



ATTACHMENT C: MEDICARE RATES & CPT CODES

**Allowable CPT Codes for the Illinois Breast and Cervical Cancer Program –
Updated January 2015
Provided by the Illinois Breast and Cervical Cancer Program**

Listed below are allowable procedures and the corresponding CPT codes for use in reimbursement for Komen Grantees:

- Screening services may include CBE and a mammogram.
- Reimbursement for treatment services should also be at Medicare rates. More information is available at <http://www.cms.gov/home/medicare.asp>
- Anesthesia codes should not be charged unless an anesthesiologist or nurse anesthetist is in attendance.

These rates are based on information found on the Illinois Department of Public Health’s website, <http://www.idph.gov/>

CPT Code	Description	Fees			
		Tech (TC)	Prof (26)	Total	
Office Visits					
99201	Office Visit, New Patient – Breast Exam Only			\$46.65	
99203	Office Visit, New Patient – Breast and Pelvic Exam			\$117.29	
99212	Office Visit, Established Patient – Breast or Pelvic Exam Repeat CBE (Considered a Dx Procedure) – 10 mins			\$46.65	
99213	Office Visit, Established Patient – Breast and Pelvic Exam			\$77.02	
Consultation Visits					
99202	Office Consultation Visit (Considered a Dx Procedure); 20 minutes.			\$79.62	
99203	Office Consultation Visit (Considered a Dx Procedure); 30 minutes.			\$117.29	
99204	Office Consultation Visit (Considered a Dx Procedure); 45 minutes.			\$177.94	
BREAST – Mammography/MRI/Ductogram					
Radiology	77055	Diagnostic Mammography, Unilateral	\$56.71	\$37.96	\$94.67
	77056	Diagnostic Mammography, Bilateral	\$74.51	\$47.08	\$121.58
	77057	Screening Mammogram, Bilateral	\$48.92	\$37.96	\$86.88
	G0202	Screening Mammogram, Digital, Bilateral	\$103.43	\$37.59	\$141.01
	G0204	Diagnostic Mammogram, Digital, Bilateral	\$124.56	\$47.08	\$171.64
	G0206	Diagnostic Mammogram, Digital, Unilateral	\$97.87	\$37.59	\$135.45
	77053	Mammary Ductogram, or galactogram, single duct, radiological supervision and interpretation	\$41.88	\$19.34	\$61.22
	77058	Magnetic Resonance Imaging, breast , with and/or without contrast, unilateral**	\$477.15	\$88.68	\$565.83
	77059	Magnetic Resonance Imaging, breast , with and/or without contrast, bilateral**	\$471.22	\$88.68	\$559.90
**Use of these codes are restricted. They are reimbursed in special circumstances with prior					



approval only.					
BREAST – Diagnostic					
Radiology	76098	Radiological examination, surgical specimen	\$8.88	\$8.76	\$17.64
	76645	Ultrasound, breast(s), unilateral or bilateral	\$74.88	\$40.14	\$115.02
	76942	Ultrasound guidance for needle placement (e.g., biopsy aspiration or localization device); imaging supervision and interpretation.	\$28.53	\$35.75	\$64.28
Surgery	10021	Fine Needle Aspiration (FNA) <u>without</u> imaging guidance			\$162.20
	10022	Fine Needle Aspiration (FNA) <u>with</u> imaging guidance			\$153.37
	19000	Puncture aspiration of breast cyst			\$122.25
	19001	Puncture aspiration of breast cysts, <u>each additional cyst</u>			\$29.99
	19100	Breast biopsy, percutaneous needle core, not using imaging guidance			\$169.38
	19101	Breast biopsy, open incisional			\$382.86
	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			\$564.97
	19125	Excision of breast lesion identified by preoperative placement of radiological marker, single; open; lesion			\$630.33
	19126	Excision of breast lesion identified by preoperative placement of radiological marker, open; <u>each additional lesion separately identified by a preoperative radiological marker</u>			\$195.90
	19081	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion			\$708.40
	19082	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; <u>each additional lesion</u>			\$577.60
	19083	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion			\$699.27
	19084	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; <u>each additional lesion</u>			\$555.82
	19085	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion			\$1105.41
	19086	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance;			\$869.13



		each additional lesion			
	19281	Placement of breast localization device, percutaneous; mammographic guidance; first lesion			\$257.30
	19282	Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion			\$179.95
	19283	Placement of breast localization device, percutaneous; stereotactic guidance; first lesion			\$292.52
	19284	Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion			\$215.92
	19285	Placement of breast localization device, percutaneous; ultrasound guidance; first lesion			\$473.00
	19286	Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion			\$401.09
	19287	Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion			\$929.35
	19288	Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion			\$740.28
Pathology	88172	Evaluation of FNA of Breast(s) to determine specimen adequacy	\$20.74	\$38.39	\$59.13
	88173	Interpretation and report of FNA of Breast(s)	\$83.01	\$74.20	\$157.22
	88305	Surgical pathology, breast (does not evaluate surgical margins) or cervical biopsy specimens	\$35.57	\$40.20	\$75.78
	88307	Surgical pathology, breast (evaluates surgical margins) or cervical specimens	\$229.11	\$88.49	\$317.60
	88331	Frozen section, first tissue block, single specimen (breast or cervical)	\$40.77	\$66.20	\$106.96
	88332	Frozen section, each additional specimen (Limit 2) (breast or cervical)	\$14.44	\$32.91	\$47.35
	G0461	Immunohistochemistry or immunocytochemistry, per specimen; 1 st stain**	\$60.54	\$32.43	\$93.00
	G0462	Immunohistochemistry or immunocytochemistry, per specimen; each additional stain**	\$58.70	\$13.27	\$71.97
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Additional Procedure Fees					
99144	Conscious Sedation				\$200.00
00400	General Anesthesia				\$300.00
99070	Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided).				\$500.00



	Pre-operative testing; CBC, urinalysis, pregnancy test, etc. These procedures should be medically necessary for the planned surgical procedure.			
Procedures Specifically Not Allowed				
Any	Computer Aided Detection (CAD) in breast cancer screening or diagnostics			
Procedures Allowed With Restrictions				
<p>The Chicago Affiliate will allow for screening MRIs as a medically necessary adjunct to mammography for screening of women considered to be at high genetic risk of breast cancer because of any of the following. Medicare rates must be adhered to:</p> <ol style="list-style-type: none"> 1. Carry or have a first-degree relative who carries a genetic mutation in the TP53 or PTEN genes (Li-Fraumeni syndrome and Cowden and Bannayan-Riley-Ruvalcaba syndromes); or 2. Confirmed presence of BRCA1 or BRCA2 mutation; or 3. First degree blood relative with BRCA1 or BRCA2 mutation and are untested; or 4. Have a lifetime risk of breast cancer of 20 to 25 % or more using standard risk assessment models (BRCAPRO, Claus model, Gail model, or Tyrer-Cuzick); or 5. Received radiation treatment to the chest between ages 10 and 30 years, such as for Hodgkin disease 				