

## FY10 BCCCP Procedure Code Reference Chart

CPT / HCPCS Code	Procedure Code Description	BCCCP Service Billable with CPT / HCPCS Code (BCCCP Definition)
77057 -TC -26	Screening mammography, bilateral (two view film study of each breast) Technical/Facility Component Professional Component	Screening mammogram <ul style="list-style-type: none"> <li>• Two views of each breast</li> <li>• Performed on an <i>asymptomatic</i> woman</li> </ul>
77055 -TC -26	Mammography; unilateral Technical/Facility Component Professional Component	Diagnostic mammogram <ul style="list-style-type: none"> <li>• Two or more views of one breast</li> <li>• Performed on a <i>symptomatic</i> woman</li> </ul>
77056 -TC -26	Mammography; bilateral Technical/Facility Component Professional Component	Diagnostic mammogram <ul style="list-style-type: none"> <li>• Two or more views of each breast</li> <li>• Performed on a <i>symptomatic</i> woman</li> </ul>
G0202 -TC -26	Screening mammography producing direct digital image, bilateral, all views Technical/Facility Component Professional Component	Digital screening mammogram <ul style="list-style-type: none"> <li>• Two views of each breast</li> <li>• Performed on an <i>asymptomatic</i> woman</li> </ul>
G0206 -TC -26	Diagnostic mammography, producing direct digital image, unilateral, all views Technical/Facility Component Professional Component	Digital diagnostic mammogram <ul style="list-style-type: none"> <li>• Two or more views of one breast</li> <li>• Performed on a <i>symptomatic</i> woman</li> </ul>
G0204 -TC -26	Diagnostic mammography, producing direct digital image, bilateral, all views Technical/Facility Component Professional Component	Digital diagnostic mammogram <ul style="list-style-type: none"> <li>• Two or more views of each breast</li> <li>• Performed on a <i>symptomatic</i> woman</li> </ul>
88164	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision	<i>Conventional</i> Pap test <ul style="list-style-type: none"> <li>• Laboratory technical services</li> <li>• Professional component indicated by 88141 when physician interpretation required</li> </ul>
88165	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening under physician supervision	<i>Conventional</i> Pap test – Rescreening <ul style="list-style-type: none"> <li>• Laboratory technical services</li> <li>• Professional component indicated by 88141 when physician interpretation required</li> </ul>
88141	Cytopathology, cervical or vaginal (any reporting system); requiring interpretation by physician (List separately in addition to code for technical service)	Pap test <ul style="list-style-type: none"> <li>• Laboratory professional services</li> <li>• Use in conjunction with codes 88142, 88143, 88164, 88165 when physician interpretation of Pap test is required</li> </ul>

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88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	Thin Prep Pap test <ul style="list-style-type: none"> <li>• Laboratory technical services</li> <li>• Manual screening</li> <li>• Professional component indicated by 88141 when physician interpretation required</li> </ul>
88143	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening under physician supervision	Thin Prep Pap test - Rescreening <ul style="list-style-type: none"> <li>• Laboratory technical services</li> <li>• Manual screening</li> <li>• Professional component indicated by 88141 when physician interpretation required</li> </ul>
88174	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	Thin Prep Pap test <ul style="list-style-type: none"> <li>• Laboratory technical services</li> <li>• Automated screening</li> </ul>
88175	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening, under physician supervision	Thin Prep Pap test - Rescreening <ul style="list-style-type: none"> <li>• Laboratory technical services</li> <li>• Automated screening with manual rescreening</li> </ul>
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: <ul style="list-style-type: none"> <li>• a detailed history;</li> <li>• a detailed examination; and</li> <li>• medical decision making of low complexity.</li> </ul> Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of moderate severity. Providers typically spend 30 minutes face-to-face with the patient and/or family.	Full annual clinical exam <ul style="list-style-type: none"> <li>• CBE AND pelvic/Pap (if due for Pap test)</li> <li>• <i>Symptomatic or diagnosed</i> new patient</li> </ul>

