



## 2010 Medicare Billing and Payment Information

### Gamma Finder Reimbursement

#### Sentinel Node Biopsy Only, At Time of Lumpectomy Procedure

#### Hospital Outpatient Department (Medicare Billing)<sup>1</sup>

- Breast Center (Hospital Owned) - Imaging Center (Hospital Owned)
- Radiology Department (Hospital) - Department (Hospital Outpatient)

#### Facility Billing

| Rev. Code <sup>2</sup> | Description  | HCPCS | APC  | Status Indicator | 2010 Medicare APC Payment |
|------------------------|--|-------|------|------------------|---------------------------|
| 92x                    | Injection of Dye   | 38792 | 0392 | Q                | \$180.76                  |
| 32x                    | Lymphatics and Lymph Node Imaging                                | 78195 | 0400 | Status Indicator | \$258.45                  |
| 360 or 361             | Mastectomy, Partial  | 19301 | 0028 | T                | \$1,668.41                |
| 360 or 361             | Biopsy or Excision of Lymph Node(s); Open Superficial            | 38500 | 0113 | T                | \$1,659.17                |
| 360 or 361             | Biopsy or Excision of Lymph Node(s); Open, Deep Axillary Node(s) | 38525 | 0013 | T                | \$1,659.17                |

Note: X represents a third digit between 0 and 9

#### Physician Billing

| CPT      | Description   | 2010 Medicare Fee Schedule Payment <sup>(3,4)</sup> |
|----------|---|---|
| 38792    | Injection of Dye  | \$38.97   |
| 78195-26 | Lymphatics and Lymph Node Imaging - Professional Component                            | \$60.62   |
| 19301    | Mastectomy, Partial   | \$597.92  |
| 38500-51 | Biopsy or Excision of Lymph Node(s); Open, Superficial - Multiple Procedure           | \$237.44  |
| 38525-51 | Biopsy or Excision of Lymph Node(s); Open, Deep Axillary Node(s) - Multiple Procedure | \$403.06  |

PLUS APPROPRIATE EVALUATION AND MANAGEMENT CODES

<sup>1</sup> Hospital outpatient reimbursement from Medicare for this procedure is based on the 2010 Hospital Outpatient Prospective Payment System, November 20, 2009 *Federal Register*. Reimbursement from private/commercial payers is applied on a case-by-case basis depending on the patient's insurance and the type of contract the hospital has signed with that specific insurance company. All rates shown are national average Medicare rates for 2010. These rates have not been adjusted for geographic variations in costs.

<sup>2</sup> Revenue codes are required on the UB-40 billing form to represent the type of services provided. Most but not all revenue codes require corresponding HCPCS codes. (Source - Hospital Charge Master Guide, St. Anthony Publishing, 1999)

<sup>3</sup> Medicare national average physician payments are calculated using the 2010 Conversion Factor of \$36.0846, which is effective from January 1 - February 28, 2010. Congress will again have to act by February 28, 2010 to ensure that physician payment is not cut for the remainder of 2010 by 21.2%. These national average Medicare rates have not been adjusted for geographic variations. Source: 2010 Final Medicare Physician Fee Schedule, November 25, 2009 *Federal Register*.

<sup>4</sup> Source: 2010 Medicare ASC Payment Final Rule, November 20, 2009 and December 31, 2009 *Federal Register*.

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(2010 Medicare Hospital Outpatient Prospective Payment System, Ambulatory Payment Classification (APC) Payment Levels Effective January 1, 2010.  
2010 Physician Payment Levels Effective January 1 - February 28, 2010.  
2010 Ambulatory Surgery Center (ASC) Payment Levels Effective January 1, 2010)



## 2010 Medicare Billing and Payment Information

### Sentinel Node Biopsy Only, At Time of Lumpectomy Procedure

#### Free-Standing Ambulatory Surgery Center Billing

##### Facility Billing

| CPT   | Description  | Status Indicator | 2010 Medicare APC Payment <sup>(4)</sup> |
|-------|--|------------------|--|
| 38792 | Injection of Dye (Not on approved list)                          | N1               | N/A                                      |
| 78195 | Lymphatics and Lymph Node Imaging                                | Z2               | \$153.60                                 |
| 19301 | Mastectomy, Partial  | A2               | \$865.63                                 |
| 38500 | Biopsy or Excision of Lymph Node(s); Open, Superficial           | A2               | \$846.22                                 |
| 38525 | Biopsy or Excision of Lymph Node(s); Open, Deep Axillary Node(s) | A2               | \$846.22                                 |

