



The SAVI™ Applicator

CATHETER PLACEMENT

All codes utilized during the patient's course of treatment may not be indicated below. The total course of therapy may consist of patient consultation, surgery, treatment planning, treatment mapping, treatment delivery and management and follow-up care. Coding for each medically necessary service provided should follow appropriate clinical and coding guidelines. Actual reimbursement will vary by geographic region and payer.

Breast Surgery

CPT-4*	Description	Hospital Outpatient*	Physician Professional*	Freestanding Facility*
19301	Partial mastectomy (e.g. lumpectomy, tylectomy, quadrantectomy, segmentectomy)	\$1,419.28	\$548.93	\$548.93
19302	Partial mastectomy (e.g. lumpectomy, tylectomy, quadrantectomy, segmentectomy) with axillary lymphadenectomy	\$2,677.25	\$794.55	\$794.55
19125	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion	\$1,419.28	\$396.73	\$460.57
19126	Each additional excision separately identified by preoperative placement of radiological marker (list separately in addition to primary procedure)	\$1,419.28	\$150.04	\$150.04

Catheter Placement

CPT-4*	Description	Hospital Outpatient*	Physician Professional*	Freestanding Facility*
19296	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into breast for interstitial radioelement application following partial mastectomy, on data separate from partial mastectomy	\$3,971.24	\$191.51	\$3,551.78
19297	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into breast for interstitial radioelement application following partial mastectomy, concurrent with partial mastectomy	\$3,971.24	\$86.56	\$86.56
C1728	Catheters, brachytherapy seed administration	Packaged**	N/A	N/A
19499	Unlisted procedure, breast (e.g. placement of SAVI Prep™ Catheter)	\$1,419.28	Individual Consideration***	
A4550 or 99070	Supplies and materials provided by the physician over/above those usually included with the services rendered (e.g. SAVI Prep™ Catheter)	N/A	Individual Consideration or based upon payer contract***	

*Payment based upon the national Medicare fee schedule for the location indicated

**Medicare payment for this procedure is packaged into the primary procedure code

***Individual Consideration requires submission of payer requested information to support appropriate reimbursement

NA = reimbursement not available in this setting/fee schedule

Procedure coding should be based upon medical necessity and procedures and supplies provided to the patient. Coding and reimbursement information is provided for educational purposes and does not assure coverage of the specific item or service in a given case. Cianna Medical® and The Pinnacle Health Group make no guarantee of coverage or reimbursement of fees. Contact your local Medicare Fiscal Intermediary, Carrier or CMS for specific information as payment rates listed are subject to change. To the extent that you submit cost information to Medicare, Medicaid or any other reimbursement program to support claims for services or items, you are obligated to accurately report the actual price paid for such items, including any subsequent adjustments. Current Procedural Terminology, numeric codes, descriptions, and modifiers are trademarks and copyrights of the AMA.



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