

Allowable CPT Codes for the Illinois Breast and Cervical Cancer Program Effective January 2014

- 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			\$46.33
99202	Office Visit, New Patient - Pelvic Exam Only	F S			\$79.61
99203	Office Visit, New Patient - Breast and Pelvic Exam	F S			\$116.55
99212	Office Visit, Established Patient - Breast <u>or</u> Pelvic Exam Repeat CBE (Considered a Dx Procedure) – 10 minutes	F S			\$46.70
99213	Office Visit, Established Patient - Breast <u>and</u> Pelvic Exam	F S			\$78.08
Consultation Visits					
99202	Office Consultation Visit (Considered a Dx Procedure) – 20 minutes	F S			\$79.61
99203	Office Consultation Visit (Considered a Dx Procedure) – 30 minutes	F S			\$116.55
99204	Office Consultation Visit (Considered a Dx Procedure) – 45 minutes	F S			\$179.62
BREAST - Radiology Codes – Mammography/MRI/Ductogram					
77055	Diagnostic Mammogram, Unilateral	F	\$57.21	\$38.31	\$95.52
77056	Diagnostic Mammogram, Bilateral	F	\$75.16	\$47.52	\$122.68
77057	Screening Mammogram, Bilateral	F S	\$49.35	\$38.31	\$87.66
G0202	Screening Mammogram, Digital, Bilateral	F S	\$104.33	\$37.94	\$142.27
G0204	Diagnostic Mammogram, Digital, Bilateral	F	\$126.02	\$47.52	\$173.54
G0206	Diagnostic Mammogram, Digital, Unilateral	F	\$98.72	\$37.94	\$136.66
77053	Mammary ductogram or galactogram, single duct, radiological supervision and interpretation	F	\$44.49	\$18.79	\$63.28
77058	Magnetic Resonance Imaging, breast, with and/or without contrast, unilateral**	F	\$491.78	\$89.14	\$580.92
77059	Magnetic Resonance Imaging, breast, with and/or without contrast, bilateral**	F	\$489.54	\$89.14	\$578.67
**Use of these codes is restricted. They are reimbursed in special circumstances with prior approval only.					
BREAST - Radiology Codes – Diagnostics					
76098	Radiological exam, surgical specimen	F	\$11.95	\$8.84	\$20.79
76645	Ultrasound breast(s), Bilateral or Unilateral	F	\$75.53	\$30.20	\$105.74
76942	Ultrasonic guidance for needle placement (e.g., biopsy aspiration or localization device); imaging supervision and interpretation	F	\$42.25	\$36.46	\$78.71

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BREAST - Surgical Codes					
10021	Fine Needle Aspiration (FNA) <u>without</u> imaging guidance	F			\$163.67
10022	Fine Needle Aspiration (FNA) <u>with</u> imaging guidance	F			\$151.07
19000	Puncture aspiration of breast cyst	F			\$121.51
19001	Puncture aspiration of breast cysts, <u>each additional cyst</u>	F			\$29.91
19100	Breast biopsy, percutaneous needle core, not using imaging guidance	F			\$165.86
19101	Breast biopsy, <u>open incisional</u>	F			\$377.00
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			\$557.43
19125	Excision of breast lesion identified by preoperative placement of radiological marker, single; open; lesion	F			\$619.08
19126	Excision of breast lesion identified by preoperative placement of radiological marker, open; <u>each additional lesion separately</u> identified by a preoperative radiological marker	F			\$191.41
19081	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion	F			\$735.86
19082	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion	F			\$582.99
19083	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion	F			\$728.62
19084	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion	F			\$574.09
19085	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion	F			\$1094.60
19086	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion	F			\$853.86
19281	Placement of breast localization device, percutaneous; mammographic guidance; first lesion	F			\$261.89
19282	Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion	F			\$178.35
19283	Placement of breast localization device, percutaneous; stereotactic guidance; first lesion	F			\$296.67
19284	Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion	F			\$213.88
19285	Placement of breast localization device, percutaneous; ultrasound guidance; first lesion	F			\$497.39
19286	Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion	F			\$413.70

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BREAST - Surgical Codes (continued)				
19287	Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion	F		\$931.15
19288	Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion	F		\$727.51

