

TENNESSEE BREAST AND CERVICAL SCREENING PROGRAM

REIMBURSEMENT SCHEDULE FOR 2016

Effective March 1, 2016 through February 28, 2017

SPECIAL NOTES:

1. New codes indicated in **bold**.
2. TBCSP will reimburse HPV testing for the following indications only for women that meet program criteria:
 - Reflex testing – to determine the need for colposcopy in women with ASC-US cytology result.
 - Co-testing – use as an adjunct to cytology for cervical cancer screening in women aged 30 years and older.
 - When indicated per American Society for Colposcopy and Cervical Pathology (ASCCP) Management Guidelines following abnormal cytology.
3. Consultation charges should use patient office visit CPT codes 99201 through 99204. Preventive office visit rates (CPT codes 99386 and 99396) are set according to federal policy.
4. Reimbursement for enrollment in the program (99080A) can only be charged once, the first year of enrollment by the screening provider. If the woman comes back for any service provided with TBCSP 99080A cannot be charged again.
5. Case management consists of those activities that are over and above the usual and customary activities involved in assuring that a patient receives the necessary diagnostic services to reach a final diagnosis. Reimbursement for case management (99080B) can only be charged by the screening provider.
 - a. A maximum of three (3) case management charges can be billed for a cycle.
 - b. Case management can only be charged for cases with abnormal screening results that need follow up diagnostics.
6. TBCSP will NOT reimburse for the following procedures:
 - a. CAD according to national policy
 - b. MRI according to national policy
 - c. Any treatment or treatment related CPT codes according to national policy
 - d. Screening cytology tests for women under the age of 40
 - e. Diagnostics for men according to national policy
7. Vendors cannot charge the patient for the balance or uncovered services as stated in federal policy and the Letter of Agreement signed by the vendor.
8. Key:
 - 26 - Professional Component – Physician services - (i.e. interpret lab or radiologic tests)
 - TC - Technical Component – provided by healthcare provider other than the physician providing the professional component. (I.e. hospital, clinic, services cannot be done at physician's office. Formerly F code.)
 - Global – Total of Professional and Technical components, one provider performing both services.
 - # – services performed in a facility setting.

End Note	CPT CODE	BREAST SCREENING PROCEDURES	CY2015
	G 0202	Bilateral Digital Screening Mammogram (Global)	\$ 122.93
	G 0202 26	Professional Component	\$ 33.80
	G 0202 TC	Technical Component	\$ 89.13
	77057	Bilateral Screening Mammogram (Global)	\$ 76.05
	77057 26	Professional Component	\$ 34.13
	77057 TC	Technical Component	\$ 41.93

End Note	CPT CODE	BREAST DIAGNOSTIC PROCEDURES	CY2015
	G 0204	Diagnostic Digital Bilateral Mammogram (Global)	\$ 149.74
	G 0204 26	Professional Component	\$ 42.32
	G 0204 TC	Technical Component	\$ 107.43
	G 0206	Diagnostic Digital Unilateral Mammogram(Global)	\$ 118.11
	G 0206 26	Professional Component	\$ 33.80
	G0206 TC	Technical Component	\$ 84.31
	76641	Ultrasound, complete examination of breast including axilla, unilateral (Global)	\$ 100.11
	76641 26	Professional Component	\$ 35.71
	76641 TC	Technical Component	\$ 64.40
	76642	Ultrasound, limited examination of breast including axilla, unilateral (Global)	\$ 82.59
	76642 26	Professional Component	\$ 33.28
	76642 TC	Technical Component	\$ 49.31
	77055	Diagnostic Unilateral Mammogram (Global)	\$ 82.80
	77055 26	Professional Component	\$ 34.13
	77055 TC	Technical Component	\$ 48.67
	77056	Diagnostic Bilateral Mammogram (Global)	\$ 106.40
	77056 26	Professional Component	\$ 42.32
	77056 TC	Technical Component	\$ 64.08
	10021	FNA without Imaging guidance	\$ 138.04
	10021 #	Facility Setting	\$ 66.44
	10022	FNA with Imaging guidance	\$ 131.70
	10022 #	Facility Setting	\$ 63.63
	19000	Puncture aspiration of cyst	\$ 104.66
	19000 #	Facility Setting	\$ 42.05
	19001	Puncture aspiration each addt'l used w/19000	\$ 25.59
	19001 #	Facility Setting	\$ 21.09
	19100	Needle core breast biopsy no imaging guidance	\$ 139.00
	19100 #	Facility Setting	\$ 65.80
	19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion; open; one or more lesions	\$ 454.70
	19120 #	Facility Setting	\$ 383.43
	19125	Excision of breast lesion identified by pre-operative placement of radiological marker, open, single lesion	\$ 504.98
	19125 #	Facility Setting	\$ 426.00

