

NCD:	220.13		
NCD Title:	Percutaneous Image Guided Breast Biopsy		
IOM:	<a href="http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=272&amp;ncdver=1&amp;DocID=220.13&amp;SearchType=Advanced&amp;bc=IAAAAqAAAA&amp;">http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=272&amp;ncdver=1&amp;DocID=220.13&amp;SearchType=Advanced&amp;bc=IAAAAqAAAA&amp;</a>		
MCD:	<a href="https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1_Part4.pdf">https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1_Part4.pdf</a>		
		ICD-10 CM	ICD-10 DX Description
	CMS reserves the right to add or remove codes associated with its NCDs in order to implement those NCDs in the most efficient manner within the confines of the policy.		
		C50.011	Malignant neoplasm of nipple and areola, right female breast
		C50.012	Malignant neoplasm of nipple and areola, left female breast
		C50.111	Malignant neoplasm of central portion of right female breast
		C50.112	Malignant neoplasm of central portion of left female breast
		C50.211	Malignant neoplasm of upper-inner quadrant of right female breast
		C50.212	Malignant neoplasm of upper-inner quadrant of left female breast
		C50.311	Malignant neoplasm of lower-inner quadrant of right female breast
		C50.312	Malignant neoplasm of lower-inner quadrant of left female breast
		C50.411	Malignant neoplasm of upper-outer quadrant of right female breast
		C50.412	Malignant neoplasm of upper-outer quadrant of left female breast
		C50.511	Malignant neoplasm of lower-outer quadrant of right female breast
		C50.512	Malignant neoplasm of lower-outer quadrant of left female breast
		C50.611	Malignant neoplasm of axillary tail of right female breast
		C50.612	Malignant neoplasm of axillary tail of left female breast
		C50.811	Malignant neoplasm of overlapping sites of right female breast
		C50.812	Malignant neoplasm of overlapping sites of left female breast
		C50.911	Malignant neoplasm of unspecified site of right female breast
		C50.912	Malignant neoplasm of unspecified site of left female breast
		C50.021	Malignant neoplasm of nipple and areola, right male breast
		C50.022	Malignant neoplasm of nipple and areola, left male breast
		C50.121	Malignant neoplasm of central portion of right male breast
		C50.122	Malignant neoplasm of central portion of left male breast
		C50.221	Malignant neoplasm of upper-inner quadrant of right male breast
		C50.222	Malignant neoplasm of upper-inner quadrant of left male breast
		C50.321	Malignant neoplasm of lower-inner quadrant of right male breast
		C50.322	Malignant neoplasm of lower-inner quadrant of left male breast
		C50.421	Malignant neoplasm of upper-outer quadrant of right male breast
		C50.422	Malignant neoplasm of upper-outer quadrant of left male breast
		C50.521	Malignant neoplasm of lower-outer quadrant of right male breast
		C50.522	Malignant neoplasm of lower-outer quadrant of left male breast
		C50.621	Malignant neoplasm of axillary tail of right male breast
		C50.622	Malignant neoplasm of axillary tail of left male breast
		C50.821	Malignant neoplasm of overlapping sites of right male breast
		C50.822	Malignant neoplasm of overlapping sites of left male breast
		C50.921	Malignant neoplasm of unspecified site of right male breast
		C50.922	Malignant neoplasm of unspecified site of left male breast
		D05.01	Lobular carcinoma in situ of right breast
		D05.02	Lobular carcinoma in situ of left breast
		D05.11	Intraductal carcinoma in situ of right breast
		D05.12	Intraductal carcinoma in situ of left breast
		D05.81	Other specified type of carcinoma in situ of right breast

		ICD-10 CM	ICD-10 DX Description
		D05.82	Other specified type of carcinoma in situ of left breast
		D05.91	Unspecified type of carcinoma in situ of right breast
		D05.92	Unspecified type of carcinoma in situ of left breast
		D48.61	Neoplasm of uncertain behavior of right breast
		D48.62	Neoplasm of uncertain behavior of left breast
		N63.10	Unspecified lump in the right breast, unspecified quadrant
		N63.11	Unspecified lump in right breast, upper outer quadrant
		N63.12	Unspecified lump in right breast, upper inner quadrant
		N63.13	Unspecified lump in right breast, lower outer quadrant
		N63.14	Unspecified lump in right breast, lower inner quadrant
		N63.20	Unspecified lump in the left breast, unspecified quadrant
		N63.21	Unspecified lump in the left breast, upper outer quadrant
		N63.22	Unspecified lump in the left breast, upper inner quadrant
		N63.23	Unspecified lump in the left breast, lower outer quadrant
		N63.24	Unspecified lump in left breast, lower inner quadrant
		N63.31	Unspecified lump in axillary tail of the right breast
		N63.32	Unspecified lump in axillary tail of the left breast
		N63.41	Unspecified lump in the right breast, subareolar
		N63.42	Unspecified lump in the left breast, subareolar
		R92.0	Mammographic microcalcification found on diagnostic imaging of breast
		R92.1	Mammographic calcification found on diagnostic imaging of breast
		R92.8	Other abnormal and inconclusive findings on diagnostic imaging of breast

