

## Unit Cost Reimbursement Rate Schedule

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	BCCCN P Service	CPT Code	FY 2019 Rate Oct 1, 2018 – Dec 31, 2018	FY 2019 Rate Jan 01, 2019 – Mar 31, 2019	FY 2019 Rate Apr 01, 2019 – current
1	Screening Mammogram (Bilateral); including CAD a. Global b. Technical/Facility Only c. Professional Only	77067 77067-TC 77067-26	\$111.40 \$81.32 \$30.08	\$131.51 \$93.70 \$37.82	\$138.43 \$98.63 \$39.81
* Note: Breast tomosynthesis, unilateral (77061) and bilateral (77062) have not been approved for coverage by Medicare and therefore are NOT payable by BCCCN P.					
2	Screening Breast Tomosynthesis (Bilateral) – 3D Mammogram a. Global b. Technical/Facility Only c. Professional Only ** Only payable w/ screening mammography (77067)**	77063 77063-TC 77063-26	\$47.61 \$21.48 \$26.13	\$53.43 \$23.70 \$29.73	\$56.24 \$24.95 \$31.29
3	Diagnostic Mammogram (Unilateral); including CAD a. Global b. Technical/Facility Only c. Professional Only	77065 77065-TC 77065-26	\$107.02 \$76.93 \$30.08	\$129.40 \$88.62 \$40.78	\$136.21 \$93.28 \$42.93
4	Diagnostic Mammogram (Bilateral); including CAD a. Global b. Technical/Facility Only c. Professional Only	77066 77066-TC 77066-26	\$135.65 \$97.98 \$37.67	\$163.57 \$113.34 \$50.24	\$172.18 \$119.30 \$52.88
5	Diagnostic Breast Tomosynthesis (Bilateral) – 3D Mammogram a. Global b. Technical/Facility Only c. Professional Only ** Only payable w/ dx mamm (77065 & 77066)**	G0279 G0279-TC G0279-26	\$47.61 \$21.48 \$26.13	\$53.43 \$23.70 \$29.73	\$56.24 \$24.95 \$31.29
6	Pap test, (any reporting system) requiring interpretation by physician	88141 or G0124	\$27.27	\$31.11	\$32.75
7	Pap test, (any reporting system) collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	88142 or G0123	\$23.43	\$21.38	\$22.51
8	Pap test, (any reporting system) collected in preservative fluid, automated thin layer preparation; manual screening and rescreening under physician supervision	88143	\$23.43	\$21.89	\$23.04
9	Pap test, slides, (Bethesda System); manual screening under physician supervision	88164	\$12.22	\$14.24	\$14.99
10	Pap test, slides, (Bethesda System); manual screening and rescreening under physician supervision	88165	\$12.22	\$14.24	\$14.99

