

**FY2010 BCCCP
Unit Cost Reimbursement Rate Schedule**

BCCCP Approved Services		FY2010 Rate
1. Screening Mammogram (Bilateral)		
a. Global	77057	79.79
b. Technical/Facility Only	77057 - TC	46.27
c. Professional Only	77057 - 26	33.52
2. Diagnostic Mammogram (Unilateral)		
a. Global	77055	80.69
b. Technical/Facility Only	77055 - TC	45.62
c. Professional Only	77055 - 26	35.07
3. Diagnostic Mammogram (Bilateral)		
a. Global	77056	102.25
b. Technical/Facility Only	77056 - TC	58.66
c. Professional Only	77056 - 26	43.59
4. Digital Screening Mammogram (Bilateral)		
a. Global	G0202	79.79
b. Technical/Facility Only	G0202 - TC	46.27
c. Professional Only	G0202 - 26	33.52
5. Digital Diagnostic Mammogram (Unilateral)		
a. Global	G0206	80.69
b. Technical/Facility Only	G0206 - TC	45.62
c. Professional Only	G0206 - 26	35.07
6. Digital Diagnostic Mammogram (Bilateral)		
a. Global	G0204	102.25
b. Technical/Facility Only	G0204 - TC	58.66
c. Professional Only	G0204 - 26	43.59
7. Pap Test, Lab Component (in Bethesda System) - Read by Technician	88164	15.42
8. Pap Test – Re-screening, Lab Component (in Bethesda System) - Read by Technician	88165	15.42
9. Pap Test, Lab Component - Read by Pathologist	88141	15.42
10. Pap Test, Automated Thin Layer Preparation (Thin Prep) – Manual Screening	88142	29.58
11. Pap Test – Re-screening, Automated Thin Layer Preparation (Thin Prep) – Manual Screening	88143	29.58
12. Pap Test, Automated Thin Layer Preparation (Thin Prep) – Automated Screening	88174	29.58

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13. Pap Test – Re-screening, Automated Thin Layer Preparation (Thin Prep) – Automated Screening with Manual Re-screening	88175	29.58	
14. HPV Typing	87621	51.25	
		DOS = 10/01/09– 12/31/09	DOS = 01/01/10 – 09/30/10
15. Office Visit, New Patient Full Exam	99203	98.27	98.27
	99204	98.27	98.27
	99386	98.27	98.27
	99387	98.27	98.27
16. Office Visit, New Patient Partial Exam	99201	39.13	39.13
	99202	39.13	39.13
17. Office Visit, Established Patient Full Exam	99213	64.57	64.57
	99214	64.57	64.57
	99396	64.57	64.57
	99397	64.57	64.57
18. Office Visit, Established Patient Partial Exam	99211	19.79	19.79
	99212	19.79	19.79
19. Breast or Cervical Consultation	99241	52.11	0
	EFFECTIVE 01/01/2010 99242	52.11	0
	Office consultation codes are 99243	133.57	0
	NO LONGER USED BY CMS 99244	133.57	0
20. Colposcopy * (Surgical Procedure Only - payable as a PROFESSIONAL Fee, <i>no payments to Hospitals for facility fees</i>) * ** Cannot be billed with pathology – 88305/88307/88325**	*57452	102.29	
21. Colposcopy with Biopsy of the Cervix and Endocervical Curettage * (Surgical Procedure Only - payable as a PROFESSIONAL Fee, <i>no payments to Hospitals for facility fees</i>) * ** Cannot be billed in conjunction with 57500 or 57505** ** Cannot be billed with Level V pathology – 88307**	*57454	145.94	
22. Colposcopy with Biopsy of the Cervix * (Surgical Procedure Only - payable as a PROFESSIONAL Fee, <i>no payments to Hospitals for facility fees</i>) * ** Cannot be billed in conjunction with 57500 or 57505** ** Cannot be billed with Level V pathology – 88307**	*57455	134.95	

