

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

**FY19/FY20 Reimbursement Rate Table (updated on 01/16/2019)**

**Effective for Dates of Service Beginning February 01, 2019 through January 31, 2020**

<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	\$101.45		
New Patient Partial Screening (Pap Smear and Pelvic or Clinical Breast Exam) does not include Pap lab fee	99202	\$71.50		
<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	\$69.88		
Established partial screening (Pap smear and pelvic exam or clinical breast exam) does not include Pap smear lab fee	99212	\$42.06		
Referral patient (ex: referral for mamm from other provider) or established - 5 min.	99211	\$21.10		
<b>Consultations</b>				
Consultation Visit - 10 minutes face-to-face with patient	99201	\$42.56		
Consultation Visit - 20 minutes face-to-face with patient	99202	\$71.50		
Consultation Visit - 30 minutes face-to-face with patient	99203	\$101.45		
<b>Breast Cancer Screening and Diagnostic Procedures</b>				
<b>Screening</b>				
Screening Mammogram, bilateral	77067	\$125.46	\$37.08	\$88.38
Screening digital breast tomosynthesis, bilateral, used in addition to CPT code 77067	77063	\$51.66	\$29.21	\$22.45
<b>Diagnostic</b>				
Diagnostic Unilateral Mammogram, includes CAD	77065	\$123.27	\$39.70	\$83.57
Diagnostic Bilateral Mammogram, includes CAD	77066	\$155.96	\$48.97	\$106.99
Diagnostic digital breast tomosynthesis, unilateral or bilateral, used in addition to CPT codes 77065 and 77066	G0279	\$51.66	\$29.21	\$22.45
Mammary ductogram or galactogram, single duct	**77053	\$52.96	\$17.50	\$35.46
Magnetic resonance imaging (MRI), breast, without contrast, unilateral	**77046	\$229.62	\$70.67	\$158.95
Magnetic resonance imaging (MRI), breast, without contrast, bilateral	**77047	\$236.17	\$78.18	\$157.99
Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, unilateral	**77048	\$363.95	\$102.19	\$261.76
Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, bilateral	**77049	\$372.30	\$111.82	\$260.48
Radiological examination, surgical specimen	76098	\$15.42	\$7.87	\$7.55
Ultrasound, complete examination of breast including axilla, unilateral	76641	\$99.04	\$35.68	\$63.36
Ultrasound, complete examination of breast including axilla, bilateral	76641BL	\$148.56	\$53.52	\$95.04
Ultrasound, limited examination of breast including axilla, unilateral	76642	\$81.20	\$33.23	\$47.97
Ultrasound, limited examination of breast including axilla, bilateral	76642BL	\$121.80	\$49.85	\$71.96
Ultrasonic guidance for needle biopsy, radiological supervision and interpretation	76942	\$53.72	\$31.41	\$22.31
<b>Breast Procedures</b>				
Puncture aspiration of Cyst of Breast	19000	\$101.83	\$101.83	\$101.83
Puncture aspiration of each additional cyst of breast, Used with CPT code 19000	19001	\$25.65	\$25.65	\$25.65
Biopsy of breast; percutaneous, needle core, not using imaging guidance	19100	\$139.29	\$65.84	\$65.84
Breast biopsy, open, incisional	19101	\$311.53	\$207.29	\$207.29
Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, or nipple lesion; open; one or more lesions	19120	\$462.34	\$386.01	\$386.01
Excision of breast lesion identified by pre-operative placement of radiological marker; open; single lesion	19125	\$511.64	\$427.92	\$427.92

