

Oregon Breast and Cervical Cancer Program
CPT Code List and Provider Reimbursement Schedule

Effective date: 7/10/09

CPT Code	Description	Reimbursement		
Anesthesiology		GLOBAL		
00400	Anesthesiologist services for breast procedures; in 15 min units	\$ 19.24	Up to \$150.00 max	
00940	Anesthesiologist services for breast procedures; in 15 min units	\$ 19.24	Up to \$150.00 max	
Breast Procedures		GLOBAL		
10021	Fine Needle Aspiration (FNA); <u>without</u> imaging (palpable lump).	\$ 126.30		
10022	Fine Needle Aspiration (FNA); <u>with</u> imaging (non-palpable).	\$ 129.99		
19000	Puncture Aspiration of Breast Cyst; surgical procedure only.	\$ 102.37		
19001	<i>Each additional cyst (Use in conjunction with 19000)</i>	\$ 25.38		
19100	Biopsy of Breast (NO imaging); percutaneous, needle core, not using imaging guidance (separate procedure). Surgical procedure only.	\$ 124.40		
19101	Biopsy of Breast; open, incisional; <u>not</u> using imaging guidance. [Select Place of Service for Charges]		Physician	Facility
	Office (11)	\$ 282.99		
	Hospital (22)	\$ 189.64		\$425.00
	Ambulatory Surgical Center (ASC) (24)	\$ 189.64		\$340.00
19102	Biopsy with Imaging Guidance; percutaneous, needle core, using imaging guidance. (For placement of percutaneous localization clip, use [Select Place of Service for Charges])		Physician	Facility
	Office (11)	\$ 205.72		
	Hospital (22)	\$ 101.38		\$425.00
	Ambulatory Surgical Center (ASC) (24)	\$ 101.38		\$340.00
19103	Biopsy with Imaging Guidance; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance. (For placement of percutaneous localization clip, use 19295) [Select Place of Service for Charges]		Physician	Facility
	Office (11)	\$ 519.91		
	Hospital (22)	\$ 185.68		\$425.00
	Ambulatory Surgical Center (ASC) (24)	\$ 185.68		\$340.00
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. [Select Place of Service for Charges]		Physician	Facility
	Office (11)	\$ 405.42		
	Hospital (22)	\$ 346.11		\$475.00
	Ambulatory Surgical Center (ASC) (24)	\$ 346.11		\$390.00
19125	Excision of Breast Lesion / single lesion (identified by preoperative placement of radiological marker, open; single lesion) [Select Place of Service for Charges]		Physician	Facility
	Office (11)	\$ 448.72		
	Hospital (22)	\$ 383.93		\$475.00
	Ambulatory Surgical Center (ASC) (24)	\$ 383.93		\$390.00
19126	<i>Each additional lesion</i> identified by a preoperative radiological marker.	\$ 143.47		
19290	Preoperative Placement of Needle Localization Wire, breast	\$ 152.88		\$64.29
19291	<i>Each additional lesion (Use in conjunction with 19290 only)</i>	\$ 65.91		\$31.87
19295	Image Guided Placement, metallic localization clip, percutaneous, during breast biopsy. (Use in conjunction with codes 19102 and 19103)	\$ 86.20		\$86.20
Cervical Procedures			TECH	PROF
Call BCCP for pre-authorization of other diagnostic procedures, e.g., LEEP, cone, EMB.		GLOBAL	(TC)	(26)
57452	Colposcopy (vaginocopy) including upper/adjacent vagina.	\$ 101.57		
57454	Colposcopy with biopsy of the cervix and/or endocervical curettage; surgical procedure only.	\$ 143.15		
57455	Colposcopy with biopsy of the cervix.	\$ 133.48		
57456	Colposcopy with endocervical curettage.	\$ 126.25		

