

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

**FY21/FY22 Reimbursement Rate Table (updated on 01/28/2021)**

**Effective for Dates of Service Beginning February 01, 2021 through January 31, 2022**

<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	\$107.44		
New Patient Partial Screening (Pap Smear and Pelvic or Clinical Breast Exam) does not include Pap lab fee	99202	\$69.43		
<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	\$87.31		
Established partial screening (Pap smear and pelvic exam or clinical breast exam) does not include Pap smear lab fee	99212	\$53.30		
Referral patient (ex: referral for mamm from other provider) or established - 5 min.	99211	\$21.17		
<b>Consultations</b>				
Consultation Visit - 20 minutes face-to-face with patient	99202	\$69.43		
Consultation Visit - 30 minutes face-to-face with patient	99203	\$107.44		
<b>Breast Cancer Screening and Diagnostic Procedures</b>				
<b>Screening</b>				
Screening Mammogram, bilateral	77067	\$122.32	\$36.48	\$85.84
Screening digital breast tomosynthesis, bilateral, used in addition to CPT code 77067	77063	\$51.66	\$29.04	\$22.62
<b>Diagnostic</b>				
Diagnostic Unilateral Mammogram, includes CAD	77065	\$119.73	\$38.53	\$81.19
Diagnostic Bilateral Mammogram, includes CAD	77066	\$151.47	\$47.65	\$103.81
Diagnostic digital breast tomosynthesis, unilateral or bilateral, used in addition to CPT codes 77065 and 77066	G0279	\$51.66	\$29.04	\$22.62
Mammary ductogram or galactogram, single duct	**77053	\$51.64	\$17.23	\$34.40
Magnetic resonance imaging (MRI), breast, without contrast, unilateral	**77046	\$221.72	\$68.64	\$153.09
Magnetic resonance imaging (MRI), breast, without contrast, bilateral	**77047	\$228.20	\$75.73	\$152.47
Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, unilateral	**77048	\$352.28	\$100.04	\$252.24
Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, bilateral	**77049	\$360.51	\$109.51	\$251.00
Radiological examination, surgical specimen	76098	\$39.36	\$15.18	\$24.18
Ultrasound, complete examination of breast including axilla, unilateral	76641	\$99.58	\$34.81	\$64.77
Ultrasound, complete examination of breast including axilla, bilateral	76641BL	\$149.37	\$52.22	\$97.16
Ultrasound, limited examination of breast including axilla, unilateral	76642	\$82.35	\$32.76	\$49.59
Ultrasound, limited examination of breast including axilla, bilateral	76642BL	\$123.53	\$49.14	\$74.39
Ultrasonic guidance for needle biopsy, radiological supervision and interpretation	76942	\$55.04	\$30.55	\$24.49
<b>Breast Procedures</b>				
		<b>Non-facility Setting, Surgeon Fee *(NS)</b>	<b>Facility Setting, Surgeon Fee *(FS)</b>	<b>Facility Setting, Facility Fee *(FF)</b>
Puncture aspiration of Cyst of Breast	19000	\$101.63	\$42.45	\$42.45
Puncture aspiration of each additional cyst of breast, Used with CPT code 19000	19001	\$26.18	\$20.91	\$20.91
Biopsy of breast; percutaneous, needle core, not using imaging guidance	19100	\$150.32	\$68.83	\$68.83
Breast biopsy, open, incisional	19101	\$328.28	\$217.98	\$217.98
Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, or nipple lesion; open: one or more lesions	19120	\$499.45	\$405.88	\$405.88
Excision of breast lesion identified by pre-operative placement of radiological marker; open: single lesion	19125	\$551.35	\$450.03	\$450.03
Excision of breast lesion identified by pre-operative placement of radiological marker; open; each additional lesion separately identified by a preoperative radiological marker	19126	\$159.14	\$159.14	\$159.14
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion	19081	\$535.94	\$161.95	\$161.95
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion	19082	\$425.24	\$81.31	\$91.31
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion	19083	\$535.82	\$153.16	\$153.16
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion	19084	\$417.40	\$76.26	\$76.26

Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion	19085	\$818.63	\$177.55	\$177.55
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion	19086	\$644.34	\$88.78	\$88.78
Placement of breast localization device, percutaneous; mammographic guidance; first lesion	19281	\$232.33	\$97.24	\$97.24
Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion	19282	\$164.20	\$48.94	\$48.94
Placement of breast localization device, percutaneous; stereotactic guidance; first lesion	19283	\$255.93	\$98.52	\$98.52
Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion	19284	\$193.38	\$50.23	\$50.23
Placement of breast localization device, percutaneous; ultrasound guidance; first lesion	19285	\$399.71	\$83.35	\$83.35
Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion	19286	\$335.28	\$42.16	\$42.16
Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion	19287	\$685.06	\$124.23	\$124.23
Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion	19288	\$538.38	\$62.45	\$62.45
Fine needle aspiration biopsy without imaging guidance, first lesion	10021	\$97.76	\$54.07	\$54.07
Fine needle aspiration biopsy without imaging guidance, each additional lesion	10004	\$49.73	\$41.98	\$41.98
Fine needle aspiration biopsy including ultrasound guidance, first lesion	10005	\$129.51	\$71.26	\$71.26
Fine needle aspiration biopsy including ultrasound guidance, each additional lesion	10006	\$58.87	\$49.57	\$49.57
Fine needle aspiration biopsy including fluoroscopic guidance, first lesion	10007	\$288.02	\$90.02	\$90.02
Fine needle aspiration biopsy including fluoroscopic guidance, each additional lesion	10008	\$153.78	\$57.41	\$57.41
Fine needle aspiration biopsy including CT guidance, first lesion	10009	\$440.08	\$109.78	\$109.78
Fine needle aspiration biopsy including CT guidance, each additional lesion	10010	\$261.32	\$79.75	\$79.75
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	\$52.30	\$34.62	\$17.67
Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), each separate additional evaluation episode	88177	\$27.68	\$21.17	\$6.51
Interpretation and Report of Fine Needle Aspiration	88173	\$144.62	\$68.69	\$75.94
Surgical pathology, gross and microscopic examination	88305	\$66.47	\$36.41	\$30.07
Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	88307	\$264.10	\$80.31	\$183.79
Morphometric analysis, tumor immunochemistry, per specimen, manual	88360	\$114.27	\$40.83	\$73.45
Morphometric analysis, tumor immunochemistry, per specimen, automated	88361	\$114.04	\$42.77	\$71.28
In situ hybridization (eg.FISH), per specimen; initial single probe stain procedure	88365	\$168.64	\$42.50	\$126.13
In situ hybridization (eg.FISH), per specimen; each additional single probe stain procedure	88364	\$131.04	\$33.73	\$97.30
In situ hybridization (eg.FISH), per specimen; each multiplex probe stain procedure	88366	\$265.48	\$60.33	\$205.14
Morphometric analysis, in situ hybridization, computer-assisted, per specimen, initial single probe stain procedure	88367	\$105.75	\$32.92	\$72.83
Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each additional probe stain procedure	88373	\$67.35	\$25.52	\$41.83
Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each multiplex stain procedure	88374	\$316.61	\$42.69	\$273.92
Morphometric analysis, in situ hybridization, manual, per specimen, initial single probe stain procedure	88368	\$125.24	\$40.32	\$84.92
Morphometric analysis, in situ hybridization, manual, per specimen, each additional probe stain procedure	88369	\$107.80	\$31.56	\$76.23
Morphometric analysis, in situ hybridization, manual, per specimen, each multiplex stain procedure	88377	\$382.61	\$62.82	\$319.79
<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	\$15.15		
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	\$20.55		
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	\$119.84		
Colposcopy with biopsy and endocervical curettage (surgical procedure only)	57454	\$162.91		
Colposcopy with biopsy(s) of the cervix	57455	\$154.07		
Colposcopy of the cervix with endocervical curettage	57456	\$144.51		
Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)	58110	\$49.33		
Endometrial sampling (biopsy) with or w/o endocervical sampling	58100	\$98.22		
Colposcopy with loop electrode biopsy(s) of the cervix	57460	\$305.32		
Colposcopy with loop electrode conization of the cervix	57461	\$340.92		
Cervical Biopsy, single or multiple; Cervical Polyp Removal, single or multiple	57500	\$145.90		
Endocervical curettage(not done as a part of a d&c)	57505	\$139.03		
Conization of cervix; cold knife or laser	57520	\$335.64		
Loop electrode excision procedure	57522	\$289.24		
Surgical pathology, gross and microscopic examination	88305	\$66.47	\$36.41	\$30.07
Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	88307	\$264.10	\$80.31	\$183.79
Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen	88331	\$97.64	\$60.14	\$37.50
Pathology consultation during surgery, each additional tissue block, with frozen section(s)	88332	\$51.29	\$29.89	\$21.39
Immunohistochemistry or immunocytochemistry, per specimen; first stain	88342	\$96.95	\$34.04	\$62.91
Immunohistochemistry or immunocytochemistry, per specimen; each additional stain	88341	\$85.55	\$27.61	\$57.94
<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	\$14.01		
Chest X-ray AP&Lateral	71046	\$31.25	\$10.48	\$20.77
<b>Anesthesia for Breast Biopsy</b>				
			<b>Facility (F)</b>	<b>Doctor (D)</b>
***Base Anesthesia Rate, 3 units	00400 Base	\$63.24	\$31.62	\$31.62
One 15 Minute Unit	400	\$21.08	\$10.54	\$10.54
<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	\$75.42		
Conscious sedatons anesthesia, after 22 minutes, for each additional 15 minutes	99157	\$61.71		

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.