

Outpatient Facility Coding Alert

Reader Question: Coding Clips and Needles with 19125 Depends on Payer

Question: When a physician performs stereotactic biopsy (19125, Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion) in a freestanding ASC, are the clips and needles included in the reimbursement? Our radiologist will be purchasing the supplies. If they're not included, which HCPCS code should we use for the supplies?

Florida Subscriber

Answer: The correct answer depends on the payer in question and the form you're using to submit the claim. If it's a Medicare claim on a CMS-1500 form, all supplies are packaged into the procedure's reimbursement so you won't report the clips and needles separately. For non-Medicare claims, consult payer guidance for the appropriate reporting of supply items.

Exception: You can file the implantable marker clips separately. Submit HCPCS code C1879 (Tissue marker [implantable]) for each marker the physician placed.