CPT Code	Description and Payers (F = Federal/BCCP, S = State)	Fees		
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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		\$ 34.05
88142	Pap Test, cervical or vaginal, Liquid Based, thin prep, manual screening under physician supervision*	F S		\$27.64
88164	Pap Test, Conventional slides, cervical or vaginal, reported in the Bethesda System, manual screening under physician supervision	F S		\$14.42
87621	HPV (Human Papillomavirus) testing <ul style="list-style-type: none"> • Hybrid Capture II from Digene (High Risk Typing, only) • Cervista HPV HR 	F		\$47.87

* CPT codes 88143, 88174, 88175 must be reimbursed at the applicable 88142 Medicare reimbursement rate (or less based on bill received).

CERVICAL - Diagnostic Codes				
57452	Colposcopy of cervix including upper/adjacent vagina without biopsy or Endocervical Curettage (ECC)	F		\$123.83
57454	Colposcopy of the cervix with biopsy and endocervical curettage	F		\$176.12
57455	Colposcopy of the cervix with biopsy	F		\$163.35
57456	Colposcopy of the cervix with endocervical curettage	F		\$154.51
57460	Endoscopy with Loop Electrode biopsy(s) of the cervix**	F		\$315.85
57461	Endoscopy with Loop Electrode Conization biopsy of the cervix**	F		\$359.01
57500	Biopsies or Local Excision of Cervical Lesion, single or multiple**	F		\$141.69
57505	Endocervical Curettage (ECC)	F		\$114.77
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair, cold knife or laser**	F		\$347.53
57522	Loop Electrode Excision Procedure (LEEP)**	F		\$301.93
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		\$54.99
58558	Hysteroscopy with Endometrial Biopsy**	S		\$447.11
76856	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete**	S	\$95.35	\$36.84 \$132.19

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CERVICAL - Diagnostic Codes (continued)					
87621	HPV (Human Papillomavirus) testing • Hybrid Capture II from Digene (High Risk Typing, only) • Cervista HPV HR	F			\$47.87
CERVICAL - Treatment Codes					
57460	Endoscopy with Loop Electrode Biopsy(s) of the cervix **	S			\$315.85
57461	Endoscopy with Loop Electrode Conization biopsy of the cervix**	S			\$359.01
57511	Cryocautery of the cervix**	S			\$166.00
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair, cold knife or laser**	S			\$347.53
57522	Loop Electrode Excision Procedure (LEEP)**	S			\$301.93
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Pathology Fees					
88172	Evaluation of FNA of Breast(s) to determine specimen adequacy	F	\$19.43	\$37.61	\$57.05
88173	Interpretation and report of FNA of Breast(s)	F	\$78.52	\$75.56	\$154.09
88305	Surgical pathology, breast (does not evaluate surgical margins) or cervical biopsy specimens	F	\$34.02	\$39.81	\$73.83
88307	Surgical pathology, breast (evaluates surgical margins) or cervical specimens	F S	\$213.53	\$88.13	\$301.66
88331	Frozen section, first tissue block, single specimen (breast or cervical)	F S	\$38.13	\$64.91	\$103.05
88332	Frozen section, <u>each additional</u> specimen (Limit 2) (breast or cervical)	F S	\$13.45	\$32.45	\$45.90
G0461	Immunohistochemistry or immunocytochemistry, per specimen; 1 st stain** (cervical only)	F	\$60.54	\$32.43	\$93.00
G0462	Immunohistochemistry or immunocytochemistry, per specimen; each additional stain** (cervical only)	F	\$58.70	\$13.27	\$71.97
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Preoperative Testing					
71010	Chest x-ray, 1 view	F S	\$15.69	\$9.95	\$25.64
71020	Chest x-ray, 2 views	F S	\$21.30	\$11.79	\$33.09
80048	Basic metabolic panel	F S			\$11.54
80053	Comprehensive metabolic panel	F S			\$14.41
81001	Urinalysis	F S			\$4.32
81025	Pregnancy test	F S			\$8.63
85014	Hematocrit	F S			\$3.23
85018	Hemoglobin	F S			\$3.23
85025	CBC with differential WBC count	F S			\$10.61
85027	CBC without differential	F S			\$8.83
93000	EKG	F S			\$18.17
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