

## BCHC Listing of Approved CPT Codes

Effective 01/01/2009

Services can be paid by BCHC only for breast and/or cervical cancer screening and diagnosis. BCHC does not require preauthorization.

DESCRIPTION OF SERVICE	CPT CODE	AK FEE	TECH- NICAL	PROFES- SIONAL
<b>OFFICE VISITS</b>				
New Patient - Office Visit (10 minutes face to face)	99201	\$46.27		
New Patient - Office Visit (20 minutes face to face)	99202	\$81.40		
New Patient - Office Visit (30 minutes face to face)	99203	\$118.62		
New Patient - Office Visit (45 minutes face to face)	99204	\$118.62		
New Patient - Office Visit (60 minutes face to face)	99205	\$118.62		
Established Patient - Office Visit (5 minutes face to face)	99211	\$22.80		
Established Patient - Office Visit (10 minutes face to face)	99212	\$46.67		
Established Patient - Office Visit (15 minutes face to face)	99213	\$79.96		
Established Patient - Office Visit (25 minutes face to face)	99214	\$79.96		
Established Patient - Office Visit (40 minutes face to face)	99215	\$79.96		
Consultation Visit - 15 minutes face to face with patient	99241	\$61.74		
Consultation Visit - 30 minutes face to face with patient	99242	\$117.28		
Consultation Visit - 40 minutes face to face with patient	99243	\$161.74		
Consultation Visit – 60 minutes face to face with patient	99244	\$242.98		
New Patient – Initial Preventive. Medicine Visit, 18-39 Years	99385	\$118.62		
New Patient – Initial Preventive Medicine Visit, 40-64 Years	99386	\$118.62		
Established Patient–Periodic Prev. Medicine Visit, 18-39 Years	99395	\$79.96		
Established Patient – Periodic Prev. Medicine Visit, 40-64 Years	99396	\$79.96		
<b>CERVICAL</b>				
Pap Smear, reported in Bethesda System (See Note re Pap/Colpo)	88164	\$15.42		
Pap Smear, reported in Bethesda System requiring interpretation by physician as determined by laboratory (See Note re Pap/Colpo)	88141	\$35.37		
Pap Smear, cytopathology, cervical or vaginal collected in preservative fluid, automated thin layer preparation (See Note re pap/Colpo)	88142	\$29.58		
Pap Smear, cytopathology, cervical or vaginal collected in preservative fluid, automated thin layer preparation, screening by automated system under physician supervision (See Note re Pap/Colpo)	88174	\$31.19		
Pap Smear, cytopathology, cervical or vaginal collected in preservative fluid, automated thin layer preparation, re-screening by automated system under physician supervision (See Note re Pap/Colpo)	88175	\$38.68		
Colposcopy Biopsy Interpretation Level IV	88305	\$123.19	\$72.09	\$51.10
Colposcopy Biopsy Interpretation Level V	88307	\$248.03	\$139.39	\$108.65
Cervical pathology consultation during surgery; first tissue block, with frozen section(s), single specimen	88331	\$113.02	\$31.20	\$81.82
Cervical pathology consultation during surgery; each additional tissue block with frozen sections(s)	88332	\$51.33	\$11.08	\$40.25
Immunocytochemistry (including tissue immunoperoxidare), ea. Antibody	88342	\$118.70	\$61.79	\$56.91
Colposcopy without Biopsy (surgical procedure only) (See Note re Pap/Colpo)	57452	\$132.91		

Note re Pap/Colpo: A Pap test performed during the same visit as a colposcopy will not be covered when the woman has had a Pap test within the preceding four (4) months.

