

# 2012 Plastics: Breast Reimbursement Fact Sheet

SURGEON CPT CODE <sup>1</sup>	PROCEDURE	NATIONAL AVERAGE MEDICARE PAYMENT <sup>2</sup>
19316	Mastopexy	\$783
19318	Reduction mammoplasty	1,131
19324	Mammoplasty, augmentation; without prosthetic implant	487
19325	Mammoplasty, augmentation; with prosthetic implant	657
19328	Removal of intact mammary implant	503
19330	Removal of mammary implant material	642
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	956
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	940
19350	Nipple/areola reconstruction	843
19355	Correction of inverted nipples	704
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion	1,525
19361	Breast reconstruction with latissimus dorsi flap, without prosthetic implant	1,632
19364	Breast reconstruction with free flap	2,822
19366	Breast reconstruction with other technique	1,390
19367	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site	1,833
19368	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; with microvascular anastomosis (supercharging)	2,260
19369	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site	2,093
19370	Open periprosthetic capsulotomy, breast	698
19371	Periprosthetic capsulectomy, breast	799
19380	Revision of reconstructed breast	787
19396	Preparation of moulage for custom breast implant	281
19499	Unlisted procedure, breast	Carrier Priced
69990*	Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)	219

**NOTE:** For bilateral procedures add modifier -50 Bilateral Procedures

## OUTPATIENT FACILITY

### Hospital Outpatient Department

APC	APC DESCRIPTION	MEDICARE PAYMENT <sup>3</sup>
0028	Level I Breast Surgery (CPT codes: 19350, 19499)	\$1,784
0029	Level II Breast Surgery (CPT codes: 19316, 19328, 19330, 19355, 19366, 19370, 19371, 19396)	2,337
0030	Level III Breast Surgery (CPT codes: 19318, 19324, 19340, 19380)	3,141
0648	Level IV Breast Surgery (CPT codes: 19325, 19342, 19357)	4,390

### Freestanding Ambulatory Surgery Center

CPT CODE <sup>1</sup>	DESCRIPTION	MEDICARE PAYMENT <sup>4</sup>
19316	Mastopexy	\$1,348
19318	Reduction mammoplasty	1,812
19324	Mammoplasty, augmentation; without prosthetic implant	1,812
19325	Mammoplasty, augmentation; with prosthetic implant	2,533
19328	Removal of intact mammary implant	1,348
19330	Removal of mammary implant material	1,348
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	1,812
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	2,533
19350	Nipple/areola reconstruction	1,029
19355	Correction of inverted nipples	1,348
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion	2,533
19366	Breast reconstruction with other technique	1,348
19370	Open periprosthetic capsulotomy, breast	1,348
19371	Periprosthetic capsulectomy, breast	1,348
19380	Revision of reconstructed breast	1,812
19396	Preparation of moulage for custom breast implant	1,348

INPATIENT FACILITY	
ICD-9 CODE <sup>5</sup>	DESCRIPTION
85.0	Mastotomy
85.20	Excision or destruction of breast tissue, not otherwise specified
85.31	Unilateral reduction mammoplasty
85.32	Bilateral reduction mammoplasty
85.33	Unilateral subcutaneous mastectomy with synchronous implant
85.35	Bilateral subcutaneous mastectomy with synchronous implant
85.50	Augmentation mammoplasty, not otherwise specified
85.51	Unilateral injection into breast for augmentation
85.52	Bilateral injection into breast for augmentation
85.53	Unilateral breast implant
85.54	Bilateral breast implant
85.6	Mastopexy
85.70	Total reconstruction of breast, not otherwise specified
85.71	Latissimus dorsi myocutaneous flap
85.72	Transverse rectus abdominis myocutaneous (TRAM) flap, pedicled
85.73	Transverse rectus abdominis myocutaneous (TRAM) flap, free
85.74	Deep inferior epigastric artery perforator (DIEP) flap, free
85.75	Superficial inferior epigastric artery (SIEA) flap, free
85.76	Gluteal artery perforator (GAP) flap, free
85.79	Other total reconstruction of breast
85.85	Muscle flap graft to breast
85.87	Other repair or reconstruction of nipple
85.93	Revision of implant of breast
85.94	Removal of implant of breast
85.95	Insertion of breast tissue expander
85.99	Other operations on the breast
99.99	Other miscellaneous procedures

**NOTE:** ICD-9 codes are grouped into Diagnoses Related Groups (DRGs) for Medicare reimbursement using a patient's diagnoses, procedures performed, age, sex and discharge status. One DRG is assigned to each inpatient stay.

INPATIENT FACILITY			
DRG	DESCRIPTION	AVERAGE LENGTH OF STAY (DAYS) <sup>6</sup>	NATIONAL AVERAGE DRG PAYMENT <sup>6</sup>
573	Skin graft and/or debridement for skin ulcer or cellulitis with MCC	12.5	\$19,286
574	Skin graft and/or debridement for skin ulcer or cellulitis with CC	10.8	15,195
575	Skin graft and/or debridement for skin ulcer or cellulitis without CC/MCC	5.2	6,910
576	Skin graft and/or debridement except for skin ulcer or cellulitis with MCC	10.7	19,673
577	Skin graft and/or debridement except for skin ulcer or cellulitis with CC	5.8	10,203
578	Skin graft and/or debridement except for skin ulcer or cellulitis without CC/MCC	3.1	6,016
581	Other skin subcutaneous tissue and breast procedures without CC/MCC	2.4	5,348
582	Mastectomy for malignancy with CC/MCC	2.7	6,478
583	Mastectomy for malignancy without CC/MCC	1.7	4,934
584	Breast biopsy, local excision and other breast procedures with CC/MCC	5.3	9,285
585	Breast biopsy, local excision and other breast procedures without CC/MCC	2.2	6,197
619	O.R. Procedures for obesity with MCC	7.6	19,683
620	O.R. Procedures for obesity with CC	3.1	10,352
621	O.R. Procedures for obesity without CC/MCC	1.9	8,354

<sup>1</sup> All Current Procedural Terminology (CPT) five-digit numeric codes, descriptions, numeric modifiers, instructions, guidelines and other material are copyright 2011 American Medical Association. All Rights Reserved.

<sup>2</sup> Federal Register, Vol. 76, No. 228, Monday, November 28, 2011/ Rules and Regulations. The 2012 Final Physician Reimbursement Conversion Factor = \$34.0376.

<sup>3</sup> Federal Register, Vol. 76, No. 230, Wednesday, November 30, 2011/ Rules and Regulations; Final Hospital Outpatient Payment.

<sup>4</sup> Federal Register, Vol. 76, No. 230, Wednesday, November 30, 2011/ Rules and Regulations; Final ASC Reimbursement.

<sup>5</sup> Hospital ICD-9-CM 2010 Volumes 1, 2 & 3, 9th Revision-Clinical Modification, American Medical Association. Copyright © 2011 Saunders, an imprint of Elsevier, Inc.

<sup>6</sup> Federal Register, Vol. 76, No. 160, Thursday, August 18, 2011/ Rules and Regulations; Final National Average DRG Payment.

Physicians should refer to their provider Carrier Manual for their geographic payments.

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