

Allowable CPT Codes for the Illinois Breast and Cervical Cancer Program
Effective January 01, 2008

- The following reimbursement rates are based on the highest allowable Medicare rates for Illinois.
- Providers must accept the CPT rate as full payment for services. Balances may not be billed to the client.
- IBCCP clients are responsible for paying the bills for CPT codes not included on this list. A written estimate of the additional charges must be provided to the client. Providers are encouraged to write-off the charges not reimbursed by IBCCP.
- All services must be provided on an outpatient basis.
- TC = Technical Component or the cost of performing the test or procedure.
 26 = Professional Component or the cost of interpretation of the test or procedure by a physician.

CPT Code	Description and Payers (F = Federal/BCCP, S = State)	Fees			
		TC	26	Total	
Office Visits					
99203	Office Visit, New Patient - Breast and Pelvic Exam	F			\$99.63
99202	Office Visit, New Patient - Pelvic Exam Only	F			\$67.71
99201	Office Visit, New Patient - Breast Exam Only	F			\$39.64
99213	Office Visit, Established Patient - Breast <u>and</u> Pelvic Exam	F			\$64.47
99212	Office Visit, Established Patient - Breast <u>or</u> Pelvic Exam	F			\$40.90
99241	Consultation Visit / Repeat CBE - 15 minutes	F			\$52.79
99242	Consultation Visit - 30 minutes	F			\$97.83
99243	Consultation Visit - 40 minutes	F			\$133.86
Breast Procedures					
77057	Screening Mammogram, Bilateral or Digital, Bilateral (G0202)*	F S	\$56.33	\$36.45	\$92.79
77055	Diagnostic Mammogram, Unilateral or Digital, Unilateral (G0206)*	F	\$55.61	\$36.45	\$92.07
77056	Diagnostic Mammogram, Bilateral or Digital, Bilateral (G0204)*	F	\$71.05	\$45.13	\$116.18
76645	Ultrasound, Bilateral or Unilateral	F	\$66.97	\$27.75	\$94.71
77031	Stereotactic localization for breast biopsy or needle placement, each lesion, radiological supervision and interpretation	F	\$205.31	\$83.41	\$288.72
* Digital mammography is approved for reimbursement at the conventional film rate.					

CPT Code	Description and Payers (F = Federal/BCCP, S = State)		Fees		
			TC	26	Total
77032	Mammographic guidance for needle placement, breast, each lesion, radiological supervision and interpretation	F	\$46.24	\$28.56	\$74.80
76098	Radiological exam, surgical specimen	F	\$15.73	\$8.29	\$24.02
76942	Ultrasonic guidance for needle placement; imaging supervision and interpretation	F	\$161.93	\$34.86	\$196.79
19000	Puncture aspiration of breast cyst	F			\$116.64
19001	Puncture aspiration of breast cysts, each additional cyst	F			\$27.83
19100	Percutaneous needle core breast biopsy, not using imaging guidance (surgical procedure only)	F			\$142.69
19101	Incisional breast biopsy	F			\$324.83
19102	Percutaneous, needle core, breast biopsy, using imaging guidance	F			\$232.25
19103	Percutaneous breast biopsy using automated vacuum assisted or rotating biopsy device with imaging guidance (Mammotome)	F			\$602.57
19295	Image guided placement of percutaneous metallic localization clip during breast biopsy	F			\$105.42
19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion	F			\$455.41
19125	Excision of breast lesion identified by preoperative placement of radiological marker, single lesion	F			\$501.34
19126	Excision of breast lesion identified by preoperative placement of radiological marker, each additional lesion	F			\$164.63
19290	Preoperative placement of needle localization wire, breast	F			\$169.44
19291	Preoperative placement of needle localization wire, breast, each additional lesion	F			\$73.54
10021	Fine Needle Aspiration (FNA) without imaging guidance	F			\$142.16
10022	Fine Needle Aspiration (FNA) with imaging guidance	F			\$148.29

Cervical Procedures					
88164	Pap Test, reported in the Bethesda System	F S			\$14.76
88141	Pap Smear, cervical or vaginal, requiring interpretation by physician	F S			\$26.82
88142	Pap Test, Liquid Based, thin prep	F S			\$28.31
87621	HPV (Human Papillomavirus) testing	F			\$49.04
57452	Colposcopy <u>without</u> biopsy	F			\$116.19
57454	Colposcopy <u>with</u> biopsy <u>and</u> endocervical curettage	F			\$164.08
57455	Colposcopy <u>with</u> biopsy (s) of the cervix	F			\$153.27
57456	Colposcopy <u>with</u> endocervical curettage	F			\$144.63
57460	Colposcopy with Loop Electrode Biopsy**	F			\$334.42
57461	Colposcopy with Loop Electrode Conization**	F			\$371.92
57500	Biopsies or Local Excision of Cervical Lesion <u>with</u> or <u>without</u> fulguration**	F			\$145.88
57505	Endocervical Curettage	F			\$108.33
57511	Cryocautery**	S			\$154.42
57522	LEEP - Loop Electrode Excision Procedure**	F S			\$278.48
57520	Conization** (Cornerstone code is 5752A)	F S			\$328.89
58100	Endometrial Biopsy <u>with</u> or <u>without</u> endocervical biopsy, without Cervical Dilation**	F			\$117.37
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)**	F			\$52.78
58558	Hysteroscopy with Endometrial and/or polypectomy Biopsy**	S			\$325.72
** Use of these codes is restricted. They are reimbursed in special circumstances with prior approval only.					

Pathology Fees					
88172	Evaluation of FNA to determine specimen adequacy	F	\$24.56	\$31.38	\$55.94
88173	Interpretation and report of FNA	F	\$72.08	\$71.41	\$143.49
88305	Surgical pathology, breast or cervical biopsy	F	\$74.78	\$38.86	\$113.63
88307	Evaluation of surgical margins, breast or cervical specimens	F	\$139.29	\$83.36	\$222.65
88331	Frozen section, first tissue block, single specimen	F	\$33.15	\$62.37	\$95.52
88332	Frozen section, each additional specimen	F	\$11.95	\$30.99	42.94
Preoperative Testing					
85025	CBC, automated, and automated differential WBC count	S			\$10.86
85027	CBC, automated	S			\$9.04
85014	Hematocrit	S			\$3.31
85018	Hemoglobin	S			\$3.31
81001	Urinalysis, automated, with microscopy	S			\$4.43
81025	Urine Pregnancy test	S			\$8.84
80048	Basic metabolic panel	S			\$11.83
80053	Comprehensive metabolic panel	S			\$14.77
93000	EKG; with interpretation and report	S			\$25.67
71020	Chest x-ray, 2 views	S	\$26.42	\$11.08	\$37.50
71010	Chest x-ray, 1 view	S	\$19.10	\$9.49	\$28.59
Additional Procedure Fees					
00400	General anesthesia	F S			\$300.00
99144	Moderate (Conscious) Sedation	F S			\$200.00
99070	Surgical supplies not covered in the above CPT codes	F S			\$500.00