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DESCRIPTION OF SERVICE	CPT CODE	AK FEE	TECH-NICAL	PROFES-SIONAL
Colposcopy with Biopsy and/or endocervical curettage (surgical procedure only) (See Note re Pap/Colpo)	57454	\$190.76		
Colposcopy with biopsy(s) of the cervix (See Note re Pap/Colpo)	57455	\$174.97		
Colposcopy with endocervical curettage (surgical procedure only) (See Note re Pap/Colpo)	57456	\$164.97		
Colposcopy of the cervix with loop electrode biopsy(s) of the cervix (only when there is no biopsy proven diagnosis)	57460	\$344.61		
Colposcopy with loop electrode conization of the cervix (only when there is no biopsy proven diagnosis)	57461	\$390.11		
Biopsy, single or multiple, or local excision of lesion, with or without fulgration (separate procedure)	57500	\$151.84		
Endocervical curettage (not done as part of a dilation and curettage) (See Note re Pap/Colpo)	57505	\$119.48		
Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair, cold knife or laser (only when there is no biopsy proven diagnosis)	57520	\$370.23		
Loop electrode excision (only when there is no biopsy proven diagnosis)	57522	\$319.01		
Human Papillomavirus, Amplified Probe Technique, High risk panel only, for triage of ASC-US Pap only	87621	\$51.25		
Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method, (separate procedure), only when done to evaluate AGC pap results	58100	\$134.14		
<b>BREAST</b>				
Mammary ductogram or galactogram, single duct, radiological supervision and interpretation	77053	\$86.50	\$61.44	\$25.05
Mammary ductogram or galactogram, multiple ducts, radiological supervision and interpretation	77054	\$116.12	\$84.62	\$31.49
Computer diagnostic mammogram add-on (payment specifically disallowed by CDC)	77051	\$0.00	\$0.00	\$0.00
Computer screening mammogram add-on (payment specifically disallowed by CDC)	77052	\$0.00	\$0.00	\$0.00
Diagnostic/Follow-up – Unilateral mammogram	77055	\$101.29	\$52.50	\$48.79
Diagnostic/Follow-up – Bilateral mammogram	77056	\$128.25	\$67.86	\$60.58
Screening mammogram	77057	\$97.60	\$48.81	\$48.79
Digital screening mammogram	G0202	\$97.60	\$48.81	\$48.79
Digital bilateral mammogram	G0204	\$128.25	\$67.68	\$60.58
Digital unilateral mammogram	G0206	\$101.29	\$52.50	\$48.79
Stereotactic localization for breast biopsy, each lesion, radiological supervision and interpretation	77031	\$228.43	\$117.91	\$110.52
Preoperative placement of needle localization wire, breast, radiological supervision and interpretation	77032	\$72.10	\$33.08	\$39.02
Radiological examination, surgical specimen	76098	\$23.51	\$12.26	\$11.25
Consultation on x-ray examination made elsewhere, written report	76140	\$29.64	\$10.64	\$19.00
Ultrasound – Echography, Breasts (unilateral or bilateral) B-scan and/or real time image documentation	76645	\$105.38	\$67.84	\$37.54

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Ultrasonic guidance for needle biopsy, radiological supervision and interpretation	76942	\$208.32	\$161.55	\$46.77
Surgical Tray. Reimbursed only in conjunction with 19101, 19120, 19125, 19126, 76095	A4550	\$9.95		
Evaluation of Fine Needle Aspiration	88172	\$64.84	\$24.05	\$40.79
Interpretation and report of File Needle Aspiration	88173	\$162.92	\$68.87	\$94.05
Cytopathology, fluids, washings, or brushings, except cervical or vaginal, filter method only with interpretation	88106	\$89.80	\$51.97	\$37.84
Cytopathology, concentration technique, smears and interpretation	88108	\$85.48	\$47.64	\$37.84
Breast Biopsy Interpretation Level IV	88305	\$123.19	\$72.09	\$51.10
Breast Biopsy Interpretation Level V	88307	\$248.03	\$139.39	\$108.65
Breast pathology consultation during surgery; first tissue block; with frozen section(s) single specimen	88331	\$113.02	\$31.20	\$81.82
Breast pathology consultation during surgery; each additional tissue block; with frozen section(s)	88332	\$51.33	\$11.08	\$40.25
Immunocytochemistry (including tissue immunoperoxidare), ea. Antibody	88342	\$118.70	\$61.79	\$56.91
<b>BREAST PROCEDURES by Location</b>	<b>CPT CODE</b>	<b>Office</b>	<b>Facility</b>	
Fine Needle Aspiration without imaging guidance	10021	\$155.56	\$87.94	
Fine Needle Aspiration with imaging guidance	10022	\$159.42	\$87.48	
Aspiration of Cyst of Breast (surgical procedure only)	19000	\$123.18	\$59.10	
Aspiration of Cyst of Breast, additional	19001	\$33.88	\$29.55	
Injection procedure only for mammary ductogram or galactogram	19030	\$192.59	\$107.28	
Biopsy of breast; needle core (surgical procedure only)	19100	\$153.81	\$86.98	
Incisional biopsy of breast.	19101	\$354.79	\$254.54	
Percutaneous, needle core, using imaging guidance	19102	\$252.20	\$140.16	
Percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance	19103	\$616.26	\$257.33	
Nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct	19110	\$492.35	\$373.24	
Excision of cyst, fibroadenoma, or other benign or malignant tumor aberrant breast tissue, duct lesion or nipple lesion	19120	\$528.34	\$464.65	
Excision of breast lesion identified by pre-operative placement of radiological marker - single lesion	19125	\$586.66	\$517.08	
Excision of breast lesion identified by pre-operative placement of radiological marker - each additional lesion	19126		\$200.78	
Preoperative placement of needle localization wire, breast	19290	\$183.95	\$88.81	
Preoperative placement of needle localization wire, breast; each additional lesion	19291	\$80.62	\$44.06	
Image guided placement metallic localization clip, percutaneous, during breast biopsy	19295	\$92.62		
Anesthesia: Reimbursement Amount = \$20.19 x (Time Units + Base Units)	00100 – 00948			

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