

**New Hampshire Breast and Cervical Cancer Program
2016 Reimbursement Rates
Effective April 1, 2016**

CPT	Service Description			
	SURGICAL SERVICES	GC	TC	PC
10021	Fine Needle Aspiration without imaging guidance	\$128.44		
10022	Fine Needle Aspiration with imaging guidance	\$67.72		
19000	Aspiration of Cyst of Breast	\$119.12		
19001	Aspiration of Cyst of Breast, each additional cyst	\$22.66		
19081	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion	\$176.20		
19082	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion	\$88.12		
19083	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion	\$165.18		
19084	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion	\$82.78		
19085	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion	\$193.97		
19086	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion	\$96.24		
19100	Biopsy of breast, needle core	\$71.96		
19101	Incisional biopsy of breast	\$229.69		
19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor aberrant breast tissue, duct lesion or nipple lesion	\$428.84		
19125	Excision of breast lesion identified by pre-operative placement of radiological marker - single lesion	\$476.23		
19126	Excision of breast lesion identified by pre-operative placement of radiological marker - each additional lesion	\$166.56		
19281	Placement of breast localization device, percutaneous; mammographic guidance; first lesion	\$105.65		
19282	Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion	\$52.95		
19283	Placement of breast localization device, percutaneous; stereotactic guidance; first lesion	\$106.20		
19284	Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion	\$53.57		
19285	Placement of breast localization device, percutaneous; ultrasound guidance; first lesion	\$90.05		
19286	Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion	\$45.37		
19287	Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion	\$135.10		
19288	Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion	\$67.45		
57452	Colposcopy without Biopsy	\$112.61		
57454	Colposcopy with Biopsy and Endocervical Curettage	\$157.33		
57455	Colposcopy with biopsy(s) of the cervix	\$147.25		
57456	Colposcopy with Endocervical Curettage	\$138.96		
57460*	Endoscopy with loop electrode biopsy(s) of the cervix	\$294.47		
57461*	Endoscopy with loop electrode conization of the cervix	\$332.09		
57500*	Biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate	\$133.26		
57505	Endocervical Curettage alone	\$105.94		
57520*	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	\$317.50		
57522*	Loop electrode excision procedure	\$271.48		
58100*	Endometrial biopsy	\$112.62		
58110*	Endometrial biopsy in conjunction with colposcopy	\$49.32		

	RADIOLOGICAL SERVICES	GC	TC	PC
76098	Radiological examination, surgical specimen	\$17.34	\$9.03	\$8.31
76641	Ultrasound, complete examination of breast including axilla, unilateral	\$113.31	\$75.70	\$37.61
76642	Ultrasound, limited examination of breast including axilla, unilateral	\$92.96	\$57.89	\$35.07
76942	Ultrasonic guidance for needle biopsy, radiological supervision and interpretation	\$63.43	\$29.10	\$34.33
77053*	Mammary ductogram or galactogram, single duct	\$61.18	\$42.74	\$18.44
77055	Diagnostic/Follow-up - Unilateral Mammogram	\$93.68	\$57.51	\$36.17
G0206	Diagnostic/Follow-up - Unilateral Mammogram	\$135.34	\$99.56	\$35.78
77056	Diagnostic/Follow-up - Bilateral Mammogram	\$120.53	\$75.70	\$44.83
G0204	Diagnostic/Follow-up - Bilateral Mammogram	\$172.43	\$127.60	\$44.83
77057	Screening Mammogram	\$85.72	\$49.56	\$36.16
G0202	Screening Mammogram	\$141.03	\$105.25	\$35.78
77058*	Magnetic Resonance Imaging, breast with and/or without contrast, unilateral	\$569.34	\$485.44	\$83.90
77059*	Magnetic Resonance Imaging, breast with and/or without contrast, bilateral	\$566.31	\$482.41	\$83.90
	PATHOLOGY AND LABORATORY SERVICES			
87624	Human Papillomavirus, high-risk types	\$35.49		
87625	Human Papillomavirus, types 16 and 18 only	\$35.49		
88141	Cytopathology, cervical or vaginal (any reporting system) requiring interpretation by physician	\$33.85		
88142	Cytopathology cervical or vaginal, automated thin layer preparation; manual screening under	\$27.60		
88143	Cytopathology, cervical or vaginal, automated thin layer preparation; manual screening and	\$27.60		
88164	Pap test, reported in Bethesda System, manual screening under supervision of physician	\$14.39		
88172	Evaluation of Fine Needle Aspiration	\$59.74	\$21.15	\$38.59
88173	Interpretation and Report of Fine Needle Aspiration	\$161.19	\$85.86	\$75.33
88174	Cytopathology, cervical or vaginal, automated thin layer preparation; screening by automated system, under physician supervision	\$29.11		
88175	Cytopathology, cervical or vaginal, automated thin layer preparation; screening by automated system and manual rescreening, under physician supervision	\$36.09		
88305	Tissue Biopsy Interpretation (Breast and/or Cervical)	\$76.66	\$36.30	\$40.36
88307	Level V surgical pathology, gross and microscopic exam	\$326.62	\$237.76	\$88.86
88331	Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen	\$99.92	\$33.27	\$66.65
88332	Pathology consultation during surgery, with frozen sections(s), each additional specimen	\$52.81	\$20.01	\$32.80
88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	\$94.29	\$65.91	\$28.38
88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	\$111.99	\$74.18	\$37.81
	EVALUATION AND MANAGEMENT SERVICES			
99201	New Patient - Problem Focused - usually 10 minutes	\$45.27		
99202	New Patient - Expanded - usually 20 minutes	\$77.09		
99203	New Patient - Detailed Exam (medical decision making of low complexity) - usually 30 minutes	\$111.22		
99204	New Patient - comprehensive history, exam, moderate decision making; 45 minutes	\$169.26		
99205	New Patient - comprehensive history, exam, high decision making; 60 minutes	\$211.96		
99211	Established Patient - Minimal - usually 5 minutes	\$20.77		
99212	Established Patient - Problem Focused - usually 10 minutes	\$44.95		
99213	Established Patient - Expanded - (medical decision making of low complexity) - usually 15 minutes	\$75.18		
99214	Established Patient; detailed history, exam, moderately complex decision-making; 25 minutes	\$110.62		
	The BCCP does not cover facility charges			
	* Prior authorization required - verify with referring Case Manager before submitting for reimbursement			
	Anesthesia rate = \$22.02			
	Additions: CPT codes: 87625			
Updated 3.21.16				
Every April 1st find our updated CPT Codes/Reimbursement Rates at http://www.dhhs.nh.gov/dphs/cdpc/bccp/index.htm				