**Appendix E: Medicare Rates & CPT Codes**

Allowable CPT Codes for the Illinois Breast and Cervical Cancer Program –

Updated February 2017

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,

[www.idph.state.il.us](http://www.idph.state.il.us)

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| CPT Code | Description | Fees |
| Tech (TC) | Prof (26) | Total |
| Office Visits |
| 99201 | Office Visit, New Patient – Breast Exam Only |  |  | $47.37 |
| 99203 | Office Visit, New Patient – Breast and Pelvic Exam |  |  | $117.22 |
| 99212 | Office Visit, Established Patient – Breast or Pelvic Exam Repeat CBE (Considered a Dx Procedure) – 10 mins |  |  | $46.66 |
| 99213 | Office Visit, Established Patient – Breast and Pelvic Exam |  |  | $78.11 |
| Consultation Visits |
| 99202 | Office Consultation Visit (Considered a Dx Procedure); 20 minutes. |  |  | $80.34 |
| 99203 | Office Consultation Visit (Considered a Dx Procedure); 30 minutes. |  |  | $117.22 |
| 99204 | Office Consultation Visit (Considered a Dx Procedure); 45minutes.  |  |  | $177.44 |
| Breast – Mammography/MRI/Ductogram |
| Radiology |
| G0202 | Screening Mammogram, Digital, Bilateral | $104.44 | $39.73 | $144.17 |
| G0204 | Diagnostic Mammogram, Digital, Bilateral | $126.38 | $52.46 | $178.84 |
| G0206 | Diagnostic Mammogram, Digital, Unilateral | $98.86 | $42.25 | $141.12 |
| 77053 | Mammary Ductogram, or galactogram, single duct, radiological supervision and interpretation | $42.72 | $19.70 | $62.42 |
| 77058 | Magnetic Resonance Imaging, breast , with and/or without contrast, unilateral\*\* | $482.87 | $88.25 | $571.12 |
| 77059 | Magnetic Resonance Imaging, breast , with and/or without contrast, bilateral\*\* | $479.15 | $88.25 | $567.40 |
| \*\*Use of these codes are restricted. They are reimbursed in special circumstances with prior approval only. |
| Breast – Diagnostic |
| Radiology | 76098 | Radiological examination, surgical specimen | $9.26 | $8.75 | $18.01 |
| 76641 | Ultrasound, breast(s), unilateral or bilateral | $75.07 | $39.38 | $114.45 |
| 76942 | Ultrasound guidance for needle placement (e.g., biopsy aspiration or localization device); imaging supervision and interpretation. | $29.71 | $34.64 | $64.35 |
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| Surgery | 10021 | Fine Needle Aspiration (FNA) without imaging guidance |  |  | $133.63 |
| 10022 | Fine Needle Aspiration (FNA) with imaging guidance |  |  | $152.00 |
| 19000 | Puncture aspiration of breast cyst |  |  | $121.95 |
| 19001 | Puncture aspiration of breast cysts, each additional cyst |  |  | $29.95 |
| 19100 | Breast biopsy, percutaneous needle core, not using imaging guidance |  |  | $167.78 |
| 19101 | Breast biopsy, open incisional |  |  | $382.39 |
| 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 |  |  | $565.47 |
| 19125 | Excision of breast lesion identified by preoperative placement of radiological marker, single; open; lesion |  |  | $628.75 |
| 19126 | Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiologicalmarker |  |  | $194.66 |
| 19081 | Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion |  |  | $739.82 |
| 19082 | Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion |  |  | $607.66 |
| 19083 | Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion |  |  | $717.04 |
| 19084 | Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion |  |  | $583.31 |
| 19085 | Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion |  |  | $1085.30 |
| 19086 | Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion |  |  | $864.88 |
| 19281 | Placement of breast localization device, percutaneous; mammographic guidance; first lesion |  |  | $257.90 |
| 19282 | Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion |  |  | $178.03 |
| 19283 | Placement of breast localization device, percutaneous; stereotactic guidance; first lesion |  |  | $291.62 |
| 19284 | Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion |  |  | $218.45 |
| 19285 | Placement of breast localization device, percutaneous; ultrasound guidance; first lesion |  |  | $549.69 |
| 19286 | Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion |  |  | $477.83 |
| 19287 | Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion |  |  | $918.65 |
| 19288 | Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion |  |  | $736.91 |
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| Pathology | 88172 | Evaluation of FNA of Breast(s) to determine specimen adequacy | $21.16 | $39.49 | $60.65 |
| 88173 | Interpretation and report of FNA of Breast(s) | $85.07 | $76.77 | $161.85 |
| 88305 | Surgical pathology, breast (does not evaluate surgical margins) or cervical biopsy specimens | $31.20 | $41.30 | $72.49 |
| 88307 | Surgical pathology, breast (evaluates surgical margins) or cervical specimens | $189.18 | $91.07 | $280.24 |
| 88331 | Frozen section, first tissue block, single specimen (breast or cervical) | $34.17 | $68.40 | $102.57 |
| 88332 | Frozen section, each additional specimen (Limit 2) (breast or cervical) | $21.90 | $33.66 | $55.56 |
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| \*\*Use of these codes are restricted. They are reimbursed in special circumstances with prior approval only. |
| 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 |
| 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: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 Confirmed presence of BRCA1 or BRCA2 mutation; or First degree blood relative with BRCA1 or BRCA2 mutation and are untested; or 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 Received radiation treatment to the chest between ages 10 and 30 years, such as for Hodgkin disease  |