

**New Hampshire Breast and Cervical Cancer Program
2018 Reimbursement Rates
Effective July 1, 2018**

| CPT | Service Description | | | |
|------------|--|-----------|-----------|-----------|
| | SURGICAL SERVICES | GC | TC | PC |
| 10021 | Fine Needle Aspiration without imaging guidance | \$128.51 | | |
| 10022 | Fine Needle Aspiration with imaging guidance | \$68.69 | | |
| 19000 | Aspiration of Cyst of Breast | \$119.04 | | |
| 19001 | Aspiration of Cyst of Breast, each additional cyst | \$28.30 | | |
| 19081 | Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion | \$177.19 | | |
| 19082 | Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion | \$89.53 | | |
| 19083 | Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion | \$166.58 | | |
| 19084 | Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion | \$83.29 | | |
| 19085 | Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion | \$193.17 | | |
| 19086 | Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion | \$97.15 | | |
| 19100 | Biopsy of breast, needle core | \$73.99 | | |
| 19101 | Incisional biopsy of breast | \$361.31 | | |
| 19120 | Excision of cyst, fibroadenoma, or other benign or malignant tumor aberrant breast tissue, duct lesion or nipple lesion | \$438.33 | | |
| 19125 | Excision of breast lesion identified by pre-operative placement of radiological marker - single lesion | \$486.03 | | |
| 19126 | Excision of breast lesion identified by pre-operative placement of radiological marker - each additional lesion | \$171.06 | | |
| 19281 | Placement of breast localization device, percutaneous; mammographic guidance; first lesion | \$106.27 | | |
| 19282 | Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion | \$53.32 | | |
| 19283 | Placement of breast localization device, percutaneous; stereotactic guidance; first lesion | \$107.02 | | |
| 19284 | Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion | \$54.46 | | |
| 19285 | Placement of breast localization device, percutaneous; ultrasound guidance; first lesion | \$91.33 | | |
| 19286 | Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion | \$45.66 | | |
| 19287 | Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion | \$135.48 | | |
| 19288 | Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion | \$68.29 | | |
| 57452 | Colposcopy without Biopsy | \$113.85 | | |
| 57454 | Colposcopy with Biopsy and Endocervical Curettage | \$158.41 | | |
| 57455 | Colposcopy with biopsy(s) of the cervix | \$148.80 | | |
| 57456 | Colposcopy with Endocervical Curettage | \$140.38 | | |
| 57460* | Endoscopy with loop electrode biopsy(s) of the cervix | \$295.30 | | |
| 57461* | Endoscopy with loop electrode conization of the cervix | \$333.85 | | |
| 57500* | Biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate | \$133.89 | | |
| 57505 | Endocervical Curettage alone | \$107.57 | | |
| 57520* | Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser | \$322.62 | | |
| 57522* | Loop electrode excision procedure | \$275.16 | | |
| 58100* | Endometrial biopsy | \$113.42 | | |
| 58110* | Endometrial biopsy in conjunction with colposcopy | \$50.31 | | |

