

2009 REIMBURSEMENT HOSPITAL OUTPATIENT FACILITY SUMMARY



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	\$488.00 <i>Inclusive in Procedure</i>	\$893.00
402	Ultrasonic Guidance	76942	0268	N	<i>Inclusive in Procedure</i>	
401	Unilateral Mammogram (Post Procedure)	77055	0271	A	\$49.00	\$49.00
310/312	Pathology Lab (Surg. Path IV)	88305	0343	X	\$35.00	\$35.00
NATIONAL MEDICARE PAYMENT RATE (OPPS):					\$572.00	\$977.00
REIMBURSEMENT DIFFERENTIAL						\$405.00

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	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 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	\$488.00 <i>Inclusive in Procedure</i>	\$893.00
320	MRI Guidance	77021	0335	N	<i>Inclusive in Procedure</i>	
401	Unilateral Mammogram (Post Procedure)	77055	0271	A	\$49.00	\$49.00
310/312	Pathology Lab (Surg. Path IV)	88305	0343	X	\$35.00	\$35.00
NATIONAL MEDICARE PAYMENT RATE (OPPS):					\$572.00	\$977.00
REIMBURSEMENT DIFFERENTIAL						\$405.00

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 HOSPITAL OUTPATIENT FACILITY SUMMARY



PROCEDURES PERFORMED IN HOSPITAL OUTPATIENT FACILITY (CONTINUED)

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	\$488.00 <i>Inclusive in Procedure</i>	\$893.00 <i>Inclusive in Procedure</i>
320	Stereotactic Guidance	77031	0187	N	<i>Inclusive in Procedure</i>	
401	Unilateral Mammogram (Post Procedure)	77055	0271	A	\$49.00	\$49.00
	Specimen Radiograph	76098	02060	X	\$337.00	\$337.00
310/312	Pathology Lab (Surg. Path IV)	88305	0343	X	\$35.00	\$35.00
NATIONAL MEDICARE PAYMENT RATE (OPPS):					\$909.00	\$1,314.00
REIMBURSEMENT DIFFERENTIAL						\$405.00

PHYSICIAN BILLING

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

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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

Medicare Improvements for Patients and Providers Act of 2008; Sec. 142. Extension of payment rule for brachytherapy and therapeutic radiopharmaceuticals.

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