

North Carolina Breast and Cervical Cancer Control Program
2016-2017 Services Fee Schedule (1)
For the Period 07/01/2016 through 06/30/2017
Revised: 06/29/2016

Breast Procedures	Code	16-17 Fee	Office Fee Allowed
Screening			
Clinical Breast Examination	N/A		Yes
Screening Mammogram	77057	\$ 78.38	No
	77057TC	\$ 43.56	
	77057-26	\$ 34.82	
Follow-Up			
Diagnostic Mammogram - Unilateral	77055	\$ 85.38	No
	77055TC	\$ 50.55	
	77055-26	\$ 34.82	
Diagnostic Mammogram - Bilateral	77056	\$ 109.73	No
	77056TC	\$ 66.54	
	77056-26	\$ 43.18	
Radiological examination, surgical specimen	76098	\$ 15.94	No
	76098TC	\$ 7.93	
	76098-26	\$ 8.00	
Screening Mammogram, Digital, Bilateral	G0202	\$ 127.00	No
	G0202TC	\$ 92.51	
	G0202-26	\$ 34.49	
Diagnostic Mammogram, Digital, Bilateral	G0204	\$ 155.34	No
	G0204TC	\$ 112.16	
	G0204-26	\$ 43.18	
Diagnostic Mammogram, Digital, Unilateral	G0206	\$ 122.00	No
	G0206TC	\$ 87.52	
	G0206-26	\$ 34.49	
Ultrasound, complete examination of breast including axilla, unilateral	76641	\$ 102.77	No
	76641TC	\$ 66.54	
	76641-26	\$ 36.23	
Ultrasound, complete examination of breast including axilla, bilateral	76641-50	\$ 154.16	No
	76641-TC-50	\$ 99.81	
	76641-26-50	\$ 54.35	
Ultrasound, limited examination of breast including axilla, unilateral	76642	\$ 84.66	No
	76642TC	\$ 50.89	
	76642-26	\$ 33.77	
Ultrasound, limited examination of breast including axilla, bilateral	76642-50	\$ 126.99	No
	76642-TC-50	\$ 76.34	
	76642-26-50	\$ 50.66	
Surgical Evaluation/Consultation	N/A	(5)	Yes
Fine Needle Aspiration	10021	\$ 118.41	Yes
Fine Needle Aspiration (with imaging guidance)	10022	\$ 135.62	Yes
Ultrasonic guidance for needle placement, imaging supervision and interpretation	76942	\$ 58.66	No
	76942-TC	\$ 25.58	
	76942-26	\$ 33.08	

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Breast Procedures Continued	Code	16-17 Fee	Office Fee Allowed
Cytopathology, evaluation of fine needle aspirate	88172	\$ 55.50	No
	88172TC	\$ 18.59	
	88172-26	\$ 36.91	
Cytopathology, evaluation of fine needle aspirate > Interpretation and Report	88173	\$ 147.71	No
	88173TC	\$ 75.47	
	88173-26	\$ 72.24	
Puncture Aspiration	19000	\$ 108.35	Yes
- each additional procedure, use in addition to 19000	19001	\$ 26.40	Yes
Breast Biopsy (with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion) (2) Each additional lesion (2)	19081	\$ 661.95	Yes
	19082	\$ 545.12	Yes
Breast Biopsy (with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion) (2) Each additional lesion (2)	19083	\$ 640.12	Yes
	19084	\$ 524.35	Yes
Needle Core Biopsy	19100	\$ 144.02	Yes
Needle Core Biopsy (open, Incisional)	19101	\$ 327.13	Yes
Excision of cyst, fibroadenoma, or other tumor, aberrant breast tissue - duct lesion, nipple or areolar lesion, open, - 1 or more lesions.	19120	\$ 476.55	Yes
Excision of breast lesion identified by preop placement - of radiological marker, open, single lesion. - each additional lesion separately identified by a preop radiological marker (list separately)	19125	\$ 528.54	Yes
	19126	\$ 159.12	Yes
Placement of breast localization device, percutaneous; mammographic guidance; first lesion (3) Each additional lesion (3)	19281	\$ 230.39	Yes
	19282	\$ 160.42	Yes
Placement of breast localization device, percutaneous; stereotactic guidance; first lesion (3) Each additional lesion (3)	19283	\$ 258.52	Yes
	19284	\$ 193.94	Yes
Placement of breast localization device, percutaneous; ultrasound guidance; first lesion (3) Each additional lesion (3)	19285	\$ 490.09	Yes
	19286	\$ 429.15	Yes
Surgical Pathology - Level IV gross and microscopic examination	88305	\$ 70.63	No
	88305TC	\$ 31.91	
	88305-26	\$ 38.72	
Surgical Pathology - Level V gross and microscopic examination, requiring microscopic evaluation of surgical margins	88307	\$ 294.00	No
	88307TC	\$ 209.00	
	88307-26	\$ 85.00	

