**ATTACHMENT C**

**SERVICES AND PAYMENT FOR SCREENING-BASED SERVICES**

Eligible Medicare CPT codes and rates are updated annually by March 1. The rates are stated on the Utah Breast and Cervical Cancer Program (B&C) website.

| CPT CODE | HOSPITAL SERVICES |
|---|---|
| 77067 | Screening mammography, bilateral, includes CAD |
| 77065 | Diagnostic mammography, unilateral, includes CAD |
| 77066 | Diagnostic mammography, bilateral, includes CAD |
| 76641 | Complete Ultrasound, Unilateral |
| 76642 | Limited Ultrasound, Unilateral |
| 77063 | Screening digital breast tomosynthesis, unilateral and bilateral |
| G0279 | Diagnostic digital breast tomosynthesis, unilateral and bilateral |
| 76098[1] | Radiological examination surgical specimen |
| 76942[1] | Ultrasonic guidance for needle placement, imaging supervision interp. |
| 88172 | Cytopathology, evaluation of FNA; immediate cytohistologic study to determine adequacy of specimen(s), first evaluation episode |
| 88177 | Cytopathology, evaluation of FNA; immediate cytohistologic study to determine adequacy of specimen(s), each additional evaluation episode |
| 88173 | Cytopathology, evaluation of FNA; interpretation and report |
| 88305 | Surgical pathology, gross & microscopic examination |
| 88307 | Surgical pathology, gross & microscopic examination; requiring microscopic evaluation of surgical margins |
| 88331 | Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen |
| 88332 | Pathology consultation during surgery, each addt'l tissue block, with frozen section |
| 88341 | Immunohisto/cytochemistry, per specimen |
| 88342 | Immunohisto/cytochemistry, per specimen, each addt'l |
| 88360[2] | Morphometric analysis, tumor immunohistochemistry, per specimen; manual |
| 88361[2] | Morphometric analysis, tumor immunohistochemistry, per specimen; using computer assisted technology |
| 19081 | Breast Biopsy, w/placement of loc device & imaging of biopsy specimen, perc; stereotactic guidance |
| 19082 | Breast Biopsy, w/placement of loc device & imaging of biopsy specimen, perc; stereotactic guidance, each additional |
| 19083 | Breast Biopsy, w/placement of loc device & imaging of biopsy specimen, perc; ultrasound guidance |
| 19084 | Breast Biopsy, w/placement of loc device & imaging of biopsy specimen, perc; ultrasound guidance, each additional |
| 19085 | Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion |
| 19086 | Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion |
| 19281 | Placement of breast loc device, perc; mamm guidance |
| 19282 | Placement of breast localization device, percutaneous; mammographic guidance; each addt'l lesion |
| 19283 | Placement of breast loc device, perc; stereotactic guidance |
| 19284 | Placement of breast localization device, percutaneous; stereotactic guidance; each addt'l lesion |
| 19285 | Placement of breast loc device, perc; ultrasound guidance |
| 19286 | Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion |

| CPT CODE | HOSPITAL SERVICES |
|---|---|
| 19287 | Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion |
| 19288 | Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion |
| 77053[3] | Mammary ductogram or galactogram, single duct |
| 77046[3] | MRI, breast, without contrasts, unilateral |
| 77047[3] | MRI, breast, without contrasts, bilateral |
| 77048[3] | MRI, breast, including CAD, with and without contrasts, unilateral |
| 77049[3] | MRI, breast, including CAD, with and without contrasts, bilateral |
| 19120/19125[1] | Outpatient Surgical Breast Biopsy – **Flat Rate** (Facility or Surgical Center Only) |
| 00400 | Anesthesia for procedures on the integumentary system, anterior trunk, not otherwise specified |
| 00940 | Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified |
| 99156 | Moderate anesthesia, 10-22 minutes for individuals 5 years or older |
| 99157 | Moderate anesthesia for each additional 15 minutes |

