

# Local Coverage Article: Billing and Coding: Tomosynthesis-Guided Breast Biopsy (A57848)

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## Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	01111 - MAC A	J - E	California - Entire State
Noridian Healthcare Solutions, LLC	A and B MAC	01112 - MAC B	J - E	California - Northern
Noridian Healthcare Solutions, LLC	A and B MAC	01182 - MAC B	J - E	California - Southern
Noridian Healthcare Solutions, LLC	A and B MAC	01211 - MAC A	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01212 - MAC B	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01311 - MAC A	J - E	Nevada
Noridian Healthcare Solutions, LLC	A and B MAC	01312 - MAC B	J - E	Nevada
Noridian Healthcare Solutions, LLC	A and B MAC	01911 - MAC A	J - E	American Samoa California - Entire State Guam Hawaii Nevada Northern Mariana Islands

## Article Information

### General Information

Article ID

Original Effective Date

A57848

01/01/2020

**Article Title**

Billing and Coding: Tomosynthesis-Guided Breast Biopsy

**Revision Effective Date**

N/A

**Article Type**

Billing and Coding

**Revision Ending Date**

N/A

**AMA CPT / ADA CDT / AHA NUBC Copyright Statement**

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**Retirement Date**

N/A

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**CMS National Coverage Policy**

N/A

**Article Guidance**

**Article Text:**

This article is effective immediately.

Tomosynthesis-guided percutaneous core needle biopsy utilizes the technique of digital breast tomosynthesis or “3-D” mammography for identification of appropriate target sampling and intra-procedural needle placement. However, although digital breast tomosynthesis has become a more common screening and diagnostic modality; use of this technology for percutaneous breast biopsy is still on the rise. As a result, there may be uncertainty as to the proper coding and billing, since this procedure does not have a specifically assigned CPT code.

It is Noridian’s experience that the billing and coding of this procedure is at high risk for error. Therefore, Noridian is providing billing and coding guidance for providers who perform tomosynthesis-guided percutaneous biopsy for the evaluation of abnormal breast tissue concerning for malignancy.

- If tomosynthesis is the only imaging guidance used for a breast biopsy, CPT code 19499 (Unlisted procedure, breast) should be utilized and the name of the procedure documented in the comments/narrative field for the following **Part B** claim field/types:
  - Loop 2400 or SV101-7 for the 5010A1 837P
  - Item 19 for paper claim
- CPT code 19499 (Unlisted procedure, breast) should be utilized and the name of the procedure documented in the comments/narrative field for the following **Part A** claim field/types:
  - Line SV202-7 for 837I electronic claim
  - Block 80 for the UB04 claim form
- Should more than one lesion of either breast be biopsied using tomosynthesis-only guidance on the same date of service, modifier 59 should be coded if the additional lesion is on the same breast (e.g. 19499 and 19499-59 should be coded to indicate 2 separate lesions undergoing tomosynthesis-guided breast biopsy) or modifier -50 indicating bilateral procedure, if repeated on the opposite breast. The additional lesion(s) requiring biopsy (including which breast) must be clearly documented in the procedure note. Multiple surgery payment rules applied.
- If a percutaneous breast biopsy is performed using both stereotactic and tomosynthesis imaging guidance, CPT code 19081 (Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance) should be utilized.
- Should it be clinically necessary to use additional non-mammography imaging guidance to biopsy a breast lesion(s) either of the same or opposite breast, on the same date of service, this procedure will be denied unless modifier -59 (e.g. 19499-59) is also coded along with the additional imaging modality respective CPT code. Documentation provided must clearly support the need to switch modalities. Examples include: ultrasound-guided percutaneous breast biopsy CPT 19083-19084, MRI-guided percutaneous breast biopsy CPT 19085-19086, percutaneous biopsy without imaging guidance CPT 19100, and open incisional biopsy CPT 19101.
- In addition, CPT codes 19281-19288, related to the placement of a breast localization device (e.g. clip, metallic pellet, wire/needle, radioactive seeds) are not separately payable with 19499 as these procedure codes are considered part of the tomosynthesis-guided percutaneous breast biopsy procedure.
- Similarly, if a tomosynthesis-only guided placement of a breast localization device procedure is performed (without biopsy), CPT 19499 will also need to be utilized with clear description in the comments/narrative field for both **Part A and Part B** claims.

Another issue is the common practice of obtaining a post-biopsy mammogram to confirm marker placement, assess for complications, etc. It is Noridian's interpretation that a follow-up mammogram performed post tomosynthesis-guided breast biopsy will be considered part of the procedure and not separately payable, regardless of whether the patient is brought to a different room and/or unit for the mammography.

