freestanding) | 18.62 | \$644.37 | | |
| | lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure) | Professional (Facility) | 2.62 | \$90.67 | | |

Additional information: i. To report bilateral image-guided breast biopsies, report 19081, 19083, and 19085 for the initial biopsy. The contra-lateral and each additional breast image-guided biopsy are reported with 19082, 19084, and 19086. ii. If additional percutaneous biopsies with or without localization device placements are performed using different imaging modalities, report another primary code for each additional biopsy with or without localization device placement performed using a different image guidance modality.

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^{2.} Centers for Medicare & Medicaid Services (CMS), 2022 Healthcare Common Procedure Coding System (HCPCS) codes, available at https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update

The 2022 physician relative value units (RVUs) are from the 2022 Physician Fee Schedule (PFS) Relative Value Files, file RVU22A, available from the CMS website at https://www.cms.gov/Medicare/Medicare-Feefor-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files

^{4.} The national average 2022 Medicare rates to physicians shown are based on the 2022 conversion factor of \$34.6062 and do not reflect payment cuts due to sequestration. Medicare payment for a given procedure in a given locality in 2022 should be available in the Medicare Physician Fee Schedule Look-up file accessible through the CMS website at https://www.cms.gov/apps/physician-fee-schedule/overview.aspx. Any payment rates listed may be subject to change without notice. Actual payment to a physician will vary based on geographic location and may also differ based on policies and fee schedules outlined as terms in your health plan and/or payer contracts.





Breast Biopsy Global and Physician Professional Payment

| CPT®1/HCPCS Code² | Description | Place-of-Service | RVU³ | 2022 National Average Medicare Rate ^{3,4} |
|---|--|------------------------------|-------|--|
| | Contrast Enhanced Biop | sy (CEB) ⁱⁱⁱ | | |
| 19081 | Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance | Global (Office/Freestanding) | 15.34 | \$530.86 |
| 19001 | | Professional (Facility) | 4.81 | \$166.46 |
| clip, metallic pellet), when performed, and imaging | Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, | Global (Office/Freestanding) | 12.02 | \$415.97 |
| 19082 ^{i,ii} | including stereotactic guidance (List separately in addition to code for primary procedure) | Professional (Facility) | 2.42 | \$83.75 |
| 00074 | Therapeutic, prophylactic, or diagnostic injection (specify | Global (Office/Freestanding) | 1.16 | \$40.14 |
| 96374" substance or drug); intrav | substance or drug); intravenous push, single or initial substance/drug | Professional (Facility) | NA | NA |
| Q9967 | Low osmolar contrast material, 300-399 mg/ml iodine concentration, per ml | Global (Office/Freestanding) | NA | \$0.121/ml |

Additional information: i. To report bilateral image-guided breast biopsies, report 19081, 19083, and 19085 for the initial biopsy. The contra-lateral and each additional breast image-guided biopsy are reported with 19082, 19084, and 19086. ii. If additional percutaneous biopsies with or without localization device placements are performed using different imaging modalities, report another primary code for each additional biopsy with or without localization device placement performed using a different image guidance modality. iii. CPT 2022, Professional Edition, advises, "Do not report 96365-96479 with codes for which IV push or infusion is an inherent part of the procedure (e.g., administration of contrast material for a diagnostic imaging study)." Relatedly, CPT codes 19081 and 96374 are subject to a National Correct Coding Initiative (NCCI) procedure-to-procedure edit, however, a modifier is allowed in order to permit billing the two codes together. Consult your payer for its instructions on how to bill for contrast-enhanced

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2. Centers for Medicare & Medicaid Services (CMS), 2022 Healthcare Common Procedure Coding System (HCPCS) codes, available at https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/ HCPCS-Quarterly-Update

The 2022 physician relative value units (RVUs) are from the 2022 Physician Fee Schedule (PFS) Relative Value Files, file RVU22A, available from the CMS website at https://www.cms.gov/Medicare/Medicare-Feefor-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files

^{4.} The national average 2022 Medicare rates to physicians shown are based on the 2022 conversion factor of \$34.6062 and do not reflect payment cuts due to sequestration. Medicare payment for a given procedure in a given locality in 2022 should be available in the Medicare Physician Fee Schedule Look-up file accessible through the CMS website at https://www.cms.gov/apps/physician-fee-schedule/overview.aspx. Any payment rates listed may be subject to change without notice. Actual payment to a physician will vary based on geographic location and may also differ based on policies and fee schedules outlined as terms in your health plan and/or payer contracts. October 2021 P Pricing File, available at https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/2021-asp-drug-





