

**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
15. Office Visit, New Patient Full Exam	99203 99204 99386 99387	98.27 98.27 98.27 98.27
16. Office Visit, New Patient Partial Exam	99201 99202	39.13 39.13
17. Office Visit, Established Patient Full Exam	99213 99214 99396 99397	64.57 64.57 64.57 64.57
18. Office Visit, Established Patient Partial Exam	99211 99212	19.79 19.79
19. Breast or Cervical Consultation	99241 99242 99243 99244	52.11 52.11 133.57 133.57
20. Colposcopy ** Cannot be billed with pathology – 88305/88307/88325**	*57452	102.29
21. 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	145.94
22. 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	134.95
23. Colposcopy with Endocervical Curettage (Colp w/ ECC) ** Cannot be billed in conjunction with 57505** ** Cannot be billed with Level V pathology – 88307**	*57456	127.30
24. Endocervical Curettage (not part of D&C)	*57505	94.52
25. Fine Needle Aspiration of Superficial Breast Tissue, Not Using Imaging Guidance	*10021	123.76

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BCCCP Approved Services	FY2010 Rate
26. Fine Needle Aspiration of Superficial Breast Tissue, Using Imaging Guidance *10022	129.10
27. Fine Needle Aspiration (FNA), Breast Cyst *19000	100.58
28. Fine Needle Aspiration (FNA), Each Additional Cyst *19001	25.40
29. Breast Biopsy, Needle Core, Not Using Imaging Guidance *19100	123.54
30. Breast Biopsy, Incisional *19101	282.44
31. Breast Biopsy, Excisional, Needle Core, Using Imaging Guidance *19102	202.07
32. Breast Biopsy, Excisional, Automated Vacuum Assisted or Rotating Biopsy Device, Using Imaging Guidance *19103	517.74
33. Breast Biopsy, Excisional *19120	404.59
a. Anesthesia services performed personally by anesthesiologist 00400-AA	104.40
b. Medical supervision by a physician: more than four concurrent anesthesia procedures 00400-AD	62.64
c. Medical direction of 2, 3, or 4 concurrent anesthesia procedures involving qualified individuals 00400-QK	52.20
d. CRNA service: with medical direction by a physician 00400-QX	52.20
e. Anesthesiologist medically directs one CRNA 00400-QY	52.20
f. CRNA service: (supervised) without medical direction by a physician 00400-QZ	104.40

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BCCCP Approved Services	FY2010 Rate
34. Breast Biopsy, Excision of Single Lesion Identified by Radiological Marker	*19125
a. Anesthesia services performed personally by anesthesiologist	00400-AA
b. Medical supervision by a physician: more than four concurrent anesthesia procedures	00400-AD
c. Medical direction of 2, 3, or 4 concurrent anesthesia procedures involving qualified individuals	00400-QK
d. CRNA service: with medical direction by a physician	00400-QX
e. Anesthesiologist medically directs one CRNA	00400-QY
f. CRNA service: (supervised) without medical direction by a physician	00400-QZ
35. Breast Biopsy, Excision of Each Additional Lesion	*19126
36. Pre-op Placement, Needle Localization Wire	*19290
37. Pre-op Placement, Needle Localization Wire, Each Additional Lesion	*19291
38. Image Guided Placement of Metallic Localization Clip, During Breast Biopsy	*19295
39. Stereotactic Localization of Breast Biopsy Radiologic Supervision/Interpretation	
a. Global	77031
b. Technical Component	77031 - TC
c. Professional Component	77031 - 26
40. Needle Localization, Radiologic Supervision Interpretation	
a. Global	77032
b. Technical Component	77032 - TC
c. Professional Component	77032 - 26
41. Radiological Examination, Surgical Specimen	
a. Global	76098
b. Technical Component	76098-TC
c. Professional Component	76098-26

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BCCCP Approved Services	FY2010 Rate
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	
46. Surgical Pathology, Breast or Cervical Biopsy - Level V	
a. Global 88307	196.86
b. Technical/Facility Only 88307-TC	119.19
c. Professional Only 88307-26	77.67
Cannot bill in conjunction with 88305	
47. Cytopathology, Evaluation of Fine Needle Aspirate to determine Specimen Adequacy	
a. Global 88172	49.83
b. Technical Component 88172-TC	20.75
c. Professional Component 88172-26	29.08
48. Cytopathology, Interpretation and Report	
a. Global 88173	125.77
b. Technical Component 88173-TC	58.70
c. Professional Component 88173-26	67.07