	19126	Excision of breast lesion identified by preoperative placement of radiological marker, each additional lesion separately identified by a pre-operative radiological marker	\$ 151.59
10	19281	Placement of breast localization device, percutaneous; mammographic guidance; first lesion	\$ 223.09
10	19281 #	Facility Setting	\$ 99.15
10	19282	Placement of breast localization device, percutaneous; mammographic guidance; each additional	\$ 154.88
10	19282 #	Facility Setting	\$ 49.88
10	19283	Placement of breast localization device, percutaneous; stereotactic guidance; first lesion	\$ 253.59
10	19283 #	Facility Setting	\$ 99.47
10	19284	Placement of breast localization device, percutaneous; stereotactic guidance; each additional	\$ 186.02
10	19284 #	Facility Setting	\$ 50.20
10	19285	Placement of breast localization device, percutaneous; ultrasound guidance; first lesion	\$ 409.90
10	19285 #	Facility Setting	\$ 84.65
10	19286	Placement of breast localization device, percutaneous; ultrasound guidance; each additional	\$ 346.60
10	19286 #	Facility Setting	\$ 42.54
	76098	Radiological Exam of surgical specimen (Global)	\$ 15.09
	76098 26	Professional Component	\$ 7.83
	76098 TC	Technical Component	\$ 7.25
	76942	Ultrasonic guidance for needle biopsy (Global)	\$ 56.36
	76942 26	Professional Component	\$ 32.09
	76942 TC	Technical Component	\$ 24.27
9	19081	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion	\$ 613.14
9	19081 #	Facility Setting	\$ 162.99
9	19082	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion	\$ 500.26
9	19082 #	Facility Setting	\$ 81.58
9	19083	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance first lesion	\$ 596.10
9	19083 #	Facility Setting	\$ 157.51
9	19084	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion	\$ 481.41
9	19084 #	Facility Setting	\$ 76.85
	88172	Evaluation of Fine Needle Aspiration (Global)	\$ 53.30
	88172 26	Professional Component	\$ 35.77
	88172 TC	Technical Component	\$ 17.53
	88173	Interpretation of Fine Needle Aspiration (Global)	\$ 140.80
	88173 26	Professional Component	\$ 69.79