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11	Pap test, (any reporting system) collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	88174	\$24.72	\$24.10	\$25.37
12	Pap test (any reporting system) collected in preservative fluid, automated thin layer preparation; screening by automated system and manual rescreening or review, under physician supervision	88175 or G0145	\$30.49	\$27.97	\$29.44
13	HPV Typing, High-risk types	87624	\$40.60	\$37.04	\$38.99
14	HPV Typing; High Risk, Types 16 and 18 ONLY	87625	\$40.60	\$38.52	\$40.55
15	Consultation / Risk Assessment, Breast or Cervical	99204 – 45 min	\$91.24	\$107.15	\$107.15
		99205 – 60 min	\$91.24	\$107.15	\$107.15
		99215	\$61.37	\$72.85	\$72.85
16	Office Visit, New Patient Full Exam	99203 – 30 min	\$91.24	\$107.15	\$107.15
		99385 – 18-39 yo	\$91.24	\$107.15	\$107.15
		99386 – 40-64 yr	\$91.24	\$107.15	\$107.15
		99387 – 65 +	\$91.24	\$107.15	\$107.15
17	Office Visit, New Patient Partial Exam	99201 – 10 min	\$36.74	\$45.00	\$45.00
		99202 – 20 min	\$36.74	\$45.00	\$45.00
18	Office Visit, Established Patient Full Exam	99213 – 15 min	\$61.37	\$72.85	\$72.85
		99214 – 25 min	\$61.37	\$72.85	\$72.85
		99395 – 18-39 yo	\$61.37	\$72.85	\$72.85
		99396 – 40-64 yo	\$61.37	\$72.85	\$72.85
		99397 – 65 +	\$61.37	\$72.85	\$72.85
19	Office Visit, Established Patient Partial Exam	99211 – 5 min	\$16.60	\$22.00	\$22.00
		99212 – 10 min	\$16.60	\$22.00	\$22.00
20	Urine test; pregnancy ~ To be billed with colposcopy services only	81025	\$7.32	\$8.15	\$8.61
21	Colposcopy ** Cannot be billed with pathology – 88305/88307**	57452	\$91.06	\$115.66	\$121.75
		57452-TC	\$78.16	\$94.33	\$99.29
22	Colposcopy with Biopsy of the Cervix and Endocervical Curettage (Colp Bx & ECC) ** Cannot be billed in conjunction with 57505** ** Cannot be billed with Level V pathology – 88307**	57454	\$128.05	\$158.04	\$166.36
		57454-TC	\$115.14	\$136.37	\$143.55
23	Colposcopy with Biopsy of the Cervix (Colp w/ Bx) ** Cannot be billed in conjunction with 57505** ** Cannot be billed with Level V pathology – 88307**	57455	\$119.03	\$148.97	\$156.81
		57455-TC	\$94.32	\$112.40	\$118.32
24	Colposcopy with Endocervical Curettage (Colp w/ ECC) ** Cannot be billed in conjunction with 57505** ** Cannot be billed with Level V pathology – 88307**	57456	\$112.18	\$139.97	\$147.34
		57456-TC	\$87.77	\$104.42	\$109.92
25	Endocervical Curettage (not part of D & C)	57505	\$84.62	\$112.31	\$118.22
		57505-TC	\$77.04	\$97.41	\$102.54

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26	Fine Needle Aspiration biopsy without imaging guidance; First lesion	10021 10021-TC	\$107.31 \$61.14	\$97.89 \$58.26	\$103.04 \$61.33
	Fine Needle Aspiration of Superficial Breast Tissue, Using Imaging Guidance <i>(replaced by 10004 – 10012)</i>	10022 10022-TC	\$120.02 \$58.06	<b>Discontinued 12/31/2018</b>	N/A
27	Fine Needle Aspiration biopsy without imaging guidance; Each additional lesion	10004 10004-TC	<b>NEW</b>	\$53.40 \$45.27	\$56.21 \$47.65
28	Fine Needle Aspiration biopsy including ultrasound guidance; First lesion	10005 10005-TC	<b>NEW</b>	\$125.71 \$75.25	\$132.33 \$79.22
29	Fine Needle Aspiration biopsy including ultrasound guidance; Each additional lesion	10006 10006-TC	<b>NEW</b>	\$60.69 \$51.21	\$63.88 \$53.90
30	Fine Needle Aspiration biopsy including fluoroscopic guidance; First lesion	10007 10007-TC	<b>NEW</b>	\$279.18 \$96.67	\$293.87 \$101.76
31	Fine Needle Aspiration biopsy including fluoroscopic guidance; Each additional lesion	10008 10008-TC	<b>NEW</b>	\$157.73 \$62.92	\$166.03 \$66.23
32	Fine Needle Aspiration biopsy including CT guidance; First lesion	10009 10009-TC	<b>NEW</b>	\$454.45 \$116.86	\$478.37 \$123.01
33	Fine Needle Aspiration biopsy including CT guidance; Each additional lesion	10010 10010-TC	<b>NEW</b>	\$274.67 \$85.40	\$289.13 \$89.89
34	Fine Needle Aspiration biopsy including MRI guidance; First lesion	10011 10011-TC	<b>NEW</b>	\$454.45 \$116.86	\$478.37 \$123.01
35	Fine Needle Aspiration biopsy including fluoroscopic guidance; Each additional lesion	10012 10012-TC	<b>NEW</b>	\$274.67 \$85.40	\$289.13 \$89.89
36	Fine Needle Aspiration (FNA), Breast Cyst	19000 19000-TC	\$95.56 \$38.56	\$108.60 \$45.63	\$114.32 \$48.03
37	Fine Needle Aspiration (FNA), Each Additional Cyst	19001 19001-TC	\$23.34 \$19.25	\$27.44 \$22.35	\$28.88 \$23.53
*Codes 19081-19086 are to be used for breast biopsies that include image guidance, placement of a localization device, and imaging of specimen. They should not be used in conjunction with 19281-19288.*					
38	Biopsy, breast, with placement of breast localization device(s) (e.g., clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance	19081 19081-TC	\$599.96 \$147.65	\$633.60 \$174.12	\$666.95 \$183.28
39	Each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure) <i>(Use 19082 in conjunction with 19081)</i>	19082 19082-TC	\$493.21 \$73.81	\$513.87 \$87.57	\$540.92 \$92.18

