

MamoSite - Catheter Implant

2009 CODING & REIMBURSEMENT GUIDE

Physician Payment
Location: In-Office

Catheter Implant

CPT® CODE ³	DESCRIPTION	RVU ¹	2009 NATIONAL AVERAGE MEDICARE RATE ¹
19296	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy.	98.48	\$3,551.84

Cavity Evaluation Device Implant

CPT® CODE ³	DESCRIPTION	RVU ¹	2009 NATIONAL AVERAGE MEDICARE RATE ¹
19499	Unlisted Procedure, breast	Individual Consideration	Individual Consideration

Evaluation & Management (E/M) – Established Patient

CPT® CODE ³	DESCRIPTION	RVU ¹	2009 NATIONAL AVERAGE MEDICARE RATE ¹
99213	Office or other outpatient visit	1.70	\$61.31
99214	Office or other outpatient visit	2.56	\$92.33
99215	Office or other outpatient visit	3.46	\$124.79

Place of Service⁴

PLACE OF SERVICE CODE	PLACE OF SERVICE NAME	PLACE OF SERVICE DESCRIPTION
11	Office	Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, state or local public health clinic or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis and treatment of illness or injury on an ambulatory basis

Modifier Information²

CPT 19296 is typically performed during the post-operative period of a lumpectomy or partial mastectomy, therefore claim processing systems might deny a claim for CPT 19296 as related to the lumpectomy or partial mastectomy. To avoid this potential problem, it may be necessary to append a modifier² to CPT 19296 indicating special circumstance apply. Please contact your local carrier/health plan/payer organizations to obtain a list of approved modifiers. Modifiers that may be applicable include:

MODIFIER	DESCRIPTION	EXPLANATION
58	Distinct Procedural Service	Staged or related procedure of service by the same physician during the postoperative period planned prospectively at the time of the original procedure (staged); or more extensive than the original procedure, or for therapy following a diagnostic surgical procedure
76	Distinct Procedural Service	Repeat procedure by same physician
78	Distinct Procedural Service	Return to the operating room for a related procedure during the postoperative period
79	Distinct Procedural Service	Unrelated procedure or service by the same physician during the postoperative period

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Excisional Breast Surgery/Catheter Implant

2009 CODING & REIMBURSEMENT GUIDE

Physician Payment
Location: Hospital Outpatient/ASC

Excisional Breast Surgery

CPT® CODE ³	DESCRIPTION	RVU ¹	2009 NATIONAL AVERAGE MEDICARE RATE ¹
19125	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion	11	\$396.73
19126	- each additional lesion separately identified by a preoperative radiological marker (list separately in addition to code for primary procedure)	4.16	\$150.04
19301	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy)	15.22	\$548.93
19302	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy	22.03	\$794.55
19499	Unlisted procedure, breast (Placement of Cavity Evaluation Device)	Individual Consideration	Individual Consideration

Catheter Implant

CPT® CODE ³	DESCRIPTION	RVU ¹	2009 NATIONAL AVERAGE MEDICARE RATE ¹
19296	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy.	5.31	\$191.51
19297	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (list separately in addition to code for primary procedure)	2.40	\$86.56

Place of Service⁴

PLACE OF SERVICE CODE	PLACE OF SERVICE NAME	PLACE OF SERVICE DESCRIPTION
22	Outpatient Hospital	A portion of a hospital that provides diagnostic, therapeutic (both surgical and nonsurgical) and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization
24	Ambulatory Surgery Center	A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.

Supplies/Devices

CPT CODE ³	DESCRIPTION	PAYMENT
A4550 or 99070	Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)	Individual Consideration Based on Payor Contract

1. Physician relative value units (RVUs) are based on the Medicare 2009 Physician Fee Schedule Final rule published in the Federal Register, October 30, 2008. National average Medicare rates, rounded to the nearest dollar, are based on these RVUs and account for the work RVU adjustment completed by CMS for Medicare budget neutrality purposes. The 2009 conversion factor is \$36.067. Actual payment to a physician will vary based on geographic location. Payment for a given procedure in a given locality is available in the Medicare Physician Fee Schedule Look-up file posted in the Physician Center of the CMS website.

2. Modifier information provided by, Coding with Modifiers, A Guide to Correct CPT® and HCPCS Level II Modifier Usage, 2004 American Medical Association, Second Printing, July 2004, Third Printing, February 2005.

3. American Medical Association, CPT® 2007, Professional Edition and HCPCS 2007, Nineteenth edition.

4. Place of service codes listed in CPT® 2007, Current Procedural Terminology, Professional Edition, 2006 American Medical Association.