

**Allowable CPT Codes for the Illinois Breast and Cervical Cancer Program
Effective February 1, 2013**

- The following reimbursement rates are based on the highest allowable Medicare rates for Illinois.
- Providers must accept the CPT rate as full payment for services. Balances may not be billed to the client.
- IBCCP clients are responsible for paying the bills for CPT codes not included on this list. A written estimate of the additional charges must be provided to the client. Providers are encouraged to write-off the charges not reimbursed by IBCCP.
- All services must be provided on an outpatient basis.
- TC = Technical Component or the cost of performing the test or procedure.
26 = Professional Component or the cost of interpretation of the test or procedure by a physician.

CPT Code	Description and Payers (F = Federal/BCCP, S = State)	Fees			
		TC	26	Total	
Office Visits					
99201	Office Visit, New Patient - Breast Exam Only	F S			\$47.18
99202	Office Visit, New Patient - Pelvic Exam Only	F S			\$80.09
99203	Office Visit, New Patient - Breast and Pelvic Exam	F S			\$117.58
99212	Office Visit, Established Patient - Breast <u>or</u> Pelvic Exam Repeat CBE (Considered a Dx Procedure) – 10 minutes	F S			\$47.18
99213	Office Visit, Established Patient - Breast <u>and</u> Pelvic Exam	F S			\$78.27
Consultation Visits					
99202	Office Consultation Visit (Considered a Dx Procedure) – 20 minutes	F S			\$80.09
99203	Office Consultation Visit (Considered a Dx Procedure) – 30 minutes	F S			\$117.58
99204	Office Consultation Visit (Considered a Dx Procedure) – 45 minutes	F S			\$179.36
BREAST - Radiology Codes – Mammography					
77055	Diagnostic Mammogram, Unilateral	F	\$58.63	\$36.30	\$94.93
77056	Diagnostic Mammogram, Bilateral	F	\$76.51	\$45.46	\$121.98
77057	Screening Mammogram, Bilateral	F S	\$50.41	\$36.65	\$87.06
G0202	Screening Mammogram, Digital, Bilateral	F S	\$109.77	\$37.37	\$147.14
G0204	Diagnostic Mammogram, Digital, Bilateral	F	\$132.65	\$46.54	\$179.19
G0206	Diagnostic Mammogram, Digital, Unilateral	F	\$104.05	\$37.37	\$141.42
BREAST - Radiology Codes – Diagnostics					
76098	Radiological exam, surgical specimen	F	\$12.15	\$8.46	\$20.61
76645	Ultrasound breast(s), Bilateral or Unilateral	F	\$68.29	\$28.90	\$97.19
76942	Ultrasonic guidance for needle placement (e.g., biopsy aspiration or localization device); imaging supervision and interpretation	F	\$185.22	\$35.25	\$220.46
77031	Stereotactic localization guidance for breast biopsy or needle placement (e.g. for wire localization), <u>each lesion</u> ; radiological supervision and interpretation	F	\$55.06	\$84.94	\$140.00

CPT Code	Description and Payers (F = Federal/BCCP, S = State)	Fees			
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77032	Mammographic guidance for needle placement, breast, each lesion	F	\$27.17	\$28.90	\$56.06
BREAST - Surgical Codes					
10021	Fine Needle Aspiration (FNA) <u>without</u> imaging guidance	F			\$168.76
10022	Fine Needle Aspiration (FNA) <u>with</u> imaging guidance	F			\$152.38
19000	Puncture aspiration of breast cyst	F			\$123.03
19001	Puncture aspiration of breast cysts, <u>each additional cyst</u>	F			\$29.34
19100	Breast biopsy, percutaneous needle core, not using imaging guidance	F			\$171.58
19101	Breast biopsy, <u>open incisional</u>	F			\$390.46
19102	Breast biopsy, percutaneous needle core, using imaging guidance	F			\$234.75
19103	Breast biopsy, percutaneous automated vacuum assisted or rotating biopsy device using imaging guidance (Mammatome)	F			\$608.42
19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion, <u>open</u> ; one or more lesions	F			\$566.48
19125	Excision of breast lesion identified by preoperative placement of radiological marker, single; <u>open</u> ; lesion	F			\$629.79
19126	Excision of breast lesion identified by preoperative placement of radiological marker, <u>open</u> ; <u>each additional lesion separately</u> identified by a preoperative radiological marker	F			\$188.68
19290	Preoperative placement of needle localization wire, breast	F			\$171.34
19291	Preoperative placement of needle localization wire, breast, <u>each additional lesion</u>	F			\$73.17
19295	Image guided placement of percutaneous metallic localization clip during breast biopsy	F			\$100.83

