

FY2007 BCCCP Unit Cost Reimbursement Rate Schedule Effective February 1, 2007

Screening Services	FY2007 BCCCP Rate
1. Screening Mammogram (Bilateral)	
a. Global 77057	75.31
b. Technical/Facility Only 77057 - TC	42.60
c. Professional Only 77057 - 26	32.71
2. Diagnostic Mammogram (Unilateral)	
a. Global 77055	69.37
b. Technical/Facility Only 77055 - TC	36.53
c. Professional Only 77055 - 26	32.84
3. Diagnostic Mammogram (Bilateral)	
a. Global 77056	85.75
b. Technical/Facility Only 77056 - TC	45.14
c. Professional Only 77056 - 26	40.61
4. Digital Screening Mammogram (Bilateral)	
a. Global G0202	75.31
b. Technical/Facility Only G0202 - TC	42.60
c. Professional Only G0202 - 26	32.71
5. Digital Diagnostic Mammogram (Unilateral)	
a. Global G0206	69.37
b. Technical/Facility Only G0206 - TC	36.53
c. Professional Only G0206 - 26	32.84
6. Digital Diagnostic Mammogram (Bilateral)	
a. Global G0204	85.75
b. Technical/Facility Only G0204 - TC	45.14
c. Professional Only G0204 - 26	40.61
7. Pap Test, Lab Component (in Bethesda System) - Read by Technician 88164	14.76
8. Pap Test – Rescreening, Lab Component (in Bethesda System) - Read by Technician 88165	14.76
9. Pap Test, Lab Component - Read by Pathologist 88141	14.76
10. Pap Test, Automated Thin Layer Preparation (Thin Prep) – Manual Screening 88142	14.76
11. Pap Test – Rescreening, Automated Thin Layer Preparation (Thin Prep) – Manual Screening 88143	14.76
12. Pap Test, Automated Thin Layer Preparation (Thin Prep) – Automated Screening 88174	14.76

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13. Pap Test – Rescreening, Automated Thin Layer Preparation (Thin Prep) – Automated Screening with Manual Rescreening 88175	14.76
14. Office Visit - New Patient Full Exam 99203 99204 99386 99387	102.29 102.29 102.29 102.29
15. Office Visit - New Patient Partial Exam 99201 99202	38.54 38.54
16. Office Visit, Established Patient Full Exam 99213 99214 99396 99397	54.42 54.42 54.42 54.42
17. Office Visit, Established Patient Partial Exam 99211 99212	22.24 22.24
18. Breast or Cervical Consultation 99241 99242 99243 99244	53.38 53.38 106.76 106.76
19. Colposcopy (Surgical Procedure Only) 57452	100.76
20. Colposcopy with Biopsy of the Cervix and Endocervical Curettage (Surgical Procedure Only) 57454	145.94
21. Colposcopy with Biopsy of the Cervix (Surgical Procedure Only) 57455	134.80
22. Colposcopy with Endocervical Curettage (Surgical Procedure Only) 57456	126.77
23. HPV Typing 87621	44.14

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Diagnostic Services	FY2007 BCCCP Rate
34. Breast Biopsy, Excisional a. Anesthesia services performed personally by anesthesiologist b. Medical supervision by a physician: more than four concurrent anesthesia procedures c. Medical direction of 2, 3, or 4 concurrent anesthesia procedures involving qualified individuals d. CRNA service: with medical direction by a physician e. Anesthesiologist medically directs one CRNA f. CRNA service: (supervised) without medical direction by a physician	19120 00400-AA 00400-AD 00400-QK 00400-QX 00400-QY 00400-QZ
370.43	
35. Breast Biopsy, Excision of Single Lesion Identified by Radiological Marker a. Anesthesia services performed personally by anesthesiologist b. Medical supervision by a physician: more than four concurrent anesthesia procedures c. Medical direction of 2, 3, or 4 concurrent anesthesia procedures involving qualified individuals d. CRNA service: with medical direction by a physician e. Anesthesiologist medically directs one CRNA f. CRNA service: (supervised) without medical direction by a physician	19125 00400-AA 00400-AD 00400-QK 00400-QX 00400-QY 00400-QZ
398.72	
36. Breast Biopsy, Excision of Each Additional Lesion	19126
151.30	
37. Pre-op Placement, Needle Localization Wire	19290
141.18	

