

New Hampshire Breast and Cervical Cancer Program
REVISED 2015 Reimbursement Rates
Effective April 1, 2015

CPT	Service Description			
	SURGICAL SERVICES	GC	TC	PC
10021	Fine Needle Aspiration without imaging guidance	\$156.19		
10022	Fine Needle Aspiration with imaging guidance	\$68.25		
19000	Aspiration of Cyst of Breast	\$118.96		
19001	Aspiration of Cyst of Breast, each additional cyst	\$22.63		
19081	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion	\$174.08		
19082	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion	\$87.06		
19083	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion	\$170.57		
19084	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion	\$82.04		
19085	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion	\$206.50		
19086	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion	\$97.98		
19100	Biopsy of breast, needle core	\$72.17		
19101	Incisional biopsy of breast	\$229.44		
19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor aberrant breast tissue, duct lesion or nipple lesion	\$426.55		
19125	Excision of breast lesion identified by pre-operative placement of radiological marker - single lesion	\$473.81		
19126	Excision of breast lesion identified by pre-operative placement of radiological marker - each additional lesion	\$166.33		
19281	Placement of breast localization device, percutaneous; mammographic guidance; first lesion	\$105.81		
19282	Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion	\$53.50		
19283	Placement of breast localization device, percutaneous; stereotactic guidance; first lesion	\$106.19		
19284	Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion	\$53.88		
19285	Placement of breast localization device, percutaneous; ultrasound guidance; first lesion	\$90.37		
19286	Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion	\$45.62		
19287	Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion	\$141.60		
19288	Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion	\$69.30		
57452	Colposcopy without Biopsy	\$112.77		
57454	Colposcopy with Biopsy and Endocervical Curettage	\$157.74		
57455	Colposcopy with biopsy(s) of the cervix	\$148.05		
57456	Colposcopy with Endocervical Curettage	\$139.46		
57460*	Endoscopy with loop electrode biopsy(s) of the cervix	\$294.38		
57461*	Endoscopy with loop electrode conization of the cervix	\$332.57		
57500*	Biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate	\$133.77		
57505	Endocervical Curettage alone	\$105.80		
57520*	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	\$316.93		
57522*	Loop electrode excision procedure	\$271.73		
58100*	Endometrial biopsy	\$112.46		
58110*	Endometrial biopsy in conjunction with colposcopy	\$49.57		

	RADIOLOGICAL SERVICES	GC	TC	PC
76098	Radiological examination, surgical specimen	\$16.94	\$8.63	\$8.31
76641	Ultrasound, complete examination of breast including axilla, unilateral	\$113.84	\$75.97	\$37.87
76642	Ultrasound, limited examination of breast including axilla, unilateral	\$93.52	\$58.19	\$35.33
76942	Ultrasonic guidance for needle biopsy, radiological supervision and interpretation	\$62.59	\$28.69	\$33.90
77053*	Mammary ductogram or galactogram, single duct	\$60.72	\$42.31	\$18.41
77055	Diagnostic/Follow-up - Unilateral Mammogram	\$93.55	\$57.44	\$36.11
G0206	Diagnostic/Follow-up - Unilateral Mammogram	\$135.16	\$99.43	\$35.73
77056	Diagnostic/Follow-up - Bilateral Mammogram	\$120.36	\$75.59	\$44.77
G0204	Diagnostic/Follow-up - Bilateral Mammogram	\$171.43	\$126.66	\$44.77
77057	Screening Mammogram	\$85.60	\$49.49	\$36.11
77058*	Magnetic Resonance Imaging, breast with and/or without contrast, unilateral	\$572.91	\$488.39	\$84.52
77059*	Magnetic Resonance Imaging, breast with and/or without contrast, bilateral	\$566.83	\$482.31	\$84.52
G0202	Screening Mammogram	\$140.83	\$105.10	\$35.73
	PATHOLOGY AND LABORATORY SERVICES			
87624	Human Papillomavirus, high-risk types	\$35.45		
88141	Cytopathology, cervical or vaginal (any reporting system) requiring interpretation by physician	\$33.42		
88142	Cytopathology cervical or vaginal, automated thin layer preparation; manual screening under	\$27.57		
88143	Cytopathology, cervical or vaginal, automated thin layer preparation; manual screening and	\$27.57		
88164	Pap test, reported in Bethesda System, manual screening under supervision of physician	\$14.38		
88172	Evaluation of Fine Needle Aspiration	\$58.58	\$20.74	\$37.84
88173	Interpretation and Report of Fine Needle Aspiration	\$157.31	\$83.85	\$73.46
88174	Cytopathology, cervical or vaginal, automated thin layer preparation; screening by automated system, under physician supervision	\$29.08		
88175	Cytopathology, cervical or vaginal, automated thin layer preparation; screening by automated system and manual rescreening, under physician supervision	\$36.05		
88305	Tissue Biopsy Interpretation (Breast and/or Cervical)	\$75.48	\$35.87	\$39.61
88307	Level V surgical pathology, gross and microscopic exam	\$320.25	\$232.89	\$87.36
88331	Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen	\$106.72	\$41.17	\$65.55
88332	Pathology consultation during surgery, with frozen sections(s), each additional specimen	\$46.69	\$14.31	\$32.38
88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	\$70.49	\$48.35	\$22.14
88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	\$94.12	\$57.05	\$37.07
	EVALUATION AND MANAGEMENT SERVICES			
99201	New Patient - Problem Focused - usually 10 minutes	\$45.27		
99202	New Patient - Expanded - usually 20 minutes	\$77.05		
99203	New Patient - Detailed Exam (medical decision making of low complexity) - usually 30 minutes	\$111.44		
99204	New Patient - comprehensive history, exam, moderate decision making; 45 minutes	\$169.03		
99205	New Patient - comprehensive history, exam, high decision making; 60 minutes	\$212.05		
99211	Established Patient - Minimal - usually 5 minutes	\$20.74		
99212	Established Patient - Problem Focused - usually 10 minutes	\$45.27		
99213	Established Patient - Expanded - (medical decision making of low complexity) - usually 15 minutes	\$74.76		
99214	Established Patient; detailed history, exam, moderately complex decision-making; 25 minutes	\$110.85		
	The BCCP does not cover facility charges			
	* Prior authorization required - verify with referring Case Manager before submitting for reimbursement			
	Anesthesia rate = \$22.60			
	Deletions: CPT codes: 76645, 87621, G0461, G0462			
	Additions: CPT codes: 76641, 76642, 87624, 88142, 88143, 88174, 88175, 88341, 88342, 99214, 77058, 77059			