

Outpatient Facility Coding Alert

Reader Question: Yes, You Can Report C1879 Along With 19125

Question: Our radiologist will be purchasing the needles and clips he'll use during stereotactic biopsy. Are these included in Medicare's reimbursement for 19125? If not, what HCPCS code should we report for the supplies?
North Dakota Subscriber

Answer: If you're reporting the service to Medicare on a CMS-1500, all supplies will be included with the fee for 19125 (Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion). However, the implantable tissue marker clips still can be reported separately under HCPCS code C1879 (Tissue marker; implantable). HCPCS does not include a code for the needles, so you cannot report them separately on the CMS-1500. The fee for needles might be included in the procedure charge.

You can charge for both the needles and clips to all payers when billing on a UB-04. However, whether you'll receive separate reimbursement for the supplies will depend on the payer.