

ScreenWise Services

CPT Code List and Provider Reimbursement Schedule

Effective 03/11/2019 until further notice

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Office Visits				
CPT Code	Description	Modifier	Rate	End Note
RESLT 99080	Breast and Cervical Screening Results Coordination		\$ 33.45	28
DXVST 99214	Diagnostic Office Visit Only: Detailed history, exam, straightforward decision-making; 2 billable in a 12 month period		\$ 76.26	41
INTKE 99215	Established patient; ScreenWise Patient Intake: Comprehensive history, exam, moderate complexity decision-making		\$ 115.09	43
INTKE 99204	New patient; ScreenWise Patient Intake: Comprehensive history, exam, moderate complexity decision-making		\$ 115.09	43
ABNRM 99213	Abnormal Breast or Cervical Follow-Up Visit: Expanded history, exam, straightforward decision-making; 2 billable in a 12 month period		\$ 52.04	41
Breast & Cervical Screening and Diagnostic Procedures				
00400	Anesthesiologist Services: For breast procedures; in 15 min units (up to qty of 8 max (\$498.72 max))		\$ 62.34	13
10004	Fine needle aspiration biopsy without imaging guidance, each additional lesion		\$ 36.76	44
10005	Fine needle aspiration biopsy including ultrasound guidance, first lesion		\$ 89.05	
10006	Fine needle aspiration biopsy including ultrasound guidance, each additional lesion		\$ 42.42	45
10007	Fine needle aspiration biopsy including fluoroscopic guidance, first lesion		\$ 200.69	
10008	Fine needle aspiration biopsy including fluoroscopic guidance, each additional lesion		\$ 113.14	46
10009	Fine needle aspiration biopsy including CT guidance, first lesion		\$ 328.59	
10010	Fine needle aspiration biopsy including CT guidance, each additional lesion		\$ 198.05	47
10011	Fine needle aspiration biopsy including MRI guidance, first lesion		\$ 238.75	
10012	Fine needle aspiration biopsy including MRI guidance, each additional lesion		\$ 139.25	48
10021	Fine Needle Aspiration (FNA): <u>Without</u> imaging (palpable lump)		\$ 68.73	
19000	Puncture Aspiration of Breast Cyst: Surgical procedure only		\$ 77.24	
19001	Each Additional Cyst: Use in conjunction with 19000		\$ 19.05	30

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CPT Code	Description	Place of Service	Facility Type	Rate	End Note
19081	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion	(11) Office	Physician	\$ 456.88	3, 5
		(22) Hospital (24) ASC	Physician	\$ 120.10	4, 5
		(22) Hospital (24) ASC	Facility	\$ 437.74	
19082	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion (max quantity of 2)	(11) Office	Physician	\$ 372.88	3, 5, 31
		(22) Hospital (24) ASC	Physician	\$ 60.43	4, 5, 31
		(22) Hospital (24) ASC	Facility	\$ 0.00	
19083	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion	(11) Office	Physician	\$ 447.46	3, 5
		(22) Hospital (24) ASC	Physician	\$ 113.17	4, 5
		(22) Hospital (24) ASC	Facility	\$ 437.74	
19084	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion (max quantity of 2)	(11) Office	Physician	\$ 359.55	3, 5, 32
		(22) Hospital (24) ASC	Physician	\$ 56.53	4, 5, 32
		(22) Hospital (24) ASC	Facility	\$ 0.00	
19085	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion	(11) Office	Physician	\$ 679.99	3, 9, 10
		(22) Hospital (24) ASC	Physician	\$ 131.78	4, 9, 10
		(22) Hospital (24) ASC	Facility	\$ 437.74	
19086	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion (max quantity of 2)	(11) Office	Physician	\$ 545.36	3, 9, 10, 33
		(22) Hospital (24) ASC	Physician	\$ 65.89	4, 9, 10, 33
		(22) Hospital (24) ASC	Facility	\$ 0.00	
19100	Biopsy of Breast: NO imaging; percutaneous, needle core, not using imaging guidance (separate procedure). Surgical procedure only.			\$ 106.02	3
19101	Breast biopsy, open, incisional	(11) Office	Physician	\$ 236.43	3
		(22) Hospital (24) ASC	Physician	\$ 155.78	4
		(22) Hospital (24) ASC	Facility	\$ 845.95	

