

BCHC Listing of Approved CPT Codes 2014

Services can be paid by BCHC only for breast and/or cervical cancer screening and diagnosis. BCHC does not require preauthorization.

DESCRIPTION OF SERVICE	CPT CODE	AK FEE	TECH- NICAL	PROFES- SIONAL
OFFICE VISITS				
New Patient - Office Visit (10 minutes face to face)	99201	\$53.65		
New Patient - Office Visit (20 minutes face to face)	99202	\$93.75		
New Patient - Office Visit (30 minutes face to face)	99203	\$136.74		
New Patient - Office Visit (45 minutes face to face)	99204	\$213.48		
New Patient - Office Visit (60 minutes face to face)	99205	\$268.24		
Established Patient - Office Visit (5 minutes face to face)	99211	\$24.33		
Established Patient - Office Visit (10 minutes face to face)	99212	\$54.03		
Established Patient - Office Visit (15 minutes face to face)	99213	\$92.78		
Established Patient - Office Visit (25 minutes face to face)	99214	\$92.78		
Established Patient - Office Visit (40 minutes face to face)	99215	\$92.78		
New Patient – Initial Preventive. Medicine Visit, 18-39 Years	99385	\$136.74		
New Patient – Initial Preventive Medicine Visit, 40-64 Years	99386	\$136.74		
New Patient – Initial Preventive Medicine Visit, 65 Years and older	99387	\$136.74		
Established Patient–Periodic Prev. Medicine Visit, 18-39 Years	99395	\$92.78		
Established Patient – Periodic Prev. Medicine Visit, 40-64 Years	99396	\$92.78		
Established Patient – Periodic Prev. Medicine Visit, 65 Years and older	99397	\$92.78		
CERVICAL				
Pap Smear, reported in Bethesda System (See Note re Pap/Colpo)	88164	\$14.42		
Conventional Pap test, slides cervical or vaginal reported in Bethesda System, manual screening and rescreening under physician supervision	88165	\$14.42		
Conventional Pap test, reported in Bethesda System requiring interpretation by physician as determined by laboratory (See Note re Pap/Colpo)	88141	\$40.44		
Liquid-based Pap test, cytopathology, cervical or vaginal collected in preservative fluid, automated thin layer preparation (See Note re pap/Colpo)	88142	\$27.64		
Pap Smear, cytopathology, cervical or vaginal collected, manual screening and re-screening under physician supervision	88143	\$27.64		
Pap Smear, cytopathology, cervical or vaginal collected in preservative fluid, automated thin layer preparation, screening by automated system under physician supervision (See Note re Pap/Colpo)	88174	\$27.64		
Pap Smear, cytopathology, cervical or vaginal collected in preservative fluid, automated thin layer preparation, re-screening by automated system under physician supervision (See Note re Pap/Colpo)	88175	\$27.64		
Colposcopy Biopsy Interpretation Level IV	88305	\$87.52	\$34.90	\$52.62
Colposcopy Biopsy Interpretation Level V	88307	\$336.27	\$221.81	\$114.46
Cervical pathology consultation during surgery; first tissue block, with frozen section(s), single specimen	88331	\$124.79	\$39.19	\$85.61

Note re Pap/Colpo: A Pap test performed during the same visit as a colposcopy will not be covered when the woman has had a Pap test within the preceding four (4) months.

