

Vacuum Assisted Breast Biopsy System vs. Core Needle Breast Biopsy



ULTRASOUND Ambulatory Surgery Center Billing

CPT®	Description	Core Needle	Vacuum Assisted Breast Biopsy System
19102/19103	Core Needle Biopsy/Automated Vacuum Assisted Biopsy	\$315.00	\$608.00
76942	Ultrasonic Guidance – Technical Component	<i>Inclusive in Procedure</i>	<i>Inclusive in Procedure</i>
77055	Unilateral Mammogram – Technical Component	<i>Inclusive in Procedure</i>	<i>Inclusive in Procedure</i>
19295	Tissue Marker Placement	<i>Inclusive in Procedure</i>	<i>Inclusive in Procedure</i>
2011 NATIONAL AVERAGE MEDICARE PAYMENT RATE		\$315.00	\$608.00
REIMBURSEMENT DIFFERENTIAL			\$293.00

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
77055-26	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)		\$262.00	\$352.00
REIMBURSEMENT DIFFERENTIAL			\$90.00



MRI Ambulatory Surgery Center Billing

CPT®	Description	Core Needle	Vacuum Assisted Breast Biopsy System
19102/19103	Core Needle Biopsy/Automated Vacuum Assisted Biopsy	\$315.00	\$608.00
77021	MRI Guidance – Technical Component	<i>Inclusive in Procedure</i>	<i>Inclusive in Procedure</i>
77055	Unilateral Mammogram – Technical Component	<i>Inclusive in Procedure</i>	<i>Inclusive in Procedure</i>
19295	Tissue Marker Placement	<i>Inclusive in Procedure</i>	<i>Inclusive in Procedure</i>
TOTAL PAYMENT		\$315.00	\$608.00
REIMBURSEMENT DIFFERENTIAL			\$293.00

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 Ambulatory Surgery Center Billing

CPT®	Description	Core Needle	Vacuum Assisted Breast Biopsy System
19102/19103	Core Needle Biopsy/Automated Vacuum Assisted Biopsy	\$315.00	\$608.00
77031-TC	Stereotactic Guidance – Technical Component	<i>Inclusive in Procedure</i>	<i>Inclusive in Procedure</i>
77055-TC	Unilateral Mammogram – Technical Component	<i>Inclusive in Procedure</i>	<i>Inclusive in Procedure</i>
76098-TC	Specimen Radiograph – Technical Component	<i>Inclusive in Procedure</i>	<i>Inclusive in Procedure</i>
19295-TC	Tissue Marker Placement	<i>Inclusive in Procedure</i>	<i>Inclusive in Procedure</i>
TOTAL PAYMENT		\$315.00	\$608.00
REIMBURSEMENT DIFFERENTIAL			\$293.00

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
19295	Tissue Marker Placement	\$90.00	\$90.00
76098-26	Specimen Radiograph – Professional Fee	\$8.00	\$8.00
TOTAL PAYMENT AT NATIONAL AVERAGE RATES (MPFS)		\$316.00	\$406.00
REIMBURSEMENT DIFFERENTIAL			\$90.00

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Medicare Program: Hospital Outpatient Prospective Payment System and CY 2011 Payment Rates; Ambulatory Surgical Center Payment System and CY 2011 Payment Rates; Payments to Hospitals for Graduate Medical Education Costs; Physician Self-Referral Rules and Related Changes to Provider Agreement Regulations; Payment for Certified Registered Nurse Anesthetist Services Furnished in Rural Hospitals and Critical Access Hospitals; DEPARTMENT OF HEALTH AND HUMAN SERVICES, Centers for Medicare & Medicaid Services, 42 CFR Parts 410, 411, 412, 413, 416, 419, and 489, [CMS-1504-FC and CMS-1498-IFC2], RIN 0938-AP82 and RIN 0938-AP80

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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