| CPT CODE | SURGEON/OBGYN SERVICES |
|---|---|
| 10021 | Fine needle aspiration without imaging guidance, first lesion (Surgeon Only) |
| 10004 | Fine needle aspiration with imaging guidance, each additional lesion (Surgeon Only) |
| 10005 | Fine needle aspiration biopsy including ultrasound guidance, first lesion (Surgeon Only) |
| 10006 | Fine needle aspiration biopsy including ultrasound guidance, each additional lesion (Surgeon Only) |
| 10007 | Fine needle aspiration biopsy including fluoroscopic guidance, first lesion (Surgeon Only) |
| 10008 | Fine needle aspiration biopsy including fluoroscopic guidance, each additional lesion (Surgeon Only) |
| 10009 | Fine needle aspiration biopsy including CT guidance, first lesion (Surgeon Only) |
| 10010 | Fine needle aspiration biopsy including CT guidance, each additional lesion (Surgeon Only) |
| 10035 | Placement of soft tissue localization device |
| 10036 | Placement of soft tissue localization device, each addt'l lesion |
| 19000 | Puncture aspiration of cyst of breast |
| 19001 | Puncture aspiration of cyst of breast, each addt'l |
| 19100 | Biopsy of breast, needle core |
| 19101 | Incisional biopsy of breast |
| 19120 | Excision of cyst, fibroadenoma, or other benign or malignant tumor aberrant breast tissue, duct lesion or nipple lesion (Surgeon Only) |
| 19125 | Excision of breast lesion identified by pre-operative placement or radiological marker-single lesion. (Surgeon Only) |
| 19126 | Excision of breast lesion identified by preop placement of rad marker, open |
| 38505 | Needle biopsy of axillary lymph node |
| 57452 | Colposcopy without biopsy (surgical procedure only) (OB/GYN Only) |
| 57454 | Colposcopy with biopsy and/or endocervical curettage (surgical procedure only) (OB/GYN Only) |
| 57455 | Colposcopy of the cervix, with biopsy (OB/GYN Only) |
| 57456 | Colposcopy with endocervical curettage (OB/GYN Only) |
| 57500 | Biopsy, single or multiple, or local excision of lesion, with or w/out fulguration (separate procedure) (OB/GYN Only) |

| CPT CODE | SURGEON/OBGYN SERVICES |
|---|---|
| 57505 | Excision, endocervical curettage (not done as part of dilation & curettage) (OB/GYN Only) |
| 58100 | Endometrial Sampling (biopsy) with or w/out endocervical sampling (biopsy), w/out cervical dilation (OB/GYN Only) |
| 58110 | Endometrial sampling (biopsy) performed in conjunction with colposcopy (OB/GYN Only) |
| 57460[1] | Colposcopy of the cervix with loop electrode biopsy of the cervix (OB/GYN Only) |
| 57461[1] | Colposcopy with loop electrode conization of the cervix (OB/GYN Only) |
| 57520[1] | Conization of cervix, with or w/out fulguration, with or w/out dilation and curettage, cold knife or laser (OB/GYN Only) |
| 57522[1] | Loop electrode excision (OB/GYN Only) |
| 99202-BC | New patient – Office Visit 15-29 minute face to face (Surgeon and OB/GYN Only) |
| 99203-BC 99385/99386/99387 | New patient – Office Visit 30-44 minute face to face (Surgeon and OB/GYN Only) |
| 99204-BC | New patient – Office Visit 45-59 minute face to face (Surgeon and OB/GYN Only) |
| 99205-BC | New patient – Office Visit 60-74 minute face to face (Surgeon and OB/GYN Only) |
| 99211-BC | Established patient – Office Visit 5 minute face to face (Surgeon and OB/GYN) |
| 99212-BC | Established patient – Office Visit 10-19 minute face to face (Surgeon and OB/GYN) |
| 99213-BC 99385/99386/99387 | Established patient – Office Visit 20-29 minute face to face (Surgeon and OB/GYN) |
| 99214-BC | Established patient – Office Visit 30-39 minute face to face (Surgeon and OB/GYN) |
| 99459 | Pelvic examination (List separately, in addition to primary procedure) This provides fees for the cost of pelvic examination packs & in-room chaperones. This is only allowed when pelvic exam is done in order to do a Pap or HPV test |