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<p>33. Breast Biopsy, Excisional * (Surgical Procedure Only - payable as a PROFESSIONAL Fee, <i>no payments to Hospitals for facility fees</i>) * *19120</p> <p>a. Anesthesia services performed personally by anesthesiologist 00400-AA</p> <p>b. Medical supervision by a physician: more than four concurrent anesthesia procedures 00400-AD</p> <p>c. Medical direction of 2, 3, or 4 concurrent anesthesia procedures involving qualified individuals 00400-QK</p> <p>d. CRNA service: with medical direction by a physician 00400-QX</p> <p>e. Anesthesiologist medically directs one CRNA 00400-QY</p> <p>f. CRNA service: (supervised) without medical direction by a physician 00400-QZ</p>	<p>404.59</p> <p>104.40</p> <p>62.64</p> <p>52.20</p> <p>52.20</p> <p>52.20</p> <p>104.40</p>
<p>34. Breast Biopsy, Excision of Single Lesion Identified by Radiological Marker * (Surgical Procedure Only - payable as a PROFESSIONAL Fee, <i>no payments to Hospitals for facility fees</i>) * *19125</p> <p>a. Anesthesia services performed personally by anesthesiologist 00400-AA</p> <p>b. Medical supervision by a physician: more than four concurrent anesthesia procedures 00400-AD</p> <p>c. Medical direction of 2, 3, or 4 concurrent anesthesia procedures involving qualified individuals 00400-QK</p> <p>d. CRNA service: with medical direction by a physician 00400-QX</p> <p>e. Anesthesiologist medically directs one CRNA 00400-QY</p> <p>f. CRNA service: (supervised) without medical direction by a physician 00400-QZ</p>	<p>448.02</p> <p>104.40</p> <p>62.64</p> <p>52.20</p> <p>52.20</p> <p>52.20</p> <p>104.40</p>
<p>35. Breast Biopsy, Excision of Each Additional Lesion * (Surgical Procedure Only - payable as a PROFESSIONAL Fee, <i>no payments to Hospitals for facility fees</i>) * *19126</p>	<p>151.30</p>
<p>36. Pre-op Placement, Needle Localization Wire *19290 * (Surgical Procedure Only - payable as a PROFESSIONAL Fee, <i>no payments to Hospitals for facility fees</i>) *</p>	<p>146.87</p>

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37. Pre-op Placement, Needle Localization Wire, Each Additional Lesion *19291 * (Surgical Procedure Only - payable as a PROFESSIONAL Fee, <i>no payments to Hospitals for facility fees</i>) *	64.75
38. Image Guided Placement of Metallic Localization Clip, During Breast Biopsy *19295 * (Surgical Procedure Only - payable as a PROFESSIONAL Fee, <i>no payments to Hospitals for facility fees</i>) *	87.93
39. Stereotactic Localization of Breast Biopsy Radiologic Supervision/Interpretation	
a. Global 77031	216.69
b. Technical Component 77031 - TC	129.71
c. Professional Component 77031 - 26	86.89
40. Needle Localization, Radiologic Supervision Interpretation	
a. Global 77032	65.00
b. Technical Component 77032 - TC	34.82
c. Professional Component 77032 - 26	30.18
41. Radiological Examination, Surgical Specimen	
a. Global 76098	21.54
b. Technical Component 76098-TC	12.63
c. Professional Component 76098-26	8.91
42. Magnetic Resonance Guidance for Needle Placement, Radiologic Supervision Interpretation	
a. Global 77021	457.74
b. Technical Component 77021 - TC	385.15
c. Professional Component 77021 - 26	72.59
43. Breast Ultrasound, Radiologic Supervision Interpretation	
a. Global 76645	84.85
b. Technical Component 76645-TC	57.93
c. Professional Component 76645-26	26.92
44. Ultrasonic Guidance/Breast Needle Biopsy, Radiologic Supervision/Interpretation	
a. Global 76942	172.39
b. Technical Component 76942-TC	138.73
c. Professional Component 76942-26	33.66
45. Surgical Pathology, Breast or Cervical Biopsy - Level IV	
a. Global 88305	98.36
b. Technical/Facility Only 88305-TC	61.82
c. Professional Only 88305-26	36.54
Cannot bill in conjunction with 88307	

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46. Surgical Pathology, Breast or Cervical Biopsy - Level V a. Global 88307 b. Technical/Facility Only 88307-TC c. Professional Only 88307-26 **Cannot bill in conjunction with 88305**	196.86 119.19 77.67
47. Cytopathology, Evaluation of Fine Needle Aspirate to determine Specimen Adequacy a. Global 88172 b. Technical Component 88172-TC c. Professional Component 88172-26	49.83 20.75 29.08
48. Cytopathology, Interpretation and Report a. Global 88173 b. Technical Component 88173-TC c. Professional Component 88173-26	125.77 58.70 67.07
49. Cytopathology, Selective Cellular Enhancement Technique with Interpretation (e.g., Liquid Based Slide Preparation Method), except Cervical or Vaginal a. Global 88112 b. Technical Component 88112-TC c. Professional Component 88112-26 **Cannot bill in conjunction with 88173**	101.97 47.14 54.83
50. Case Management 99499	50.00

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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 \$20.88	100%
AD - (3 ABUs) X \$20.88	Flat rate of 3 ABUs, no time units
QK - (3 ABUs + 2 Time Units) X \$20.88	50%
QX - (3 ABUs + 2 Time Units) X \$20.88	50%
QY - (3 ABUs + 2 Time Units) X \$20.88	50%
QZ - (3 ABUs + 2 Time Units) X \$20.88	100%

***2009 Medicare Conversion Factor = \$20.88**