

# PERCUTANEOUS IMAGE-GUIDED BREAST BIOPSY (NCD 220.13)

Guideline Number: MPG236.05

Approval Date: March 13, 2019

[Terms and Conditions](#) ⓘ

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## Related Medicare Advantage Coverage Summary

- [Radiologic Diagnostic Procedures](#)

## POLICY SUMMARY

See [Purpose](#) ⓘ

### 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.

### 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.

**\*Note:** CPT codes 10005 – 10012 are for fine needle aspiration biopsy and may be used in non-breast related procedures.

CPT Code	Description
10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion
10006	Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (List separately in addition to code for primary procedure)
10007	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion

CPT Code	Description
10008	Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion (List separately in addition to code for primary procedure)
10009	Fine needle aspiration biopsy, including CT guidance; first lesion
10010	Fine needle aspiration biopsy, including CT guidance; each additional lesion (List separately in addition to code for primary procedure)
10011	Fine needle aspiration biopsy, including MR guidance; first lesion
10012	Fine needle aspiration biopsy, including MR guidance; each additional lesion (List separately in addition to code for primary procedure)
10022	Fine needle aspiration; with imaging guidance ( <b>Expired 12/31/2018; see 10005-10012 for reporting</b> )
19081	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
19082	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)
19083	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
19084	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)
19085	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
19086	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)

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## PURPOSE

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as LCDs, NCDs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

## 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](#)

**CMS Transmittals**

[Transmittal 2076, Change Request 10622, Dated 05/04/2018 \(International Code of Diseases, Tenth Revision \(ICD-10\) and Other Coding Revisions to National Coverage Determinations \(NCDs\)\)](#)

[Transmittal 2005, Change Request 10318, Dated 01/18/2018 \(ICD-10 and Other Coding Revisions to National Coverage Determinations \(NCDs\)\)](#)

[Transmittal 1975, Change Request 10318, Dated 11/09/2017 \(ICD-10 and Other Coding Revisions to National Coverage Determinations \(NCDs\)\)](#)

**MLN Matters**

[Article MM10622, International Classification of Diseases, Tenth Revision \(ICD-10\) and Other Coding Revisions to National Coverage Determinations \(NCDs\)](#)

[Article MM10318, ICD-10 and Other Coding Revisions to National Coverage Determinations \(NCDs\)](#)

**GUIDELINE HISTORY/REVISION INFORMATION**

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Action/Description
04/01/2019	<ul style="list-style-type: none"><li>Reorganized policy template; relocated <i>Terms and Conditions and Purpose</i> section</li></ul>
03/13/2019	<ul style="list-style-type: none"><li>Annual review</li><li>Updated CPT Coding; added 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012</li></ul>

**TERMS AND CONDITIONS**

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

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 member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication, and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

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\*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).