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2017 NBCCEDP Allowable Procedures and Relevant CPT® Codes

Listed below are allowable procedures and the corresponding suggested Current Procedural Terminology (CPT) codes for use in the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) under these general conditions—

- The suggested CPT codes are not all-inclusive and grantees may use other, including temporary, CPT codes for an approved procedure.
- When questions arise regarding the appropriateness to use a procedure not listed in a grantee's application, the grantee should discuss with their local medical consultants and CDC program consultant to determine if the procedure is warranted given the overall intent of the CDC funding and resources available.
- Grantees are required to be responsible stewards of the NBCCEDP funds and use screening and diagnostic dollars in an efficient and appropriate manner.

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			PHYSICIAN RATES	
CPT Code	**Office Visits**	**End Note**	**NON-FACILITY**	**FACILITY**
99201	New patient; history, exam, straightforward decision-making; 10 minutes		40.19	25.44
99202	New patient; *expanded* history, exam, straightforward decision-making; 20 minutes		69.01	48.12
99203	New patient; *detailed* history, exam, straightforward decision-making; 30 minutes		99.88	72.85
99204	New patient; *comprehensive* history, exam, moderate complexity decision-making; 45 minutes	1	153.11	123.61
99205	New patient; comprehensive history, exam, high complexity decision-making; 60 minutes	1	193.26	161.00
99211	Established patient; evaluation and management, may not require presence of physician; 5 minutes		18.36	8.84
99212	Established patient; history, exam, straightforward decision-making; 10 minutes		39.96	24.29
99213	Established patient; *expanded* history, exam, straightforward decision-making; 15 minutes		67.76	48.71
99214	Established patient; *detailed* history, exam, moderately complex decision-making; 25 minutes		100.7	75.18
99385	*Initial* comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunizations and lab procedures; 18 to 39 years of age	2	99.88	72.85
99386	Same as 99385, but 40 to 64 years of age	2	99.88	72.85
99387	Same as 99385, but 65 years of age or older	2	99.88	72.85
99395	*Periodic* comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunizations and lab procedures; 18 to 39 years of age	2	67.76	48.71
99396	Same as 99395, but 40 to 64 years of age	2	67.76	48.71
99397	Same as 99395, but 65 years of age or older	2	67.76	48.71

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PHYSICIAN RATES

CPT Code	Breast Cancer Screening and Diagnostic Procedures (RADIOLOGY PROCEDURES)	End Note	NON-FACILITY	FACILITY	
G0202	Screening mammogram, digital, bilateral		121.82	35.88 (26)	85.94 (TC)
G0204	Diagnostic mammogram, digital, bilateral		151.17	47.10 (26)	104.7 (TC)
G0206	Diagnostic mammogram, digital, unilateral		119.24	37.90 (26)	81.33 (TC)
G0279	Diagnostic digital breast tomosynthesis, unilateral or bilateral	12	51.10	29.89 (26)	21.81 (TC)
76098	Radiological examination, surgical specimen		15.11	7.82 (26)	7.30 (TC)
76641	Ultrasound, complete examination of breast including axilla, unilateral		97.09	35.41 (26)	61.67 (TC)
76642	Ultrasound, limited examination of breast including axilla, unilateral		80.24	33.01(26)	47.23 (TC)
76942	Ultrasonic guidance for needle placement, imaging supervision and interpretation		55.69	31.50 (26)	24.19 (TC)
77053	Mammary ductogram or galactogram, single duct		52.63	17.68 (26)	34.94 (TC)
77058	Magnetic resonance imaging (MRI), breast, with and/or without contrast, unilateral	8	444.35	79.31 (26)	365.04 (TC)
77059	Magnetic resonance imaging (MRI), breast, with and/or without contrast, bilateral	8	444.35	79.31 (26)	365.04 (TC)
77063	Screening digital breast tomosynthesis, bilateral	11	51.10	29.29 (26)	21.81 (TC)
77065	*Diagnostic mammography, unilateral, includes CAD*	14	119.24	37.90 (26)	81.33 (TC)
77066	*Diagnostic mammography, bilateral, includes CAD*	14	151.17	47.10 (26)	104.7 (TC)
77067	*Screening mammography, bilateral*	14	121.82	35.88 (26)	85.94 (TC)
19000	Puncture aspiration of cyst of breast		101.80	42.20	
19001	Puncture aspiration of cyst of breast, each additional cyst, *used with 19000*		25.44	21.14	
19100	Breast biopsy, percutaneous, needle core, not using imaging guidance		135.82	66.39	
19081	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion	9	617.52	164.39	
19082	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion	9	505.05	82.64	
19083	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion	9	598.64	154.72	
19084	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion	9	485.41	77.13	
19085	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion	9	905.03	180.94	

