Breast Biopsy

Global and Physician Professional Payment

CPT® Code	Description	Place-of-Service	RVU[2]	2026 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	Global (Office/Freestanding)	14.33	$481.02
		Professional (Facility)	4.14	$138.97
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)	10.89	$365.55
		Professional (Facility)	2.08	$69.82
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)	14.25	$478.34
		Professional (Facility)	3.91	$131.25
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)	10.70	$359.17
		Professional (Facility)	1.95	$65.46
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)	21.54	$723.04
		Professional (Facility)	4.53	$152.06
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)	16.57	$556.21
		Professional (Facility)	2.26	$75.86

Additional information from CPT 2026 Professional Edition: i. To report bilateral image-guided breast biopsies, report CPT codes 19081, 19083, and 19085 for the initial biopsy. The contra-lateral and each additional breast image-guided biopsy are reported with CPT codes 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. American Medical Association (AMA), 2026 Current Procedural Terminology (CPT), Professional Edition. CPT copyright 2025 AMA.
2. The 2026 physician relative value units (RVUs) are from the 2026 National Physician Fee Schedule Relative Value File January Release available from the CMS website at https://www.cms.gov/medicare/payment/fee-schedules/physician/pfs-relative-value-files/rvu26a.
3. Beginning in 2026, there will be two separate conversion factors (CFs): one for items and services furnished by a qualifying alternative payment model (APM) participant (referred to as the qualifying APM conversion factor) and another for other items and services furnished by a nonqualifying APM participant (referred to as the nonqualifying APM conversion factor). The national average 2026 Medicare rates to physicians shown are based on the 2026 CF for qualifying APM participants of $33.5675 and do not reflect payment cuts due to sequestration (the nonqualifying APM conversion factor is $33.4009). Medicare payment for a given procedure in a given locality in 2026 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[1]	Description	Place-of-Service	RVU[2]	2026 National Average Medicare Rate[2,3]
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)	14.33	$481.02
		Professional (Facility)	4.14	$138.97
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)	10.89	$365.55
		Professional (Facility)	2.08	$69.82
96374[iii]	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/ drug	Global (Office/Freestanding)	1.13	$37.93
		Professional (Facility)	NA	NA
Q9967	Low osmolar contrast material, 300-399 mg/ml iodine concentration, per ml	Global (Office/Freestanding)	NA	$0.149/ml

Additional information from CPT 2026 Professional Edition: i. To report bilateral image-guided breast biopsies, report CPT codes 19081, 19083, and 19085 for the initial biopsy. The contra-lateral and each additional breast image-guided biopsy are reported with CPT codes 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 2026, 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.

1. Centers for Medicare & Medicaid Services (CMS), 2026 Healthcare Common Procedure Coding System (HCPCS) codes, available at https://www.cms.gov/medicare/coding-billing/healthcare-common-procedure-system/quarterly-update
2. The 2026 physician RVUs are from the 2026 National PFS Relative Value File January Release available from the CMS website at https://www.cms.gov/medicare/payment/fee-schedules/physician/pfs-relative-value-files/rvu26a.
3. The national average 2026 Medicare rates to physicians shown are based on the 2026 CF for qualifying APM participants of $33.5675 and do not reflect payment cuts due to sequestration (the nonqualifying APM conversion factor is $33.4009). Medicare payment for a given procedure in a given locality in 2026 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. 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. The national average Medicare rate for Q9967 comes from the January 2026 ASP Pricing File, available at https://www.cms.gov/files/zip/january-2026-medicare-part-b-payment-limit-files.zip, and is subject to change in subsequent pricing files.

Breast Biopsy

Facility Payment

CPT® / HCPCS Code	Description	Place-of-Service	APC[1]	Status Indicator[1]	2026 National Average Medicare Rate[1]
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	$1,687.37
		ASC	NA	G2	$742.04
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	$1,687.37
		ASC	NA	G2	$742.04
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	$1,687.37
		ASC	NA	G2	$742.04
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
C7502[2]	Percutaneous breast biopsies using magnetic resonance guidance, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, all lesions unilateral or bilateral (for single lesion biopsy, use appropriate code)	ASC	NA	G2	$1,248.36

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]

1. The national average 2026 Medicare hospital outpatient rates and status indicators are from the 2026 Hospital Outpatient Prospective Payment System (OPPS) release, Addenda B and D1, accessible at https://www.cms.gov/license/ama?file=/files/zip/2026-nfrm-opps-addenda.zip. The national average 2026 Medicare ambulatory surgical center rates and payment indicators are from the 2026 Ambulatory Surgical Center (ASC) Payment release, Addenda AA, BB, and DD1, accessible at https://www.cms.gov/license/ama?file=/files/zip/2026-nfrm-addendum-aa-bb-dd1-dd2-ee-ff.zip 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
2. Under an ASC payment policy applicable to certain code pairs, ASCs may report a HCPCS code instead of a certain pair of CPT codes, and receive an adjusted payment rate. For breast biopsy procedures for 2026, an ASC may report C7502 instead of reporting the combination of CPT code 19085 and 19086, per the ASC CPX Supplemental File available at https://www.cms.gov/license/ama?file=/files/zip/2026-final-asc-cpx-supplemental-file.zip
3. 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, as 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 medical professional and/or facility. 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.

Breast Biopsy

Facility Payment

CPT®/ HCPCS Code	Description	Place-of-Service	APC[1]	Status Indicator[1]	2026 National Average Medicare Rate[1]
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	$1,687.37
		ASC	NA	G2	$742.04
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	$217.31
Q9967	Low osmolar contrast material, 300-399 mg/ml iodine concentration, per ml	Hospital	NA	N	Packaged

CPT®/ HCPCS Code[1]	Description	Place-of-Service	APC[1]	Status Indicator[1]	2026 National Average Medicare Rate[1]
Supplies					
A4649	Surgical supply; miscellaneous	Hospital	NA	N	Packaged
		ASC	NA	NA	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	NA	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 2026, 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.

1. The national average 2026 Medicare hospital outpatient rates and status indicators are from the 2026 Hospital OPPS release, Addenda B and D1, accessible at https://www.cms.gov/license/ama?file=/files/zip/2026-nfrm-opps-addenda.zip. The national average 2026 Medicare ambulatory surgical center rates and payment indicators are from the 2026 ASC Payment release, Addenda AA, BB, and DD1, accessible at https://www.cms.gov/license/ama?file=/files/zip/2026-nfrm-addendum-aa-bb-dd1-dd2-ee-ff.zip 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	Services paid under OPPS through a Comprehensive APC, covered Part B services on the claim are packaged with the primary "J1" service for the claim, with certain exceptions
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 2026 are from the 2025 Hospital OPPS Final Rule, Addendum D1, accessible at https://www.cms.gov/license/ama?file=/files/zip/2026-nfrm-opps-addenda.zip. The ASC Payment Indicators for CY 2025 are from the 2026 ASC Payment Final Rule, Addenda DD1, accessible at https://www.cms.gov/license/ama?file=/files/zip/2026-nfrm-addendum-aa-bb-dd1-dd2-ee-ff.zip.

hologic.com | Hologic@thepinnaclehealthgroup.com | 1.866.369.9290