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40	Biopsy, breast, with placement of breast localization device(s) (e.g., clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance	19083 19083-TC	\$579.28 \$141.98	\$520.18 \$164.08	\$652.82 \$172.72
41	Each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure) (Use 19084 in conjunction with 19083)	19084 19084-TC	\$474.38 \$69.52	\$495.06 \$81.63	\$521.12 \$85.93
42	Biopsy, breast, with placement of breast localization device(s) (e.g., clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance	19085 19085-TC	\$882.50 \$163.99	\$935.50 \$188.52	\$985.79 \$198.44
43	Each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure) (Use 19086 in conjunction with 19085)	19086 19086-TC	\$702.92 \$81.10	\$748.45 \$94.26	\$787.84 \$99.22
44	Needle biopsy; drainage of lymph node abscess or lymphadenitis; extensive	38505 38505-TC	N/A	N/A	\$130.12 \$75.23
45	Breast Biopsy, Needle Core, Not Using Imaging Guidance	19100 19100-TC	\$129.34 \$62.70	\$153.97 \$76.43	\$162.07 \$80.45
46	Breast Biopsy, Incisional	19101 19101-TC	\$301.02 \$194.54	\$345.17 \$235.13	\$363.34 \$247.51
47	Breast Biopsy, Excisional <b>** Anesthesia reimbursement available</b>	19120 19120-TC	\$441.54 \$374.10	\$519.60 \$439.01	\$546.95 \$462.12
48	Breast Biopsy, Excision of Single Lesion Identified by Radiological Marker <b>** Anesthesia reimbursement available</b>	19125 19125-TC	\$490.53 \$416.93	\$577.32 \$488.95	\$607.71 \$514.68
49	Breast Biopsy, Excision of Each Additional Lesion	19126 19126-TC	\$148.83 \$148.83	\$176.40 \$176.40	\$185.68 \$185.68
<b>*Codes 19281-19288 are for image guidance placement of a localization device without image-guided biopsy. These codes should not be used in conjunction with 19081-19086.*</b>					
50	Placement of breast localization device(s) (e.g., clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance	19281 19281-TC	\$207.56 \$89.63	\$238.72 \$103.62	\$251.28 \$109.07
51	Each additional lesion, including mammographic guidance (List separately in addition to code for primary procedure); (Use 19282 in conjunction with 19281)	19282 19282-TC	\$141.13 \$45.54	\$165.75 \$51.97	\$174.47 \$54.71

