

**Alabama Breast and Cervical Cancer Early Detection Program (ABCCEDP)**

**FY24/FY25 Reimbursement Rate Table (updated on 01/31/2024)**

**Effective for Dates of Service Beginning February 01, 2024 through January 31, 2025**

<b>Current Procedural Terminology (CPT) Description</b>	<b>Procedure Code</b>	<b>Global (G) rate</b>	<b>Professional (26 or P) rate</b>	<b>Technical (TC) rate</b>
<b>Office Visits - New Patients</b>				
New Patient Screening (Pap Smear, Pelvic Exam AND Clinical Breast Exam) does not include Pap smear lab fee	99203	\$100.65		
New Patient Partial Screening (Pap Smear and Pelvic or Clinical Breast Exam) does not include Pap lab fee	99202	\$64.97		
<b>Office Visits - Established Patients</b>				
Established Patient Annual Screening (Pap Smear, Pelvic Exam AND Clinical Breast Exam) does not include Pap Smear Cytology lab fee	99213	\$82.30		
Established partial screening (Pap smear and pelvic exam or clinical breast exam) does not include Pap smear lab fee	99212	\$50.80		
Referral patient (ex: referral for mamm from other provider) or established - 5 min.	99211	\$20.59		
<b>Consultations</b>				
Consultation Visit - 20 minutes face-to-face with patient	99202	\$64.97		
Consultation Visit - 30 minutes face-to-face with patient	99203	\$100.65		
<b>Breast Cancer Screening and Diagnostic Procedures</b>				
<b>Screening</b>				
Screening Mammogram, bilateral	77067	\$112.04	\$33.32	\$78.72
Screening digital breast tomosynthesis, bilateral, used in addition to CPT code 77067	77063	\$46.67	\$26.19	\$20.49
<b>Diagnostic</b>				
Diagnostic Unilateral Mammogram, includes CAD	77065	\$109.98	\$35.53	\$74.46
Diagnostic Bilateral Mammogram, includes CAD	77066	\$139.06	\$43.65	\$95.42
Diagnostic digital breast tomosynthesis, unilateral or bilateral, used in addition to CPT codes 77065 and 77066	G0279	\$42.69	\$26.19	\$16.50
Mammary ductogram or galactogram, single duct	**77053	\$47.35	\$15.86	\$31.49
Magnetic resonance imaging (MRI), breast, without contrast, unilateral	**77046	\$192.02	\$63.31	\$128.71
Magnetic resonance imaging (MRI), breast, without contrast, bilateral	**77047	\$197.97	\$69.83	\$128.14
Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, unilateral	**77048	\$302.45	\$91.89	\$210.56
Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, bilateral	**77049	\$309.19	\$100.62	\$208.57
Radiological examination, surgical specimen	76098	\$37.46	\$13.94	\$23.52
Ultrasound, complete examination of breast including axilla, unilateral	76641	\$90.29	\$32.05	\$58.24
Ultrasound, complete examination of breast including axilla, bilateral	76641BL	\$135.44	\$48.08	\$87.36
Ultrasound, limited examination of breast including axilla, unilateral	76642	\$75.00	\$29.85	\$45.15
Ultrasound, limited examination of breast including axilla, bilateral	76642BL	\$112.50	\$44.78	\$67.73
Ultrasonic guidance for needle biopsy, radiological supervision and interpretation	76942	\$52.00	\$27.91	\$24.09
<b>Breast Procedures</b>				
		Non-facility Setting, Surgeon Fee *(NS)	Facility Setting, Surgeon Fee *(FS)	Facility Setting, Facility Fee *(FF)
Puncture aspiration of Cyst of Breast	19000	\$88.19	\$38.11	\$38.11
Puncture aspiration of each additional cyst of breast, Used with CPT code 19000	19001	\$23.80	\$18.96	\$18.96
Biopsy of breast; percutaneous, needle core, not using imaging guidance	19100	\$129.94	\$61.08	\$61.08
Breast biopsy, open, incisional	19101	\$287.38	\$198.04	\$198.04
Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, or nipple lesion; open; one or more lesions	19120	\$458.84	\$371.48	\$371.48
Excision of breast lesion identified by pre-operative placement of radiological marker; open; single lesion	19125	\$505.55	\$410.79	\$410.79
Excision of breast lesion identified by pre-operative placement of radiological marker; open; each additional lesion separately identified by a preoperative radiological marker	19126	\$141.17	\$141.17	\$141.17
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion	19081	\$433.49	\$147.23	\$147.23
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion	19082	\$330.11	\$73.73	\$73.73
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion	19083	\$431.25	\$139.02	\$139.02
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion	19084	\$324.65	\$69.42	\$69.42

Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion	19085	\$657.51	\$162.11	\$162.11
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion	19086	\$504.79	\$80.82	\$80.82
Placement of breast localization device, percutaneous; mammographic guidance; first lesion	19281	\$212.01	\$89.08	\$89.08
Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion	19282	\$148.54	\$44.68	\$44.68
Placement of breast localization device, percutaneous; stereotactic guidance; first lesion	19283	\$226.51	\$89.65	\$89.65
Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion	19284	\$164.00	\$44.77	\$44.77
Placement of breast localization device, percutaneous; ultrasound guidance; first lesion	19285	\$316.10	\$75.94	\$75.94
Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion	19286	\$256.31	\$38.06	\$38.06
Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion	19287	\$544.24	\$113.72	\$113.72
Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion	19288	\$416.74	\$56.79	\$56.79
Fine needle aspiration biopsy without imaging guidance, first lesion	10021	\$89.57	\$49.45	\$49.45
Fine needle aspiration biopsy without imaging guidance, each additional lesion	10004	\$46.85	\$38.89	\$38.89
Fine needle aspiration biopsy including ultrasound guidance, first lesion	10005	\$119.39	\$66.19	\$66.19
Fine needle aspiration biopsy including ultrasound guidance, each additional lesion	10006	\$54.55	\$45.44	\$45.44
Fine needle aspiration biopsy including fluoroscopic guidance, first lesion	10007	\$264.87	\$81.05	\$81.05
Fine needle aspiration biopsy including fluoroscopic guidance, each additional lesion	10008	\$123.98	\$46.87	\$46.87
Fine needle aspiration biopsy including CT guidance, first lesion	10009	\$371.51	\$98.63	\$98.63
Fine needle aspiration biopsy including CT guidance, each additional lesion	10010	\$205.66	\$65.66	\$65.66
Fine needle aspiration biopsy including MRI guidance, first lesion	10011	Rate		
Fine needle aspiration biopsy including MRI guidance, each additional lesion	10012	Rate		
<b>Breast Lab</b>		<b>Global (G) rate</b>	<b>Professional (26) rate</b>	<b>Technical (TC) rate</b>
Laboratory Evaluation of Fine Needle Aspiration, first evaluation only	88172	\$50.29	\$31.89	\$18.40
Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), each separate additional evaluation episode	88177	\$26.75	\$19.63	\$7.11
Interpretation and Report of Fine Needle Aspiration	88173	\$148.32	\$63.25	\$85.08
Surgical pathology, gross and microscopic examination	88305	\$64.20	\$33.85	\$30.35
Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	88307	\$252.00	\$73.97	\$178.03
Morphometric analysis, tumor immunochemistry, per specimen, manual	88360	\$106.18	\$37.70	\$68.48
Morphometric analysis, tumor immunochemistry, per specimen, automated	88361	\$105.75	\$39.83	\$65.92
In situ hybridization (eg.FISH), per specimen; initial single probe stain procedure	88365	\$154.87	\$38.96	\$115.90
In situ hybridization (eg.FISH), per specimen; each additional single probe stain procedure	88364	\$116.63	\$30.79	\$85.84
In situ hybridization (eg.FISH), per specimen; each multiplex probe stain procedure	88366	\$236.84	\$55.78	\$181.06
Morphometric analysis, in situ hybridization, computer-assisted, per specimen, initial single probe stain procedure	88367	\$98.26	\$30.35	\$67.91
Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each additional probe stain procedure	88373	\$60.16	\$23.26	\$36.90
Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each multiplex stain procedure	88374	\$249.36	\$38.61	\$210.75
Morphometric analysis, in situ hybridization, manual, per specimen, initial single probe stain procedure	88368	\$129.82	\$38.39	\$91.43
Morphometric analysis, in situ hybridization, manual, per specimen, each additional probe stain procedure	88369	\$112.36	\$30.51	\$81.85
Morphometric analysis, in situ hybridization, manual, per specimen, each multiplex stain procedure	88377	\$343.09	\$58.55	\$284.54
<b>Cervical Cancer Screening and Diagnostic Procedures</b>				
<b>Screening</b>		<b>Global (G) rate</b>	<b>Professional (26) rate</b>	<b>Technical (TC) rate</b>
Lab fee for Pap test (Conventional); manual screening under physician supervision	88164	\$17.76		
Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening and rescreening under physician supervision	88165	\$42.22		
Lab fee for Pap test (Conventional); requiring interpretation by physician	88141	\$21.51		
Lab fee for Pap test (LBC); manual screening under physician supervision	88142	\$20.26		
Lab fee for Pap test (LBC); manual screening and rescreening under physician supervision	88143	\$23.04		

