



CPT®/HCPCS	Description	2025 Hospital Outpatient Department (HOPPS)	2025 Ambulatory Surgical Center (ASC)	2025 Physician Pro Only Hospital/ ASC	2025 Physician/ Office Freestanding Facility
Fiducial Marker					
A4648 ¹	Implanted fiducial marker	Packaged	Packaged	Not Billed by this Entity	Invoice Cost
Soft Tissue Placement					
10035	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; first lesion	\$703.59	Packaged into Primary Service	\$80.22	\$339.96
+10036	...each additional lesion (List separately in addition to code for primary procedure)	Packaged into Primary Service	Packaged into Primary Service	\$40.76	\$276.24
Breast Placement					
19281	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance	\$1,620.24	Packaged	\$93.80	\$231.92
+19282	...each additional lesion, including mammographic guidance (List separately in addition to code for primary procedure)	Packaged	Packaged	\$46.90	\$162.70
19283	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance	\$703.59	Packaged	\$94.78	\$247.13
+19284	...each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)	Packaged	Packaged	\$47.23	\$177.91
19285	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance	\$703.59	Packaged	\$80.22	\$342.87
+19286	...each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)	Packaged	Packaged	\$40.11	\$278.18
19287	Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including magnetic resonance guidance	\$703.59	Packaged	\$119.68	\$590.32
+19288	...each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)	Packaged	Packaged	\$60.49	\$452.53
Thoracic Placement					
31626 ²	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple	\$6,922.47	\$2,425.84	\$188.90	\$739.12
32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple	\$1,368.26	\$978.29	\$168.20	\$480.99

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Abdomen/Pelvis (Non-Prostate) Placement					
+49327	Laparoscopy, surgical; with placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), intra-abdominal, intrapelvic, and/or retroperitoneum, including imaging guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	Packaged into Primary Service	Packaged into Primary Service	\$125.83	Not Billed in this Setting
49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple	\$1,368.26	\$332.85	\$178.88	\$459.32
+49412	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	Inpatient Procedure	Not Billed in this Setting	\$79.57	Not Billed in this Setting
Prostate Placement					
55876	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple	\$1,368.26	\$962.09	\$99.30	\$144.59
Image Guidance for Fiducial Marker Placement					
76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	Packaged	Packaged	\$29.11	\$57.25
77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)	Packaged	Packaged	\$25.55	\$110.30
77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation	Packaged	Packaged	\$66.63	\$122.27
77021	Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	Packaged	Packaged	\$67.93	\$403.36
Image Guidance for Radiation Therapy Treatment Delivery					
77387 ³	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	Packaged	Packaged	Not Billed in this Setting	Not Billed in this Setting
G6002 ³	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	Not Billed in this Setting	Not Billed in this Setting	\$20.05	\$73.43

¹A4648 MUST be submitted on the same claim form as the procedure of hospitals, ASCs and office setting as appropriate. Codes 19281, 19283, 19285, 19287, and 10035 are device intensive procedures in the hospital and code 55876 is device intensive in hospital and ASC. This requires the marker code (A4648) to be billed with placement or will be denied. Most commercial payers will reimburse at invoice cost unless a specific rate has already been negotiated.

²Code 31626 includes the markers (A4648) in the reimbursement rate for office setting placement. In hospital, all other ancillary services billed with 31626 are packaged into the placement and not separately reimbursed as part of the C-APC.

³Packaged in a hospital outpatient department and ASC. Technical component not billable with an IMRT course of therapy, only billable for 3D course of therapy. Professional component billable for both 3D and IMRT courses. G6002 is reported for physicians and freestanding cancer centers.

-The 2025 National Medicare physician and office payment rates were calculated with conversion factor \$32.3465 effective January 1, 2025

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