INSTRUCTIONS FOR USE

This Policy Guideline is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates for health care services submitted on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450), or their electronic comparative. The information presented in this Policy Guideline is believed to be accurate and current as of the date of publication.

This Policy Guideline provides assistance in administering health benefits. All reviewers must first identify member eligibility, any federal or state regulatory requirements, Centers for Medicare and Medicaid Services (CMS) policy, the member specific benefit plan coverage, and individual provider contracts prior to use of this Policy Guideline. When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document may differ greatly from the standard benefit plan upon which this Policy Guideline is based. In the event of a conflict, the member specific benefit plan document supersedes this Policy Guideline. Other Policies and Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

UnitedHealthcare follows Medicare coverage guidelines and regularly updates its Medicare Advantage Policy Guidelines to comply with changes in CMS policy. UnitedHealthcare encourages physicians and other healthcare professionals to keep current with any CMS policy changes and/or billing requirements by referring to the CMS or your local carrier website regularly. Physicians and other healthcare professionals can sign up for regular distributions for policy or regulatory changes directly from CMS and/or your local carrier. This Policy Guideline is provided for informational purposes. It does not constitute medical advice.

POLICY SUMMARY

Overview

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.

The Breast Imaging Reporting and Data System (or BIRADS system) employed by the American College of Radiology provides a standardized lexicon with which radiologists may report their interpretation of a mammogram. The BIRADS grading of mammograms is as follows: Grade I-Negative, Grade II-Benign finding, Grade III-Probably benign, Grade IV-Suspicious abnormality, and Grade V-Highly suggestive of malignant neoplasm.

Reimbursement Guidelines

Nonpalpable Breast Lesions

Effective January 1, 2003, Medicare covers percutaneous image-guided breast biopsy using stereotactic or ultrasound imaging for a radiographic abnormality that is nonpalpable and is graded as a BIRADS III, IV, or V.

Palpable Breast Lesions

Effective January 1, 2003, Medicare covers percutaneous image guided breast biopsy using stereotactic or ultrasound imaging for 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.
APPLICABLE CODES

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>10022</td>
<td>Fine needle aspiration; with imaging guidance</td>
</tr>
<tr>
<td>19081</td>
<td>Biopsy, breast, with placement of breast localization device(s) (e.g., clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance</td>
</tr>
<tr>
<td>19082</td>
<td>Biopsy, breast, with placement of breast localization device(s) (e.g., clip, metallic pellet), 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)</td>
</tr>
<tr>
<td>19083</td>
<td>Biopsy, breast, with placement of breast localization device(s) (e.g., clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance</td>
</tr>
<tr>
<td>19084</td>
<td>Biopsy, breast, with placement of breast localization device(s) (e.g., clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>19085</td>
<td>Biopsy, breast, with placement of breast localization device(s) (e.g., clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance</td>
</tr>
<tr>
<td>19086</td>
<td>Biopsy, breast, with placement of breast localization device(s) (e.g., clip, metallic pellet), 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)</td>
</tr>
</tbody>
</table>

CPT® is a registered trademark of the American Medical Association

REFERENCES

CMS National Coverage Determinations (NCDs)
NCD 220.13 Percutaneous Image-Guided Breast Biopsy

CMS Benefit Policy Manual
Chapter 15; § 80 Requirements for Diagnostic X-Ray, Diagnostic Laboratory, and Other Diagnostic Tests, § 260 Ambulatory Surgical Center Services

CMS Claims Processing Manual
Chapter 12; § 90.3 Physicians' Services Performed in Ambulatory Surgical Centers (ASC)
Chapter 13; § 80.1 Physician Presence, § 80.2 Multiple Procedure Reduction
Chapter 14; § 10 General

CMS Transmittals
Transmittal 159, Change Request 2232, Dated 09/27/2002
Transmittal 2636, Change Request 7501, Dated 01/16/2013 (National Correct Coding Initiative (NCCI) Add-On Codes Replacement of Identical Letter, Dated December 19, 1996 with Subject Line, Correct Coding Initiative Add-On (ZZZ) Codes – ACTION)
Transmittal 1419, Change Request 5865, Dated 01/18/2008 (January 2008 Integrated Outpatient Code Editor (I/OCE) Specifications Version 9.0)

Others
Program Memorandum Intermediaries/Carriers, Transmittal AB-02-128, Change Request 2232, Dated 09/27/2002 (Coverage and Billing for Percutaneous Image-Guided Breast Biopsy)
<table>
<thead>
<tr>
<th>Date</th>
<th>Action/Description</th>
</tr>
</thead>
</table>
| 03/15/2017 | • Annual review  
• Removing CPT code 19283 *Placement of breast localization device(s) (e.g., clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance* from this policy as this is not included in CMS coding for NCD 220.13  
• Removing CPT code 76942 *Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), imaging supervision and interpretation* from this policy as this is not included in CMS coding for NCD 220.13; See Medicare Advantage Policy Guideline titled [Ultrasound Diagnostic Procedure (NCD 220.5)](https://www.unitedhealthcare.com) for ultrasound codes  
• Removing the list of ICD-10 diagnosis codes from this policy to refer to the CMS real time diagnosis code spreadsheet for NCD 220.13 |