

**New Hampshire Breast and Cervical Cancer Program  
2020 Reimbursement Rates  
Effective July 1, 2020**

<b>CPT</b>	<b>Service Description</b>			
	<b>SURGICAL SERVICES</b>	<b>GC</b>	<b>PC</b>	<b>TC</b>
10004	Fine Needle Aspiration without imaging guidance, each additional lesion	\$54.21		
10005	Fine Needle Aspiration, including ultrasound guidance, first lesion	\$75.36		
10006	Fine Needle Aspiration, including ultrasound guidance, each additional lesion	\$51.70		
10007	Fine Needle Aspiration, including fluoroscopic guidance, first lesion	\$98.04		
10008	Fine Needle Aspiration, including fluoroscopic guidance, each additional lesion	\$64.15		
10009	Fine Needle Aspiration, including CT guidance, first lesion	\$119.46		
10010	Fine Needle Aspiration, including CT guidance, each additional lesion	\$86.69		
10011	Fine Needle Aspiration, including MRI guidance, first lesion	\$119.46		
10012	Fine Needle Aspiration, including MRI guidance, each additional lesion	\$86.69		
10021	Fine Needle Aspiration without imaging guidance, first lesion	\$103.46		
19000	Aspiration of Cyst of Breast	\$115.45		
19001	Aspiration of Cyst of Breast, each additional cyst	\$28.59		
19081	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion	\$175.60		
19082	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion	\$88.17		
19083	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion	\$166.11		
19084	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion	\$81.99		
19085	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion	\$192.41		
19086	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion	\$95.87		
19100	Biopsy of breast, needle core	\$74.16		
19101	Incisional biopsy of breast	\$355.32		
19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor aberrant breast tissue, duct lesion or nipple lesion	\$439.38		
19125	Excision of breast lesion identified by pre-operative placement of radiological marker - single lesion	\$487.77		
19126	Excision of breast lesion identified by pre-operative placement of radiological marker - each additional lesion	\$170.13		
19281	Placement of breast localization device, percutaneous; mammographic guidance; first lesion	\$105.69		
19282	Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion	\$53.20		
19283	Placement of breast localization device, percutaneous; stereotactic guidance; first lesion	\$106.75		
19284	Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion	\$54.27		
19285	Placement of breast localization device, percutaneous; ultrasound guidance; first lesion	\$90.73		
19286	Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion	\$45.91		
19287	Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion	\$135.57		
19288	Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion	\$68.15		
57452	Colposcopy without Biopsy	\$126.96		
57454	Colposcopy with Biopsy and Endocervical Curettage	\$172.82		
57455	Colposcopy with biopsy(s) of the cervix	\$163.30		
57456	Colposcopy with Endocervical Curettage	\$153.42		
57460*	Endoscopy with loop electrode biopsy(s) of the cervix	\$324.96		
57461*	Endoscopy with loop electrode conization of the cervix	\$364.08		