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52	Placement of breast localization device(s) (e.g., clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance	19283 19283-TC	\$230.23 \$89.93	\$267.54 \$105.01	\$281.62 \$110.54
53	Each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure); (Use 19284 in conjunction with 19283)	19284 19284-TC	\$175.22 \$45.83	\$202.26 \$54.29	\$212.91 \$57.15
54	Placement of breast localization device(s) (e.g., clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance	19285 19285-TC	\$443.79 \$76.50	\$471.67 \$89.38	\$496.49 \$94.08
55	Each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure); (Use 19286 in conjunction with 19285)	19286 19286-TC	\$388.50 \$38.80	\$405.76 \$44.81	\$427.12 \$47.17
56	Placement of breast localization device(s) (e.g. clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including magnetic resonance guidance	19287 19287-TC	\$742.04 \$113.96	\$795.44 \$132.45	\$837.30 \$139.42
57	Each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure); (Use 19288 in conjunction with 19287)	19288 19288-TC	\$596.96 \$56.75	\$634.96 \$66.44	\$668.38 \$69.94
58	Radiological Examination, Surgical Specimen a. Global b. Technical/Facility Only c. Professional Only	76098 76098-TC 76098-26	\$13.78 \$6.78 \$7.00	\$16.45 \$8.37 \$8.08	\$17.32 \$8.81 \$8.51
59	Breast Ultrasound, Complete exam, including axilla, UNI-Lateral a. Global b. Technical Component c. Professional Component  <i>BI-Lateral reporting: Provider will receive 150% of the payment for a single side (unilateral) if the code is reported with modifier -50, or modifiers RT and LT, or with two units of service.</i>	(one unit) 76641 76641-TC 76641-26  (2 units or -50) 76641 76641-TC 76641-26  (2 line items) 76641-2L 76641-TC2L 76641-262L	\$87.48 \$56.43 \$31.05  \$131.21 \$84.64 \$46.56  \$65.60 ea. \$42.32 ea. \$23.28 ea.	\$103.74 \$67.29 \$36.45  \$155.61 \$100.94 \$54.68  \$77.81 ea. \$50.47 ea. \$27.34 ea.	\$109.20 \$70.83 \$38.37  \$163.80 \$106.25 \$57.56  \$81.90 ea. \$53.13 ea. \$28.78 ea.



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60	Breast Ultrasound, Limited exam, including axilla, UNI-Lateral a. Global b. Technical Component c. Professional Component	(one unit) 76642 76642-TC 76642-26	\$72.20 \$43.24 \$28.96	\$85.09 \$51.03 \$34.06	\$89.57 \$53.72 \$35.85
	<i>BI-Lateral reporting: Provider will receive 150% of the payment for a single side (unilateral) if the code is reported with modifier -50, or modifiers RT and LT, or with two units of service.</i>	(2 units or -50) 76642 76642-TC 76642-26	\$108.29 \$64.86 \$43.44	\$127.64 \$76.55 \$51.09	\$134.36 \$80.58 \$53.78
		(2 line items) 76642-2L 76642-TC2L 76642-262L	\$54.15 ea. \$32.43 ea. \$21.72 ea.	\$63.82 ea. \$38.28 ea. \$25.55 ea.	\$67.18 ea. \$40.29 ea. \$26.89 ea.
61	<u>Ultrasound; Axilla</u> (--- no longer Nurse Consultant approved) a. Global b. Technical Component c. Professional Component	76882 76882-TC 76882-26	\$30.69 \$9.41 \$21.28	\$56.00 \$31.39 \$24.61	\$58.95 \$33.04 \$25.90
62	Ultrasonic Guidance/Breast Needle Biopsy, Radiologic Supervision/Interpretation a. Global b. Technical Component c. Professional Component	76942 76942-TC 76942-26	\$49.71 \$22.19 \$27.51	\$55.73 \$23.94 \$31.79	\$58.66 \$25.20 \$33.46
63	Surgical Pathology, Breast or Cervical Biopsy - Level IV a. Global b. Technical/Facility Only c. Professional Only	88305 88305-TC 88305-26	\$59.36 \$25.28 \$34.09	\$67.03 \$29.02 \$38.01	\$67.03 \$29.02 \$38.01
64	Surgical Pathology, Breast or Cervical Biopsy - Level V a. Global b. Technical/Facility Only c. Professional Only <i>**Cannot bill with 57505, 57452, 57454, 57455 or 57456**</i>	88307 88307-TC 88307-26	\$228.91 \$153.74 \$75.16	\$259.05 \$175.88 \$83.16	\$259.05 \$175.88 \$83.16
65	Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen a. Global b. Technical Component c. Professional Component	88331 88331-TC 88331-26	\$86.15 \$31.92 \$54.23	\$94.53 \$31.73 \$62.80	\$99.50 \$33.40 \$66.10

