

BREAST HEALTH SOLUTIONS



Placement of Breast Localization Device(s)

Global and Physician Professional Payment

CPT® Code¹	Description	Place-of-Service Component	RVU²	2021 National Average Medicare Rate³			
Mammographic guided placement of breast localization device(s)							
19281	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance	Global (Office/Freestanding)	7.24	\$252.63			
		Professional (Facility)	2.88	\$100.49			
19282	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including mammographic guidance (List separately in addition to code for primary procedure)	Global (Office/Freestanding)	5.17	\$180.40			
10202		Professional (Facility)	1.45	\$50.59			
Stereotactic guided placement of breast localization device(s)							
19283	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance	Global (Office/Freestanding)	8.00	\$279.14			
		Professional (Facility)	2.92	\$101.89			
19284	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)	Global (Office/Freestanding)	6.11	\$213.20			
		Professional (Facility)	1.49	\$51.99			
Ultrasound guided placement of breast localization device(s)							
19285	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance	Global (Office/Freestanding)	12.68	\$442.44			
10200		Professional (Facility)	2.47	\$86.19			
19286	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)	Global (Office/Freestanding)	10.71	\$373.71			
		Professional (Facility)	1.25	\$43.62			
MRI guided breast localization device(s)							
19287	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/ needle, radioactive seeds), percutaneous; first lesion, including magnetic resonance guidance	Global (Office/Freestanding)	21.78	\$759.97			
		Professional (Facility)	3.68	\$128.41			
19288	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/ needle, radioactive seeds), percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)	Global (Office/Freestanding)	17.21	\$600.51			
19200		Professional (Facility)	1.85	\$64.55			

Hologic Inc., provides this coding guide for informational purposes only. This guide is not an affirmative instruction as to which codes and modifiers to use for a particular service, supply, procedure or treatment. It is the provider's responsibility to determine and submit the appropriate codes and modifiers for any service, supply, procedure or treatment rendered. Actual codes and/or modifiers used are at the sole discretion of the treating physician and/or facility. Contact your local payer for specific coding and coverage guidelines. Hologic cannot guarantee medical benefit coverage or reimbursement with the codes listed in this guide.

^{1.} American Medical Association (AMA), 2021 Current Procedural Terminology (CPT), Professional Edition. CPT codes and descriptions only are copyright 2020 AMA. All rights reserved. The AMA assumes no liability for data contained herein. No fee schedules, basic units, relative or related listings are included in CPT. Applicable FARS/DFARS Restrictions Apply for Government Use.

^{2.} The 2021 physician relative value units (RVUs) are from the 2021 Physician Fee Schedule (PFS) Final Rule, Addendum B available from the CMS website at https://www.cms.gov/medicaremedicare-fee-service-paymentphysician

^{3.} The national average 2021 Medicare rates to physicians shown are based on the 2021 conversion factor of \$34.8931 and do not reflect payment cuts due to sequestration. Medicare payment for a given procedure in a given locality in 2021 should be available in the Medicare Physician Fee Schedule Look-up file accessible through the CMS website at https://www.cms.gov/apps/physician-fee-schedule/overview.aspx. Any payment rates listed may be subject to change without notice. Actual payment to a physician will vary based on geographic location and may also differ based on policies and fee schedules outlined as terms in your health plan and/or payer contracts.



BREAST HEALTH SOLUTIONS



Placement of Breast Localization Device(s)

Facility Payment

CPT [®] Code¹	Description	Place-of- Service Component	APC ²	Status Indicator ²	2021 National Average Medicare Rate ²			
Mammographic guided placement of breast localization device(s)								
19281	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance	Hospital ASC	5071 NA	Q1 N1	\$621.97 Packaged			
19282	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including mammographic guidance (List separately in addition to code for primary procedure)	Hospital ASC	NA NA	N N1	Packaged Packaged			
Stereotactic guided placement of breast localization device(s)								
19283	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance	Hospital ASC	5071 NA	Q1 N1	\$621.97 Packaged			
19284	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)	Hospital ASC	NA NA	N N1	Packaged Packaged			
Ultrasound guided placement of breast localization device(s)								
19285	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance	Hospital ASC	5071 NA	Q1 N1	\$621.97 Packaged			
19286	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including ultrasound	Hospital	NA	N	Packaged			
	guidance (List separately in addition to code for primary procedure)	ASC	NA	N1	Packaged			
	MRI guided breast localization device(s)							
19287	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including magnetic resonance guidance	Hospital ASC	5071 NA	Q1 N1	\$621.97 Packaged			
19288 radioactive seeds), p	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including magnetic	Hospital	NA	N	Packaged			
	resonance guidance (List separately in addition to code for primary procedure)	ASC	NA	N1	Packaged			

Status Indicator Information²

Status and Payment Indicator	Explanation				
HOPPS Status Indicator					
N	Payment is packaged into payment for other services; No separate APC payment				
Q1	Payment is packaged if billed on the same claim as a HCPCS code assigned status indicator "S", "T", or "V"; otherwise payment is made through a separate APC payment				
ASC Payment Indicator					
N1	Packaged service/item; no separate payment made				

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hologic.com | Hologic@thepinnaclehealthgroup.com | 1.866.369.9290

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^{2.} The national average 2021 Medicare rates and status indicators for the hospital outpatient setting are from the 2021 Hospital Outpatient Prospective Payment System (OPPS) Final Rule, Addenda B and D1, accessible at https://www.cms.gov/medicaremedicare-fee-service-paymenthospitaloutpatientppshospital-outpatient-regulations-and-notices/cms-1736-fc. The national average 2021 Medicare rates and status indicators for the ambulatory surgical center setting are from the 2021 Ambulatory Surgical Center Payment Final Rule, Addenda AA, BB, and DD1, accessible at https://www.cms.gov/medicaremedicare-fee-service-paymentasc-regulations-and-notices/cms-1736-fc. Any payment rates listed are Medicare national averages that may be subject to change without notice and do not reflect payment cuts due to sequestration. Actual payment to a hospital or ambulatory surgical center will vary based on geographic location and may also differ based on policies and fee schedules outlined as terms in your health plan and/or payer contracts.