

# 2009 REIMBURSEMENT AMBULATORY SURGERY CENTER SUMMARY



## 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	\$266.00	\$466.00
76942	Ultrasonic Guidance – Technical Component	<i>Inclusive in Procedure</i>	
77055	Unilateral Mammogram – Technical Component	<i>Inclusive in Procedure</i>	
19295	Tissue Marker Placement	<i>Inclusive in Procedure</i>	
TOTAL PAYMENT:		\$266.00	\$466.00
REIMBURSEMENT DIFFERENTIAL			\$200.00

### PHYSICIAN BILLING

CPT®	Description	Core Needle	Vacuum Assisted Breast Biopsy System
19102/19103	Core Needle Biopsy/Automated Vacuum Assisted Biopsy	\$103.00	\$190.00
76942-26	Ultrasonic Guidance – Professional Component	\$34.00	\$34.00
77055-26	Unilateral Mammogram (Post Procedure) Professional Component	\$36.00	\$36.00
19295	Tissue Marker Placement	\$85.00	\$85.00
TOTAL PAYMENT AT NATIONAL RATES (MPFS):		\$258.00	\$345.00
REIMBURSEMENT DIFFERENTIAL			\$87.00

### MRI AMBULATORY SURGERY CENTER BILLING

CPT®	Description	Core Needle	Vacuum Assisted Breast Biopsy System
19102/19103	Core Needle Biopsy/Automated Vacuum Assisted Biopsy	\$266.00	\$466.00
77021	MRI Guidance – Technical Component	<i>Inclusive in Procedure</i>	
77055	Unilateral Mammogram – Technical Component	<i>Inclusive in Procedure</i>	
19295	Tissue Marker Placement	<i>Inclusive in Procedure</i>	
TOTAL PAYMENT:		\$266.00	\$466.00
REIMBURSEMENT DIFFERENTIAL			\$200.00

### PHYSICIAN BILLING

CPT®	Description	Core Needle	Vacuum Assisted Breast Biopsy System
19102/19103	Core Needle Biopsy/Automated Vacuum Assisted Biopsy	\$103.00	\$190.00
77021-26	MRI Guidance – Professional Component	\$78.00	\$78.00
77055-26	Unilateral Mammogram (Post Procedure) Professional Component	\$36.00	\$36.00
19295	Tissue Marker Placement	\$85.00	\$85.00
TOTAL PAYMENT AT NATIONAL RATES (MPFS):		\$302.00	\$389.00
REIMBURSEMENT DIFFERENTIAL			\$87.00

# 2009 REIMBURSEMENT AMBULATORY SURGERY CENTER SUMMARY



## PROCEDURES PERFORMED IN AMBULATORY SURGERY CENTER (CONTINUED)

### STEREOTACTIC AMBULATORY SURGERY CENTER BILLING

CPT®	Description	Core Needle	Vacuum Assisted Breast Biopsy System
19102/19103	Core Needle Biopsy/Automated Vacuum Assisted Biopsy	\$266.00	\$466.00
77031-TC	Stereotactic Guidance – Technical Component	<i>Inclusive in Procedure</i>	
77055-TC	Unilateral Mammogram – Technical Component	\$49.00	\$49.00
76098-TC	Specimen Radiograph – Technical Component	\$11.00	\$11.00
19295-TC	Tissue Marker Placement	<i>Inclusive in Procedure</i>	
TOTAL PAYMENT:		\$326.00	\$526.00
<b>REIMBURSEMENT DIFFERENTIAL</b>			<b>\$200.00</b>

### PHYSICIAN BILLING

CPT®	Description	Core Needle	Vacuum Assisted Breast Biopsy System
19102/19103	Core Needle Biopsy/Automated Vacuum Assisted Biopsy	\$103.00	\$190.00
77031-26	Stereotactic Guidance – Professional Component	\$81.00	\$81.00
77055-26	Unilateral Mammogram (Post Procedure) Professional Component	\$36.00	\$36.00
19295	Tissue Marker Placement	\$85.00	\$85.00
76098-26	Specimen Radiograph – Professional Fee	\$8.00	\$8.00
TOTAL PAYMENT AT NATIONAL RATES (MPFS):		\$313.00	\$400.00
<b>REIMBURSEMENT DIFFERENTIAL</b>			<b>\$87.00</b>

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Medicare Program: Changes to the Hospital Outpatient Prospective Payment System and CY 2009 Payment Rates; Changes to the Ambulatory Surgical Center Payment System and CY 2009 Payment Rates; Hospital Conditions of Participation: Organ Transplants—Clarification of Provider and Supplier Termination Policy Medicare and Medicaid Programs: Changes to the Ambulatory Surgical Center Conditions for Coverage, Centers for Medicare & Medicaid Services 42 CFR Parts 410, 416, and 419, [CMS-1404-FC]; [CMS-3887-F]; [CMS-3835-F-1] RIN 0938-AP17; RIN 0938-AL80; RIN 0938-AH17

Radiology service paid separately when provided integral to a surgical procedure on ASC list; payment based on OPFS relative payment weight.

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