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66	Pathology consultation during surgery, each additional tissue block, with frozen section(s) a. Global b. Technical Component c. Professional Component	88332 88332-TC 88332-26	\$38.01 \$11.17 \$26.84	\$51.83 \$30.94 \$20.90	\$54.56 \$22.00 \$32.57
67	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure a. Global b. Technical Component c. Professional Component	88341 88341-TC 88341-26	\$73.52 \$48.83 \$24.68	\$89.17 \$60.61 \$28.56	\$89.17 \$60.61 \$28.56
68	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (list separately in addition to code for primary procedure (88341)) a. Global b. Technical Component c. Professional Component	88342 88342-TC 88342-26	\$86.52 \$55.59 \$30.93	\$102.90 \$67.29 \$35.63	\$102.90 \$67.29 \$35.63
69	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semi quantitative, per specimen, each single antibody stain procedure; manual a. Global b. Technical Component c. Professional Component	88360 88360-TC 88360-26	\$115.63 \$75.57 \$40.06	\$122.94 \$80.49 \$42.45	\$122.94 \$80.49 \$42.45
70	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semi quantitative, per specimen, each single antibody stain procedure; manual; using computer-assisted technology a. Global b. Technical Component c. Professional Component	88361 88361-TC 88361-26	\$125.65 \$83.14 \$42.51	\$127.04 \$81.51 \$45.53	\$133.73 \$85.80 \$47.93

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71	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), first evaluation episode a. Global b. Technical Component c. Professional Component	88172 88172-TC 88172-26	\$47.50 \$16.13 \$31.37	\$55.16 \$18.87 \$36.29	\$58.06 \$19.86 \$38.20
72	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), each separate additional evaluation episode (bill in conjunction w/ 88172) a. Global b. Technical Component c. Professional Component	88177 88177-TC 88177-26	<b>NEW</b>	\$28.84 \$6.77 \$22.07	\$30.36 \$7.13 \$23.23
73	Cytopathology, evaluation of fine needle aspirate; interpretation and Report a. Global b. Technical Component c. Professional Component	88173 88173-TC 88173-26	\$125.94 \$65.01 \$60.93	\$148.00 \$77.34 \$70.66	\$155.79 \$81.41 \$74.38
	Cytopathology, Selective Cellular Enhancement Technique with Interpretation (e.g., Liquid Based Slide Preparation Method), <b><u>EXCEPT CERVICAL OR VAGINAL</u></b> a. Global b. Technical Component c. Professional Component <b>**Cannot bill in conjunction with 88173**</b>	88112 88112-TC 88112-26	\$55.29 \$31.17 \$24.12	<b>Discontinued 12/31/2018</b>	N/A
74	Patient Navigation	G9012	\$55.00	\$55.00	\$55.00
BCCCNP Anesthesia Services				CPT Code	FY 19 Rate
75	Anesthesia – Payable w/ <i>Excisional Breast Biopsies</i> <b>ONLY (*19120 &amp; *19125)</b>				
	Anesthesia services performed personally by anesthesiologist			00400 AA	\$94.84
	Medical supervision by a physician: more than four concurrent anesthesia procedures			00400 AD	\$56.91
	Medical direction of 2, 3, or 4 concurrent anesthesia procedures involving qualified individuals			00400 QK	\$47.42
	CRNA service: with medical direction by a physician			00400 QX	\$47.42
	Anesthesiologist medically directs one CRNA			00400 QY	\$47.42
	CRNA service: (supervised) without medical direction by a physician			00400 QZ	\$94.84

Rates are based on a flat fee. Only one unit is reimbursable – as indicated on the rate schedule.