

Placement of Breast Localization Device(s)

Global and Physician Professional Payment

CPT® Code¹	Description	Site of Service Component	RVU²	2019 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	Office/Freestanding (Global)	6.90	\$248.67
		Facility (Professional)	2.91	\$104.87
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)	Office/Freestanding (Global)	4.82	\$173.71
		Facility (Professional)	1.46	\$52.62
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	Office/Freestanding (Global)	7.73	\$278.58
		Facility (Professional)	2.93	\$105.59
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)	Office/Freestanding (Global)	5.87	\$211.55
		Facility (Professional)	1.50	\$54.06
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	Office/Freestanding (Global)	13.79	\$496.98
		Facility (Professional)	2.50	\$90.10
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)	Office/Freestanding (Global)	11.91	\$429.23
		Facility (Professional)	1.25	\$45.05
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	Office/Freestanding (Global)	23.30	\$839.71
		Facility (Professional)	3.72	\$134.07
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)	Office/Freestanding (Global)	18.66	\$672.49
		Facility (Professional)	1.87	\$67.39

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2. The 2019 physician relative value units (RVUs) are from the January 2019 RVU file (RVU19A) available on the CMS website at https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html?DL_Sort=0&DL_Entries=10&DL_Page=1&DL_SortDir=descending.

3. The national average 2019 Medicare rates to physicians shown are based on the 2019 conversion factor of \$36.0391 and do not reflect payment cuts due to sequestration. Medicare payment for a given procedure in a given locality in 2019 should be available in the Medicare Physician Fee Schedule Look-up file accessible through the CMS website at <http://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® Code¹	Description	Site of Service Component	APC²	Status Indicator²	2019 National Average Medicare Rate²
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	5071	Q1	\$579.34
		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	\$579.34
		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	\$579.34
		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	\$579.34
		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

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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2. The national average 2019 Medicare rates for the hospital outpatient setting are from the 2019 Hospital Outpatient Prospective Payment System (OPPS) Final Rule, Addendum B, accessible at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/CMS-1695-FC.html?DLPage=1&DLEntries=10&DLSort=2&DLSortDir=descending>. The national average 2019 Medicare rates for the ambulatory surgical center setting are from the 2019 Ambulatory Surgical Center Payment Final Rule, Addenda AA and BB, accessible at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/ASC-Regulations-and-Notices-Items/CMS-1695-FC.html?DLPage=1&DLEntries=10&DLSort=2&DLSortDir=descending>. 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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