

**New Hampshire Breast and Cervical Cancer Program
2018 Reimbursement Rates
Effective July 1, 2018**

CPT	Service Description			
	SURGICAL SERVICES	GC	TC	PC
10021	Fine Needle Aspiration without imaging guidance	\$128.51		
10022	Fine Needle Aspiration with imaging guidance	\$68.69		
19000	Aspiration of Cyst of Breast	\$119.04		
19001	Aspiration of Cyst of Breast, each additional cyst	\$28.30		
19081	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion	\$177.19		
19082	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion	\$89.53		
19083	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion	\$166.58		
19084	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion	\$83.29		
19085	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion	\$193.17		
19086	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion	\$97.15		
19100	Biopsy of breast, needle core	\$73.99		
19101	Incisional biopsy of breast	\$361.31		
19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor aberrant breast tissue, duct lesion or nipple lesion	\$438.33		
19125	Excision of breast lesion identified by pre-operative placement of radiological marker - single lesion	\$486.03		
19126	Excision of breast lesion identified by pre-operative placement of radiological marker - each additional lesion	\$171.06		
19281	Placement of breast localization device, percutaneous; mammographic guidance; first lesion	\$106.27		
19282	Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion	\$53.32		
19283	Placement of breast localization device, percutaneous; stereotactic guidance; first lesion	\$107.02		
19284	Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion	\$54.46		
19285	Placement of breast localization device, percutaneous; ultrasound guidance; first lesion	\$91.33		
19286	Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion	\$45.66		
19287	Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion	\$135.48		
19288	Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion	\$68.29		
57452	Colposcopy without Biopsy	\$113.85		
57454	Colposcopy with Biopsy and Endocervical Curettage	\$158.41		
57455	Colposcopy with biopsy(s) of the cervix	\$148.80		
57456	Colposcopy with Endocervical Curettage	\$140.38		
57460*	Endoscopy with loop electrode biopsy(s) of the cervix	\$295.30		
57461*	Endoscopy with loop electrode conization of the cervix	\$333.85		
57500*	Biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate	\$133.89		
57505	Endocervical Curettage alone	\$107.57		
57520*	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	\$322.62		
57522*	Loop electrode excision procedure	\$275.16		
58100*	Endometrial biopsy	\$113.42		
58110*	Endometrial biopsy in conjunction with colposcopy	\$50.31		

RADIOLOGICAL SERVICES		GC	TC	PC
76098	Radiological examination, surgical specimen	\$17.80	\$9.40	\$8.40
76641	Ultrasound, complete examination of breast including axilla, unilateral	\$113.94	\$75.99	\$37.95
76642	Ultrasound, limited examination of breast including axilla, unilateral	\$93.33	\$57.93	\$35.40
76942	Ultrasonic guidance for needle biopsy, radiological supervision and interpretation	\$62.88	\$29.35	\$33.53
77053*	Mammary ductogram or galactogram, single duct	\$61.49	\$42.89	\$18.60
77058*	Magnetic Resonance Imaging, breast with and/or without contrast, unilateral	\$574.47	\$489.81	\$84.66
77059*	Magnetic Resonance Imaging, breast with and/or without contrast, bilateral	\$571.83	\$487.18	\$84.65
77063	Screening digital breast tomosynthesis; bilateral	\$57.72	\$26.71	\$31.01
77065	Diagnostic Mammogram, Unilateral	\$142.78	\$100.45	\$42.33
77066	Diagnostic Mammogram, Bilateral	\$180.47	\$128.28	\$52.19
77067	Screening Mammogram	\$145.49	\$106.09	\$39.40
G0202	Screening Mammogram	\$145.49	\$106.09	\$39.40
G0204	Diagnostic Mammogram, Bilateral	\$180.47	\$128.28	\$52.19
G0206	Diagnostic Mammogram, Unilateral	\$142.78	\$100.45	\$42.33
G0279	Diagnostic digital breast tomosynthesis, unilateral or bilateral	\$57.72	\$26.71	\$31.01
PATHOLOGY AND LABORATORY SERVICES				
87624	Human Papillomavirus, high-risk types	\$43.33		
87625	Human Papillomavirus, types 16 and 18 only	\$43.33		
88141	Cytopathology, cervical or vaginal (any reporting system) requiring interpretation by physician	\$33.93		
88142	Cytopathology cervical or vaginal, automated thin layer preparation; manual screening under	\$25.01		
88143	Cytopathology, cervical or vaginal, automated thin layer preparation; manual screening and	\$25.01		
88164	Pap test, reported in Bethesda System, manual screening under supervision of physician	\$14.65		
88172	Evaluation of Fine Needle Aspiration	\$60.58	\$21.82	\$38.76
88173	Interpretation and Report of Fine Needle Aspiration	\$162.91	\$86.91	\$76.00
88174	Cytopathology, cervical or vaginal, automated thin layer preparation; screening by automated system, under physician supervision	\$26.38		
88175	Cytopathology, cervical or vaginal, automated thin layer preparation; screening by automated system and manual rescreeing, under physician supervision	\$32.71		
88305	Tissue Biopsy Interpretation (Breast and/or Cervical)	\$72.15	\$31.60	\$40.55
88307	Level V surgical pathology, gross and microscopic exam	\$279.58	\$190.36	\$89.22
88331	Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen	\$102.29	\$34.62	\$67.67
88332	Pathology consultation during surgery, with frozen sections(s), each additional specimen	\$55.85	\$22.57	\$33.28
88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	\$98.03	\$67.72	\$30.31
88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain	\$115.49	\$77.50	\$37.99
EVALUATION AND MANAGEMENT SERVICES				
99201	New Patient - Problem Focused - usually 10 minutes	\$46.63		
99202	New Patient - Expanded - usually 20 minutes	\$78.26		
99203	New Patient - Detailed Exam (medical decision making of low complexity) - usually 30 minutes	\$112.47		
99204	New Patient - comprehensive history, exam, moderate decision making; 45 minutes	\$171.03		
99205	New Patient - comprehensive history, exam, high decision making; 60 minutes	\$214.99		
99211	Established Patient - Minimal - usually 5 minutes	\$22.66		
99212	Established Patient - Problem Focused - usually 10 minutes	\$45.88		
99213	Established Patient - Expanded - (medical decision making of low complexity) - usually 15 minutes	\$75.94		
99214	Established Patient; detailed history, exam, moderately complex decision-making; 25 minutes	\$111.95		
The BCCP does not cover facility charges				
* Prior authorization required - verify with referring Case Manager before submitting for reimbursement				
Anesthesia rate = \$22.41				
Updated 7.1.18				
You can find our updated CPT Codes/Reimbursement Rates at http://www.dhhs.nh.gov/dphs/cdpc/bccp/index.htm				