
Program Memorandum Intermediaries/Carriers

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

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CHANGE REQUEST 2232

SUBJECT: Coverage and Billing for Percutaneous Image-Guided Breast Biopsy

This Program Memorandum (PM) summarizes the addition of §50-59 of the Coverage Issues Manual (CIM) regarding percutaneous image-guided breast biopsy. Refer to this section of the CIM for complete information regarding the policy.

Background

Percutaneous image-guided breast biopsy is a method of obtaining a breast biopsy through a percutaneous incision by employing image guidance systems. Image guidance systems may be either ultrasound or stereotactic.

Coverage

For services furnished on or after January 1, 2003, Medicare will cover percutaneous image-guided breast biopsy using stereotactic or ultrasound imaging for the following breast lesions:

- Nonpalpable Breast Lesions

These lesions are covered for a radiographic abnormality that is nonpalpable and is graded as a Breast Imaging Reporting and Data System (BIRADS) III (probably benign), IV (suspicious abnormality) or V (abnormality).

- Palpable Breast Lesions

Coverage also includes palpable lesions that are difficult to biopsy using palpation alone. Contractors have the discretion to decide what types of palpable lesions are difficult to biopsy using palpation.

Intermediary Billing Instructions

Follow the general bill review instructions in § 3604 of the Medicare Intermediary manual, Part 3. The provider bills you on Form CMS-1450 (UB-92) or the electronic equivalent.

Intermediary - Applicable CPT Codes

19102, percutaneous needle core, using imaging guidance

19103, percutaneous automated vacuum assisted or rotating biopsy device, using imaging guidance

10022, fine needle aspiration; with imaging guidance

NOTE: For imaging guidance performed in conjunction with 19102, 19103 see codes 76095, 76096, 76360, 76393 and 76942.

Intermediary - Applicable Bill Types

The applicable bill types are **12X, 13X, 14X and 85X**.

Intermediary – Applicable Revenue Codes

For hospitals not subject to OPSS, the applicable revenue code is 320 (Radiology-Diagnostic)

Hospitals subject to OPSS may report these services under revenue code 320 or any other appropriate revenue code.

Critical Access Hospitals (CAHs), Method 1 and Method 2 (Technical), the applicable revenue code is 320.

For CAHs, Methods 2 (Professional), report these services under revenue code 96X, 97X, or 98X.

Intermediary Payment Requirements

These CPT codes represent the technical component associated with the procedures when furnished to hospital outpatients and are paid under the OPSS.

- Critical Access Hospitals (CAHs)
 - Method 1 and Method 2 (Technical)--Reasonable Cost.
 - Method 2 (Professional)--Medicare Physician Fee Schedule (MPFS)

The changes made by this PM will be made via the quarterly Outpatient Code Editor update process and the annual January update of the MPFS, respectively.

Frequency

In the absence of national frequency limitations, contractors can, if necessary, develop reasonable limitations.

Carrier Billing Instructions

Applicable CPT Codes for Percutaneous Image-Guided Breast Biopsy

19102, percutaneous needle core, using imaging guidance

19103 percutaneous automated vacuum assisted or rotating biopsy device, using imaging guidance

10022, fine needle aspiration; with imaging guidance

NOTE: For imaging guidance performed in conjunction with 19102, 19103 see codes 76095, 76096, 76360, 76393 and 76942.

Carrier Claims Requirements

Follow the general instruction for preparing claims in §2010, Purpose of Health Insurance Claim Form CMS-1500, Medicare Carriers Manual (MCM) Part 4, Chapter 2. Claims for Percutaneous Image-Guided Breast Biopsies are to be submitted on Health Insurance Claim Form CMS-1500 or electronic equivalent. Claims should be processed in accordance with §4020, Review of Health Insurance Claim Form CMS-1500, of Part 3, Chapter IV of the MCM.

Carrier Payment Requirements

Payment and pricing information will be listed on the January update of the Medicare Physician Fee Schedule Database (MPFSDB). Pay for Percutaneous Image-Guided Breast Biopsy on the basis of the MPFS. Deductible and coinsurance apply. Claims from physicians or other practitioners where assignment was not taken are subject to the Medicare limiting charge (refer to MCM Part 3, chapter VII, §7555 for more information).

Remittance Advice Notice

Use appropriate existing remittance advice reason and remark codes at the line level to express the specific reason if you deny payment. If denying services furnished before January 1, 2003, use existing ANSI X 12-835 claim adjustment reason code 26 "Expenses incurred prior to coverage" at the line level.

Medicare Summary Notice (MSN) Messages

Use the following MSN messages where appropriate:

If a claim is denied because the service was performed prior to January 1, 2003, use the MSN message:

"This service was not covered by Medicare at the time you received it." (MSN Message 21.11)

The Spanish version of the MSN message should read:

"Este servicio no estaba cubierto por Medicare cuando usted lo recibió." (MSN Message 21.11)

Provider Notification

Contractors should notify providers of this new national coverage on their website and in routinely scheduled training sessions.

The *effective date* for this PM is January 1, 2003.

The *implementation date* for this PM is January 1, 2003.

These instructions should be implemented within your current operating budget.

This PM may be discarded after January 1, 2004.

If you have any questions, contact the appropriate regional office. Providers and other interested parties should contact the appropriate contractor.