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99204	<p>Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components:</p> <ul style="list-style-type: none"> <li>• a comprehensive history;</li> <li>• a comprehensive examination; and</li> <li>• medical decision making of moderate complexity.</li> </ul> <p>Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually the presenting problem(s) are of moderate to high severity. Providers typically spend 45 minutes face-to-face with the patient and/or family.</p>	<p>Full annual clinical exam</p> <ul style="list-style-type: none"> <li>• CBE AND pelvic/Pap (if due for Pap test)</li> <li>• <i>Symptomatic</i> or <i>diagnosed</i> new patient</li> </ul>
99386	<p>Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunizations(s), laboratory/diagnostic procedures, new patient; 40-64 years</p>	<p>Full annual clinical exam</p> <ul style="list-style-type: none"> <li>• CBE AND pelvic/Pap (if due for Pap test)</li> <li>• <i>Asymptomatic</i> new patient between the ages of 40 and 64</li> </ul>
99387	<p>Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunizations(s), laboratory/diagnostic procedures, new patient; 65 years and over</p>	<p>Full annual clinical exam</p> <ul style="list-style-type: none"> <li>• CBE AND pelvic/Pap (if due for Pap test)</li> <li>• <i>Asymptomatic</i> new patient age 65 and older</li> </ul>
99201	<p>Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components:</p> <ul style="list-style-type: none"> <li>• a problem focused history;</li> <li>• a problem focused examination; and</li> <li>• straight forward medical decision making.</li> </ul> <p>Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problems are self limited or minor. Providers typically spend 10 minutes face-to-face with the patient and/or family.</p>	<p>Partial annual clinical exam</p> <ul style="list-style-type: none"> <li>• Either CBE only OR pelvic/Pap only</li> <li>• <i>Symptomatic</i> or <i>diagnosed</i> new patient</li> </ul>

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99202	<p>Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components:</p> <ul style="list-style-type: none"> <li>• an expanded problem focused history;</li> <li>• an expanded problem focused examination; and</li> <li>• straight forward medical decision making.</li> </ul> <p>Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are of low to moderate severity. Providers typically spend 20 minutes face-to-face with the patient and/or family.</p>	<p>Partial annual clinical exam</p> <ul style="list-style-type: none"> <li>• Either CBE only OR pelvic/Pap only</li> <li>• <i>Symptomatic</i> or <i>diagnosed</i> new patient OR colposcopy office visit</li> </ul>
99213	<p>Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components:</p> <ul style="list-style-type: none"> <li>• an expanded problem focused history;</li> <li>• an expanded problem focused examination;</li> <li>• medical decision making of low complexity.</li> </ul> <p>Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are of low to moderate severity. Providers typically spend 15 minutes face-to-face with the patient and/or family.</p>	<p>Full annual clinical exam</p> <ul style="list-style-type: none"> <li>• CBE AND pelvic/Pap (if due for Pap test)</li> <li>• <i>Symptomatic</i> or <i>diagnosed</i> established patient</li> </ul>
99214	<p>Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components:</p> <ul style="list-style-type: none"> <li>• a detailed history;</li> <li>• a detailed examination;</li> <li>• medical decision making of moderate complexity.</li> </ul> <p>Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually the presenting problem(s) are of moderate to high severity. Providers typically spend 25 minutes face-to-face with the patient and/or family.</p>	<p>Full annual clinical exam</p> <ul style="list-style-type: none"> <li>• CBE AND pelvic/Pap (if due for Pap test)</li> <li>• <i>Symptomatic</i> or <i>diagnosed</i> established patient</li> </ul>

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99396	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; 40-64 years	Full annual clinical exam <ul style="list-style-type: none"> <li>• CBE AND pelvic/Pap (if due for Pap test)</li> <li>• <i>Asymptomatic</i> established patient between the ages of 40 and 64</li> </ul>
99397	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; 65 years and over	Full annual clinical exam <ul style="list-style-type: none"> <li>• CBE AND pelvic/Pap(if due for Pap test)</li> <li>•</li> <li>• <i>Asymptomatic</i> established patient age 65 and older</li> </ul>
99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	Partial annual clinical exam <ul style="list-style-type: none"> <li>• Either CBE only OR pelvic/Pap only (including repeat Paps)</li> </ul>
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three components: <ul style="list-style-type: none"> <li>• a problem focused history;</li> <li>• a problem focused examination;</li> <li>• straight forward medical decision making.</li> </ul> Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Providers typically spend 10 minutes face-to-face with the patient and/or family.	Partial annual clinical exam <ul style="list-style-type: none"> <li>• Either CBE only OR pelvic/pap only (includes repeat Paps)</li> </ul>

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99241	<p>Office consultation for a new or established patient, which requires these three key components:</p> <ul style="list-style-type: none"> <li>• a problem focused history;</li> <li>• a problem focused examination; and</li> <li>• straight forward medical decision making.</li> </ul> <p>Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are self limited or minor. Providers typically spend 15 minutes face-to-face with the patient and/or family.</p>	<p>Breast or cervical consultation</p> <ul style="list-style-type: none"> <li>• Referral for follow-up problem(s) identified during screening</li> <li>• New or established patient</li> </ul>
99242	<p>Office consultation for a new or established patient, which requires these three key components:</p> <ul style="list-style-type: none"> <li>• an expanded problem focused history;</li> <li>• an expanded problem focused examination; and</li> <li>• straight forward medical decision making.</li> </ul> <p>Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are of low severity. Providers typically spend 30 minutes face-to-face with the patient and/or family.</p>	<p>Breast or cervical consultation</p> <ul style="list-style-type: none"> <li>• Referral for follow-up of problem(s) identified during screening</li> <li>• New or established patient</li> </ul>
99243	<p>Office consultation for a new or established patient, which requires these three key components:</p> <ul style="list-style-type: none"> <li>• a detailed history;</li> <li>• a detailed examination; and</li> <li>• medical decision making of low complexity.</li> </ul> <p>Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are of moderate severity. Providers typically spend 40 minutes face-to-face with the patient and/or family.</p>	<p>Breast or cervical consultation</p> <ul style="list-style-type: none"> <li>• Referral for follow-up of problem(s) identified during screening</li> <li>• New or established patient</li> </ul>