Breast Biopsy

Facility Payment

| CPT®1/ HCPCS Code² | Description | Place-of- Service | APC ³ | Status Indicator ³ | 2022 National Average Medicare Rate ^{2,3} |
|--------------------------|---|----------------------|------------------|----------------------------------|--|
| | Stereotactic guided breast biopsy | | | | |
| 19081 | Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when | Hospital | 5072 | J1 | \$1,436.99 |
| 19001 | performed, percutaneous; first lesion, including stereotactic guidance | ASC | NA | G2 | \$608.63 |
| 19082⊦⊩ | Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when | Hospital | NA | N | Packaged |
| 10002 | performed, percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure) | ASC | NA | N1 | Packaged |
| | Ultrasound guided breast biopsy | | | | |
| 10000 | Biopsy, breast, with placement of breast localization device(s) (eg, clip, | Hospital | 5072 | J1 | \$1,436.99 |
| 19083 | metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneouss; first lesion, including ultrasound guidance | ASC | NA | G2 | \$608.63 |
| 19084 | Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, | Hospital | NA | N | Packaged |
| 19064** | when performed, percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure) | | NA | N1 | Packaged |
| MRI guided breast biopsy | | | | | |
| 19085 | Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when | Hospital | 5072 | J1 | \$1,436.99 |
| 19063 | performed, percutaneous; first lesion, including magnetic resonance guidance | ASC | NA | G2 | \$608.63 |
| 19086⊦⊩ | Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, | Hospital | NA | N | Packaged |
| 13000 | when performed, percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure) | ASC | NA | N1 | Packaged |

Additional information: i. To report bilateral image-guided breast biopsies, report 19081, 19083, and 19085 for the initial biopsy. The contra-lateral and each additional breast image-guided biopsy are reported with 19082, 19084, and 19086. ii. If additional percutaneous biopsies with or without localization device placements are performed using different imaging modalities, report another primary code for each additional biopsy with or without localization device placement performed using a different image guidance modality.1

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^{3.} The national average 2022 Medicare rates for the hospital outpatient setting are from the 2022 Hospital Outpatient Prospective Payment System (OPPS) release, Addenda B and D1, accessible at https://www.cms.gov/license/ama?file=/files/zip/2022-nfrm-opps-addenda.zip [cms.gov]. The national average 2022 Medicare rates and status indicators for the ambulatory surgical center setting are from the 2022 Ambulatory Surgical Center (ASC) Payment release, Addenda AA, BB, and DD1, accessible at https://www.cms.gov/license/ama?file=/files/zip/2022-nfrm-addendum-aa-bb-dd1-dd2-ee-and-ff.zip [cms. gov]. Any payment rates listed are Medicare national averages that may be subject to change without notice and do not reflect payment cuts due to sequestration. Actual payment to a hospital or ambulatory surgical center will vary based on geographic location and may also differ based on policies and fee schedules outlined as terms in your health plan and/or payer contracts





Breast Biopsy

Facility Payment

| CPT®1/ HCPCS Code² | Description | Place-of- Service | APC ³ | Status Indicator³ | 2022 National Average Medicare Rate ^{2,3} |
|--------------------------|--|----------------------|------------------|----------------------|--|
| | Contrast Enhanced Biopsy (CEB) | | | | |
| 1 3/ | Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when | Hospital | 5072 | J1 | \$1,436.99 |
| 19081 | performed, percutaneous; first lesion, including stereotactic guidance | ASC | NA | G2 | \$608.63 |
| 19082⊦⊪ | Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure) | Hospital | NA | N | Packaged |
| 19002 | | ASC | NA | N1 | Packaged |
| 96374iv | Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug | Hospital | 5693 | S | \$208.93 |
| Q9967 | Low osmolar contrast material, 300-399 mg/ml iodine concentration, per ml | Hospital | NA | N | Packaged |