	<b>SURGICAL SERVICES, CONTINUED</b>	<b>GC</b>	<b>PC</b>	<b>TC</b>
57500*	Biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate	\$152.34		
57505	Endocervical Curettage alone	\$136.58		
57520*	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	\$353.09		
57522*	Loop electrode excision procedure	\$303.49		
58100*	Endometrial biopsy	\$103.06		
58110*	Endometrial biopsy in conjunction with colposcopy	\$53.49		
	<b>RADIOLOGICAL SERVICES</b>			
76098	Radiological examination, surgical specimen	\$44.97	\$16.41	\$28.56
76641	Ultrasound, complete examination of breast including axilla, unilateral	\$112.38	\$37.56	\$74.82
76642	Ultrasound, limited examination of breast including axilla, unilateral	\$91.77	\$35.01	\$56.76
76942	Ultrasonic guidance for needle biopsy, radiological supervision and interpretation	\$59.82	\$32.77	\$27.05
77046*	Magnetic resonance imaging (MRI), breast, without contrast, unilateral	\$257.09	\$75.10	\$181.99
77047*	Magnetic resonance imaging (MRI), breast, without contrast, bilateral	\$263.63	\$82.77	\$180.86
77048*	Magnetic resonance imaging (MRI), breast, including CAD, with & without contrast, unilateral	\$407.61	\$108.31	\$299.30
77049*	Magnetic resonance imaging (MRI), breast, including CAD, with & without contrast, bilateral	\$417.05	\$118.88	\$298.17
77053*	Mammary ductogram or galactogram, single duct	\$59.56	\$18.59	\$40.97
77063	Screening digital breast tomosynthesis; bilateral	\$57.32	\$30.99	\$26.33
77065	Diagnostic Mammogram, Unilateral	\$140.79	\$42.29	\$98.50
77066	Diagnostic Mammogram, Bilateral	\$177.36	\$51.78	\$125.58
77067	Screening Mammogram	\$143.88	\$39.73	\$104.15
G0279	Diagnostic digital breast tomosynthesis, unilateral or bilateral	\$57.32	\$30.99	\$26.33
	<b>PATHOLOGY AND LABORATORY SERVICES</b>			
87624	Human Papillomavirus, high-risk types	\$35.09		
87625	Human Papillomavirus, types 16 and 18 only	\$40.55		
88141	Cytopathology, cervical or vaginal (any reporting system) requiring interpretation by physician	\$27.04		
88142	Cytopathology cervical or vaginal, automated thin layer preparation; manual screening under	\$20.26		
88143	Cytopathology, cervical or vaginal, automated thin layer preparation; manual screening and	\$23.04		
88164	Pap test, manual screening under supervision of physician	\$15.12		
88165	Pap test, manual screening and rescreening under supervision of physician	\$42.22		
88172	Evaluation of Fine Needle Aspiration	\$58.33	\$38.04	\$20.29
88173	Interpretation and Report of Fine Needle Aspiration	\$161.75	\$74.92	\$86.83
88174	Cytopathology, cervical or vaginal, automated thin layer preparation; screening by automated system, under physician supervision	\$25.37		
88175	Cytopathology, cervical or vaginal, automated thin layer preparation; screening by automated system and manual rescreening, under physician supervision	\$26.61		
88177	Cytopathology, evaluation of FNA; immediate cytohistologic to determine adequacy of specimen(s), each separate additional evaluation episode	\$30.93	\$23.41	\$7.52
88305	Tissue Biopsy Interpretation (Breast and/or Cervical)	\$73.28	\$39.83	\$33.45
88307	Level V surgical pathology, gross and microscopic exam	\$290.79	\$87.78	\$203.01
88331	Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen	\$102.68	\$66.22	\$36.46
88332	Pathology consultation during surgery, with frozen sections(s), each additional specimen	\$56.98	\$32.93	\$24.05
88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	\$97.28	\$29.97	\$67.31
88342	Immunohistochemistry or immunocytochemistry, per specimen, initial single antibody stair	\$110.59	\$37.28	\$73.31
88360	Morphometric analysis, tumor immunohistochemistry, per specimen; manual	\$131.42	\$44.57	\$86.85
88361	Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology	\$133.15	\$47.05	\$86.10
	<b>EVALUATION AND MANAGEMENT SERVICES</b>			
99201	New Patient - Problem Focused - usually 10 minutes	\$47.68		
99202	New Patient - Expanded - usually 20 minutes	\$78.88		
99203	New Patient - Detailed Exam (medical decision making of low complexity) - usually 30 minutes	\$111.52		

	<b>EVALUATION AND MANAGEMENT SERVICES, CONTINUED</b>	<b>GC</b>	<b>PC</b>	<b>TC</b>
99204	New Patient - comprehensive history, exam, moderate decision making; 45 minutes	\$169.97		
99205	New Patient - comprehensive history, exam, high decision making; 60 minutes	\$214.60		
99211	Established Patient - Minimal - usually 5 minutes	\$24.15		
99212	Established Patient - Problem Focused - usually 10 minutes	\$47.30		
99213	Established Patient - Expanded - (medical decision making of low complexity) - usually 15 minutes	\$77.71		
99214	Established Patient; detailed history, exam, moderately complex decision-making; 25 minutes	\$112.57		
99385	Initial prev med eval 18 to 39 yrs - pay at 99203 rate	\$111.52		
99386	Initial prev med eval 40 to 64 yrs - pay at 99203 rate	\$111.52		
99387	Initial prev med eval 65 yrs of age or older - pay at 99203 rate	\$111.52		
99395	Periodic prev med eval 18 to 39 yrs - pay at 99213 rate	\$77.71		
99396	Periodic prev med eval 40 to 64 yrs - pay at 99213 rate	\$77.71		
99397	Periodic prev med eval 65 yrs of age or older - pay at 99213 rate	\$77.71		
	<b>The BCCP does not cover facility charges</b>			
	* Prior authorization required - verify with referring Case Manager before submitting for reimbursement			
	<b>Anesthesia rate = \$22.32</b>			
	Deleted codes: N/A			
	New codes = 99385, 99386, 99387, 99395, 99396, 99397.			
<b>You can find our updated CPT Codes/Reimbursement Rates at <a href="http://www.dhhs.nh.gov/dphs/cdpc/bccp/index.htm">http://www.dhhs.nh.gov/dphs/cdpc/bccp/index.htm</a></b>				

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