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Cervical pathology consultation during surgery; each additional tissue block with frozen sections(s)	88332	\$55.95	\$13.49	\$42.46
Immunocytochemistry	88342	\$135.04	\$77.91	\$57.12
Immunocytochemistry or immunohistochemistry, per specimen; 1 st stain	G0461	\$104.63	\$62.55	\$42.08
Immunocytochemistry or immunohistochemistry, per specimen; each additional stain	G0462	\$77.64	\$60.60	\$17.04
Colposcopy without Biopsy (surgical procedure only) (See Note re Pap/Colpo)	57452	\$140.39		
Colposcopy with Biopsy and/or endocervical curettage (surgical procedure only) (See Note re Pap/Colpo)	57454	\$201.04		
Colposcopy with biopsy(s) of the cervix (See Note re Pap/Colpo)	57455	\$184.51		
Colposcopy with endocervical curettage (surgical procedure only) (See Note re Pap/Colpo)	57456	\$174.16		
Colposcopy of the cervix with loop electrode biopsy(s) of the cervix (only when there is no biopsy proven diagnosis)	57460	\$349.13		
Colposcopy with loop electrode conization of the cervix (only when there is no biopsy proven diagnosis)	57461	\$398.24		
Biopsy, single or multiple, or local excision of lesion, with or without fulgration (separate procedure)	57500	\$156.38		
Endocervical curettage (not done as part of a dilation and curettage) (See Note re Pap/Colpo)	57505	\$128.20		
Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair, cold knife or laser *only when there is no biopsy proven diagnosis	57520	\$392.21		
Loop electrode excision *only when there is no biopsy proven diagnosis	57522	\$340.47		
Papillomavirus, Human, Amplified Probe <ul style="list-style-type: none"> • Hybrid Capture II from Digene - HPV Test [High Risk Typing, only] • Cervista HPV HR (reimbursed at the same rate as the Digene Hybrid-Capture 2 HPV DNA Assay. Not for genotyping.) *Covered in combination with cytology for women 30years and older who want to lengthen the screening interval. *Follow up for abnormal Pap result as per ASCCP guidelines	87621	\$47.87		
Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method, (separate procedure)	58100	\$141.32		
Endometrial sampling (biopsy) performed in conjunction with colposcopy. List separately in addition to code for primary procedure.	58110	\$63.55		
BREAST				
Mammary ductogram or galactogram, single duct, radiological supervision and interpretation	77053	\$70.46	\$45.81	\$24.65

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Mammary ductogram or galactogram, multiple ducts, radiological supervision and interpretation	77054	\$94.48	\$62.94	\$31.54
Computer diagnostic mammogram add-on (payment specifically disallowed by CDC)	77051	\$11.89	\$7.64	\$4.25
Computer screening mammogram add-on (payment specifically disallowed by CDC)	77052	\$11.89	\$7.64	\$4.25
Diagnostic/Follow-up – Unilateral mammogram	77055	\$107.77	\$59.04	\$48.72
Diagnostic/Follow-up – Bilateral mammogram	77056	\$138.18	\$77.74	\$60.44
Screening mammogram	77057	\$99.59	\$50.87	\$48.72
Magnetic Resonance Imaging, breast, with and/or without contrast, unilateral (MRI) **see restrictions below	77058 See note 1	\$624.54	\$511.52	\$113.02
Magnetic Resonance Imaging, breast, with and/or without contrast, bilateral (MRI) **see restrictions below	77059 See note 1	\$622.21	\$509.18	\$113.02
Digital screening mammogram	G0202	\$156.44	\$108.11	\$48.33
Digital bilateral mammogram	G0204	\$191.13	\$130.69	\$60.44
Digital unilateral mammogram	G0206	\$150.60	\$102.27	\$48.33
Radiological examination, surgical specimen	76098	\$23.11	\$11.93	\$11.18
Consultation on x-ray examination made elsewhere, written report	76140	\$29.64	\$10.64	\$19.00
Ultrasound – Echography, Breasts (unilateral or bilateral) B-scan and/or real time image documentation	76645	\$115.91	\$78.12	\$37.79
Ultrasonic guidance for needle biopsy, radiological supervision and interpretation	76942	\$89.80	\$43.47	\$46.33
Surgical Tray. Reimbursed only in conjunction with 19101, 19120, 19125, 19126, 76095	99070	\$12.95		
Evaluation of Fine Needle Aspiration	88172	\$69.11	\$19.72	\$43.39
Interpretation and report of File Needle Aspiration	88173	\$179.50	\$81.24	\$98.26
Cytopathology, fluids, washings, or brushings, except cervical or vaginal, filter method only with interpretation	88106	\$97.08	\$70.34	\$26.75
Cytopathology, concentration technique, smears and interpretation	88108	\$91.89	\$60.60	\$31.29
Nipple Smear	88161	\$70.97	\$36.07	\$34.90
Breast Biopsy Interpretation Level IV	88305	\$87.52	\$34.90	\$52.62
Breast Biopsy Interpretation Level V	88307	\$336.27	\$221.81	\$114.46
Breast pathology consultation during surgery; first tissue block; with frozen section(s) single specimen	88331	\$124.79	\$39.19	\$85.61
Breast pathology consultation during surgery; each additional tissue block; with frozen section(s)	88332	\$55.95	\$13.49	\$42.46
Immunocytochemistry or immunohistochemistry, per specimen; 1 st stain	G0461	\$104.63	\$62.55	\$42.08
Immunocytochemistry or immunohistochemistry, per specimen; each additional stain	G0462	\$77.64	\$60.60	\$17.04
BREAST PROCEDURES by Location	CPT CODE	Office	Facility	
Fine Needle Aspiration without imaging guidance	10021	\$179.33	\$94.83	
Fine Needle Aspiration with imaging guidance	10022	\$170.35	\$90.13	
Aspiration of Cyst of Breast (surgical procedure only)	19000	\$133.90	\$59.92	
Aspiration of Cyst of Breast, additional	19001	\$35.09	\$29.64	