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		GLOBAL	TECH (TC)	PROF (26)
Radiology				
76098	Radiological Examination of surgical specimen.	\$ 19.47	\$ 11.32	\$ 8.15
76645	Ultrasound - breast(s) (unilateral or bilateral), B-scan and/or real time with image documentation.	\$ 89.33	\$ 62.16	\$ 27.18
76942	Ultrasonic Guidance for Needle Placement (eg, biopsy, aspiration, injection, localization device), imaging supervision & interpretation.	\$ 183.84	\$ 149.96	\$ 33.88
77031 or 76095	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)	\$ 187.93	\$ 108.07	\$ 79.86
77032 or 76096	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)	\$ 58.74	\$ 30.48	\$ 28.27
77055 or G0206	Diagnostic Unilateral Mammogram	\$ 83.94	\$ 48.61	\$ 35.33
77056 or G0204	Diagnostic Bilateral Mammogram	\$ 106.53	\$ 62.69	\$ 43.84
77057 or G0202	Screening Mammogram - bilateral (2 view film study of each breast)	\$ 80.45	\$ 45.12	\$ 35.33
Pathology				
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.	\$ 51.25		
88141	Pap Test read by Pathologist Cytopathology, cervical or vaginal - any	\$ 26.87		
88142	Pap Test - Liquid Based (Cytopathology, cervical or vaginal [any reporting system], collected in preservative fluid, automated thin layer preparation). PAYABLE ONCE EVERY TWO YEARS PER CLIENT.	\$ 29.58		
88148	Pat Test-Automated Cytopathology, cervical or vaginal screening	\$ 22.19		
88164	Pap Test reported TBS (Cytopathology, slides, cervical or vaginal - The Bethesda System); manual screening under physician supervision.	\$ 15.42		
88172	Evaluation of FNA (Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s))	\$ 51.65	\$ 22.31	\$ 29.35
88173	FNA Interpretation and Report (Cytopathology, interpretation and report)	\$ 131.60	\$ 64.04	\$ 67.56
88174	Pap Test-Automated Liquid Base (Cytopathology, cervical or vaginal [any reporting system], collected in perservative fluid, automated thin layer preparation). PAYABLE ONCE EVERY TWO YEARS	\$ 31.19		
88175	Pap Test-Automated Liquid Base (Cytopathology, cervical or vaginal [any reporting system], collected in perservative fluid, automated thin layer preparation). Manual recreening or review under physician	\$ 38.68		
88305	Breast or Cervical Biopsy Interpretation Level IV: Surgical pathology, gross & microscopic examination not requiring microscopic examination of	\$ 103.71	\$ 66.94	\$ 36.77
88307	Breast Biopsy Interpretation; Excision of Lesion Level V: Surgical pathology, gross & microscopic examination requiring microscopic evaluation of surgical margins.	\$ 207.76	\$ 129.51	\$ 78.25
88331	Pathology Consultation during surgery; with frozen section(s), single specimen.	\$ 87.93	\$ 28.87	\$ 59.06
88332	Pathology Consultation during surgery; each additional tissue block	\$ 39.21	\$ 10.22	\$ 28.98

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CPT Code	Description	Reimbursement	
Enrollment & Data Collection Fee		TECH (TC) PROF (26)	
99080	Enrollment & Data Collection Fee: Payable when all required client data has been entered into BCCP Web Data System.	\$ 25.00	
	Office Visits <i>Face-to-Face Time with Primary Care Provider</i>		TECH (TC) PROF (26)
<i>New Patient:</i>			
99201	10 minute visit	\$ 36.54	
99202	20 minute visit	\$ 63.04	
99203	30 minute visit	\$ 90.96	
99204	45 minute visit	\$ 90.96	
99205	60 minute visit	\$ 90.96	
<i>Established Patient:</i>			
99211	5 minute visit	\$ 18.76	
99212	10 minute visit	\$ 36.91	
99213	15 minute visit	\$ 61.21	
99214	25 minute visit	\$ 92.07	
99215	40 minute visit	\$ 92.07	
<i>Consultation:</i> (Problem focused; medical decision making.)			
99241	15 minute visit	\$ 48.14	
99242	30 minute visit	\$ 89.66	
99243	40 minute visit	\$ 123.23	
99244	60 minute visit	\$ 123.23	
99245	90 minute visit	\$ 123.23	
<i>Preventive Medical Evaluation:</i> (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.			
99385	Initial, 18/39 years	\$ 63.04	
99386	Initial, 40-64 years	\$ 90.96	
99387	Initial, 65 years and older (Must NOT be Medicare Part B eligible)	\$ 90.96	
99395	Periodic, 18-39 years	\$ 61.21	
99396	Periodic, 40-64 years	\$ 92.07	
99397	Periodic, 65 years and older (Must NOT be Medicare Part B eligible)	\$ 92.07	

Oregon Breast and Cervical Cancer Program

Acceptable ICD-9 Code List

Effective date: 7/10/09

Note: Claims submitted must have an acceptable ICD-9 code as the primary diagnosis code to be reimbursed. The codes listed relate to breast and cervical cancer diagnoses only.

