

Oregon Breast & Cervical Screening Program

CPT Code List & Provider Reimbursement Schedule for 2008

CPT Code	Description	GLOBAL PROCEDURE Fee	For BCCP procedures performed on or after July 1, 2008.	
Breast Procedures				
10021	Fine Needle Aspiration (FNA); <u>without</u> imaging (palpable lump).	\$ 116.36		
10022	Fine Needle Aspiration (FNA); <u>with</u> imaging (non-palpable).	\$ 122.40		
19000	Puncture Aspiration of Breast Cyst; surgical procedure only.	\$ 95.31		
19001	<i>Each additional cyst (in conjunction with 19000)</i>	\$ 22.07		
19100	Biopsy of Breast (NO imaging); percutaneous, needle core, not using imaging guidance (separate procedure). Surgical procedure only.	\$ 114.10		
19101	Biopsy of Breast; open, incisional; <u>not</u> using imaging guidance.		Anesthesia/ Anesthesiologi st	
		Physician	Facility	
	[Select Place of Service for Charges]			
	Office (11)	\$ 258.96	\$ -	\$ -
	Hospital (22)	\$ 167.55	\$425.00	\$150.00
	Ambulatory Surgical Center (ASC) (24)	\$ 167.55	\$340.00	\$150.00
19102	Biopsy with Imaging Guidance; percutaneous, needle core, using imaging guidance. (For placement of percutaneous localization clip, use 19295.)		Anesthesia/ Anesthesiologi st	
		Physician	Facility	
	[Select Place of Service for Charges]			
	Office (11)	\$ 191.06	\$ -	\$ -
	Hospital (22)	\$ 85.88	\$425.00	\$150.00
	Ambulatory Surgical Center (ASC) (24)	\$ 85.88	\$340.00	\$150.00
19103	Biopsy with Imaging Guidance; percutaneous, <u>automated vacuum assisted or rotating biopsy device</u> , using imaging guidance. (For placement of percutaneous localization clip, use 19295)		Anesthesia/ Anesthesiologi st	
		Physician	Facility	
	[Select Place of Service for Charges]			
	Office (11)	\$ 496.73	\$ -	\$ -
	Hospital (22)	\$ 158.26	\$425.00	\$150.00
	Ambulatory Surgical Center (ASC) (24)	\$ 158.26	\$340.00	\$150.00
19120	Excision of Cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19140), open, male or female, one or more lesions.		Anesthesia/ Anesthesiologi st	
		Physician	Facility	
	[Select Place of Service for Charges]			
	Office (11)	\$ 356.44	\$ -	\$ -
	Hospital (22)	\$ 299.97	\$475.00	\$150.00
	Ambulatory Surgical Center (ASC) (24)	\$ 299.97	\$390.00	\$150.00
19125	Excision of Breast Lesion / single lesion (identified by preoperative placement of radiological marker, open; single lesion)		Anesthesia/ Anesthesiologi st	
		Physician	Facility	
	[Select Place of Service for Charges]			
	Office (11)	\$ 392.76	\$ -	\$ -
	Hospital (22)	\$ 332.76	\$475.00	\$150.00
	Ambulatory Surgical Center (ASC) (24)	\$ 332.76	\$390.00	\$150.00
19126	<i>Each additional lesion</i> identified by a preoperative radiological marker.	\$ 124.62		
19290	Preoperative Placement of Needle Localization Wire, breast	\$ 140.60	\$54.48	
19291	<i>Each additional lesion (Use in conjunction with 19290 only)</i>	\$ 60.68	\$26.80	
19295	Image Guided Placement, metallic localization clip, percutaneous, during breast biopsy. (Use in conjunction with codes 19102 and 19103)	\$ 88.04	\$88.04	
Cervical Procedures - Call State BCCP for other procedures, e.g., LEEP, cone, endo bx		GLOBAL	TECH (TC)	PROF (26)
57452	Colposcopy (vaginocopy) including upper/adjacent vagina.	\$ 91.24		
57454	Colposcopy with biopsy of the cervix and/or endocervical curettage; surgical procedure only.	\$ 127.93		
57455	Colposcopy with biopsy of the cervix.	\$ 120.25		
57456	Colposcopy with endocervical curettage.	\$ 113.73		
Radiology		GLOBAL	TECH (TC)	PROF (26)
76098	Radiological Examination of surgical specimen.	\$ 19.00	\$ 12.31	\$ 6.70
76645	Ultrasound - breast(s) (unilateral or bilateral), B-scan and/or real time with image documentation.	\$ 76.56	\$ 53.51	\$ 23.05
76942	Ultrasonic Guidance for Needle Placement (eg, biopsy, aspiration, injection, localization device), imaging supervision & interpretation.	\$ 160.14	\$ 131.42	\$ 28.73