| RADIOLOGICAL SERVICES | | GC | TC | PC |
|---|--|-----------|-----------|-----------|
| 76098 | Radiological examination, surgical specimen | \$17.80 | \$9.40 | \$8.40 |
| 76641 | Ultrasound, complete examination of breast including axilla, unilateral | \$113.94 | \$75.99 | \$37.95 |
| 76642 | Ultrasound, limited examination of breast including axilla, unilateral | \$93.33 | \$57.93 | \$35.40 |
| 76942 | Ultrasonic guidance for needle biopsy, radiological supervision and interpretation | \$62.88 | \$29.35 | \$33.53 |
| 77053* | Mammary ductogram or galactogram, single duct | \$61.49 | \$42.89 | \$18.60 |
| 77058* | Magnetic Resonance Imaging, breast with and/or without contrast, unilateral | \$574.47 | \$489.81 | \$84.66 |
| 77059* | Magnetic Resonance Imaging, breast with and/or without contrast, bilateral | \$571.83 | \$487.18 | \$84.65 |
| 77063 | Screening digital breast tomosynthesis; bilateral | \$57.72 | \$26.71 | \$31.01 |
| 77065 | Diagnostic Mammogram, Unilateral | \$142.78 | \$100.45 | \$42.33 |
| 77066 | Diagnostic Mammogram, Bilateral | \$180.47 | \$128.28 | \$52.19 |
| 77067 | Screening Mammogram | \$145.49 | \$106.09 | \$39.40 |
| G0202 | Screening Mammogram | \$145.49 | \$106.09 | \$39.40 |
| G0204 | Diagnostic Mammogram, Bilateral | \$180.47 | \$128.28 | \$52.19 |
| G0206 | Diagnostic Mammogram, Unilateral | \$142.78 | \$100.45 | \$42.33 |
| G0279 | Diagnostic digital breast tomosynthesis, unilateral or bilateral | \$57.72 | \$26.71 | \$31.01 |
| PATHOLOGY AND LABORATORY SERVICES | | | | |
| 87624 | Human Papillomavirus, high-risk types | \$43.33 | | |
| 87625 | Human Papillomavirus, types 16 and 18 only | \$43.33 | | |
| 88141 | Cytopathology, cervical or vaginal (any reporting system) requiring interpretation by physician | \$33.93 | | |
| 88142 | Cytopathology cervical or vaginal, automated thin layer preparation; manual screening under | \$25.01 | | |
| 88143 | Cytopathology, cervical or vaginal, automated thin layer preparation; manual screening and | \$25.01 | | |
| 88164 | Pap test, reported in Bethesda System, manual screening under supervision of physician | \$14.65 | | |
| 88172 | Evaluation of Fine Needle Aspiration | \$60.58 | \$21.82 | \$38.76 |
| 88173 | Interpretation and Report of Fine Needle Aspiration | \$162.91 | \$86.91 | \$76.00 |
| 88174 | Cytopathology, cervical or vaginal, automated thin layer preparation; screening by automated system, under physician supervision | \$26.38 | | |
| 88175 | Cytopathology, cervical or vaginal, automated thin layer preparation; screening by automated system and manual rescreeing, under physician supervision | \$32.71 | | |
| 88305 | Tissue Biopsy Interpretation (Breast and/or Cervical) | \$72.15 | \$31.60 | \$40.55 |
| 88307 | Level V surgical pathology, gross and microscopic exam | \$279.58 | \$190.36 | \$89.22 |
| 88331 | Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen | \$102.29 | \$34.62 | \$67.67 |
| 88332 | Pathology consultation during surgery, with frozen sections(s), each additional specimen | \$55.85 | \$22.57 | \$33.28 |
| 88341 | Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure) | \$98.03 | \$67.72 | \$30.31 |
| 88342 | Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain | \$115.49 | \$77.50 | \$37.99 |
| EVALUATION AND MANAGEMENT SERVICES | | | | |
| 99201 | New Patient - Problem Focused - usually 10 minutes | \$46.63 | | |
| 99202 | New Patient - Expanded - usually 20 minutes | \$78.26 | | |
| 99203 | New Patient - Detailed Exam (medical decision making of low complexity) - usually 30 minutes | \$112.47 | | |
| 99204 | New Patient - comprehensive history, exam, moderate decision making; 45 minutes | \$171.03 | | |
| 99205 | New Patient - comprehensive history, exam, high decision making; 60 minutes | \$214.99 | | |
| 99211 | Established Patient - Minimal - usually 5 minutes | \$22.66 | | |
| 99212 | Established Patient - Problem Focused - usually 10 minutes | \$45.88 | | |
| 99213 | Established Patient - Expanded - (medical decision making of low complexity) - usually 15 minutes | \$75.94 | | |
| 99214 | Established Patient; detailed history, exam, moderately complex decision-making; 25 minutes | \$111.95 | | |
| The BCCP does not cover facility charges | | | | |
| * Prior authorization required - verify with referring Case Manager before submitting for reimbursement | | | | |
| Anesthesia rate = \$22.41 | | | | |
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| Updated 7.1.18 | | | | |
| You can find our updated CPT Codes/Reimbursement Rates at http://www.dhhs.nh.gov/dphs/cdpc/bccp/index.htm | | | | |