

Placement of Breast Localization Device(s)

Global and Physician Professional Payment

CPT® Code ¹	Description	Place-of-Service	RVU ²	2026 National Average Medicare Rate ³
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)	7.03	\$235.98
		Professional (Facility)	2.49	\$83.58
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)	4.93	\$165.49
		Professional (Facility)	1.24	\$41.62
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)	7.50	\$251.76
		Professional (Facility)	2.52	\$84.59
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)	5.44	\$182.61
		Professional (Facility)	1.27	\$42.63
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)	10.49	\$352.12
		Professional (Facility)	2.15	\$72.17
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)	8.59	\$288.34
		Professional (Facility)	1.08	\$36.25
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)	17.96	\$602.87
		Professional (Facility)	3.17	\$106.41
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)	13.69	\$459.54
		Professional (Facility)	1.60	\$53.71
Soft Tissue Localization				
10035	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; first lesion	Global (Office/Freestanding)	10.35	\$347.42
		Professional (Facility)	2.13	\$71.50
10036	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; each additional lesion (List separately in addition to primary procedure)	Global (Office/Freestanding)	8.70	\$292.04
		Professional (Facility)	1.10	\$36.92

1. American Medical Association (AMA), 2026 Current Procedural Terminology (CPT), Professional Edition. CPT copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the AMA.

2. The 2026 physician relative value units (RVUs) are from the 2026 Physician Fee Schedule (PFS) Addendum B, Relative Value Units and Related Information available from the CMS website at <https://www.cms.gov/files/zip/cy-2026-pfs-final-rule-addenda-updated-11-18-2025.zip>

3. Beginning in 2026, there will be two separate conversion factors (CFs): one for items and services furnished by a qualifying alternative payment model (APM) participant (referred to as the qualifying APM conversion factor) and another for other items and services (referred to as the nonqualifying APM conversion factor), equal to the respective conversion factor for the previous year (or, for CY 2026, equal to the single conversion factor for CY 2025) multiplied by the update established for such respective conversion factor for such year. The national average 2026 Medicare rates to physicians shown are based on the 2026 CF for qualifying APM participants of \$33.5675 and do not reflect payment cuts due to sequestration. Medicare payment for a given procedure in a given locality in 2026 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.

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.

Placement of Breast Localization Device(s)

Facility Payment

CPT® Code	Description	Place-of-Service	APC¹	Status Indicator¹	2025 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	\$1,687.37
		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 guidance (List separately in addition to code for primary procedure)	Hospital	NA	N	Packaged
		ASC	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	\$723.47
		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 guidance (List separately in addition to code for primary procedure)	Hospital	NA	N	Packaged
		ASC	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	\$723.47
		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 guidance (List separately in addition to code for primary procedure)	Hospital	NA	N	Packaged
		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	5071	Q1	\$723.47
		ASC	NA	N1	Packaged
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)	Hospital	NA	N	Packaged
		ASC	NA	N1	Packaged
Soft Tissue Localization					
10035	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; first lesion	Hospital	5071	T	\$723.47
		ASC	NA	N1	Packaged
10036	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; each additional lesion (List separately in addition to primary procedure)	Hospital	NA	N	Packaged
		ASC	NA	N1	Packaged

1. The national average 2026 Medicare hospital outpatient rates and status indicators are from the 2026 Hospital Outpatient Prospective Payment System (OPPS) release, Addenda B and D1, accessible at <https://www.cms.gov/license/ama?file=/files/zip/2026-nfrm-opps-addenda.zip>. The national average 2026 Medicare ambulatory surgical center rates and payment indicators are from the 2026 Ambulatory Surgical Center (ASC) Payment release, Addenda AA, BB, and DD1, accessible at <https://www.cms.gov/license/ama?file=/files/zip/2026-nfrm-addendum-aa-bb-dd1-dd2-ee-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.

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Facility Payment

Supplies

HCPCS [®] Code	Description	Place-of-Service	APC ⁵	Status Indicator ⁵	2025 National Average Medicare
Supplies					
A4648	Tissue marker, implantable, any type, each	Hospital	NA	N	NA
		ASC	NA	NA	Not paid under the ASC
C1739	Tissue marker, uniquely detectable and identifiable with probe/sensor, any method (implantable), with delivery system	Hospital	2055	H	Device offset
		ASC	2055	J7	Contractor-priced

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
H	Separate cost-based pass-through payment; not subject to copayment
ASC Payment Indicator	
N1	Packaged service/item; no separate payment made
J7	OPPS pass-through device paid separately when provided integral to a surgical procedure on ASC list; payment contractor-priced

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