

Outpatient Facility Coding Alert

Reader Question: Grab That Extra Reimbursement for a Breast Biopsy in a Non-Facility Setting

Question: Can we report the technical component of breast biopsy services when we are submitting code 19083?

New Jersey Subscriber

Answer: Code 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) does not divide into professional and technical components as it is a "physician services code" on the MPFS (Medicare Physician Fee Schedule).

The payment rate differs based on whether the physician reports the code for a facility or non-facility setting. When you're reporting 19083 for a non-facility setting, you get extra reimbursement to cover the added costs. If the procedure takes place in a facility, your physician gets lower reimbursement and the facility can report the service using the appropriate method. Based on the 2015 national Medicare conversion factor, code 19083 has a total RVU of 18.43 in a non-facility setting, and 4.77 total RVU value in a facility setting.