

Vacuum Assisted Breast Biopsy System vs. Core Needle Breast Biopsy



ULTRASOUND Facility Billing

| Rev Code | Description | HCPCS | APC | SI | Core Needle | Vacuum Assisted Breast Biopsy System |
|---|---|-------------------------------|-------------------|--------|---|---|
| 36X or 49X or 51X | Operating Room or Ambulatory Surgery or Clinic Services (Breast Biopsy) | 19102/19103 19295 (Marker) | 0005/0658 0657 | T N | \$560.00 <i>Inclusive in Procedure</i> | \$1,081.00 <i>Inclusive in Procedure</i> |
| 402 | Ultrasonic Guidance | 76942 | 0268 | N | <i>Inclusive in Procedure</i> | <i>Inclusive in Procedure</i> |
| 401 | Unilateral Mammogram (Post Procedure) | 77055 | 0271 | A | \$52.00 | \$52.00 |
| 310/312 | Pathology Lab (Surg. Path IV) | 88305 | 0343 | X | \$36.00 | \$36.00 |
| 2011 NATIONAL AVERAGE MEDICARE PAYMENT RATE | | | | | \$648.00 | \$1,169.00 |
| REIMBURSEMENT DIFFERENTIAL | | | | | | \$521.00 |

ULTRASOUND Physician Billing

| CPT® | Description | Core Needle | Vacuum Assisted Breast Biopsy System |
|--|--|-------------|--------------------------------------|
| 19102/19103 | Core Needle Biopsy/Automated Vacuum Assisted Biopsy | \$103.00 | \$193.00 |
| 76942-26 | Ultrasonic Guidance – Professional Component | \$34.00 | \$34.00 |
| 77055 | Unilateral Mammogram (Post Procedure) – Professional Component | \$35.00 | \$35.00 |
| 19295 | Tissue Marker Placement | \$90.00 | \$90.00 |
| TOTAL PAYMENT AT NATIONAL AVERAGE RATES (MPFS) | | \$262.00 | \$352.00 |
| REIMBURSEMENT DIFFERENTIAL | | | \$90.00 |



MRI Facility Billing

| Rev Code | Description | HCPCS | APC | SI | Core Needle | Vacuum Assisted Breast Biopsy System |
|---|---|-------------------------------|-------------------|--------|---|---|
| 36X or 49X or 51X | Operating Room or Ambulatory Surgery or Clinic Services (Breast Biopsy) | 19102/19103 19295 (Marker) | 0005/0658 0657 | T N | \$560.00 <i>Inclusive in Procedure</i> | \$1,081.00 <i>Inclusive in Procedure</i> |
| 320 | MRI Guidance | 77021 | 0335 | N | <i>Inclusive in Procedure</i> | <i>Inclusive in Procedure</i> |
| 401 | Unilateral Mammogram (Post Procedure) | 77055 | 0271 | A | \$52.00 | \$52.00 |
| 310/312 | Pathology Lab (Surg. Path IV) | 88305 | 0343 | X | \$36.00 | \$36.00 |
| NATIONAL AVERAGE MEDICARE PAYMENT RATE (OPPS) | | | | | \$648.00 | \$1,169.00 |
| REIMBURSEMENT DIFFERENTIAL | | | | | | \$521.00 |

MRI Physician Billing

| CPT® | Description | Core Needle | Vacuum Assisted Breast Biopsy System |
|--|---|-------------|--------------------------------------|
| 19102/19103 | Core Needle Biopsy/Automated Vacuum Assisted Biopsy | \$103.00 | \$193.00 |
| 77021-26 | MRI Guidance – Professional Component | \$76.00 | \$76.00 |
| 77055-26 | Unilateral Mammogram (Post Procedure)– Professional Component | \$35.00 | \$35.00 |
| 19295 | Tissue Marker Placement | \$90.00 | \$90.00 |
| TOTAL PAYMENT AT NATIONAL AVERAGE RATES (MPFS) | | \$304.00 | \$394.00 |
| REIMBURSEMENT DIFFERENTIAL | | | \$90.00 |

Vacuum Assisted Breast Biopsy System vs. Core Needle Breast Biopsy



STEREOTACTIC Facility Billing

| Rev Code | Description | HCPCS | APC | SI | Core Needle | Vacuum Assisted Breast Biopsy System |
|---|---|-------------------------------|-------------------|----------------|---|---|
| 36X or 49X or 51X | Operating Room or Ambulatory Surgery or Clinic Services (Breast Biopsy) | 19102/19103 19295 (Marker) | 0005/0658 0657 | T N | \$560.00 <i>Inclusive in Procedure</i> | \$1,081.00 <i>Inclusive in Procedure</i> |
| 320 | Stereotactic Guidance | 77031 | 0187 | N | <i>Inclusive in Procedure</i> | <i>Inclusive in Procedure</i> |
| 401 | Unilateral Mammogram (Post Procedure) | 77055 | 0271 | A | \$52.00 | \$52.00 |
| | Specimen Radiograph | 76098 | 02060 | Q ₂ | <i>Inclusive in Procedure</i> | <i>Inclusive in Procedure</i> |
| 310/312 | Pathology Lab (Surg. Path IV) | 88305 | 0343 | X | \$36.00 | \$36.00 |
| NATIONAL AVERAGE MEDICARE PAYMENT RATE (OPPS) | | | | | \$648.00 | \$1,169 |
| REIMBURSEMENT DIFFERENTIAL | | | | | | \$521.00 |

STEREOTACTIC Physician Billing

| CPT® | Description | Core Needle | Vacuum Assisted Breast Biopsy System |
|--|--|-------------|--------------------------------------|
| 19102/19103 | Core Needle Biopsy/Automated Vacuum Assisted Biopsy | \$103.00 | \$193.00 |
| 77031-26 | Stereotactic Guidance – Professional Component | \$80.00 | \$80.00 |
| 77055-26 | Unilateral Mammogram (Post Procedure) – Professional Component | \$35.00 | \$35.00 |
| 76098-26 | Specimen Radiograph – Professional Fee | \$8.00 | \$8.00 |
| 19295 | Tissue Marker Placement | \$90.00 | \$90.00 |
| TOTAL PAYMENT AT NATIONAL AVERAGE RATES (MPFS) | | \$316.00 | \$406.00 |
| REIMBURSEMENT DIFFERENTIAL | | | \$90.00 |

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Medicare Program; Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2011; DEPARTMENT OF HEALTH AND HUMAN SERVICES, Centers for Medicare & Medicaid Services, 42 CFR Parts 405, 409, 410, 411, 413, 414, 415, and 424 [CMS-1503-FC], RINs 0938-AP79

The Medicare and Medicaid Extenders Act of 2010

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