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99244	<p>Office consultation for a new or established patient, which requires these three key component:</p> <ul style="list-style-type: none"> <li>• a comprehensive history;</li> <li>• a comprehensive examination; and</li> <li>• medical decision making of moderate complexity.</li> </ul> <p>Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are of moderate to high severity. Providers typically spend 60 minutes face-to-face with the patient and/or family.</p>	<p>Breast or cervical consultation</p> <ul style="list-style-type: none"> <li>• Referral for follow-up of problem(s) identified during screening</li> <li>• New or established patient</li> </ul>
57452	Colposcopy of the cervix including upper/adjacent vagina; Service includes surgical procedure only	<p>Colposcopy</p> <ul style="list-style-type: none"> <li>• Surgical procedure only</li> <li>• Office visit billed separately</li> </ul>
57454	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage; Service includes surgical procedure only	<p>Colposcopy with biopsy of the cervix and endocervical curettage</p> <ul style="list-style-type: none"> <li>• Surgical procedure only</li> <li>• Office visit billed separately</li> </ul>
57455	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix	<p>Colposcopy with biopsy of the cervix</p> <ul style="list-style-type: none"> <li>• Office visit billed separately</li> </ul>
57456	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage	<p>Colposcopy with endocervical curettage</p> <ul style="list-style-type: none"> <li>• Office visit billed separately</li> </ul>
87621	Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, amplified probe technique	HPV typing of high-risk strain
88305 -TC -26	<p>Level IV – Surgical pathology, gross and microscopic examination; Breast, biopsy, not requiring microscopic evaluation of surgical margins; Cervix, biopsy</p> <p>Technical/Facility Component</p> <p>Professional Component</p>	<p>Breast or cervical biopsy, laboratory evaluation of tissue sample</p> <ul style="list-style-type: none"> <li>• Level IV</li> </ul>

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88307  -TC -26	Level V – Surgical pathology; gross and microscopic examination; Breast, excision of lesion, requiring microscopic evaluation of surgical margins; Cervix, conization  Technical/Facility Component Professional Component	Breast or cervical biopsy, laboratory evaluation of tissue sample <ul style="list-style-type: none"> <li>• Level V</li> </ul>
10021	Fine needle aspiration; without imaging guidance	Fine needle aspiration of superficial breast tissue <ul style="list-style-type: none"> <li>• Not using imaging guidance</li> </ul>
10022	Fine needle aspiration; with imaging guidance	Fine needle aspiration of superficial breast tissue <ul style="list-style-type: none"> <li>• Using imaging guidance</li> </ul>
19000	Puncture aspiration of cyst of breast; Service includes surgical procedure only	Puncture aspiration, breast cyst <ul style="list-style-type: none"> <li>• Surgical procedure only</li> </ul>
19001	Puncture aspiration of cyst of breast; each additional cyst (List separately in addition to code for primary procedure); (Use 19001 in conjunction with code 19000)	Puncture aspiration, breast cyst <ul style="list-style-type: none"> <li>• Each additional cyst</li> </ul>
19100	Biopsy of breast; percutaneous, needle core, not using imaging guidance separate procedure); Service includes surgical procedure only	Breast biopsy, needle core <ul style="list-style-type: none"> <li>• Not using imaging guidance</li> <li>• Surgical procedure only</li> </ul>
19101	Biopsy of breast; open, incisional	Breast biopsy, incisional
19102	Biopsy of breast; percutaneous, needle core, using imaging guidance	Breast biopsy, excisional <ul style="list-style-type: none"> <li>• Needle core</li> <li>• Using imaging guidance</li> </ul>
19103	Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance	Breast biopsy, excisional <ul style="list-style-type: none"> <li>• Automated vacuum assisted or rotating biopsy device</li> <li>• Using imaging guidance</li> </ul>
19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion, open, male or female, one or more lesions	Breast biopsy, excisional