##### Physician Billing

| CPT      | Description   | 2010 Medicare Fee Schedule Payment <sup>(4,5)</sup> |
|----------|---|---|
| 38792    | Injection of Dye  | \$38.97   |
| 78195-26 | Lymphatics and Lymph Node Imaging - Professional Component                            | \$60.62   |
| 19301    | Mastectomy, Partial   | \$597.92  |
| 38500-51 | Biopsy or Excision of Lymph Node(s); Open, Superficial - Multiple Procedure           | \$237.44  |
| 38525-51 | Biopsy or Excision of Lymph Node(s); Open, Deep Axillary Node(s) - Multiple Procedure | \$403.06  |

PLUS APPROPRIATE EVALUATION AND MANAGEMENT CODES

<sup>3</sup> Medicare national average physician payments are calculated using the 2010 Conversion Factor of \$36.0846, which is effective from January 1 - February 28, 2010. Congress will again have to act by February 28, 2010 to ensure that physician payment is not cut for the remainder of 2010 by 21.2%. These national average Medicare rates have not been adjusted for geographic variations. Source: 2010 Final Medicare Physician Fee Schedule, November 25, 2009 Federal Register.

<sup>4</sup> Source: 2010 Medicare ASC Payment Final Rule, November 20, 2009 and December 31, 2009 *Federal Register*.

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2010 Ambulatory Surgery Center (ASC) Payment Levels Effective January 1, 2010)



## 2010 Medicare Billing and Payment Information

### Sentinel Node Biopsy as Part of an Axillary Lymphadenectomy, At Time of Lumpectomy Procedure

#### Hospital Outpatient Department (Medicare Billing)<sup>1</sup>

- Breast Center (Hospital Owned) - Imaging Center (Hospital Owned)
- Radiology Department (Hospital) - Department (Hospital Outpatient)

#### Facility Billing

| Rev. Code <sup>2</sup> | Description                                       | HCPCS | APC  | Status Indicator | 2010 Medicare APC Payment |
|------------------------|---|-------|------|------------------|---------------------------|
| 92x                    | Injection of Dye                                  | 38792 | 0392 | Q                | \$180.76                  |
| 32x                    | Lymphatics and Lymph Node Imaging                 | 78195 | 0400 | S                | \$258.45                  |
| 360 or 361             | Mastectomy, Partial with Axillary Lymphadenectomy | 19302 | 0030 | T                | \$2,831.03                |

Note: X represents a third digit between 0 and 9

#### Physician Billing

| CPT      | Description  | 2010 Medicare Fee Schedule Payment <sup>(3,4)</sup> |
|----------|--|---|
| 38792    | Injection of Dye   | \$38.97   |
| 78195-26 | Lymphatics and Lymph Node Imaging - Professional Component | \$60.62   |
| 19302    | Mastectomy, Partial with Axillary Lymphadenectomy          | \$830.67  |

PLUS APPROPRIATE EVALUATION AND MANAGEMENT CODES

<sup>1</sup> Hospital outpatient reimbursement from Medicare for this procedure is based on the 2010 Hospital Outpatient Prospective Payment System, November 20, 2009 *Federal Register*. Reimbursement from private/commercial payers is applied on a case-by-case basis depending on the patient's insurance and the type of contract the hospital has signed with that specific insurance company. All rates shown are national average Medicare rates for 2010. These rates have not been adjusted for geographic variations in costs.

<sup>2</sup> Revenue codes are required on the UB-40 billing form to represent the type of services provided. Most but not all revenue codes require corresponding HCPCS codes. (Source - Hospital Charge Master Guide, St. Anthony Publishing, 1999)

<sup>3</sup> Medicare national average physician payments are calculated using the 2010 Conversion Factor of \$36.0846, which is effective from January 1 - February 28, 2010. Congress will again have to act by February 28, 2010 to ensure that physician payment is not cut for the remainder of 2010 by 21.2%. These national average Medicare rates have not been adjusted for geographic variations. Source: 2010 Final Medicare Physician Fee Schedule, November 25, 2009 *Federal Register*.

<sup>4</sup> Source: 2010 Medicare ASC Payment Final Rule, November 20, 2009 and December 31, 2009 *Federal Register*.

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## 2010 Medicare Billing and Payment Information

### Sentinel Node Biopsy as Part of an Axillary Lymphadenectomy, At Time of Lumpectomy Procedure

#### Free-Standing Ambulatory Surgery Center Billing

##### Facility Billing

| CPT   | Description                                       | Status Indicator | 2010 Medicare APC Payment <sup>(4)</sup> |
|-------|---|------------------|--|
| 38792 | Injection of Dye (Not on approved list)           | N1               | N/A                                      |
| 78195 | Lymphatics and Lymph Node Imaging                 | Z2               | \$153.60                                 |
| 19302 | Mastectomy, Partial with Axillary Lymphadenectomy | A2               | \$1,499.85                               |