88173 TC	Technical Component	\$ 71.01
88305	Surgical pathology, gross and microscopic examination (Global)	\$ 67.97
88305 26	Professional Component	\$ 37.60
88305 TC	Technical Component	\$ 30.37
88307	Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins (Global)	\$ 280.11
88307 26	Professional Component	\$ 82.59
88307 TC	Technical Component	\$ 197.52
88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure (Global)	\$ 83.52
88342 26	Professional Component	\$ 35.17
88342 TC	Technical Component	\$ 48.35
88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional separately identifiable antibody stain procedure - use 88341 in conjunction with 88342 (Global)	\$ 61.95
88341 26	Professional Component	\$ 20.98
88341 TC	Technical Component	\$ 40.96
88344	Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure (Global)	\$ 107.53
88344 26	Professional Component	\$ 38.64
88344 TC	Technical Component	\$ 68.90
88360	Morphometric analysis, tumor immunohistochemistry, quantitative or semi-quantitative, per specimen, each single antibody stain procedure; manual (Global)	\$ 125.75
88360 26	Professional Component	\$ 53.64
88360 TC	Technical Component	\$ 72.11
88361	Morphometric analysis, tumor immunohistochemistry, quantitative or semi-quantitative, per specimen, each single antibody stain procedure; using computer-assisted technology (Global)	\$ 156.23
88361 26	Professional Component	\$ 58.11
88361 TC	Technical Component	\$ 98.12
88365	In situ hybridization, per specimen; initial single probe stain procedure (Global)	\$ 143.57
88365 26	Professional Component	\$ 43.21
88365 TC	Technical Component	\$ 100.36
88364	In situ hybridization, per specimen; each additional single probe stain procedure - use 88364 in conjunction with 88365 (Global)	\$ 89.00
88364 26	Professional Component	\$ 26.20
88364 TC	Technical Component	\$ 62.80
88366	In situ hybridization, per specimen; each multiplex probe stain procedure (Global)	\$ 138.47
88366 26	Professional Component	\$ 60.90
88366 TC	Technical Component	\$ 77.57

88367	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen, initial single probe stain procedure (Global)	\$ 98.72
88367 26	Professional Component	\$ 34.32
88367 TC	Technical Component	\$ 64.40
88373	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, each additional single probe stain procedure - use 88373 in conjunction with 88367 (Global)	\$ 55.56
88373 26	Professional Component	\$ 20.38
88373 TC	Technical Component	\$ 35.18
88374	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, each multiplex probe stain procedure (Global)	\$ 186.78
88374 26	Professional Component	\$ 43.71
88374 TC	Technical Component	\$ 143.07
88368	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual per specimen, initial single probe stain procedure (Global)	\$ 100.55
88368 26	Professional Component	\$ 40.00
88368 TC	Technical Component	\$ 60.55
88369	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual per specimen, each additional single probe stain procedure - use 88369 in conjunction with 88368 (Global)	\$ 67.81
88369 26	Professional Component	\$ 24.47
88369 TC	Technical Component	\$ 43.53
88377	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual per specimen, each multiplexprobe stain procedure (Global)	\$ 196.84
88377 26	Professional Component	\$ 63.73
88377 TC	Technical Component	\$ 133.11
88271	Molecular Cytogenetic DNA Probe (Each) (Cytogenetic - *FISH)	\$ 19.70
88272	Molecular (Cytogenetic -*FISH) (Analyze 3-5 cells)	\$ 36.44
88273	Molecular (Cytogenetic -*FISH) (Analyze 10-30 cells)	\$ 43.73
88274	Molecular (Cytogenetic - *FISH) (Analyze 25-99 cells)	\$ 47.37
88275	Molecular (Cytogenetic - *FISH) (Analyze 100-300 cells)	\$ 54.65

End Note	CPT CODE	CERVICAL SCREENING	CY2015
	88141	Cytopathology, cervical or vaginal, any reporting system, <u>requiring</u> interpretation by physician	\$ 30.48
	88142	Liquid based Thin Prep	\$ 27.57
4	88143	Liquid based Thin Prep with manual screening and rescreening under physician supervision	\$ 27.57
	88164	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening under physician supervision	\$ 14.38
	88165	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening and rescreening under physician supervision	\$ 14.38
4	88174	Liquid based Thin Prep, automated screen method under physician supervision	\$ 29.08
4	88175	With screening by automated system and manual rescreen or review under physician supervision	\$ 35.36
5	87624	HPV - High Risk Types	\$ 47.76
5	87625	Human Papillomavirus, types 16 and 18 only	na

