

Alabama Breast and Cervical Cancer Early Detection Program (ABCCEDP)				
FY13 Reimbursement Rate Table				
(Effective for Dates of Service Beginning June 30, 2012 to June 29, 2013, Corrected Sep 12, 2012)				
Current Procedural Terminology (CPT) Description	Procedure Code	Reimbursement rate	Professional (26)	Technical (TC)
Office Visits - New Patients				
New Patient Screening (Pap Smear, Pelvic Exam AND Clinical Breast Exam) does not include Pap smear lab fee	99203	\$96.32		
New Patient Partial Screening (Pap Smear and Pelvic or Clinical Breast Exam) does not include Pap lab fee	99202	\$66.55		
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	\$64.93		
Established partial screening (Pap smear and pelvic exam or clinical breast exam) does not include Pap smear lab fee	99212	\$38.80		
Referral patient (ex: referral for mamm from other provider) or established - 5 min.	99211	\$17.94		
Consultations				
Consultation Visit - 10 minutes face-to-face with patient	99201	\$38.80		
Consultation Visit - 20 minutes face-to-face with patient	99202	\$66.55		
Consultation Visit - 30 minutes face-to-face with patient	99203	\$96.32		
Breast Screening and Diagnostic Procedures				
Screening				
Screening Mammogram	77057	\$73.64	\$32.54	\$41.10
Screening Mammogram, digital image	G0202	\$73.64	\$32.54	\$41.10
Diagnostic				
Diagnostic Unilateral Mammogram,	77055	\$79.32	\$32.54	\$46.78
Diagnostic Unilateral Mammogram, digital image	G0206	\$79.32	\$32.54	\$46.78
Diagnostic Bilateral Mammogram	77056	\$101.41	\$40.28	\$61.13
Diagnostic Bilateral Mammogram, digital image	G0204	\$101.41	\$40.28	\$61.13
Stereotactic localization for breast biopsy, each lesion, radiological supervision and interpretation	77031	\$133.02	\$73.99	\$59.03
Preoperative placement of needle localization wire, breast, radiological supervision and interpretation	77032	\$49.29	\$25.82	\$23.47
Radiological examination, surgical specimen	76098	\$16.83	\$7.40	\$9.43
Ultrasound, Global-Echography, Breasts (unilateral or bilateral) B-scan and/or real time with image documentation	76645	\$88.82	\$25.00	\$63.82
Ultrasonic guidance for needle biopsy, radiological supervision and interpretation	76942	\$183.50	\$31.22	\$152.28
Aspiration of Cyst of Breast	19000	\$98.50		
Puncture aspiration of each additional cyst of breast	19001	\$24.07		
Biopsy of breast; needle core (surgical procedure only), Performed in a non-facility setting	19100NS	\$131.70		
Biopsy of breast; needle core (surgical procedure only), Performed in a facility setting	19100FS	\$62.37		
Biopsy of breast; needle core (surgical procedure only), Facility Fee	19100FF*	\$62.37		
Incisional biopsy of breast, Performed in a non-facility setting	19101NS	\$300.66		
Incisional biopsy of breast, Performed in a facility setting	19101FS	\$196.66		
Incisional biopsy of breast, Facility Fee	19101FF*	\$196.66		
Biopsy of breast, percutaneous, needle core, using imaging guidance, Performed in a non-facility setting	19102NS	\$191.46		
Biopsy of breast, percutaneous, needle core, using imaging guidance, Performed in a facility setting	19102FS	\$94.34		
Biopsy of breast, percutaneous, needle core, using imaging guidance, Facility Fee	19102FF*	\$94.34		
Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance, Performed in a non-facility setting	19103NS	\$490.17		
Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance, Performed in a facility setting	19103FS	\$175.18		
Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance, Facility Fee	19103FF*	\$175.18		
Excision of cyst, fibroadenoma, or other benign or malignant tumor aberrant breast tissue, duct lesion, or nipple lesion (surgical professional fee),Performed in a non-facility setting	19120NS	\$432.06		
Excision of cyst, fibroadenoma, or other benign or malignant tumor aberrant breast tissue, duct lesion, or nipple lesion(surgical professional fee),Performed in facility setting	19120FS	\$364.22		
Excision of cyst, fibroadenoma, or other benign or malignant tumor aberrant breast tissue, duct lesion, or nipple lesion, Facility Fee	19120FF*	\$364.22		
Excision of breast lesion identified by pre-operative placement of radiological marker-single lesion, Performed in a non-facility setting	19125NS	\$479.24		