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BCCCP Approved Services	FY2010 Rate
49. Cytopathology, Selective Cellular Enhancement Technique with Interpretation (e.g., Liquid Based Slide Preparation Method), except Cervical or Vaginal	
a. Global	88112 101.97
b. Technical Component	88112-TC 47.14
c. Professional Component	88112-26 54.83
Cannot bill in conjunction with 88173	
50. Case Management	99499 50.00

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**

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**FY2010 BCCCP Unit Cost Reimbursement Rate Schedule
Codes Requiring Nurse Consultant Approval**

CPT	Description	FY2010 Rate
*57520	Cone - Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser **Cannot bill in conjunction with 57522	\$298.50
*57522	Cone - Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser; loop electrode excision **Cannot bill in conjunction with 57520	\$253.33
*58100	EMB - Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method **Cannot bill in conjunction with 58110	\$103.33
*58110	EMB - Endometrial sampling (biopsy) performed in conjunction with a colposcopy (List separately in addition to code for primary procedure ~ (Colposcopy 57452, 57454, 57455, 57456)) **Cannot bill in conjunction with 58100	\$49.07
*57460	LEEP - Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix **Cannot bill in conjunction with 57461	\$302.81
*57461	LEEP - Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix **Cannot bill in conjunction with 57460	\$331.51

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**FY 2010 Family Planning/BCCCP Joint Project
Unit Cost Reimbursement Rate Schedule**
for Services Eligible to Family Planning Clients
Under Age 40 with Abnormal Cervical Screenings

Abnormal Cervical Screening Follow-up Services	FY2010 Rate
1. Pap Test, Lab Component (in Bethesda System) - Read by Technician 88164	15.42
2. Pap Test – Re-screening, Lab Component (in Bethesda System) - Read by Technician 88165	15.42
3. Pap Test, Lab Component - Read by Pathologist 88141	15.42
4. Pap Test, Automated Thin Layer Preparation (Thin Prep) – Manual Screening 88142	29.58
5. Pap Test – Re-screening, Automated Thin Layer Preparation (Thin Prep) – Manual Screening 88143	29.58
6. Pap Test, Automated Thin Layer Preparation (Thin Prep) – Automated Screening 88174	29.58
7. Pap Test – Re-screening, Automated Thin Layer Preparation (Thin Prep) – Automated Screening with Manual Re-screening 88175	29.58
8. HPV Typing 87621	51.25
9. Office Visit, New Patient Partial Exam 99201	39.13
99202	39.13
10. Office Visit, Established Patient Partial Exam 99211	19.79
99212	19.79
11. Breast or Cervical Consultation 99241	52.11
99242	52.11
99243	133.57
99244	133.57
12. Colposcopy ** Cannot be billed with pathology – 88305/88307** *57452	102.29
13. Colposcopy with Biopsy of the Cervix and Endocervical Curettage (Colp Bx & ECC) ** Cannot be billed in conjunction with 57505** *57454 ** Cannot be billed with Level V pathology – 88307**	145.94
14. Colposcopy with Biopsy of the Cervix (Colp w/ Bx) ** Cannot be billed in conjunction with 57505** *57455 ** Cannot be billed with Level V pathology – 88307**	134.95

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Unit Cost Reimbursement Rate Schedule**
for Services Eligible to Family Planning Clients
Under Age 40 with Abnormal Cervical Screenings

Abnormal Cervical Screening Follow-up Services	FY2010 Rate
15. Colposcopy with Endocervical Curettage (Colp w/ ECC) ** Cannot be billed in conjunction with 57505** ** Cannot be billed with Level V pathology – 88307**	*57456 127.30
16. ECC - Endocervical Curettage (not part of D&C)	*57505 94.52
17. Surgical Pathology, Breast or Cervical Biopsy - Level IV a. Global b. Technical/Facility Only c. Professional Only **Cannot bill in conjunction with 88307**	88305 88305-TC 88305-26 98.36 61.82 36.54
18. Surgical Pathology, Breast or Cervical Biopsy - Level V a. Global b. Technical/Facility Only c. Professional Only **Cannot bill in conjunction with 88305**	88307 88307-TC 88307-26 196.86 119.19 77.67
19. Case Management	99499 50.00

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