

Excisional Breast Surgery/MammoSite® Catheter Implant

2011 CODING & REIMBURSEMENT GUIDE

Physician Payment

Catheter Implant

CPT® CODE ³	DESCRIPTION	LOCATION	RVU ¹	2011 NATIONAL AVERAGE MEDICARE RATE ¹
19296	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy.	Office	116.22	\$3,948.74
		Hospital/ASC	6.11	\$207.60
19297	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (list separately in addition to code for primary procedure)	Office	NA	NA
		Hospital/ASC	2.76	\$93.77

Excisional Breast Surgery – Professional Payment

CPT® CODE ³	DESCRIPTION	RVU ¹	2011 NATIONAL AVERAGE MEDICARE RATE ¹
19125	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion	13.02	\$442.37
19301	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy)	18.51	\$628.90
19302	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy	25.53	\$867.42
19499	Unlisted procedure, breast (Placement of Cavity Evaluation Device)	Individual Consideration	Individual Consideration

Place of Service⁴

PLACE OF SERVICE CODE	PLACE OF SERVICE NAME	PLACE OF SERVICE DESCRIPTION
11	Office	Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, state or local public health clinic or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis and treatment of illness or injury on an ambulatory basis
22	Outpatient Hospital	A portion of a hospital that provides diagnostic, therapeutic (both surgical and nonsurgical) and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization
24	Ambulatory Surgery Center	A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.

1. Physician relative value units (RVUs) are based on a correction notice to the Medicare 2011 Physician Fee Schedule Final Rule published in the Federal Register on December 30, 2010. The National Average Medicare rates are based on the 2011 conversion factor of \$33.9764. Actual payment to a physician will vary based on geographic location. Payment for a given procedure in a given locality is available in the Medicare Physician Fee Schedule Look-up file posted in the Physician Center of the CMS website. The payment rates could be further revised if Congress were to enact legislation that would change the conversion factor, which has typically occurred in recent years.

2. A Guide to Correct CPT® and HCPCS Level II Modifier Usage 3rd Edition; 2007 American Medical Association.

3. American Medical Association, CPT® 2010, Professional Edition and HCPCS 2010, Professional Edition.

4. Current Procedural Terminology, Professional Edition, 2010 American Medical Association.

5. Medicare 2011 Outpatient Final Rule published in the Federal Register, November 2, 2010.

MammoSite® — Catheter Implant

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Facility Payment

Technical Component

CPT® CODE ³	DESCRIPTION	APC® CATEGORY	LOCATION	2011 NATIONAL AVERAGE MEDICARE RATE ^{1,5}
19296	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy.	0648	Hospital	\$4,407.45
			ASC	\$2,479.22
19297	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy	0648	Hospital	\$4,407.45
			ASC	\$2,479.22
19499	Unlisted procedure breast (For potential use, placement of Cavity Evaluation Device)	0028	Hospital	\$1,762.61
A4550 or 99070	Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies or materials provided)	Status Indicator: B		Not allowed or paid under OPFS. May be subject to review for payment by commercial payor/health plan.
C1728	Catheter, brachytherapy seed administration	Status Indicator: N		Services packaged into another service or APC group

Modifier Information²

CPT 19296 is typically performed during the post-operative period of a lumpectomy or partial mastectomy, therefore claim processing systems might deny a claim for CPT 19296 as related to the lumpectomy or partial mastectomy. To avoid this potential problem, it may be necessary to append a modifier to CPT 19296 indicating special circumstance apply. Please contact your local carrier/health plan/payer organizations to obtain a list of approved modifiers. Modifiers that may be applicable include:

MODIFIER	DESCRIPTION	EXPLANATION
58	Distinct Procedural Service	Staged or related procedure of service by the same physician during the postoperative period planned prospectively at the time of the original procedure (staged); or more extensive than the original procedure, or for therapy following a diagnostic surgical procedure
76	Distinct Procedural Service	Repeat procedure by same physician
78	Distinct Procedural Service	Return to the operating room for a related procedure during the postoperative period
79	Distinct Procedural Service	Unrelated procedure or service by the same physician during the postoperative period

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