| CPT ^{⊚1} / HCPCS Code² | Description | Place-of- Service | APC ³ | Status Indicator ³ | 2022 National Average Medicare Rate ^{2,3} |
|--|---|----------------------|------------------|----------------------------------|--|
| | Supplies | | | | |
| | A4649 Surgical supply; miscellaneous | Hospital | NA | N | Packaged |
| A4649 | | ASC | NA | N | Not paid under the ASC |
| 99070 | Supplies and materials (except spectacles), provided by the physician or other qualified health care professional over and above those usually included | Hospital | NA | В | Not paid under OPPS |
| with the office visit or other services rendered (list drugs, trays, supplematerials provided) | with the office visit or other services rendered (list drugs, trays, supplies, or materials provided) | ASC | NA | В | Not paid under the ASC |

Additional information: i. To report bilateral image-guided breast biopsies, report 19081, 19083, and 19085 for the initial biopsy. The contra-lateral and each additional breast image-guided biopsy are reported with 19082, 19084, and 19086. ii. If additional percutaneous biopsies with or without localization device placements are performed using different imaging modalities, report another primary code for each additional biopsy with or without localization device placement performed using a different image guidance modality. iii. In the Hospital Outpatient setting the new breast biopsy "additional lesion" codes are packaged or captured in the primary breast biopsy codes, and only the physician performing the "additional lesion" procedure is reimbursed separately when billing an "additional lesion" code. iv. CPT 2022, Professional Edition, advises, "Do not report 96365-96479 with codes for which IV push or infusion is an inherent part of the procedure (e.g., administration of contrast material for a diagnostic imaging study)."
Relatedly, CPT codes 19081 and 96374 are subject to a National Correct Coding Initiative (NCCI) procedure-to-procedure edit, however, a modifier is allowed in order to permit billing the two codes together. Consult your payer for its instructions on how to bill for contrast-enhanced biopsy.

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The national average 2022 Medicare rates for the hospital outpatient setting are from the 2022 Hospital Outpatient Prospective Payment System (OPPS) release, Addenda B and D1, and the national average 2022 Medicare facility rate for CPT code 76499, 96374 and HCPCS code Q9967 can be found in the 2022 Hospital OPPS Correction release, Addenda B, accessible at https://www.cms.gov/license/ ama?file=/files/zip/2022-nfrm-opps-addenda.zip [cms.gov]. The national average 2022 Medicare rates and status indicators for the ambulatory surgical center setting are from the 2022 Ambulatory Surgical Center (ASC) Payment release, Addenda AA, BB, and DD1, accessible at https://www.cms.gov/license/ama?file=/files/zip/2022-nfrm-addendum-aa-bb-dd1-dd2-ee-and-ff.zip [cms.gov]. Any payment rates listed are Medicare national averages that may be subject to change without notice and do not reflect payment cuts due to sequestration. Actual payment to a hospital or ambulatory surgical center will vary based on geographic location and may also differ based on policies and fee schedules outlined as terms in your health plan and/or payer contracts





Breast Biopsy

Facility Payment

Status and Payment Indicator Information¹

| Status and Payment Indicator Explanation | | | | | |
|---|--|--|--|--|--|
| OPPS Status Indicator | | | | | |
| В | Not paid under OPPS | | | | |
| N Payment is packaged into payment for other services. Therefore, there is no separate APC payment | | | | | |
| J1 Comprehensive APC paid under OPPS; all covered Part B services on the claim are packaged with the "J1" service for the claim, except services with status indicator "F", "G", "H", "L" and "U" | | | | | |
| ASC Payment Indicator | | | | | |
| G2 | Non office-based surgical procedure added in CY 2008 or later; payment based on OPPS relative payment weight | | | | |
| N1 Packaged service/item; no separate payment made | | | | | |

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^{1.} The OPPS Payment Status Indicators for CY 2022 are from the 2022 Hospital Outpatient Prospective Payment System (OPPS) Final Rule, Addendum D1, accessible at https://www.cms.gov/license/ama?file=/files/zip/2022-nfrm-opps-addenda.zip [cms.gov]. The ASC Payment Status Indicators for CY 2022 are from the 2022 Ambulatory Surgical Center Payment Final Rule, Addenda DD1, accessible at https://www.cms.gov/license/ama?file=/files/zip/2022-nfrm-addendum-aa-bb-dd1-dd2-ee-and-ff.zip [cms.gov].