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00400 -AA -AD -QK -QX -QY -QZ	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; not otherwise specified Anesthesia service performed personally by anesthesiologist Medical supervision by a physician: more than four concurrent anesthesia procedures Medical direction of 2, 3, or 4 concurrent anesthesia procedures involving qualified individuals CRNA service: with medical direction by a physician Anesthesiologist medically directs one CRNA CRNA service: (supervised) without medical direction by a physician	Anesthesia CPT code used when billing for Breast biopsy, excisional (19120) Anesthesia service performed personally by anesthesiologist Medical supervision by a physician: more than four concurrent anesthesia procedures Medical direction of 2, 3, or 4 concurrent anesthesia procedures involving qualified individuals CRNA service: with medical direction by a physician Anesthesiologist medically directs one CRNA CRNA service: (supervised) without medical direction by a physician
19125	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion	Breast biopsy, excision of single lesion identified by radiological marker
00400 -AA -AD -QK -QX -QY -QZ	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; not otherwise specified Anesthesia service performed personally by anesthesiologist Medical supervision by a physician: more than four concurrent anesthesia procedures Medical direction of 2, 3, or 4 concurrent anesthesia procedures involving qualified individuals CRNA service: with medical direction by a physician Anesthesiologist medically directs one CRNA CRNA service: (supervised) without medical direction by a physician	Anesthesia CPT code used when billing for Breast biopsy, excision of single lesion identified by radiological marker (19125) Anesthesia service performed personally by anesthesiologist Medical supervision by a physician: more than four concurrent anesthesia procedures Medical direction of 2, 3, or 4 concurrent anesthesia procedures involving qualified individuals CRNA service: with medical direction by a physician Anesthesiologist medically directs one CRNA CRNA service: (supervised) without medical direction by a physician
19126	Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker (List separately in addition to code for primary procedure); (Use in conjunction with code 19125)	Breast biopsy, excision of lesion identified by radiological marker <ul style="list-style-type: none"> <li>• Each additional lesion</li> </ul>
19290	Preoperative placement of needle localization wire, breast	Preoperative placement of needle localization wire

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19291	Preoperative placement of needle localization wire, breast; each additional lesion (List separately in addition to code for primary procedure); (Use 19291 in conjunction with code 19290)	Preoperative placement of needle localization wire <ul style="list-style-type: none"> <li>• Each additional lesion</li> </ul>
19295	Image guided placement, metallic localization clip, percutaneous, during breast biopsy (List separately in addition to code for primary procedure); (Use in conjunction with codes 19102, 19103)	Image guided placement of metallic localization clip during breast biopsy
57505	Endocervical curettage (not done as part of a dilation and curettage)	ECC – Endocervical curettage <ul style="list-style-type: none"> <li>• Not part of D &amp; C</li> </ul>
77031 -TC -26	Stereotactic localization guidance for breast biopsy or needle placement (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation Technical/Facility Component Professional Component	Stereotactic localization guidance for breast biopsy or needle placement <ul style="list-style-type: none"> <li>• Radiological supervision/interpretation</li> </ul>
77032 -TC -26	Mammographic guidance for needle placement, breast (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation Technical/Facility Component Professional Component	Mammographic guidance for needle placement, breast <ul style="list-style-type: none"> <li>• Each lesion</li> <li>• Radiological supervision/interpretation</li> </ul>
76098 -TC -26	Radiological examination, surgical specimen Technical/Facility Component Professional Component	Radiological examination, surgical specimen
77021 -TC -26	Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation Technical/Facility Component Professional Component	Magnetic resonance guidance for needle placement <ul style="list-style-type: none"> <li>• Radiological supervision/interpretation</li> </ul>
76645 -TC -26	Ultrasound, breast(s) (unilateral or bilateral), B-scan and/or real time with image documentation Technical Component Professional Component	Breast ultrasound <ul style="list-style-type: none"> <li>• Radiological supervision/interpretation</li> </ul>

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76942 -TC -26	Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), imaging supervision and interpretation Technical/Facility Component Professional Component	Ultrasonic guidance of breast needle placement <ul style="list-style-type: none"> <li>• Imaging supervision and interpretation</li> </ul>
88172 -TC -26	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s) Technical/Facility Component Professional Component	Cytopathology, evaluation of fine needle aspirate to determine specimen adequacy
88173 -TC -26	Cytopathology, evaluation of fine needle aspirate; interpretation and report Technical/Facility Component Professional Component	Cytopathology, evaluation of fine needle aspirate <ul style="list-style-type: none"> <li>• Interpretation and report</li> </ul>
88112	Cytopathology, Selective Cellular Enhancement Technique with Interpretation (e.g., Liquid Based Slide Preparation Method), except Cervical or Vaginal <b>**Cannot bill in conjunction with 88173**</b>	Cytopathology, Selective Cellular Enhancement Technique with Interpretation <ul style="list-style-type: none"> <li>• Interpretation and reports</li> </ul>
99499	Unlisted evaluation and management	Case Management