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CPT Code	Breast Cancer Screening and Diagnostic Procedures (RADIOLOGY PROCEDURES)	End Note	NON-FACILITY	FACILITY
19086	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion	9	719.28	90.12
19101	Breast biopsy, open, incisional		309.08	206.47
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		452.77	384.88
19125	Excision of breast lesion identified by preoperative placement of radiological marker; open; single lesion		502.14	427.49
19126	Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker		153.62	153.62
19281	Placement of breast localization device, percutaneous; mammographic guidance; first lesion	10	218.47	98.97
19282	Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion	10	149.79	49.64
19283	Placement of breast localization device, percutaneous; stereotactic guidance; first lesion	10	245.27	99.66
19284	Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion	10	182.12	50.02
19285	Placement of breast localization device, percutaneous; ultrasound guidance; first lesion	10	458.15	84.59
19286	Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion	10	396.62	42.41
19287	Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion	10	765.53	126.54
19288	Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion	10	612.50	63.22
10021	Fine needle aspiration without imaging guidance		111.86	66.70
10022	Fine needle aspiration with imaging guidance		128.45	63.32

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LABORATORY RATES

CPT Code	Cervical Cancer Screening and Diagnostic Procedures (LABORATORY PROCEDURES)	End Note	NON-FACILITY	FACILITY	
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s)		53.10	35.98 (26)	17.13 (TC)
88173	Cytopathology, evaluation of fine needle aspirate; *interpretation and report*		140.13	70.54 (26)	69.58 (TC)
88305	Surgical pathology, gross and microscopic examination		63.24	37.82 (26)	25.42 (TC)
88307	Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins		238.78	83.18 (26)	155.60 (TC)
88331	Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen		90.32	62.45 (26)	27.88 (TC)
88332	Pathology consultation during surgery, each additional tissue block, with frozen section(s)		48.67	30.93 (26)	17.74 (TC)
88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)		81.77	28.32 (26)	53.45 (TC)
88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure		96.16	35.41 (26)	60.75 (TC)
87624	Human Papillomavirus, high-risk types	5	48.14		
87625	Human Papillomavirus, types 16 and 18 only	5	48.14		
88141	Cytopathology, cervical or vaginal, any reporting system, *requiring interpretation by physician*		30.28		
88142	Cytopathology (liquid-based Pap test) cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision		27.29		
88143	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening and rescreening under physician supervision	4	27.29		
88164	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening under physician supervision		14.49		
88165	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening and rescreening under physician supervision		14.49		
88174	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	4	29.31		
88175	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system and manual rescreening, under physician	4	36.34		

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PHYSICIAN RATES

CPT Code	Cervical Cancer Screening and Diagnostic Procedures	End Note	NON-FACILITY	FACILITY
57452	Colposcopy of the cervix		101.45	87.32
57454	Colposcopy of the cervix, with biopsy and endocervical curettage		143.22	129.09
57455	Colposcopy of the cervix, with biopsy		132.78	105.75
57456	Colposcopy of the cervix, with endocervical curettage		125.15	98.42
57460	Colposcopy with loop electrode biopsy(s) of the cervix	6	257.78	154.56
57461	Colposcopy with loop electrode conization of the cervix	6	292.75	179.09
57500	Cervical biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)		116.26	71.71
57505	Endocervical curettage (not done as part of a dilation and curettage)		94.01	85.72
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	6	285.44	258.40
57522	Loop electrode excision procedure	6	245.15	228.25
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)		101.68	83.25
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)		45.07	39.23
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)	7	Limited to $50.00 for 10021, 10022, 19000, 19100, 19101, 19081-19086, 19120, 19125, 57460, 57461, 57520, 57522, 58100 and 58110 Limited to $25.00 for 57454, 57455, 57456, 57500 and 57505	
00400	Anesthesia for procedures on the integumentary system, anterior trunk, not otherwise specified. Medicare Base Units = 3	3	Medicare Base Units =3 Rate: $21.07	

