



## Catheter Placement

### 2010 Medicare Billing and Payment Information

Contura MLB: Catheter Placement - Hospital

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

Facility Billing

Catheter Placement				
CPT <sup>2</sup> Code	Description	APC	Status Indicator	2010 Medicare APC Payment
19296	Placement of radiotherapy afterloading balloon catheter into the breast for interstitial radioelement applications following partial mastectomy; includes imaging guidance: on date separate from partial mastectomy	648	T	\$3,924.90
19297	Placement of radiotherapy afterloading balloon catheter into the breast for interstitial radioelement applications following partial mastectomy; concurrent with partial mastectomy (list separately in addition to code for primary procedure)	648	T	\$3,924.90
Excisional Breast Surgery				
CPT Code	Description	APC	Status Indicator	2010 Medicare Fee Schedule Payment
19125	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion	0028	T	\$1,668.41
19126	Each additional lesion separately identified by a preoperative radiological marker (list separately in addition to code for primary procedure)	0028	T	\$1,668.41
19301	Mastectomy, partial (e.g. lumpectomy, tylectomy, quadrantectomy, segmentectomy)	0028	T	\$1,668.41
19302	Mastectomy, partial (e.g. lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy	0030	T	\$2,831.03

<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> Current Procedural Terminology or "CPT" is a registered trademark of the American Medical Association.

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## Catheter Placement

### 2010 Medicare Billing and Payment Information

Contura MLB: Catheter Placement - Hospital  
 Hospital Outpatient Department (Medicare Billing)<sup>1</sup>  
 Physician Billing

Catheter Placement		
CPT Code	Description	2010 Medicare Fee Schedule Payment <sup>1</sup>
19296	Placement of radiotherapy afterloading balloon catheter into the breast for interstitial radioelement applications following partial mastectomy; includes imaging guidance: <b>on date separate from partial mastectomy</b>	\$201.71
19297	Placement of radiotherapy afterloading balloon catheter into the breast for interstitial radioelement applications following partial mastectomy; concurrent with partial mastectomy (list separately in addition to code for primary procedure)	\$91.29

Excisional Breast Surgery		
CPT Code	Description	2010 Medicare Fee Schedule Payment
19125	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion	\$419.66
19126	Each additional lesion separately identified by a preoperative radiological marker (list separately in addition to code for primary procedure)	\$155.16
19301	Mastectomy, partial (e.g. lumpectomy, tylectomy, quadrantectomy, segmentectomy)	\$597.92
19302	Mastectomy, partial (e.g. lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy	\$830.67

Place of Service		
Code	Description	Name
22	A portion of a hospital that provides diagnostic, therapeutic (both surgical and non-surgical) and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.	Outpatient Hospital

<sup>1</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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## Catheter Placement

### 2010 Medicare Billing and Payment Information

Contura MLB: Catheter Placement - Hospital

Free-Standing Ambulatory Surgery Center (Medicare Billing)<sup>1</sup>

Catheter Placement			
CPT Code	Description	Status Indicator	2010 Medicare ASC Payment <sup>1</sup>
19296	Placement of radiotherapy afterloading balloon catheter into the breast for interstitial radioelement applications following partial mastectomy; includes imaging guidance: on date separate from partial mastectomy	A2	\$2,069.71
19297	Placement of radiotherapy afterloading balloon catheter into the breast for interstitial radioelement applications following partial mastectomy; concurrent with partial mastectomy (list separately in addition to code for primary procedure)	A2	\$2,069.71
Excisional Breast Surgery			
CPT Code	Description		2010 Medicare ASC Payment
19125	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion	A2	\$865.63
19126	Each additional lesion separately identified by a preoperative radiological marker (list separately in addition to code for primary procedure)	A2	\$865.63
19301	Mastectomy, partial (e.g. lumpectomy, tylectomy, quadrantectomy, segmentectomy)	A2	\$865.63
19302	Mastectomy, partial (e.g. lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy	A2	\$1,499.85

<sup>1</sup> Source: 2010 Medicare ASC Payment Final Rule, November 25, 2009 *Federal Register*.

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## Catheter Placement

### 2010 Medicare Billing and Payment Information

Contura MLB: Catheter Placement - Hospital

Global Billing<sup>1</sup>

Catheter Placement		
CPT Code	Description	2010 Medicare APC Payment
19296	Placement of radiotherapy afterloading balloon catheter into the breast for interstitial radioelement applications following partial mastectomy; includes imaging guidance: on date separate from partial mastectomy	\$3,604.85
Place of Service		
Code	Description	Name
11	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 or illness or injury on an ambulatory basis.	

<sup>1</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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