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CERVICAL - Screening Codes					
88141	Pap Test, (Liquid Based or Conventional) cervical or vaginal, reported in the Bethesda System, requiring physician interpretation	F S			\$ 34.00
88142	Pap Test, cervical or vaginal, Liquid Based, thin prep, manual screening under physician supervision*	F S			\$27.85
88164	Pap Test, Conventional slides, cervical or vaginal, reported in the Bethesda System, manual screening under physician supervision	F S			\$14.53
* CPT codes 88143, 88174, 88175 must be reimbursed at the applicable 88142 Medicare reimbursement rate (or less based on bill received).					

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CERVICAL - Diagnostic Codes					
57452	Colposcopy of cervix including upper/adjacent vagina without biopsy or Endocervical Curettage (ECC)	F			\$123.88
57454	Colposcopy of the cervix with biopsy and endocervical curettage	F			\$175.73
57455	Colposcopy of the cervix with biopsy	F			\$163.50
57456	Colposcopy of the cervix with endocervical curettage	F			\$154.32
57460	Endoscopy with Loop Electrode biopsy(s) of the cervix**	F			\$321.90
57461	Endoscopy with Loop Electrode Conization biopsy of the cervix**	F			\$364.64
57500	Biopsies or Local Excision of Cervical Lesion, single or multiple**	F			\$144.87
57505	Endocervical Curettage (ECC)	F			\$116.27
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair, cold knife or laser**	F			\$348.35
57522	Loop Electrode Excision Procedure (LEEP)**	F			\$302.57
58100	Endometrial Sampling (Biopsy) with or without endocervical sampling (Biopsy), without cervical dilation**	F			\$125.27
58110	Endometrial Sampling (Biopsy) performed in conjunction with colposcopy**	F			\$54.77
58558	Hysteroscopy with Endometrial Biopsy**	S			\$451.13
76856	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete**	S	\$99.04	\$35.24	\$134.28
87621	HPV (Human Papillomavirus) testing <ul style="list-style-type: none"> • Hybrid Capture II from Digene (High Risk Typing, only) • Cervista HPV HR 	F			\$48.24
CERVICAL - Treatment Codes					
57460	Endoscopy with Loop Electrode Biopsy(s) of the cervix **	S			\$321.90
57461	Endoscopy with Loop Electrode Conization biopsy of the cervix**	S			\$364.64
57511	Cryocautery of the cervix**	S			\$166.75
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair, cold knife or laser**	S			\$348.35
57522	Loop Electrode Excision Procedure (LEEP)**	S			\$302.57
**Use of these codes is restricted. They are reimbursed in special circumstances with prior approval only.					

CPT Code	Description and Payers (F = Federal/BCCP, S = State)	Fees			
		TC	26	Total	
Pathology Fees					
88172	Evaluation of FNA of Breast(s) to determine specimen adequacy	F	\$20.73	\$37.04	\$57.78
88173	Interpretation and report of FNA of Breast(s)	F	\$84.38	\$74.07	\$158.45
88305	Surgical pathology, breast (does not evaluate surgical margins) or cervical biopsy specimens	F	\$35.39	\$38.43	\$73.82
88307	Surgical pathology, breast (evaluates surgical margins) or cervical specimens	F S	\$226.70	\$86.44	\$313.14
88331	Frozen section, first tissue block, single specimen (breast or cervical)	F S	\$40.76	\$63.86	\$104.62
88332	Frozen section, <u>each additional</u> specimen (Limit 2) (breast or cervical)	F S	\$14.29	\$31.75	\$46.05
Preoperative Testing					
71010	Chest x-ray, 1 view	S	\$16.08	\$9.52	\$25.60
71020	Chest x-ray, 2 views	S	\$21.80	\$11.28	\$33.08
80048	Basic metabolic panel	S			\$11.63
80053	Comprehensive metabolic panel	S			\$14.53
81001	Urinalysis	S			\$4.35
81025	Pregnancy test	S			\$8.70
85014	Hematocrit	S			\$3.26
85018	Hemoglobin	S			\$3.26
85025	CBC with differential WBC count	S			\$10.69
85027	CBC without differential	S			\$8.89
93000	EKG	S			\$19.89
Additional Procedure Fees					
99144	Conscious Sedation	S			\$200.00
00400	General Anesthesia	F			\$300.00
99070	Surgical supplies (not covered in the above CPT codes)	F S			\$500.00