

BREAST HEALTH SOLUTIONS



Placement of Breast Localization Device(s)

Global and Physician Professional Payment

| CPT Code | Description | Place-of-Service | RVU² | 2024 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) | 7.21 | \$236.09 | | | | |
| | | Professional (Facility) | 2.89 | \$94.63 | | | | |
| 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) | 5.1 | \$167.00 | | | | |
| .,,202 | | Professional (Facility) | 1.45 | \$47.48 | | | | |
| 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) | 7.73 | \$253.11 | | | | |
| .,200 | | Professional (Facility) | 2.92 | \$95.61 | | | | |
| 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) | 5.65 | \$185.00 | | | | |
| .,,20. | | Professional (Facility) | 1.46 | \$47.81 | | | | |
| | 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) | 10.91 | \$357.24 | | | | |
| 17203 | | Professional (Facility) | 2.47 | \$80.88 | | | | |
| 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) | 8.91 | \$291.75 | | | | |
| | | Professional (Facility) | 1.24 | \$40.60 | | | | |
| 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) | 18.82 | \$616.25 | | | | |
| 20, | | Professional (Facility) | 3.69 | \$120.83 | | | | |
| 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) | 14.49 | \$474.46 | | | | |
| 1,7200 | | Professional (Facility) | 1.84 | \$60.25 | | | | |

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), 2024 Current Procedural Terminology (CPT), Professional Edition. CPT copyright 2023 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

^{2.} The 2024 physician relative value units (RVUs) are from the 2024 Physician Fee Schedule (PFS) Relative Value Files, file RVU23A available from the CMS website at https://www.cms.gov/files/zip/cy-2024-pfs-final-rule-addenda.zip.

^{3.} The national average 2024 Medicare rates to physicians shown are based on the 2024 conversion factor of \$32.7442 and do not reflect payment cuts due to sequestration. Medicare payment for a given procedure in a given locality in 2024 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 Code | Description | Place-of- Service | APC¹ | Status Indicator ¹ | 2024 National Average Medicare Rate¹ | | | |
|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------|----------------------------------|--------------------------------------------|--|--|--|
| 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 | 5072 | Q1 | \$1,546.35 | | | |
| | | ASC | NA | N1 | Packaged | | | |
| 19282 | Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including mammographic | Hospital | NA | N | Packaged | | | |
| 13202 | guidance (List separately in addition to code for primary procedure) | | NA | N1 | 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 | 5071 | Q1 | \$671.05 | | | |
| 19203 | | ASC | NA | N1 | Packaged | | | |
| 19284 | Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including stereotactic | Hospital | NA | N | Packaged | | | |
| | guidance (List separately in addition to code for primary procedure) | | NA | N1 | 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 | 5071 | Q1 | \$671.05 | | | |
| 19285 | | ASC | NA | N1 | 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 | | | |
| 19200 | guidance (List separately in addition to code for primary procedure) | | 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 | 5071 | Q1 | \$671.05 | | | |
| | | ASC | NA | N1 | Packaged | | | |
| 10200 | 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) | Hospital | NA | N | Packaged | | | |
| 19288 | | ASC | NA | N1 | Packaged | | | |

Status Indicator Information¹

| Status and Payment Indicator | Explanation | | | | |
|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| OPPS 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 | | | | |

^{1.} The national average 2024 Medicare hospital outpatient rates and status indicators are from the 2024 Hospital Outpatient Prospective Payment System (OPPS) release, Addenda B, and D1 accessible at https://www.cms.gov/license/ama?file=/files/zip/2024-nfrm-opps-addenda.zip. The national average 2024 Medicare ambulatory surgical center rates and payment indicators are from the 2024 Ambulatory Surgical Center (ASC) Payment release, Addenda AA, BB, and DD1, accessible at https://www.cms.gov/license/ama?file=/files/zip/2024-nfrm-addendum-aa-bb-dd1-dd2-ee-and-ff.zip. 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.

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.

hologic.com | Hologic@thepinnaclehealthgroup.com | 1.866.369.9290

MISC-03037 Rev. 012 (1/24) ©2024 Hologic, Inc. All rights reserved. Contract details and specifications are subject to change without notice. Hologic, The Science of Sure, and associated logos are trademarks and/or registered trademarks, registered trademarks, and product names are the property of their respective owners. This information is intended for medical professionals and is not intended as a product solicitation or promotion where such activities are prohibited. Because Hologic materials are distributed through websites, eBroadcasts and tradeshows, it is not always possible to control where such materials appear. For specific information on what products are available for sale in a particular country, please contact your local Hologic representative or write to womenshealth@hologic.com.