Oregon Breast & Cervical Screening Program

CPT Code List & Provider Reimbursement Schedule for 2008

CPT Code	Description	GLOBAL PROCEDURE Fee	<i>For BCCP procedures performed on or after July 1, 2008.</i>		
77031	Stereotactic Localization Guidance for Breast Biopsy or Needle Placement (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation. (19000, 19001, 19102, 19103, 19290, 19291)	\$ 223.57	\$ 155.69	\$ 67.88	
77032	Mammographic Guidance for Needle Placement , breast (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation. (10022, 19000, 19102, 19103, 19290, 19291)	\$ 59.40	\$ 35.66	\$ 23.74	
77055	Diagnostic Unilateral Mammogram	\$ 74.08	\$ 43.98	\$ 30.10	
77056	Diagnostic Bilateral Mammogram	\$ 93.62	\$ 56.49	\$ 37.14	
77057	Screening Mammogram - bilateral (2 view film study of each breast)	\$ 74.23	\$ 44.14	\$ 30.10	
Pathology		GLOBAL	TECH (TC)	PROF (26)	
87621	HPV Test - Hybrid Capture II from Digene (High Risk Typing, only), used only for management of ASC-US Pap tests and one year follow-up for LSIL Pap tests as recommended by the ASCCP consensus guidelines. [papillomavirus, human, amplified probe technique	\$ 49.04			
88141	Pap Test read by Pathologist Cytopathology, cervical or vaginal - any reporting system; requiring interpretation by physician. (Use in conjunction with codes 88142 and 88164)	\$ 22.11			
88142	Pap Test - Liquid Based (Thin Prep®) (Cytopathology, cervical or vaginal [any reporting system], collected in preservative fluid, automated thin layer preparation). PAYABLE ONCE EVERY TWO YEARS PER CLIENT.	\$ 28.31			
88164	Pap Test reported TBS (Cytopathology, slides, cervical or vaginal - The Bethesda System); manual screening under physician supervision.	\$ 14.76			
88172	Evaluation of FNA (Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s))	\$ 45.88	\$ 19.72	\$ 26.16	
88173	FNA Interpretation and Report (Cytopathology, interpretation and report)	\$ 118.86	\$ 59.60	\$ 59.36	
88305	Breast or Cervical Biopsy Interpretation Level IV: Surgical pathology, gross & microscopic examination not requiring microscopic examination of margins.	\$ 93.14	\$ 60.97	\$ 32.17	
88307	Breast Biopsy Interpretation; Excision of Lesion Level V: Surgical pathology, gross & microscopic examination requiring microscopic evaluation of surgical margins.	\$ 183.40	\$ 114.22	\$ 69.18	
Office Visits		<i>Face-to-Face Time with Primary Care Provider</i>			
New Patient Visits:					
99201	10 minute visit	\$ 32.47			
99202	20 minute visit	\$ 55.64			
99203	30 minute visit	\$ 81.19			
Established Patient Visits:					
99211	5 minute visit	\$ 17.98			
99212	10 minute visit	\$ 33.53			
99213	15 minute visit	\$ 53.88			
99214	25 minute visit	\$ 80.85			
Consultation: (Problem focused; used for medical decision making.)					
99241	15 minute visit	\$ 42.83			
99242	30 minute visit	\$ 79.23			
99243	40 minute visit	\$ 108.78			
Preventive Medical Evaluation: (One visit reimbursed per year, per client.)					
Since Medicare does not establish a rate for these codes, CPT codes 99386 and 99387 will become code 99203 and reimbursed at the maximum rate for that code. Codes 99396 and 99397 will become 99214 and reimbursed at that rate.					
99386	Initial, 40-64 years	\$ 81.19			
99387	Initial, 65 years and older (Must NOT be Medicare Part B eligible)	\$ 81.19			
99396	Periodic, 40-64 years	\$ 80.85			
99397	Periodic, 65 years and older (Must NOT be Medicare Part B eligible)	\$ 80.85			