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DESCRIPTION OF SERVICE	CPT CODE	Office	Facility
Injection procedure only for mammary ductogram or galactogram	19030	\$199.89	\$107.22
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion	19081 See note 2	\$779.62	\$241.87
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion	19082 See note 2	\$619.86	\$117.93
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion	19083 See note 2	\$772.75	\$227.21
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasonic guidance; each additional lesion	19084 See note 2	\$610.49	\$110.90
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion	19085 See note 2	\$1157.55	\$265.84
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion	19086 See note 2	\$914.27	\$125.36
Biopsy of breast; needle core (surgical procedure only)	19100	\$179.53	\$92.31
Incisional biopsy of breast.	19101	\$409.71	\$281.99
Nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct	19110	\$582.12	\$428.31
Excision of cyst, fibroadenoma, or other benign or malignant tumor aberrant breast tissue, duct lesion or nipple lesion	19120	\$610.48	\$525.20
Excision of breast lesion identified by pre-operative placement of radiological marker – single lesion	19125	\$678.38	\$584.53
Excision of breast lesion identified by pre-operative placement of radiological marker – each additional lesion	19126	\$213.87	\$213.87
Placement of breast localization device, percutaneous; mammographic guidance; first lesion	19281 See note 3	\$293.99	\$140.96
Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion	19282 See note 3	\$199.72	\$68.88
Placement of breast localization device, percutaneous; stereotactic guidance; fist lesion	19283 See note 3	\$330.20	\$142.13
Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion	19284 See note 3	\$236.71	\$69.27
Placement of breast localization device, percutaneous; ultrasound guidance; fist lesion	19285 See note 3	\$536.08	\$120.60
Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion	19286 See note 3	\$442.43	\$59.26
Placement of breast localization device, percutaneous; magnetic resonance guidance; fist lesion	19287 See note 3	\$980.75	\$188.72
Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion	19288 See note 3	\$775.35	\$88.84
Anesthesia: Reimbursement Amount = \$31.05 x (Time Units + Base Units)	00100 – 00948		

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NOTES:

1) **MRI restrictions:**

Breast MRI can be reimbursed by the NBCCEDP in conjunction with a mammogram when a client has a BRCA mutation, a first-degree relative who is a BRCA carrier, or a lifetime risk of 20-25% or greater as defined by risk assessment models such as BRCAPRO that are largely dependent on family history.

Breast MRI can also be used to better assess areas of concern on a mammogram or for evaluation of a client with a past history of breast cancer after completing treatment. Breast MRI should never be done alone as a breast cancer screening tool. Breast MRI cannot be reimbursed for by the NBCCEDP to assess the extent of disease in a woman who is already diagnosed with breast cancer.

- 2) **Codes 19081-19086** are to be used for breast biopsies that include image guidance, placement of localization device, and imaging of specimen. These codes should not be used in conjunction with 19281-19288
- 3) **Codes 19281-19288** are for image guidance placement of localization device without image-guided biopsy. These codes should not be used in conjunction with 19081-19086.

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