Excision of breast lesion identified by pre-operative placement of radiological marker; open; each additional lesion separately identified by a preoperative radiological marker	19126	\$151.68	\$151.68	\$151.68
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion	19081	\$598.70	\$163.44	\$163.44
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion	19082	\$486.04	\$82.22	\$82.22
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion	19083	\$586.04	\$153.99	\$153.99
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion	19084	\$468.61	\$76.98	\$76.98
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion	19085	\$888.37	\$179.84	\$179.84
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion	19086	\$709.60	\$89.92	\$89.92
Placement of breast localization device, percutaneous; mammographic guidance; first lesion	19281	\$226.66	\$98.68	\$98.68
Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion	19282	\$157.27	\$49.50	\$49.50
Placement of breast localization device, percutaneous; stereotactic guidance; first lesion	19283	\$252.85	\$98.90	\$98.90
Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion	19284	\$190.38	\$50.21	\$50.21
Placement of breast localization device, percutaneous; ultrasound guidance; first lesion	19285	\$446.61	\$84.49	\$84.49
Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion	19286	\$384.09	\$42.17	\$42.17
Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion	19287	\$754.15	\$126.13	\$126.13
Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion	19288	\$602.01	\$63.48	\$63.48
Fine needle aspiration biopsy without imaging guidance, first lesion	10021	\$91.24	\$53.72	\$53.72
Fine needle aspiration biopsy without imaging guidance, each additional lesion	10004	\$49.39	\$41.69	\$41.69
Fine needle aspiration biopsy including ultrasound guidance, first lesion	10005	\$118.78	\$70.99	\$70.99
Fine needle aspiration biopsy including ultrasound guidance, each additional lesion	10006	\$57.38	\$48.40	\$48.40
Fine needle aspiration biopsy including fluoroscopic guidance, first lesion	10007	\$263.94	\$91.05	\$91.05
Fine needle aspiration biopsy including fluoroscopic guidance, each additional lesion	10008	\$149.22	\$59.41	\$59.41
Fine needle aspiration biopsy including CT guidance, first lesion	10009	\$430.47	\$110.69	\$110.69
Fine needle aspiration biopsy including CT guidance, each additional lesion	10010	\$260.20	\$80.90	\$80.90
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	\$53.62	\$36.13	\$17.50
Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), each separate additional evaluation episode	88177	\$28.46	\$22.05	\$6.41
Interpretation and Report of Fine Needle Aspiration	88173	\$143.36	\$70.83	\$72.52
Surgical pathology, gross and microscopic examination	88305	\$65.09	\$37.97	\$27.12
Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	88307	\$248.89	\$83.03	\$165.86
Morphometric analysis, tumor immunochemistry, per specimen, manual	88360	\$118.41	\$42.53	\$75.87
Morphometric analysis, tumor immunochemistry, per specimen, automated	88361	\$122.65	\$45.82	\$76.84
<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	\$14.99		
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	\$30.25		

Lab fee for Pap test (LBC); manual screening under physician supervision	88142	\$22.51		
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	\$29.44		
Human Papillomavirus, high-risk types	87624	\$38.99		
Human Papillomavirus, types 16 and 18 only	87625	\$40.55		
<b>Diagnostic</b>				
Colposcopy of the cervix	57452	\$107.18		
Colposcopy with biopsy and endocervical curettage (surgical procedure only)	57454	\$148.10		
Colposcopy with biopsy(s) of the cervix	57455	\$139.02		
Colposcopy of the cervix with endocervical curettage	57456	\$130.73		
Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)	58110	\$47.81		
Endometrial sampling (biopsy) with or w/o endocervical sampling	58100	\$87.32		
Colposcopy with loop electrode biopsy(s) of the cervix	57460	\$272.42		
Colposcopy with loop electrode conization of the cervix	57461	\$307.15		
Cervical Biopsy, single or multiple; Cervical Polyp Removal, single or multiple	57500	\$124.49		
Endocervical curettage(not done as a part of a d&c)	57505	\$104.74		
Conization of cervix; cold knife or laser	57520	\$301.49		
Loop electrode excision procedure	57522	\$257.81		
Surgical pathology, gross and microscopic examination	88305	\$65.09	\$37.97	\$27.12
Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	88307	\$248.89	\$83.03	\$165.86
Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen	88331	\$92.35	\$62.66	\$29.69
Pathology consultation during surgery, each additional tissue block, with frozen section(s)	88332	\$50.49	\$31.06	\$19.42
Immunohistochemistry or immunocytochemistry, per specimen; first stain	88342	\$98.89	\$35.53	\$63.36
Immunohistochemistry or immunocytochemistry, per specimen; each additional stain	88341	\$86.11	\$28.70	\$57.41
<b>Preoperative Laboratory and Radiographic Tests - Only Reimbursed When Biopsy is Planned/Performed</b>				
Electrolyte Panel	80051	\$7.71		
Comprehensive Metabolic Panel	80053	\$11.74		
Hematocrit	85014	\$2.63		
Hemoglobin	85018	\$2.63		
Complete Blood Count Automated	85027	\$7.18		
Urinalysis	81005	\$2.41		
Urine Pregnancy Test	81025	\$8.61		
Routine ECG with interpretation and report	93000	\$15.78		
Chest X-ray AP&Lateral	71046	\$29.13	\$10.67	\$18.46
<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	\$63.60	\$31.80	\$31.80
One 15 Minute Unit	400	\$21.20	\$10.60	\$10.60
<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	\$76.24		
Conscious sedations anesthesia, after 22 minutes, for each additional 15 minutes	99157	\$61.90		

- 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;
- \*\*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 women 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.