

2017 REIMBURSEMENT*

Breast Biopsy and Localization Procedures

Abbreviated Partial Description	CPT Code	Physician Office	Ambulatory Surgery		Hospital Outpatient	
			Facility	Physician	Facility	Physician
Ultrasound Guidance						
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 ultrasound guidance	19083	\$684	\$521	\$165	\$1,236	\$165
Each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure) (Use 19084 in conjunction with 19083)	+19084	\$559	Packaged	\$82	Packaged	\$82
Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance	19285	\$526	Packaged	\$90	\$539	\$90
Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)	+19286	\$459	Packaged	\$45	Packaged	\$45
Stereotactic/Mammographic Guidance						
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	19081	\$705	\$521	\$175	\$1,236	\$175
Each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure) (Use 19082 in conjunction with 19081)	+19082	\$582	Packaged	\$88	Packaged	\$88
Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance	19283	\$276	Packaged	\$106	\$539	\$106
Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)	+19284	\$208	Packaged	\$53	Packaged	\$53
Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance	19281	\$245	Packaged	\$105	\$539	\$105
Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including mammographic guidance (List separately in addition to code for primary procedure)	+19282	\$170	Packaged	\$53	Packaged	\$53
MRI Guidance						
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 magnetic resonance guidance	19085	\$1,039	\$521	\$193	\$1,236	\$193
Each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure) (Use 19086 in conjunction with 19085)	+19086	\$831	Packaged	\$96	Packaged	\$96
Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including magnetic resonance guidance	19287	\$881	Packaged	\$135	\$539	\$135
Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)	+19288	\$709	Packaged	\$67	Packaged	\$67

+An add-on code is a code that can only be used in conjunction with another primary code and is indicated by the plus symbol (+).

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*2017 Medicare National Average Payments



Soft Tissue Biopsy

Abbreviated Partial Description	Soft Tissue Type	CPT Code	Physician Office	Ambulatory Surgery		Hospital Outpatient	
				Facility	Physician	Facility	Physician
Biopsy thyroid, percutaneous core needle	Thyroid	60100	\$116	\$54	\$82	\$539	\$82
Biopsy, pleura; percutaneous needle	Pleura	32400	\$154	\$521	\$90	\$1,236	\$90
Biopsy, lung or mediastinum, percutaneous needle	Lung	32405	\$396	\$521	\$95	\$1,236	\$95
Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary)	Lymph Node	38505	\$129	\$521	\$74	\$1,236	\$74
Biopsy of liver, needle; percutaneous	Liver	47000	\$312	\$521	\$94	\$1,236	\$94
Biopsy, abdominal or retroperitoneal mass, percutaneous needle	Retroperitoneum or Abdomen	49180	\$167	\$521	\$89	\$1,236	\$89
Biopsy of pancreas, percutaneous needle	Pancreas	48102	\$544	\$521	\$252	\$1,236	\$252
Renal biopsy; percutaneous, by trocar or needle	Kidney	50200	\$546	\$521	\$135	\$1,236	\$135
Biopsy, prostate; needle or punch, single or multiple, any approach	Prostate	55700	\$253	\$792	\$136	\$1,644	\$136
Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance	Prostate saturation	55706	N/A	\$1,180	\$386	\$2,527	\$386
Biopsy, muscle, percutaneous needle	Muscle, Soft Tissue	20206	\$240	\$521	\$61	\$1,236	\$61
Abbreviated Partial Description	Imaging Modality	CPT Code	Physician Office	Ambulatory Surgery		Hospital Outpatient	
				Facility	Physician	Facility	Physician
Image Guidance							
Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	US	76942	\$61	Packaged	\$33	Packaged	\$33
Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)	Fluoro	77002	\$94	Packaged	\$29	Packaged	\$29
Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation	CT	77012	\$126	Packaged	\$58	Packaged	\$58

Sentinel Node Biopsy

Abbreviated Partial Description	CPT Code	Physician Office	Ambulatory Surgery		Hospital Outpatient	
			Facility	Physician	Facility	Physician
Biopsy or excision of lymph node(s); open, superficial	38500	\$341	\$1,006	\$263	\$2,498	\$263
Biopsy or excision of lymph node(s); open, deep axillary node(s)	38525	N/A	\$1,006	\$453	\$2,498	\$453
Biopsy or excision of lymph node(s); open, internal mammary node(s)	38530	N/A	\$1,006	\$574	\$2,498	\$574
Injection procedure; radioactive tracer for identification of sentinel node	38792	N/A	Packaged	\$41	\$333	\$41
Intraoperative identification (eg, mapping) of sentinel lymph node(s) includes injection of non-radioactive dye, when performed (List separately in addition to code for primary procedure)	+38900	N/A	Packaged	\$144	N/A	N/A