##### Physician Billing

| CPT      | Description  | 2010 Medicare Fee Schedule Payment <sup>(3)</sup> |
|----------|--|---|
| 38792    | Injection of Dye   | \$38.97   |
| 78195-26 | Lymphatics and Lymph Node Imaging - Professional Component | \$60.62   |
| 19302    | Mastectomy, Partial with Axillary Lymphadenectomy          | \$830.67  |

PLUS APPROPRIATE EVALUATION AND MANAGEMENT CODES

<sup>3</sup> Medicare national average physician payments are calculated using the 2010 Conversion Factor of \$36.0846, which is effective from January 1 - February 28, 2010. Congress will again have to act by February 28, 2010 to ensure that physician payment is not cut for the remainder of 2010 by 21.2%. These national average Medicare rates have not been adjusted for geographic variations. Source: 2010 Final Medicare Physician Fee Schedule, November 25, 2009 Federal Register.

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**2010 Medicare Billing and Payment Information**

**Sentinel Node Biopsy Only,  
At Time of Mastectomy Procedure**

**Hospital Outpatient Department (Medicare Billing)<sup>1</sup>**

- Breast Center (Hospital Owned) - Imaging Center (Hospital Owned)
- Radiology Department (Hospital) - Department (Hospital Outpatient)

**Facility Billing**

| Rev. Code <sup>2</sup> | Description  | HCPCS | APC  | Status Indicator | 2010 Medicare APC Payment |
|------------------------|--|-------|------|------------------|---------------------------|
| 92x                    | Injection of Dye   | 38792 | 0392 | Q                | \$180.76                  |
| 32x                    | Lymphatics and Lymph Node Imaging                                | 78195 | 0400 | S                | \$258.45                  |
| 360 or 361             | Mastectomy, Simple, Complete                                     | 19303 | 0029 | T                | \$2,302.95                |
| 360 or 361             | Biopsy or Excision of Lymph Node(s); Open Superficial            | 38500 | 0113 | T                | \$1,659.17                |
| 360 or 361             | Biopsy or Excision of Lymph Node(s); Open, Deep Axillary Node(s) | 38525 | 0013 | T                | \$1,659.17                |

Note: X represents a third digit between 0 and 9

**Physician Billing**

| CPT      | Description   | 2010 Medicare Fee Schedule Payment <sup>3</sup> |
|----------|---|---|
| 38792    | Injection of Dye  | \$38.97   |
| 78195-26 | Lymphatics and Lymph Node Imaging - Professional Component                            | \$60.62   |
| 19303    | Mastectomy, Simple, Complete  | \$926.65  |
| 38500-51 | Biopsy or Excision of Lymph Node(s); Open, Superficial - Multiple Procedure           | \$237.44  |
| 38525-51 | Biopsy or Excision of Lymph Node(s); Open, Deep Axillary Node(s) - Multiple Procedure | \$403.06  |

PLUS APPROPRIATE EVALUATION AND MANAGEMENT CODES

<sup>1</sup> Hospital outpatient reimbursement from Medicare for this procedure is based on the 2010 Hospital Outpatient Prospective Payment System, November 20, 2009 *Federal Register*. Reimbursement from private/commercial payers is applied on a case-by-case basis depending on the patient's insurance and the type of contract the hospital has signed with that specific insurance company. All rates shown are national average Medicare rates for 2010. These rates have not been adjusted for geographic variations in costs.

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## 2010 Medicare Billing and Payment Information

### Sentinel Node Biopsy Only, At Time of Mastectomy Procedure

#### Free-Standing Ambulatory Surgery Center Billing

##### Facility Billing

| CPT   | Description  | Status Indicator | 2010 Medicare APC Payment <sup>(4)</sup> |
|-------|--|------------------|--|
| 38792 | Injection of Dye   | N1               | N/A                                      |
| 78195 | Lymphatics and Lymph Node Imaging                                | Z2               | \$153.60                                 |
| 19303 | Mastectomy, Simple, Complete                                     | A2               | 11177.18                                 |
| 38500 | Biopsy or Excision of Lymph Node(s); Open, Superficial           | A2               | \$846.22                                 |
| 38525 | Biopsy or Excision of Lymph Node(s); Open, Deep Axillary Node(s) | A2               | \$846.22                                 |

##### Physician Billing

| CPT      | Description   | 2010 Medicare Fee Schedule Payment <sup>(3)</sup> |
|----------|---|---|
| 38792    | Injection of Dye  | \$38.97   |
| 78195-26 | Lymphatics and Lymph Node Imaging - Professional Component                            | \$60.62   |
| 19302    | Mastectomy, Partial with Axillary Lymphadenectomy                                     | \$830.67  |
| 38500-51 | Biopsy or Excision of Lymph Node(s); Open, Superficial - Multiple Procedure           | \$237.44  |
| 38525-51 | Biopsy or Excision of Lymph Node(s); Open, Deep Axillary Node(s) - Multiple Procedure | \$403.06  |

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