- Post- biopsy mammograms (77065 and/or 77067, with or without G0279) coded and billed for the same date of service, regardless of the timing, separation, number, and/or order of claims billed, will not be considered separately payable.
- Should either 19499 and/or 77065/77067 be coded and billed on separate claims, resulting in one of the codes being paid prior, additional payment by Noridian for the other billed service will be subject to payment adjustment and/or denial, taking previous payment into consideration.

## References

1. Current Procedural Terminology (CPT) Manual
2. CPT Assistant 2019 - Frequently Asked Questions, December 2016, Volume 26, Issue 12, page 16

# Coding Information

## CPT/HCPCS Codes

### Group 1 Paragraph:

N/A

### Group 1 Codes:

CODE	DESCRIPTION
19081	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLETT), WHEN PERFORMED, AND IMAGING OF THE BIOPSY SPECIMEN, WHEN PERFORMED, PERCUTANEOUS; FIRST LESION, INCLUDING STEREOTACTIC GUIDANCE
19082	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLETT), WHEN PERFORMED, AND IMAGING OF THE BIOPSY SPECIMEN, WHEN PERFORMED, PERCUTANEOUS; EACH ADDITIONAL LESION, INCLUDING STEREOTACTIC GUIDANCE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
19083	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLETT), WHEN PERFORMED, AND IMAGING OF THE BIOPSY SPECIMEN, WHEN PERFORMED, PERCUTANEOUS; FIRST LESION, INCLUDING ULTRASOUND GUIDANCE
19084	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLETT), WHEN PERFORMED, AND IMAGING OF THE BIOPSY

CODE	DESCRIPTION
	SPECIMEN, WHEN PERFORMED, PERCUTANEOUS; EACH ADDITIONAL LESION, INCLUDING ULTRASOUND GUIDANCE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
19085	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLETT), WHEN PERFORMED, AND IMAGING OF THE BIOPSY SPECIMEN, WHEN PERFORMED, PERCUTANEOUS; FIRST LESION, INCLUDING MAGNETIC RESONANCE GUIDANCE
19086	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLETT), WHEN PERFORMED, AND IMAGING OF THE BIOPSY SPECIMEN, WHEN PERFORMED, PERCUTANEOUS; EACH ADDITIONAL LESION, INCLUDING MAGNETIC RESONANCE GUIDANCE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
19100	BIOPSY OF BREAST; PERCUTANEOUS, NEEDLE CORE, NOT USING IMAGING GUIDANCE (SEPARATE PROCEDURE)
19101	BIOPSY OF BREAST; OPEN, INCISIONAL
19281	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLETT, WIRE/NEEDLE, RADIOACTIVE SEEDS), PERCUTANEOUS; FIRST LESION, INCLUDING MAMMOGRAPHIC GUIDANCE
19282	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLETT, WIRE/NEEDLE, RADIOACTIVE SEEDS), PERCUTANEOUS; EACH ADDITIONAL LESION, INCLUDING MAMMOGRAPHIC GUIDANCE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
19283	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLETT, WIRE/NEEDLE, RADIOACTIVE SEEDS), PERCUTANEOUS; FIRST LESION, INCLUDING STEREOTACTIC GUIDANCE
19284	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLETT, WIRE/NEEDLE, RADIOACTIVE SEEDS), PERCUTANEOUS; EACH ADDITIONAL LESION, INCLUDING STEREOTACTIC GUIDANCE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
19285	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLETT, WIRE/NEEDLE, RADIOACTIVE SEEDS), PERCUTANEOUS; FIRST LESION, INCLUDING ULTRASOUND GUIDANCE
19286	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLETT, WIRE/NEEDLE, RADIOACTIVE SEEDS), PERCUTANEOUS; EACH ADDITIONAL LESION, INCLUDING ULTRASOUND GUIDANCE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
19287	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG CLIP, METALLIC PELLETT, WIRE/NEEDLE, RADIOACTIVE SEEDS), PERCUTANEOUS; FIRST LESION, INCLUDING MAGNETIC RESONANCE GUIDANCE
19288	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG CLIP, METALLIC PELLETT,