Code	Description
079.4	Viral & chlamydial infection in conditions classified elsewhere & of unspecified site: Human papillomavirus
217	Benign neoplasm of breast (female only - connective and glandular tissues, & soft
219.0	Other benign neoplasm of uterus: Cervix uteri
233.0	Carcinoma in situ of breast and genitourinary system: Breast
238.3	Neoplasm of uncertain behavior of other and unspecified sites and tissues: Breast
239.3	Neoplasm of unspecified nature: Breast
610.0	Benign mammary dysplasias: Solitary cyst of breast
610.1	Benign mammary dysplasias: Diffuse cystic mastopathy
610.2	Benign mammary dysplasias: Fibroadenosis of breast
610.3	Benign mammary dysplasias: Fibrosclerosis of breast
610.4	Benign mammary dysplasias: Mammary duct ectasia
610.8	Benign mammary dysplasias: Other specified benign mammary dysplasias
610.9	Benign mammary dysplasias: Benign mammary dysplasias, Unspecified
611.00	Others disorders of breast: Inflammatory disease of breast
611.20	Others disorders of breast: Fissure of nipple
611.30	Others disorders of breast: Fat necrosis of breast
611.71	Others disorders of breast: Signs and symptoms in breast: Mastodynia
611.72	Others disorders of breast: Signs and symptoms in breast: Lump or mass in breast
611.79	Signs and symptoms in breast: Other: Induration of breast, inversion of nipple, nipple discharge, retraction of nipple
611.89	Others disorders of breast: Other specified disorders of breast
611.9	Others disorders of breast: Unspecified breast disorder
616.0	Inflammatory disease of cervix, vagina, & vulva (cervix portion only): Cervicitis & endocervicitis
616.9	Unspecified inflammatory disorder of cervix, vagina, & vulva (cervix portion only)
622.0	Noninflammatory disorders of cervix: Erosion and ectropion of cervix
622.10	0 Noninflammatory disorders of cervix: Dysplasia of cervix (uteri); Dysplasia of cervix,
622.11	1 Noninflammatory disorders of cervix: Dysplasia of cervix (uteri); Mild dysplasia of cervix
622.12	2 Noninflammatory disorders of cervix: Dysplasia of cervix (uteri); Moderate dysplasia of cervix
622.2	Noninflammatory disorders of cervix: Leukoplakia of cervix (uteri)
622.7	Noninflammatory disorders of cervix: Mucous polyp of cervix (uteri)
622.8	Noninflammatory disorders of cervix: Other specified noninflammatory disorders of cervix
622.9	Noninflammatory disorders of cervix: Unspecified noninflammatory disorder of cervix (uteri)
626.1	Disorders of menstruation and other abnormal bleeding from female genital tract: Scanty or infrequent menstruation
627.1	Menopausal and post menopausal disorders: Postmenopausal bleeding
793.80	Nonspecific abnormal findings on radiological & other examination of body structure: Breast: Abnormal Mammogram
793.81	Nonspecific abnormal findings on radiological & other examination of body structure: Breast: Mammographic microcalcification
793.89	Nonspecific abnormal findings on radiological & other examination of body structure: Breast: Other abnormal findings on radiological examination of the breast
795.00	Other and nonspecific abnormal cytological, histological, immunological and DNA test findings: Abnormal Pap smear of cervix & cervical HPV: Abnormal glandular Pap smear of cervix.

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Acceptable ICD-9 Code List

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Code	Description
795.01	Other and nonspecific abnormal cytological, histological, immunological and DNA test findings: Abnormal Pap smear of cervix & cervical HPV: pap smear of cervix with atypical squamous cell changes of undetermined significance (ASC-US)
795.02	Other and nonspecific abnormal cytological, histological, immunological and DNA test findings: Abnormal Pap smear of cervix & cervical HPV: pap smear of cervix with atypical squamous cells cannot exclude high grade squamous intraepithelial lesion (ASC-H).
795.03	Other and nonspecific abnormal cytological, histological, immunological and DNA test findings: Abnormal Pap smear of cervix and cervical HPV: Pap smear of cervix with high grade squamous intraepithelial lesion (HGSIL)
795.04	Other and nonspecific abnormal cytological, histological, immunological and DNA test findings: Abnormal Pap smear of cervix and cervical HPV: pap smear of cervix with high grade squamous intraepithelial lesion (HGSIL).
795.05	Other and nonspecific abnormal cytological, histological, immunological and DNA test findings: Cervical high risk human papillomavirus (HPV) DNA test positive.
795.08	Other and nonspecific abnormal cytological, histological, immunological and DNA test findings: Abnormal Pap smear of cervix and cervical HPV: Unsatisfactory smear
795.09	Other and nonspecific abnormal cytological, histological, immunological and DNA test findings: Abnormal Pap smear of cervix and cervical HPV: Other abnormal pap smear of cervix and cervical HPV.
795.10	Other and nonspecific abnormal cytological, histological, immunological and DNA test findings: Nonspecific abnormal Pap smear of other site.
V10.3	Personal History of malignant neoplasm: Breast
V10.41	Personal History of malignant neoplasm: Genital organs: Cervix uteri
V67.01	Follow-up examination: Following surgery: Follow-up vaginal pap smear
V70.0	General medical examination: Routine general medical examination at a health care facility
V71.1	Observation & evaluation for suspected conditions not found: Observation for suspected malignant neoplasm
V72.31	Special investigations and examinations: Gyn examination: Routine gyn exam.
V72.32	Special investigations and examinations: Gyn exam: Encounter for Pap cervical smear to confirm findings of recent normal smear following initial abnormal smear
V76.10	Special screening for malignant neoplasms: Breast: Breast Screening, unspecified
V76.11	Screening mamm for high-risk patient
V76.12	Special screening for malignant neoplasms: Breast: Other screening mammogram
V76.19	Special screening for malignant neoplasms: Breast: Other screening breast examination
V76.2	Special screening for malignant neoplasms: Cervix

Oregon Breast and Cervical Cancer Program
Allowable Modifiers and Place of Service Codes
Effective date: 7/10/09

Note: Claims submitted must have an allowable modifier and/or location of service code to be reimbursed.

Modifier	Description
[blank]	Global fee
TC	Technical component
26	Professional component
Any other	Allowable but pay at global rate

POS code	Description
11	Office
22	Outpatient Hospital
24	Ambulatory surgical center

Subject to change without notice