Breast Biopsy

Global and Physician Professional Payment

CPT®[1]/HCPCS Code[2]	Description	Place-of-Service	RVU[3]	2022 National Average Medicare Rate[3,4]
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 performed, percutaneous; first lesion, including stereotactic guidance	Global (Office/Freestanding)	15.34	$530.86
		Professional (Facility)	4.81	$166.46
19082[i,ii]	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)	Global (Office/Freestanding)	12.02	$415.97
		Professional (Facility)	2.42	$83.75
Ultrasound guided breast biopsy				
19083	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 ultrasound guidance	Global (Office/Freestanding)	15.53	$537.43
		Professional (Facility)	4.54	$157.11
19084[i,ii]	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 ultrasound guidance (List separately in addition to code for primary procedure)	Global (Office/Freestanding)	11.89	$411.47
		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 specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance	Global (Office/Freestanding)	23.87	$826.05
		Professional (Facility)	5.26	$182.03
19086[i,ii]	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 magnetic resonance guidance (List separately in addition to code for primary procedure)	Global (Office/Freestanding)	18.62	$644.37
		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.[1] **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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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
3. 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 Code[2]	Description	Place-of-Service	RVU[3]	2022 National Average Medicare Rate[3,4]
Contrast Enhanced Biopsy (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
		Professional (Facility)	4.81	$166.46
19082[i,ii]	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)	Global (Office/Freestanding)	12.02	$415.97
		Professional (Facility)	2.42	$83.75
96374[iii]	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/ drug	Global (Office/Freestanding)	1.16	$40.14
		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.[1] **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] **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 biopsy.

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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
3. 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-pricing-files.

Breast Biopsy

Facility Payment

CPT®[1]/ HCPCS Code[2]	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 performed, percutaneous; first lesion, including stereotactic guidance	Hospital	5072	J1	$1,436.99
		ASC	NA	G2	$608.63
19082[i,ii]	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
		ASC	NA	N1	Packaged
Ultrasound guided breast biopsy					
19083	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneouss; first lesion, including ultrasound guidance	Hospital	5072	J1	$1,436.99
		ASC	NA	G2	$608.63
19084[i,ii]	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 ultrasound guidance (List separately in addition to code for primary procedure)	Hospital	NA	N	Packaged
		ASC	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 performed, percutaneous; first lesion, including magnetic resonance guidance	Hospital	5072	J1	$1,436.99
		ASC	NA	G2	$608.63
19086[i,ii]	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 magnetic resonance guidance (List separately in addition to code for primary procedure)	Hospital	NA	N	Packaged
		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.[1] **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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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
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 Code[2]	Description	Place-of-Service	APC[3]	Status Indicator[3]	2022 National Average Medicare Rate[2,3]
Contrast Enhanced Biopsy (CEB)					
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	Hospital	5072	J1	$1,436.99
		ASC	NA	G2	$608.63
19082[i,iii]	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
		ASC	NA	N1	Packaged
96374[iv]	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 Code[2]	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
		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 with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)	Hospital	NA	B	Not paid under OPPS
		ASC	NA	B	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[1]. **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] **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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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
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, 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 Information[1]

Status and Payment Indicator	Explanation
OPPS Status Indicator	
B	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 primary "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

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].

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