CODE	DESCRIPTION
	WIRE/NEEDLE, RADIOACTIVE SEEDS), PERCUTANEOUS; EACH ADDITIONAL LESION, INCLUDING MAGNETIC RESONANCE GUIDANCE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
19499	UNLISTED PROCEDURE, BREAST
76098	RADIOLOGICAL EXAMINATION, SURGICAL SPECIMEN
76376	3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND, OR OTHER TOMOGRAPHIC MODALITY WITH IMAGE POSTPROCESSING UNDER CONCURRENT SUPERVISION; NOT REQUIRING IMAGE POSTPROCESSING ON AN INDEPENDENT WORKSTATION
76377	3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND, OR OTHER TOMOGRAPHIC MODALITY WITH IMAGE POSTPROCESSING UNDER CONCURRENT SUPERVISION; REQUIRING IMAGE POSTPROCESSING ON AN INDEPENDENT WORKSTATION
77011	COMPUTED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION
77053	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION
77054	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGICAL SUPERVISION AND INTERPRETATION
77061	DIAGNOSTIC DIGITAL BREAST TOMOSYNTHESIS; UNILATERAL
77062	DIAGNOSTIC DIGITAL BREAST TOMOSYNTHESIS; BILATERAL
77063	SCREENING DIGITAL BREAST TOMOSYNTHESIS, BILATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
77065	DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED; UNILATERAL
77066	DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED; BILATERAL
77067	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF EACH BREAST), INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED
G0279	DIAGNOSTIC DIGITAL BREAST TOMOSYNTHESIS, UNILATERAL OR BILATERAL (LIST SEPARATELY IN ADDITION TO 77065 OR 77066)

### CPT/HCPCS Modifiers

#### Group 1 Paragraph:

N/A

#### Group 1 Codes:

CODE	DESCRIPTION
50	BILATERAL PROCEDURE: UNLESS OTHERWISE IDENTIFIED IN THE LISTINGS, BILATERAL PROCEDURES THAT ARE PERFORMED AT THE SAME OPERATIVE SESSION SHOULD BE IDENTIFIED BY ADDING THE MODIFIER -50 TO THE APPROPRIATE FIVE DIGIT CODE OR BY USE OF THE SEPARATE FIVE DIGIT MODIFIER CODE 09950
59	DISTINCT PROCEDURAL SERVICE: UNDER CERTAIN CIRCUMSTANCES, THE PHYSICIAN MAY NEED TO INDICATE THAT A PROCEDURE OR SERVICE WAS DISTINCT OR INDEPENDENT FROM OTHER SERVICES PERFORMED ON THE SAME DAY. MODIFIER -59 IS USED TO IDENTIFY PROCEDURES/SERVICES THAT ARE NOT NORMALLY REPORTED TOGETHER, BUT ARE APPROPRIATE UNDER THE CIRCUMSTANCES. THIS MAY REPRESENT A DIFFERENT SESSION OR PATIENT ENCOUNTER, DIFFERENT PROCEDURE OR SURGERY, DIFFERENT SITE OR ORGAN SYSTEM, SEPARATE INCISION/EXCISION, SEPARATE LESION, OR SEPARATE INJURY (OR AREA OF INJURY IN EXTENSIVE INJURIES) NOT ORDINARILY ENCOUNTERED OR PERFORMED ON THE SAME DAY BY THE SAME PHYSICIAN. HOWEVER, WHEN ANOTHER ALREADY ESTABLISHED MODIFIER IS APPROPRIATE IT SHOULD BE USED RATHER THAN MODIFIER -59. ONLY IF NO MORE DESCRIPTIVE MODIFIER IS AVAILABLE, AND THE USE OF MODIFIER -59 BEST EXPLAINS THE CIRCUMSTANCES, SHOULD MODIFIER -59 BE USED. MODIFIER CODE 09959 MAY BE USED AS AN ALTERNATE TO MODIFIER -59.

**ICD-10 Codes that Support Medical Necessity**

N/A

**ICD-10 Codes that DO NOT Support Medical Necessity**

N/A

**Additional ICD-10 Information**

N/A

**Bill Type Codes:**

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

**Revenue Codes:**

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

#### **Other Coding Information**

N/A

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## **Revision History Information**

N/A

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## **Associated Documents**

#### **Related Local Coverage Document(s)**

N/A

#### **Related National Coverage Document(s)**

N/A

#### **Statutory Requirements URL(s)**

N/A

#### **Rules and Regulations URL(s)**

NCCI Policy Manual

**Description:** Chapter 3, section J; Chapter 9, section C

Medicare Physician Fee Schedule

#### **CMS Manual Explanations URL(s)**

N/A

#### **Other URL(s)**

N/A

#### **Public Version(s)**

Updated on 12/23/2019 with effective dates 01/01/2020 - N/A

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## **Keywords**



- Tomosynthesis
- Breast
- Biopsy
- tomosynthesis-guided
- percutaneous
- imaging