

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: 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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