**SERVICES AND PAYMENT FOR CLINIC-BASED SERVICES**

| CPT CODE | SERVICE (OFFICE VISITS) |
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| 99203-CBE | Office visit for new patient: Clinical breast exam only. Standard of care practice as per clinic, (height, weight, blood pressure, etc.) education of breast and cervical cancer (symptoms, dense breast tissue, mammogram and pap screening, HPV, risk, etc.), completion of breast and cervical high-risk assessment, appointment for mammogram scheduled, voucher faxed to facility and UCCP and copy given to patient. |
| 99204-CBE | Office visit for new patient: Both clinical breast exam AND pap provided OR Pap only. Standard of care practice as per clinic, (height, weight, blood pressure, etc.) education of breast and cervical cancer (symptoms, dense breast tissue, mammogram and pap screening, HPV, risk, etc.), completion of breast and cervical high-risk assessment, appointment for mammogram scheduled, voucher faxed to facility and UCCP and copy given to patient. |
| 99205-CBE | Office visit for new patient: Both clinical breast exam AND pap provided OR Pap only. Standard of care practice as per clinic, (height, weight, blood pressure, etc.) education of breast and cervical cancer (symptoms, dense breast tissue, mammogram and pap screening, HPV, risk, etc.), completion of breast and cervical high-risk assessment, appointment for mammogram scheduled, voucher faxed to facility and UCCP and copy given to patient. |
| 99213-CBE | Office visit for established clients: Clinical breast exam only. Standard of care practice as per clinic, (height, weight, blood pressure, etc.), education of breast and cervical cancer (symptoms, dense breast tissue, mammogram and pap screening, HPV, risk, etc.), completion of breast and cervical high-risk assessment, appointment for mammogram scheduled, voucher faxed to facility and UCCP and copy given to patient. |
| 99214-CBE | Office visit for established patient: Both clinical breast exam AND pap provided OR Pap only. Standard of care practice as per clinic, (height, weight, blood pressure, etc.), education of breast and cervical cancer (symptoms, dense breast tissue, mammogram and pap screening, HPV, risk, etc.), completion of breast and cervical high-risk assessment, appointment for mammogram scheduled, voucher faxed to facility and UCCP and copy given to patient. |
| 99215-CBE | Office visit for established patient: Both clinical breast exam AND pap provided OR Pap only. Standard of care practice as per clinic, (height, weight, blood pressure, etc.), education of breast and cervical cancer (symptoms, dense breast tissue, mammogram and pap screening, HPV, risk, etc.), completion of breast and cervical high-risk assessment, appointment for mammogram scheduled, voucher faxed to facility and UCCP and copy given to patient. |
| 99211-CBE[2] | Office visit for established patient–minimal problem 5 min face to face for discussion of dense breast tissue result within a month after mammogram appointment or repeat pap. |

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| 99212-CBE[2] | Office visit for established patient–problem focus 10 min face to face; for discussion of dense breast tissue result within a month after mammogram appointment or repeat pap. |
| **CPT CODE** | **SERVICE (LABORATORY SERVICES)** |
| 88164 | Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening under physician supervision |
| 88165 | Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening, and rescreening under physician supervision |
| 88142 | Cytopathology (liquid-based Pap test) cervical or vaginal, collected in preservative fluid, automated thin layer preparation, manual screening under physician supervision. |
| 88143 | Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening and rescreening under physician supervision |
| 88174 | Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision |
| 88175 | Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system and manual rescreening, under physician supervision |
| 87624 | Human Papillomavirus, high-risk types |
| 87625 | Human Papillomavirus, types 16 and 18 only |
| 87626 | Human Papillomavirus, reported high-risk types separately and pooled |

*[1]Pre-approval for these services needs to be obtained from Primary Agency. Call (801)538-6157 or 1-800-717-1811 to obtain approval for each client.*

*[2]Primary Agency will pay for these services only for clients who do not qualify for Medicaid and are diagnosed with breast cancer.*

*[3]Pre-approval for these services needs to be obtained from Primary Agency and are limited to high-risk clients only. Call (801)538-6157 or 1-800-717-1811 to obtain approval for each client.*