

Alabama Breast and Cervical Cancer Early Detection Program (ABCCEDP)				
FY20/FY21 Reimbursement Rate Table (updated on 01/22/2020)				
Effective for Dates of Service Beginning February 01, 2020 through January 31, 2021				
Current Procedural Terminology (CPT) Description	Procedure Code	Global (G) rate	Professional (26 or P) rate	Technical (TC) rate
Office Visits - New Patients				
New Patient Screening (Pap Smear, Pelvic Exam AND Clinical Breast Exam) does not include Pap smear lab fee	99203	\$102.05		
New Patient Partial Screening (Pap Smear and Pelvic or Clinical Breast Exam) does not include Pap lab fee	99202	\$71.79		
Office Visits - Established Patients				
Established Patient Annual Screening (Pap Smear, Pelvic Exam AND Clinical Breast Exam) does not include Pap Smear Cytology lab fee	99213	\$71.06		
Established partial screening (Pap smear and pelvic exam or clinical breast exam) does not include Pap smear lab fee	99212	\$42.66		
Referral patient (ex: referral for mamm from other provider) or established - 5 min.	99211	\$21.51		
Consultations				
Consultation Visit - 10 minutes face-to-face with patient	99201	\$42.98		
Consultation Visit - 20 minutes face-to-face with patient	99202	\$71.79		
Consultation Visit - 30 minutes face-to-face with patient	99203	\$102.05		
Breast Cancer Screening and Diagnostic Procedures				
Screening				
Screening Mammogram, bilateral	77067	\$126.49	\$37.69	\$88.81
Screening digital breast tomosynthesis, bilateral, used in addition to CPT code 77067	77063	\$51.94	\$29.48	\$22.46
Diagnostic				
Diagnostic Unilateral Mammogram, includes CAD	77065	\$124.13	\$40.13	\$83.99
Diagnostic Bilateral Mammogram, includes CAD	77066	\$156.33	\$49.24	\$107.09
Diagnostic digital breast tomosynthesis, unilateral or bilateral, used in addition to CPT codes 77065 and 77066	G0279	\$51.94	\$29.48	\$22.46
Mammary ductogram or galactogram, single duct	**77053	\$52.58	\$17.67	\$34.91
Magnetic resonance imaging (MRI), breast, without contrast, unilateral	**77046	\$226.59	\$71.38	\$155.22
Magnetic resonance imaging (MRI), breast, without contrast, bilateral	**77047	\$232.97	\$78.71	\$154.26
Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, unilateral	**77048	\$358.36	\$103.11	\$255.25
Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, bilateral	**77049	\$367.38	\$113.08	\$254.29
Radiological examination, surgical specimen	76098	\$39.87	\$15.55	\$24.32
Ultrasound, complete examination of breast including axilla, unilateral	76641	\$99.55	\$35.77	\$63.78
Ultrasound, complete examination of breast including axilla, bilateral	76641BL	\$149.33	\$53.66	\$95.67
Ultrasound, limited examination of breast including axilla, unilateral	76642	\$81.71	\$33.33	\$48.38
Ultrasound, limited examination of breast including axilla, bilateral	76642BL	\$122.57	\$50.00	\$72.57
Ultrasonic guidance for needle biopsy, radiological supervision and interpretation	76942	\$54.40	\$31.36	\$23.03
Breast Procedures				
		Non-facility Setting, Surgeon Fee *(NS)	Facility Setting, Surgeon Fee *(FS)	Facility Setting, Facility Fee *(FF)
Puncture aspiration of Cyst of Breast	19000	\$102.42	\$43.07	\$43.07
Puncture aspiration of each additional cyst of breast, Used with CPT code 19000	19001	\$26.38	\$21.57	\$21.57
Biopsy of breast; percutaneous, needle core, not using imaging guidance	19100	\$144.29	\$68.57	\$68.57
Breast biopsy, open, incisional	19101	\$316.72	\$215.02	\$215.02
Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, or nipple lesion; open: one or more lesions	19120	\$480.44	\$399.59	\$399.59
Excision of breast lesion identified by pre-operative placement of radiological marker; open: single lesion	19125	\$531.17	\$443.90	\$443.90
Excision of breast lesion identified by pre-operative placement of radiological marker; open; each additional lesion separately identified by a preoperative radiological marker	19126	\$157.42	\$157.42	\$157.42
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion	19081	\$567.41	\$165.72	\$165.72
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion	19082	\$454.09	\$83.20	\$83.20
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion	19083	\$560.87	\$156.62	\$156.62

Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion	19084	\$441.69	\$77.54	\$77.54
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion	19085	\$852.56	\$182.01	\$182.01
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion	19086	\$674.10	\$90.82	\$90.82
Placement of breast localization device, percutaneous; mammographic guidance; first lesion	19281	\$230.58	\$100.00	\$100.00
Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion	19282	\$161.27	\$50.26	\$50.26
Placement of breast localization device, percutaneous; stereotactic guidance; first lesion	19283	\$255.09	\$100.77	\$100.77
Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion	19284	\$192.51	\$51.02	\$51.02
Placement of breast localization device, percutaneous; ultrasound guidance; first lesion	19285	\$422.21	\$85.65	\$85.65
Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion	19286	\$358.30	\$43.24	\$43.24
Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion	19287	\$717.82	\$128.12	\$128.12
Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion	19288	\$568.44	\$64.40	\$64.40
Fine needle aspiration biopsy without imaging guidance, first lesion	10021	\$93.11	\$54.61	\$54.61
Fine needle aspiration biopsy without imaging guidance, each additional lesion	10004	\$49.97	\$42.59	\$42.59
Fine needle aspiration biopsy including ultrasound guidance, first lesion	10005	\$122.74	\$71.41	\$71.41
Fine needle aspiration biopsy including ultrasound guidance, each additional lesion	10006	\$57.96	\$48.97	\$48.97
Fine needle aspiration biopsy including fluoroscopic guidance, first lesion	10007	\$276.53	\$92.37	\$92.37
Fine needle aspiration biopsy including fluoroscopic guidance, each additional lesion	10008	\$157.62	\$60.41	\$60.41
Fine needle aspiration biopsy including CT guidance, first lesion	10009	\$434.96	\$112.84	\$112.84
Fine needle aspiration biopsy including CT guidance, each additional lesion	10010	\$262.94	\$81.98	\$81.98
Fine needle aspiration biopsy including MRI guidance, first lesion	10011	Rate		
Fine needle aspiration biopsy including MRI guidance, each additional lesion	10012	Rate		
Breast Lab		Global (G) rate	Professional (26) rate	Technical (TC) rate
Laboratory Evaluation of Fine Needle Aspiration, first evaluation only	88172	\$53.32	\$36.07	\$17.26
Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), each separate additional evaluation episode	88177	\$28.57	\$22.15	\$6.42
Interpretation and Report of Fine Needle Aspiration	88173	\$145.12	\$71.14	\$73.98
Surgical pathology, gross and microscopic examination	88305	\$66.40	\$37.91	\$28.49
Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	88307	\$256.23	\$83.17	\$173.05
Morphometric analysis, tumor immunochemistry, per specimen, manual	88360	\$116.53	\$42.48	\$74.05
Morphometric analysis, tumor immunochemistry, per specimen, automated	88361	\$118.53	\$45.13	\$73.41
Cervical Cancer Screening and Diagnostic Procedures				
Screening		Global (G) rate	Professional (26) rate	Technical (TC) rate
Lab fee for Pap test (Conventional); manual screening under physician supervision	88164	\$15.12		
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	\$24.40		
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		
Diagnostic				
Colposcopy of the cervix	57452	\$115.12		
Colposcopy with biopsy and endocervical curettage (surgical procedure only)	57454	\$158.02		
Colposcopy with biopsy(s) of the cervix	57455	\$148.39		
Colposcopy of the cervix with endocervical curettage	57456	\$139.36		

Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)	58110	\$49.14		
Endometrial sampling (biopsy) with or w/o endocervical sampling	58100	\$93.43		
Colposcopy with loop electrode biopsy(s) of the cervix	57460	\$290.14		
Colposcopy with loop electrode conization of the cervix	57461	\$326.22		
Cervical Biopsy, single or multiple; Cervical Polyp Removal, single or multiple	57500	\$135.42		
Endocervical curettage(not done as a part of a d&c)	57505	\$121.97		
Conization of cervix; cold knife or laser	57520	\$320.01		
Loop electrode excision procedure	57522	\$275.65		
Surgical pathology, gross and microscopic examination	88305	\$66.40	\$37.91	\$28.49
Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	88307	\$256.23	\$83.17	\$173.05
Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen	88331	\$93.76	\$62.71	\$31.06
Pathology consultation during surgery, each additional tissue block, with frozen section(s)	88332	\$51.64	\$31.17	\$20.47
Immunohistochemistry or immunocytochemistry, per specimen; first stain	88342	\$97.96	\$35.46	\$62.50
Immunohistochemistry or immunocytochemistry, per specimen; each additional stain	88341	\$85.92	\$28.49	\$57.43
Preoperative Laboratory and Radiographic Tests - Only Reimbursed When Biopsy is Planned/Performed				
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	\$15.95		
Chest X-ray AP&Lateral	71046	\$30.27	\$10.76	\$19.51
Anesthesia for Breast Biopsy				
			Facility (F)	Doctor (D)
				Nurse (N)
***Base Anesthesia Rate, 3 units	00400 Base	\$64.26	\$32.13	\$32.13
One 15 Minute Unit	400	\$21.42	\$10.71	\$10.71
Conscious Sedation Anesthesia, Breast or Cervical Procedure				
			Global (G)	
Conscious Sedation Anesthesia, first 10-22 minutes (below 10 minutes not payable)	99156	\$76.85		
Conscious sedations anesthesia, after 22 minutes, for each additional 15 minutes	99157	\$62.49		

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.