End Note	CPT CODE	CERVICAL DIAGNOSTICS	CY2015
	57452	Colposcopy without Biopsy	\$ 102.20
	57454	Colposcopy & Biopsy and Endocervical curettage	\$ 144.15
	57455	Colposcopy with biopsy only	\$ 134.33
	57456	Colposcopy with Endocervical curettage only	\$ 126.51
	57505	Endocervical curettage – not done as part of a dilation and curettage	\$ 94.99
	58100	Endometrial Sampling (biopsy) with or without dilation for abnormal glandular cells Pap result	\$ 102.25
	58110	Endometrial Sampling of Colpo	\$ 45.46
	88305	Surgical pathology, gross and microscopic examination (Global)	\$ 67.97
	88305 26	Professional Component	\$ 37.60
	88305 TC	Technical Component	\$ 30.37
	88331	Pathology consultation during surgery single specimen (Global)	\$ 96.86
	88331 26	Professional Component	\$ 62.00
	88331 TC	Technical Component	\$ 34.86
	88332	Pathology consultation during surgery each additional specimen (Global)	\$ 42.66
	88332 26	Professional Component	\$ 30.59
	88332 TC	Technical Component	\$ 12.07

End Note	CPT CODE	OTHER CODES	CY2015
	99080 A	New Enrollee Fee (one time only charge - Primary Screening Providers only)	\$ 10.00
	99080 B	Case management and follow up of diagnostic referral (Primary Screening Providers only)	\$ 20.00

End Note	CPT CODE	OFFICE VISITS	CY2015
	99201	New Patient Office Visit (10 min)	\$ 40.71
	99202	New Patient Office Visit with expanded history (20 min)	\$ 69.88
	99203	New Patient Office Visit with detailed history (30 min)	\$ 101.10
1	99204	New Patient Office Visit with comprehensive history (45 min)	\$ 154.90
	99211	Established Patient Office Visit (5 min)	\$ 18.50
	99212	Established Patient Office Visit (10 min)	\$ 40.71
	99213	Established Patient Office Visit (15 min)	\$ 68.23
	99214	Established Patient Office Visit (25 min)	\$ 101.42
2	99386	New Patient Preventive Office Visit; (40-64 year old)	\$ 101.10
2	99396	Established Patient Preventive Office Visit; (40-64 year old)	\$ 68.23

End Note	CPT CODE	THE FOLLOWING CODES MUST BE PRIOR APPROVED BY CENTRAL OFFICE BEFORE PAYING	CY2015
6	57460	Colposcopy with loop electrode biopsy(s) of the cervix	\$ 262.37
6	57460 #	Facility Setting	\$ 154.49
6	57461	Colposcopy with loop electrode conization of the cervix	\$ 297.25
6	57461 #	Facility Setting	\$ 178.78
	57500	Cervical biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	\$ 118.79
	57500 #	Facility Setting	\$ 71.91
6	57520	Conization of cervix	\$ 286.49
6	57520 #	Facility Setting	\$ 258.56
6	57522	LEEP – diagnostic	\$ 246.68
6	57522 #	Facility Setting	\$ 229.66
	88305	Surgical pathology, gross and microscopic examination (Global)	\$ 67.97
	88305 26	Professional Component	\$ 37.60
	88305 TC	Technical Component	\$ 30.37
	88307	Surgical patholog, gross and microscopic examination; requiring microscopic evaluation of surgical margins (Global)	\$ 280.11
	88307 26	Professional Component	\$ 82.59
	88307 TC	Technical Component	\$ 197.52
	85025	Complete CBC	\$ 10.58
	81001	Urinalysis	\$ 4.31
	84703	Quantitative HCG	\$ 10.23
	36415	Venipuncture	\$ 3.00
3	00400	Anesthesia up to 5 units at \$21.00/unit	\$ 21.24
	88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	\$ 83.52
	88342 26	Professional Component	\$ 35.17
	88342 TC	Technical Component	\$ 48.35
	88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	\$ 61.95
	88341 26	Professional Component	\$ 20.98
	88341 TC	Technical Component	\$ 40.96