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Diagnostic Services	FY2007 BCCCP Rate
38. Pre-op Placement, Needle Localization Wire, Each Additional Lesion 19291	69.26
39. Image Guided Placement of Metallic Localization Clip, During Breast Biopsy 19295	87.83
40. Biopsy, Cervix Uteri, Single or Multiple, or Local Excision of Lesion, with or without Fulguration (Surgical Procedure Only) 57500	122.67
41. Endocervical Curettage (not part of D&C) 57505	91.91
42. Stereotactic Localization of Breast Biopsy Radiologic Supervision/Interpretation a. Global b. Technical Component c. Professional Component 77031 77031 - TC 77031 - 26	321.40 246.03 75.37
43. Needle Localization, Radiologic Supervision Interpretation a. Global b. Technical Component c. Professional Component 77032 77032 - TC 77032 - 26	71.81 44.93 26.88
44. Radiological Examination, Surgical Specimen a. Global b. Technical Component c. Professional Component 76098 76098-TC 76098-26	21.91 14.35 7.56
45. Magnetic Resonance Guidance for Needle Placement, Radiologic Supervision Interpretation a. Global b. Technical Component c. Professional Component 77021 77021 - TC 77021 - 26	455.02 383.36 71.66
46. Breast Ultrasound, Radiologic Supervision Interpretation a. Global b. Technical Component c. Professional Component 76645 76645-TC 76645-26	62.42 36.53 25.89
47. Ultrasonic Guidance/Breast Needle Biopsy, Radiologic Supervision/Interpretation a. Global b. Technical Component c. Professional Component 76942 76942-TC 76942-26	125.60 94.21 31.39

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Diagnostic Services	FY2007 BCCCP Rate
48. Cytopathology, Evaluation of Fine Needle Aspirate to determine Specimen Adequacy	
a. Global 88172	45.67
b. Technical Component 88172-TC	15.93
c. Professional Component 88172-26	29.74
49. Cytopathology, Interpretation and Report	
a. Global 88173	118.85
b. Technical Component 88173-TC	50.15
c. Professional Component 88173-26	68.70
50. Surgical Pathology, Consultation and Report	
88325	173.22
51. Pathology Consultation During Surgery	
88329	45.06
52. Pathology Consultation During Surgery, First Tissue Block, with Frozen Section(s), Single Specimen	
88331	81.46
88331-TC	22.64
88331-26	58.82
53. Pathology Consultation During Surgery, Each Additional Tissue Block with Frozen Section(s)	
88332	37.67
88332-TC	8.60
88332-26	29.07
54. Cytopathology, Selective Cellular Enhancement Technique with Interpretation (e.g., Liquid Based Slide Preparation Method), except Cervical or Vaginal **Cannot bill in conjunction with 88173**	
88112	99.42
55. Case Management	
99499	95.00

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Anesthesia Required Modifiers and Payment Calculation (Each claim line billing for anesthesia services must include one of the following modifiers. The modifier used will generate a calculated fee screen as described under "Payment Rate")	Payment Rate
AA - (3 ABUs + 2 Time Units) X \$16.55	100%
AD - (3 ABUs) X \$16.55	Flat rate of 3 ABUs, no time units
QK - (3 ABUs + 2 Time Units) X \$16.55	50%
QX - (3 ABUs + 2 Time Units) X \$16.55	50%
QY - (3 ABUs + 2 Time Units) X \$16.55	50%
QZ - (3 ABUs + 2 Time Units) X \$16.55	100%

*2006 Medicare Conversion Factor = \$16.55