Lab fee for Pap test (LBC); screening by automated system, under physician supervision	88174	\$25.37		
Lab fee for Pap test (LBC); screening by automated system and manual rescreening, under physician supervision	88175	\$26.61		
Human Papillomavirus, high-risk types	87624	\$35.09		
Human Papillomavirus, types 16 and 18 only	87625	\$40.55		
<b>Diagnostic</b>				
Colposcopy of the cervix	57452	\$113.11		
Colposcopy with biopsy and endocervical curettage (surgical procedure only)	57454	\$151.36		
Colposcopy with biopsy(s) of the cervix	57455	\$144.50		
Colposcopy of the cervix with endocervical curettage	57456	\$136.13		
Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)	58110	\$45.02		
Endometrial sampling (biopsy) with or w/o endocervical sampling	58100	\$90.34		
Colposcopy with loop electrode biopsy(s) of the cervix	57460	\$276.51		
Colposcopy with loop electrode conization of the cervix	57461	\$308.85		
Cervical Biopsy, single or multiple; Cervical Polyp Removal, single or multiple	57500	\$134.97		
Endocervical curettage(not done as a part of a d&c)	57505	\$136.63		
Conization of cervix; cold knife or laser	57520	\$315.93		
Loop electrode excision procedure	57522	\$271.37		
Surgical pathology, gross and microscopic examination	88305	\$64.20	\$33.85	\$30.35
Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	88307	\$252.00	\$73.97	\$178.03
Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen	88331	\$91.03	\$55.85	\$35.19
Pathology consultation during surgery, each additional tissue block, with frozen section(s)	88332	\$48.72	\$27.48	\$21.25
Immunohistochemistry or immunocytochemistry, per specimen; first stain	88342	\$93.30	\$31.65	\$61.65
Immunohistochemistry or immunocytochemistry, per specimen; each additional stain	88341	\$79.70	\$25.35	\$54.35
<b>Preoperative Laboratory and Radiographic Tests - Only Reimbursed When Biopsy is Planned/Performed</b>				
Electrolyte Panel	80051	\$7.01		
Comprehensive Metabolic Panel	80053	\$10.56		
Hematocrit	85014	\$2.37		
Hemoglobin	85018	\$2.37		
Complete Blood Count Automated	85027	\$6.47		
Urinalysis	81005	\$2.17		
Urine Pregnancy Test	81025	\$8.61		
Routine ECG with interpretation and report	93000	\$12.77		
Chest X-ray AP&Lateral	71046	\$29.49	\$9.67	\$19.82
<b>Anesthesia for Breast Biopsy</b>				
			<b>Facility (F)</b>	<b>Doctor (D)</b>
				<b>Nurse (N)</b>
***Base Anesthesia Rate, 3 units	00400 Base	\$57.30	\$28.65	\$28.65
One 15 Minute Unit	400	\$19.10	\$9.55	\$9.55
<b>Conscious Sedation Anesthesia, Breast or Cervical Procedure</b>				
			<b>Global (G)</b>	
Conscious Sedation Anesthesia, first 10-22 minutes (below 10 minutes not payable)	99156	\$68.61		
Conscious sedations anesthesia, after 22 minutes, for each additional 15 minutes	99157	\$54.38		

1. Breast procedure fees: \*i) NS - Non-facility setting, surgeon fee (NS) payable to the surgeon and no facility fee paid towards the service;

ii) FS - Facility Surgeon fee (FS) payable to the surgeon, when performed in a hospital setting. iii) FF - Hospitals get reimbursed with facility fee;

2. \*\*Preapproval from the Area Regional Coordinator is required before performing any of these procedures.

Breast MRI can be reimbursed in conjunction with a mammogram when a client has a BRCA gene mutation, a first-degree relative who is a BRCA carrier,

or a lifetime risk of 20% or greater as defined by risk assessment models as BRCAPRO. Breast MRI can be used to assess areas of concern on a mammogram, or to evaluate

a client with a 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 if done to assess the extent of disease in a woman who has just been newly diagnosed with breast cancer in order to determine treatment.

3. \*\*\*ABCCEDP Policy is to pay Base Rate, i.e., 3 units plus number of 15 minute billed units. If MD and CRNA both bill, each is allowed half unit cost. Max of 9 Facility units

**Note:** A) Procedures not listed in this table are not covered by ABCCEDP; B) Providers need to discuss any non-covered services with clients before providing them;

C) Codes 19081–19086 should not be used in conjunction with 19281–19288 and vice-versa;

D) **Reimbursement Policy for Treatment-related services:** ABCCEDP cannot pay for any treatment-related services; Codes 77061, 77062 and 87623 are not allowed.

<b>Breast Only Codes</b>	<b>Cervical Only Codes</b>	<b>Breast and Cervical Codes</b>
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