End Notes

1	All consultations should be billed through the standard “new patient” office visit CPT code 99201. Consultations billed as 99204 must meet the criteria for these codes. This code (99204) is <u>not</u> appropriate for NBCCEDP screening visits.
2	The type and duration of office visits should be appropriate to the level of care necessary for accomplishing screening and diagnostic follow-up within the NBCCEDP. Reimbursement rates should not exceed those published by Medicare. While the use of 993XX-series codes may be necessary in some programs, the Preventive Medicine Evaluation visits themselves are not appropriate for the NBCCEDP. 9938X codes shall be reimbursed at or below the 99203 rate, and 9939X codes shall be reimbursed at or below the 99213 rate.
3	Medicare’s methodology for the payment of anesthesia services are outlined in the Medicare Claims Manual, Chapter 12, pages 99-107, available here: http://www.cms.hhs.gov/manuals/downloads/clm104c12.pdf The carrier-specific Medicare anesthesia conversion rates are available here: http://www.cms.hhs.gov/center/anesth.asp
4	These procedures may be reimbursed at their own Medicare rates. They no longer have to be reimbursed at the 88142 rate.
5	HPV DNA testing is a reimbursable procedure if used for screening in conjunction with Pap testing or follow-up of an abnormal Pap result or surveillance as per ASCCP guidelines. It is not reimbursable as a primary screening test for women of all ages or as an adjunctive screening test to the Pap for women under 30 age. Providers should specify the high-risk HPV DNA panel only. Reimbursement of screening for low-risk HPV types is not permitted. CDC funds may be used for reimbursement of HPV genotyping.
6	A LEEP or conization of the cervix, as a diagnostic procedure, may be reimbursed based on ASCCP recommendations. Grantees are strongly encouraged to develop policies to closely monitor these procedures and should pre-authorize this service for reimbursement by having the medical advisory board or designee or clinical representative(s) review these cases in advance, and on an individual basis.
7	This charge should be used with caution to ensure that programs do not reimburse for supplies, the cost of which has already been accounted for in another clinical charge.
8	Breast MRI can be reimbursed by the NBCCEDP in conjunction with a mammogram when a client has a BRCA mutation, a first-degree relative who is a BRCA carrier, or a lifetime risk of 20-25% or greater as defined by assessment models such as BRCAPRO that are largely dependent on family history. Breast MRI can also be used to better assess areas of concern on a mammogram or for evaluation of a client with a past history of breast cancer after completing treatment. Breast MRI should never be done alone as a breast cancer screening tool. Breast MRI cannot be reimbursed for by the NBCCEDP to assess the extent of disease in a woman who has been diagnosed with breast cancer.
9	Codes 19081-19086 are to be used for breast biopsies that include image guidance, placement of localization device, and imaging of specimen. These codes should not be used in conjunction with 19281-19288.
10	Codes 19281-19288 are for image guidance placement of localization device without image-guided biopsy. These codes should not be used in conjunction with 19081-19086.
11	Appropriate for use of breast risk assessment tools during an office visit. The modifier-25 should be added to the appropriate office visit CPT to indicate a separate service done on the same day.

CY2016
\$ 123.10
\$ 33.85
\$ 89.25
\$ 76.16
\$ 34.17
\$ 41.99

CY2016
\$ 150.60
\$ 42.38
\$ 108.22
\$ 118.28
\$ 33.85
\$ 84.43
\$ 99.74
\$ 35.57
\$ 64.17
\$ 82.19
\$ 33.14
\$ 49.06
\$ 82.91
\$ 34.17
\$ 48.74
\$ 106.55
\$ 42.38
\$ 64.17
\$ 114.57
\$ 66.67
\$ 131.51
\$ 63.34
\$ 104.80
\$ 42.11
\$ 25.62
\$ 21.12
\$ 138.37
\$ 65.70
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\$ 15.43
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\$ 57.08
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CY2016
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CY2016
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CY2016
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CY2016
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\$ 154.51
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