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		<b>ICD-10 PCS</b>	<b>ICD-10 PCS Description</b>
		N/A	N/A

<b>NCD:</b> 220.13										
<b>NCD Title:</b> Percutaneous Image Guided Breast Biopsy (CR2232, CR9252, CR9540, CR10318, <b>CR10622</b> )										
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Part A	Rule Description Part A	Proposed HCPCS/CPT Part A	Frequency Limitations	TOB (Part A)	Revenue Code Part A	Modifier Part A	Provider Specialty	Proposed MSN Message Part A	Proposed CARC Message Part A	Proposed RARC Message Part A
Part A	<p><b>A/MACs:</b> Effective 1/1/03, cover percutaneous image-guided breast biopsy using stereotactic or ultrasound imaging for the following breast lesions:</p> <ul style="list-style-type: none"> <li>• Nonpalpable Breast Lesions</li> </ul> <p>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).</p> <ul style="list-style-type: none"> <li>• Palpable Breast Lesions</li> </ul> <p>Coverage also includes palpable lesions that are difficult to biopsy using palpation alone. A/MACs have the discretion to decide what types of palpable lesions are difficult to biopsy using palpation.</p>	<p>(NCCI edits bundle procedure codes into 19081-19086)</p> <p>19081-stereo lesion 1</p> <p>19082-stereo add lesion</p> <p>19083-ultra lesion 1</p> <p>19084-ultra add lesion</p> <p>19085-MRI lesion 1</p> <p>19086-MRI add lesion</p>	N/A	<p>12X</p> <p>13X</p> <p>14X</p> <p>85X</p>	<p>320 (non OPPS) CAH (Professional)</p> <p>96X, 97X, 98X</p>	N/A	N/A	21.11	50	N386

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Part B	Rule Description Part B	Proposed HCPCS/CPT Part B	Frequency Limitations	POS (Part B)	n/a	Modifier Part B	Provider Specialty	Proposed MSN Message Part B	Proposed CARC Message Part B	Proposed RARC Message Part B
	<p><b>MCS &amp; B/MACs:</b> Effective 1/1/03, covers percutaneous image-guided breast biopsy using stereotactic or ultrasound imaging for the following breast lesions:</p> <ul style="list-style-type: none"><li>• Nonpalpable Breast Lesions</li></ul> <p>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).</p> <ul style="list-style-type: none"><li>• Palpable Breast Lesions</li></ul> <p>Coverage also includes palpable lesions that are difficult to biopsy using palpation alone. B/MACs have the discretion to decide what types of palpable lesions are difficult to biopsy using palpation.</p>	(NCCI edits bundle procedure codes into 19081-19086) 19081-stereo 1st lesion 19082-stereo add lesion 19083-ultra 1st lesion 19084-ultra add lesion 19085-MRI 1st lesion 19086-MRI add lesion								
Part B			N/A	N/A	N/A	N/A	N/A	21.11	50	N386
Revision History	<p><b>CR9252:</b> Delete expired CPT 19102 and 19103, see above cells for proposed CPT replacements. Remove CPT 76095, 76096, 76360, 76393, 76492. Imaging is included in the replacement CPT codes 19081-19084. Delete (per Palmetto) ICD-10 NOC codes C50.019, C50.119, C50.219, C50.319, C50.419, C50.519, C50.619, C50.819, C50.919, C50.029, C50.129, C50.229, C50.329, C50.429, C50.529, C50.629, C50.829, C50.929, D05.00, D05.10, D05.80, D05.90, D48.60, D49.3. CPT codes 19085 &amp; 19086. should be retained and updated. Add CPT 10022 fine needle aspiration, inadvertently removed in CR9252.</p> <p><b>CR9540:</b> Add CPT 10022 fine needle aspiration as contractor discretion due to its use in other procedures non-breast-related.</p> <p><b>CR10318:</b> Add ICD-10 dx N63.11-N63.14, N63.21-N63.24, N63.31, N63.32, N63.41, N63.42 effective 10/1/17. (MCS014L, FISS 59049-59052) Ensure deletion of CPT 10022 from any shared edits (see CR9540). date ICD-10 dx N63 effective 9/30/17.</p> <p><b>CR10622:</b> Add ICD-10 dx N63.10, N63.20 unspecified quadrant, effective 10/1/18. <b>NOTE:</b> Dual dx codes depicting specific quadrants can be reported instead of unspecified quadrants if found more appropriate by provider.</p>									
	<p>End-</p>									