

## Placement of Breast Localization Device(s)

### Coding & Reimbursement FAQ

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. What Current Procedural Terminology (CPT®) Codes<sup>1</sup> are relevant for Tuloc® Localization Wire, Tuflex® Thread Marker, LOCalizer™ wire-free guidance system and Magseed®?

These items are used in breast localization placement procedures and billing for them is based on the procedure and techniques performed, which may be reported using an array of existing American Medical Association (AMA) CPT® codes. Billing is not based on breast localization device used, but rather image guidance. Percutaneous image-guided placement of breast localization device(s) without image-guided breast biopsy is reported with CPT codes 19281, 19282, 19283, 19284, 19285, 19286, 19287, and 19288 described below

##### Mammographic guidance

**CPT Code 19281** Placement of breast localization device(s) (e.g., clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance

**CPT Code 19282** Placement of breast localization device(s) (e.g., clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including mammographic guidance (List separately in addition to code for primary procedure)

##### Stereotactic guidance

**CPT Code 19283** Placement of breast localization device(s) (e.g., clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance

**CPT Code 19284** Placement of breast localization device(s) (e.g., clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)

##### Ultrasound guidance

**CPT Code 19285** Placement of breast localization device(s) (e.g., clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance

**CPT Code 19286** Placement of breast localization device(s) (e.g., clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)

##### Magnetic Resonance (MR) guidance

**CPT Code 19287** Placement of breast localization device(s) (e.g., clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including magnetic resonance guidance

**CPT Code 19288** Placement of breast localization device(s) (e.g., clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)

## **2. Is there a Healthcare Common Procedure Coding System (HCPCS) for breast localization devices?**

There is no specific HCPCS code for the localization device. The HCPCS code A4648 (tissue marker, implantable, any type) or C1739 (Tissue marker, uniquely detectable and identifiable with probe/sensor, any method (implantable), with delivery system) may be reported for tracking purposes.

## **3. Does reimbursement for placing breast localization devices differ in the physician office versus a facility setting?**

Each provider is required to bill with a place of service (POS) code to indicate the setting in which a service was provided. The POS code informs which payment methodology is used to determine the payment rate.

**Freestanding/Office Setting:** When the procedure is performed in the physician office setting, a global payment is made for both the professional and technical components.

**Hospital Outpatient Setting:** For placement of breast localization devices in a hospital outpatient setting, facility reimbursement under Medicare may be packaged if placement is billed on the same date of service or same claim as a surgery or other service with an S, T, or V status indicator in the Outpatient Prospective Payment System. Placement of each additional device is packaged. Physicians are reimbursed separately for their professional services (independent of payment to the facility) for the placement of breast localization device(s) in a hospital outpatient setting.

Reimbursement from Medicare Advantage and commercial payers will vary per contracted allowable amounts with each carrier.

Under original Medicare, a tissue marker may be reported using C1739 and is eligible for separate reimbursement via Transitional Pass-Through (TPT) payment effective 1/1/25 for a period of three (3) years.

## **4. If a mammogram is performed after breast localization to verify placement, how is it reported for billing?**

Billing for a mammogram post breast localization will depend on the type of imaging used for the breast localization.

If breast localization is performed under mammographic guidance (CPT codes 19281 and 19282), a post-procedure mammogram would not be separately reported.<sup>3</sup>

If breast localization is performed under stereotactic, ultrasound, or MRI guidance, then a post procedure mammogram would be reported with CPT codes 77065-77067.

## **5. If a mammogram is performed after a breast localization placement with a wireless device, what is the impact to payment?**

A mammogram should not be reported alongside a breast localization performed under mammographic guidance and no separate payment will apply.<sup>3</sup>

For mammograms reported alongside breast localization performed under stereotactic, ultrasound, or MRI guidance:

**Freestanding/Office Setting:** No payment reduction applies for reporting codes 77065-77067 and 19283-19288.

**Hospital Outpatient Setting:** No packaging applies for reporting codes 77065-77067 and 19283, 19285, and 19287. However, codes 19284, 19286, and 19288 are all packaged.

**6. If the Magseed® marker is placed in the lymph node on a different day than in the breast lesion, is this considered a separate procedure and is it separately payable?**

Yes. The service may be reported when the Magseed® marker is placed in the lymph node on a different day than in the breast lesion.

**7. Is placement of the Magseed® marker into the axilla considered a separate procedure from placement in the breast lesion even if it is placed on the same day?**

Yes. The axilla and breast are considered separate anatomical sites and Magseed® marker placement in each is billable. Contact commercial payers for specific billing requirements, National Correct Coding Initiative (NCCI) edits, or specific modifiers that may apply.

**8. If more than one Magseed® marker is placed on the same day in the same lesion using the same imaging guidance, are the add-on codes reported for additional Magseed® marker placements?**

No. The primary code includes the placement of device(s) in the first lesion. The descriptor specifies that the add-on codes are only reported when a localization device is placed in each additional lesion, not for additional markers in the same lesion.

**9. What reimbursement resources does Hologic provide?**

We understand how important it is to deliver advanced testing, imaging, and treatment solutions that bring greater certainty to clinicians – and make a real difference in the lives of patients looking for answers. That’s why we stand behind our innovative solutions, with information and coding guides to assist you, as well as providing access to a coding and reimbursement service through an independent third party certified and HIPAA compliant coding company.\*

The Pinnacle Health Group provides reimbursement and coding support through a staff of professional certified coders and can address the following:

- Coding Questions
- Insurance Coverage
- Private Payer Contracted Rates (PPR)
- Patient Benefit Verification
- Patient Pre-authorization / Pre-certification
- Claims Appeals and Denials
- HIPAA Compliance Support

**Telephone: 866.369.9290**

**Email: [hologic@thepinnaclehealthgroup.com](mailto:hologic@thepinnaclehealthgroup.com)**

**Available Monday-Friday 8:30am – 6:00pm EST**

**\*Response from Pinnacle Health Group may take 2-3 business days.**

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 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>

3. <https://www.cms.gov/files/document/09-chapter9-ncci-medicare-policy-manual-2026-final.pdf>

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