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CPT Code	PREOPERATIVE TESTING AND OTHER SERVICES	End Note	NON-FACILITY	FACILITY	
71010	Chest x ray, 1 view frontal		20.44	8.84 (26)	11.60 (TC)
71020	Chest x-ray, 2 views frontal/lateral		25.25	10.58 (26)	14.67 (TC)
80048	Basic metabolic panel (BMP)		11.60		
80053	Comprehensive metabolic panel (CMP)		14.49		
81000	Urinalysis non-auto w/scope		4.35		
81001	Urinalysis auto w/scope		4.35		
81025	Urine Pregnancy test (Should only be performed when there is concern that the client may be pregnant. This test should not be routinely performed. To be billed in conjunction with colposcopy services)		8.67		
85014	Hematocrit		3.25		
85018	Hemoglobin		2.56		
85025	CBC with differential WBC count		10.66		
85027	CBC without differential (automated)		8.87		
85610	Prothrombin time		5.39		
85730	Thromboplastin time partial		8.24		
87102	Fungus isolation culture		11.53		
93000	EKG Complete		15.47		
93005	EKG Tracing		7.30		
Various	Pre-operative testing; complete blood count, urinalysis, pregnancy test, or other procedures medically necessary for the planned surgical procedure.		See fees above		

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CPT Code	Procedures Specifically Not Allowed	End Note	NON-FACILITY	FACILITY
Any	Treatment of breast cancer, cervical intraepithelial neoplasia and cervical cancer.			
77061	Breast tomosynthesis, unilateral	13		
77062	Breast tomosynthesis, bilateral	13		
87623	Human papillomavirus, low-risk types			

End Note	Description
1	All consultations should be billed through the standard "new patient" office visit CPT codes 99201–99205. Consultations billed as 99204 or 99205 must meet the criteria for these codes. These codes (99204–99205) are typically not appropriate for NBCCEDP screening visits.
2	The type and duration of office visits should be appropriate to the level of care needed to accomplish screening and diagnostic follow-up within the NBCCEDP. Reimbursement rates should not exceed those published by Medicare. While some programs may need to use 993XX-series codes, 993XX Preventive Medicine Evaluation visits 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 chapter 12 of the Medicare Claims Processing Manual at www.cms.hhs.gov/manuals/downloads/clm104c12.pdf. The carrier-specific Medicare anesthesia conversion rates are available at www.cms.hhs.gov/center/anesth.asp.
4	These procedures may be reimbursed at their own Medicare rates.
5	HPV DNA testing is a reimbursable procedure if used for screening in conjunction with Pap testing or for follow-up of an abnormal Pap result or surveillance as per American Society for Colposcopy and Cervical Pathology (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 years of age. Providers should specify the high-risk HPV DNA panel only. Reimbursement of screening for low-risk HPV types is not permitted. CDC allows reimbursement of Cervista HPV HR at the same rate as the Digene Hybrid-Capture 2 HPV DNA Assay. 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 monitor these procedures closely, and should pre-authorize this service for reimbursement by having its medical consultants 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 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 gene mutation, a first-degree relative who is a BRCA carrier, or a lifetime risk of 20% or greater as defined by risk assessment models such as BRCAPRO that depend largely on family history. Breast MRI also can be used to assess areas of concern on a mammogram, or to evaluate a client with a 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 women who has just been diagnosed with breast cancer.
9	Codes 19081–19086 are to be used for breast biopsies that include image guidance, placement of a localization device, and imaging of specimen. They should not be used in conjunction with 19281–19288.
10	Codes 19281–19288 are for image guidance placement of a localization device without image-guided biopsy. These codes should not be used in conjunction with 19081–19086.
11	List separately in addition to code for primary procedure G0202.
12	List separately in addition to G0204 or G0206.
13	These procedures have not been approved for coverage by Medicare.
14	Due to Medicare claims processing issues, CMS will not be able to process the new CPT codes. Therefore no reimbursement fees have been assigned to these codes. Grantees should use only G0202, G0204 and G0206 until this has been resolved. It is expected that these codes will be operationalized in 2018.