Cervical Procedures continued on next page

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Cervical Procedures	Code	16-17 Fee	Office Fee Allowed
Screening			
Pelvic Examination - Bimanual	N/A		Yes Yes
Cytopathology, cervical or vaginal, <i>requiring interpretation</i> by physician	88141	\$ 31.57	
Cytopathology (liquid based Pap test) cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	88142	\$ 27.60	
Cytopathology (liquid based Pap test) cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening and rescreening under physician supervision	88143	\$ 27.60	
Cytopathology (conventional Pap test), slides cervical or vaginal, manual screening under physician supervision	88164	\$ 14.39	
Cytopathology (conventional Pap test), slides cervical or vaginal, manual screening and rescreening under physician supervision	88165	\$ 14.39	
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation, screening by automated system, under physician supervision	88174	\$ 29.11	
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation, screening by automated system and manual rescreening under physician supervision	88175	\$ 35.40	
Human Papillomavirus, high-risk types (4)	87624	\$ 33.41	No
Human Papillomavirus, types 16 and 18 only (4)	87625	\$ 33.41	No
Follow-Up			
Colposcopy	57452	\$ 105.49	Yes
Colposcopy with Biopsy and endocervical curettage	57454	\$ 148.40	Yes
Colposcopy with Biopsy	57455	\$ 138.06	Yes
Colposcopy with endocervical curettage	57456	\$ 130.17	Yes
Surgical Pathology - Level IV			
	88305	\$ 70.63	No
	88305TC	\$ 31.91	No
	88305-26	\$ 38.72	No

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Physician Visits Office Visits (5)	CPT Code	16-17 Fee
New patient; history, exam, straightforward decision-making; 10 minutes	99201	\$ 41.87
New patient; <i>expanded</i> history, exam, straightforward decision-making; 20 minutes	99202	\$ 71.79
New patient; <i>detailed</i> history, exam, straightforward decision-making; 30 minutes	99203	\$ 103.91
Established patient; evaluation and management, may not require presence of physician; 5 minutes	99211	\$ 19.04
Established patient; history, exam, straightforward decision-making; 10 minutes	99212	\$ 41.59
Established patient; <i>expanded</i> history, exam, straightforward decision- making; 15 minutes	99213	\$ 70.29
Established patient; <i>detailed</i> history, exam, moderately complex decision-making; 25 minutes	99214	\$ 103.46

00400 Anesthesia

Not to exceed 3 Base Units plus Time Units (length of time spent providing anesthesia service in 15 minute increments) times Conversion Rate (\$21.44) or \$325, whichever is lower.

Global and Split Fees

Both global and split fees apply to the breast procedures listed on page 1 of this fee schedule. The method and direction of payment will determine their usage for your facility. The following are the codes and definitions that apply:

G = Global; the all-inclusive fee for performing and interpreting the service.

TC = Technical Component; the fee for performing the service.

26 = Professional Component; the fee for interpreting the service.