Excision of breast lesion identified by pre-operative placement of radiological marker-single lesion, Performed in a facility setting	19125FS	\$404.53		
Excision of breast lesion identified by pre-operative placement of radiological marker-single lesion, Facility Fee	19125FF*	\$404.53		
Excision of breast lesion identified by pre-operative placement of radiological marker-each additional lesion	19126	\$143.96		
Preoperative placement of needle localization wire, breast, Performed in a non-facility setting	19290NS	\$143.78		
Preoperative placement of needle localization wire, breast	19290	\$59.51		
Preoperative placement of needle localization wire, breast, each additional lesion, performed in a non-facility setting	19291NS	\$61.40		
Preoperative placement of needle localization wire, breast, each additional lesion	19291	\$29.42		
Image guided placement, metallic localization clip, percutaneous, during breast biopsy	19295	\$79.95		
Fine Needle Aspiration without imaging guidance, Performed in a non-facility setting	10021NS	\$130.75		
Fine Needle Aspiration without imaging guidance	10021	\$64.11		
Fine Needle Aspiration with imaging guidance, Performed in a non-facility setting	10022NS	\$123.49		
Fine Needle Aspiration with imaging guidance	10022	\$60.13		
Breast Lab				
Laboratory Evaluation of Fine Needle Aspiration	88172	\$48.91	\$32.31	\$16.60
Interpretation and Report of Fine Needle Aspiration	88173	\$127.02	\$64.69	\$62.32
Breast biopsy interpretation	88305	\$95.78	\$34.66	\$61.13
Level V-Surgical pathology, breast biopsy interpretation	88307	\$211.82	\$75.39	\$136.44
Pathology consultation during surgery, first tissue block, with frozen section, single specimen	88331	\$85.95	\$56.51	\$29.45
Cervical Screening and Diagnostic Procedures				
Screening-- ONE path lab fee per sample				
Lab fee for Pap test (Conventional); manual screening under physician supervision	88164	\$14.97		
Lab fee for Pap test (Conventional); requiring interpretation by physician	88141	\$27.03		
Lab fee for Pap test (LBC); manual screening under physician supervision	88142	\$28.70		
Lab fee for Pap test (LBC); manual screening and rescreeing under physician	88143	\$28.70		
Lab fee for Pap test (LBC); screening by automated system, under physician supervision	88174	\$28.70		
Lab fee for Pap test (LBC); screening by automated system and manual rescreeing, under physician supervision	88175	\$28.70		
HPV test	87621	\$31.93		
Diagnostic				
Colposcopy without Biopsy (surgical procedure only)	57452	\$99.46		
Colposcopy with Biopsy and endocervical curettage (surgical procedure only)	57454	\$141.02		
Colposcopy with biopsy(s) of the cervix	57455	\$131.04		
Colposcopy with endocervical curettage	57456	\$123.86		
Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)	58110	\$44.28		
Endometrial sampling (biopsy) with or w/o endocervical sampling	58100	\$100.50		
Endoscopy with loop electrode biopsy(s) of the cervix	57460	\$261.56		
Endoscopy with loop electrode conization of the cervix	57461	\$295.12		
Cervical Biopsy, single or multiple	57500	\$117.29		
Endocervical curettage(not done as a part of a d&c)	57505	\$93.04		
Conization of cervix; cold knife or laser	57520	\$280.27		
Conization of cervix; cold knife or laser, Facility Fee	57520FF*	\$250.68		
Loop electrode excision procedure	57522	\$241.47		
Loop electrode excision procedure, Facility Fee	57522FF*	\$223.84		
Colposcopy Biopsy Interpretation	88305	\$95.78	\$34.66	\$61.13
ANESTHESIA For BREAST BIOPSY				
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. Maximum of 9 Global Rates.				
		Global	M.D.	CRNA
Base Anesthesia Rate	00400 Base	\$60.15	\$30.09	\$30.06
One 15 Minute Unit	400	\$20.05	\$10.03	\$10.02

Diagnostic procedure fees: 1)* FF - Hospitals get reimbursed with facility fee 2) NS - Non-facility setting fee (NS) payable to the surgeon and no facility fee paid towards the service; 3) FS - Facility setting fee (FS) payable to the surgeon, when performed in a hospital setting.

Note: 1) Procedures not listed in this table are not covered by ABCCEDP 2) Providers need to discuss any non-covered services with clients before providing them

Reimbursement Policy for Treatment-related services: ABCCEDP cannot and will not pay for any treatment-related services.

Reimbursement Policy for HPV testing: Digene HPV test or Cervista HPV HR Test (paid at Digene HPV test rate);

Reimbursable as a primary screening test when performed in conjunction with Pap Smear test.