

		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

NCD:	220.13		
NCD Title:	Percutaneous Image Guided Breast Biopsy		
IOM:	http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCID=272&ncdver=1&DocID=220.13&SearchType=Advanced&bc=IAAAAqAAAA&		
MCD:	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1_Part4.pdf		
		ICD-10 PCS	ICD-10 PCS Description
		N/A	N/A

NCD: 220.13										
NCD Title: Percutaneous Image Guided Breast Biopsy (CR2232, CR9252, CR9540, CR10318, CR10622)										
IOM: http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=272&ncdver=1&DocID=220.13&SearchType=Advanced&bc=IAAAAqAAAA&										
MCD: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1_Part4.pdf										
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>(NCCI edits bundle procedure codes into 19081-19086)</p> <p>19081-stereo lesion 1 19082-stereo add lesion 19083-ultra lesion 1 19084-ultra add lesion 19085-MRI lesion 1 19086-MRI add lesion</p> <p>A/MACs: 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"> • Nonpalpable Breast Lesions 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). • Palpable Breast Lesions 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. 		N/A	12X 13X 14X 85X	320 (non OPPS) CAH (Professional) 96X, 97X, 98X	N/A	N/A	21.11	50	N386

NCD: 220.13										
NCD Title: Percutaneous Image Guided Breast Biopsy (CR2232, CR9252, CR9540, CR10318, CR10622)										
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MCD: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1_Part4.pdf										
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
Part B	<p>MCS & B/MACs: 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"> • Nonpalpable Breast Lesions 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). • Palpable Breast Lesions 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</p>	N/A	N/A	N/A	N/A	N/A	21.11	50	N386
Revision History	<p>CR9252: 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. 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 & 19086. should be retained and updated. Add CPT 10022 fine needle aspiration, inadvertently removed in CR9252.</p> <p>CR9540: Add CPT 10022 fine needle aspiration as contractor discretion due to its use in other procedures non-breast-related.</p> <p>CR10318: 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>CR10622: Add ICD-10 dx N63.10, N63.20 unspecified quadrant, effective 10/1/18. NOTE: Dual dx codes depicting specific quadrants can be reported instead of unspecified quadrants if found more appropriate by provider.</p> <p style="text-align: right;">Delete (per Add new Clarify MCS edit 014L End-</p>									