Drainage

Abbreviated Partial Description	CPT Code	Physician Office	Ambulatory Surgery		Hospital Outpatient	
			Facility	Physician	Facility	Physician
Pleural Drainage						
Insertion of indwelling tunneled pleural catheter with cuff	32550	\$726	\$1,453	\$217	\$2,862	\$217
Removal of indwelling tunneled pleural catheter with cuff	32552	\$189	\$369	\$164	\$684	\$164
Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance	32554	\$206	\$369	\$93	\$684	\$93
Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance	32555	\$296	\$369	\$117	\$684	\$117
Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance	32556	\$564	\$608	\$128	\$1,334	\$128
Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance	32557	\$521	\$369	\$159	\$684	\$159
Peritoneal Drainage						
Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous	49418	\$1,389	\$1,453	\$214	\$2,862	\$214
Removal of tunneled intraperitoneal catheter	49422	N/A	\$1,274	\$395	\$2,360	\$395
Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance	49082	\$197	\$378	\$77	\$699	\$77
Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance	49083	\$300	\$378	\$113	\$699	\$113
Abscesses/Cysts						
Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous	10030	\$711	\$291	\$160	\$539	\$160
Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous	49405	\$822	N/A	N/A	\$1,236	\$207
Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous	49406	\$823	\$521	\$207	\$1,236	\$207
Exchange of previously placed abscess or cyst drainage catheter under radiological guidance (separate procedure)	49423	\$557	\$608	\$75	\$1,334	\$75
Biliary						
Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; internal-external	47534	\$1,501	\$1,453	\$391	\$2,862	\$391
Exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	47536	\$703	\$1,453	\$139	\$2,862	\$139
Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (eg, with concurrent indwelling biliary stents), including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	47537	\$373	\$378	\$101	\$699	\$101
Image Guidance						
Radiological guidance (ie, fluoroscopy, ultrasound, or computed tomography), for percutaneous drainage (eg, abscess, specimen collection), with placement of catheter, radiological supervision and interpretation	75989	\$123	Packaged	\$60	Packaged	\$60

American Medical Association's "Physician's Current Procedural Terminology CPT 2017", www.ama-assn.org

DEPARTMENT OF HEALTH AND HUMAN SERVICES, Centers for Medicare & Medicaid Services, 42 CFR Parts 414, 416, 419, 482, 486, 488, and 495, [CMS-1656-FC and IFC], RIN 0938-AS82; Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Organ Procurement Organization Reporting and Communication; Transplant Outcome Measures and Documentation Requirements; Electronic Health Record (EHR) Incentive Programs; Payment to Nonexcepted Off-Campus Provider-Based Department of a Hospital; Hospital Value-Based Purchasing (VBP) Program; Establishment of Payment Rates under the Medicare Physician Fee Schedule for Nonexcepted Items and Services Furnished by an Off-Campus Provider-Based Department of a Hospital

DEPARTMENT OF HEALTH AND HUMAN SERVICES, Centers for Medicare & Medicaid Services, 42 CFR Parts 405, 410, 411, 414, 417, 422, 423, 424, 425, and 460, [CMS-1654-F], RIN 0938-AS81; Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2017; Medicare Advantage Bid Pricing Data Release; Medicare Advantage and Part D Medical Loss Ratio Data Release; Medicare Advantage Provider Network Requirements; Expansion of Medicare Diabetes Prevention Program Model; Medicare Shared Savings Program Requirements

Department of Health and Human Services, Centers for Medicare & Medicaid Services, 42 CFR Parts 405, 412, 413, et al., Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2017 Rates; Quality Reporting Requirements for Specific Providers; Graduate Medical Education; Hospital Notification Procedures Applicable to Beneficiaries Receiving Observation Services; Technical Changes Relating to Costs to Organizations and Medicare Cost Reports; Finalization of Interim Final Rules With Comment Period on LTCH PPS Payments

for Severe Wounds, Modifications of Limitations on Redesignation by the Medicare Geographic Classification Review Board, and Extensions of Payments to MDHs and Low-Volume Hospitals; Final Rule

World Health Organization. International Classification of Diseases, 9th revision. Geneva: WHO, 2015 All Rights Reserved.

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