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NOTES:

- (1) NC BCCCP covers only the physician's fee. Any facility charges associated with these CPT codes are not covered
- (2) Codes 19081-19084 are to be used for breast biopsies that include image guidance, placement of localization device, and imaging of specimen. These codes should not be used in conjunction with 19281-19286.
- (3) Codes 19281-19286 are for image guidance placement of localization device without image-guided biopsy. These codes should not be used in conjunction with 19081-19084.
- (4) HPV DNA testing is a reimbursable procedure if used for screening in conjunction with Pap testing or for follow-up of an abnormal Pap or surveillance per ASCCP guidelines. It is not reimbursable as a primary screening test for women of all ages or as an adjunctive screening test to the Pap for women under 30 years of age. Providers should specify the high-risk HPV DNA panel only. Reimbursement of screening for low-risk HPV types is not permitted.
The CDC will allow for reimbursement of Cervista HPV HR at the same rate as the Digene Hybrid Capture 2 HPV DNA. CDC funds may be used for reimbursement of HPV genotyping.
- (5) All consultations should be billed through the standard "new patient" office visit CPT codes: 99201-99205. Consultations billed as 99204 or 99205 must meet the criteria for these codes, and must be pre-authorized. Codes 99204 and 99205 are not appropriate for NC BCCCP screening visits.

North Carolina Breast and Cervical Cancer Control Program
Maximum Allowable Fees - WISEWOMAN
For the Period 07/01/2016 - 06/30/2017
Revised: 05/26/2016
Reviewed 06/29/2016

<u>Procedures</u>	<u>CPT Code</u>	<u>Fee</u>
Automated Lipid Panel *	80061	\$ 18.24
Lipid Panel (CLIA waived) ¹	80061QW	\$ 18.24
Cholesterol, Total Serum	82465	\$ 5.92
Cholesterol, Total Serum (CLIA waived)	82465QW	\$ 5.92
Lipoprotein (HDL)	83718	\$ 11.16
Lipoprotein (HDL) (CLIA waived)	83718QW	\$ 11.16
Glucose, blood, quantitative	82947	\$ 5.35
Glucose, blood, quantitative (CLIA waived)	82947QW	\$ 5.35
Glucose, blood, reagent strip	82948	\$ 4.32
Glucose, tolerance test, three specimens	82951	\$ 17.53
Glucose, tolerance test, three specimens (CLIA waived)	82951QW	\$ 17.53
Hemoglobin A1C	83036	\$ 13.22
Hemoglobin A1C (CLIA waived)	83036QW	\$ 13.22
Basic Metabolic Profile **	80048	\$ 10.92
Basic Metabolic Profile (CLIA waived)**	80048QW	\$ 10.92
Other		
Routine venipuncture	36415	\$ 3.00
Education and Training for Patient Self-Management		
Individual, Face-to-face, 30 minutes	98960	\$ 30.00
Group, Face-to-face, 30 minutes	98961	\$ 30.00
Individual, Phone, 15 minutes	98967	\$ 15.00
Office Visits		
New Patient, Brief	99201	\$ 41.87
New Patient, Limited	99202	\$ 71.79
New Patient, Intermediate	99203	\$ 103.91
New Patient, Limited (Comprehensive)	99204	\$ 159.32
New Patient, Intermediate (Comprehensive)	99205	\$ 200.06
Established Patient, Brief	99211	\$ 19.04
Established Patient, Limited	99212	\$ 41.59
Established Patient, Intermediate	99213	\$ 70.29

Note: Office Visits listed above may be used to reimburse for consultations associated with WISEWOMAN referrals, when applicable.

*Lipid Panel tests are: Total Serum Cholesterol, Lipoprotein (HDL and LDL) and Triglycerides.

**Basic Metabolic Profile Collection Container: 1 mL Serum / One SST Remarks: Includes NA, K, CL, CO2, GLUC, BUN, CREA, CA

¹ The Clinical Laboratory Improvement Amendments of 1988 (CLIA) law specifies that laboratory requirements be based on the complexity of the test performed and established provisions for categorizing a test as waived. Tests may be waived from regulatory oversight if they meet certain requirements established by the statute. CLIA waived tests employ methodologies that are so simple and accurate as to render the likelihood of erroneous results negligible; pose no reasonable risk of harm to the patient if the test is performed incorrectly; and/or are cleared by the Food and Drug Administration for home use.