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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 (max quantity of 3)	(11) Office	Physician	\$ 349.46	3
		(22) Hospital (24) ASC	Physician	\$ 290.39	4
		(22) Hospital (24) ASC	Facility	\$ 845.95	
19125	Excision of breast lesion identified by preoperative placement of radiological marker; open; single lesion	(11) Office	Physician	\$ 386.70	3
		(22) Hospital (24) ASC	Physician	\$ 321.92	4
		(22) Hospital (24) ASC	Facility	\$ 845.95	
19126	Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker (max quantity of 2)	(11) Office	Physician	\$ 113.34	3
		(22) Hospital (24) ASC	Physician	\$ 113.34	4
		(22) Hospital (24) ASC	Facility	\$ 0.00	
19281	Placement of breast localization device, percutaneous; mammographic guidance; first lesion	(11) Office	Physician	\$ 171.35	3, 6
		(22) Hospital (24) ASC	Physician	\$ 72.32	4, 6
		(22) Hospital (24) ASC	Facility	\$ 0.00	
19282	Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion (max quantity of 2)	(11) Office	Physician	\$ 119.67	3, 6, 34
		(22) Hospital (24) ASC	Physician	\$ 36.29	4, 6, 34
		(22) Hospital (24) ASC	Facility	\$ 0.00	
19283	Placement of breast localization device, percutaneous; stereotactic guidance; first lesion	(11) Office	Physician	\$ 191.74	3, 6
		(22) Hospital (24) ASC	Physician	\$ 72.62	4, 6
		(22) Hospital (24) ASC	Facility	\$ 0.00	
19284	Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion	(11) Office	Physician	\$ 145.46	3, 6, 35
		(22) Hospital (24) ASC	Physician	\$ 37.01	4, 6, 35
		(22) Hospital (24) ASC	Facility	\$ 0.00	
19285	Placement of breast localization device, percutaneous; ultrasound guidance; first lesion	(11) Office	Physician	\$ 342.21	3, 6
		(22) Hospital (24) ASC	Physician	\$ 62.02	4, 6
		(22) Hospital (24) ASC	Facility	\$ 0.00	

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CPT Code	Description	Place of Service	Facility Type	Rate	End Note
19286	Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion	(11) Office	Physician	\$ 295.53	3, 6, 36
		(22) Hospital (24) ASC	Physician	\$ 30.98	4, 6, 36
		(22) Hospital (24) ASC	Facility	\$ 0.00	
19287	Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion	(11) Office	Physician	\$ 578.38	3, 9, 10
		(22) Hospital (24) ASC	Physician	\$ 92.45	3, 9, 10
		(22) Hospital (24) ASC	Facility	\$ 0.00	
19288	Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion	(11) Office	Physician	\$ 463.20	3, 9, 10,
		(22) Hospital (24) ASC	Physician	\$ 46.51	3, 9, 10, 37
		(22) Hospital (24) ASC	Facility	\$ 0.00	
CPT Code	Description	Modifier	Rate	End Note	
57452	Colposcopy: Vaginoscopy including upper/adjacent vagina		\$ 80.23		
57454	Colposcopy: With biopsy of the cervix and/or endocervical curettage; surgical procedure only		\$ 110.15	38	
57455	Colposcopy: With biopsy of the cervix		\$ 103.86	38	
57456	Colposcopy: With endocervical curettage		\$ 97.70	38	
57460	Colposcopy: With loop electrode biopsy(s) of the cervix		\$ 205.49	7, 38	
57461	Colposcopy: With loop electrode conization of the cervix		\$ 231.22	12, 38	
57500	Cervical biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)		\$ 94.08		
57505	Endocervical curettage (not done as part of a dilation and curettage)		\$ 78.87		
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser		\$ 225.98	12	
57522	Loop electrode excision procedure (LEEP)		\$ 192.64	12	

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58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)		\$ 65.30	
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)		\$ 35.57	
76098	Radiological Examination: Of surgical specimen	26	\$ 5.75	2
		TC	\$ 5.89	
76641	Ultrasound, complete examination of breast including axilla, unilateral (To bill more than one unilateral ultrasound, use a quantity of 2. For a bilateral ultrasound, use the modifier combination that includes modifier 50.)	26	\$ 26.02	2
		TC	\$ 49.07	
		26 50	\$ 39.03	
		TC 50	\$ 73.61	
76642	Ultrasound, limited examination of breast including axilla (To bill more than one unilateral ultrasound, use a quantity of 2. For a bilateral ultrasound, use the modifier combination that includes modifier 50.)	26	\$ 24.25	2
		TC	\$ 37.16	
		26 50	\$ 36.38	
		TC 50	\$ 55.74	
76942	Ultrasonic Guidance for Needle Placement: Imaging supervision & interpretation (e.g., biopsy, aspiration, injection, localization device)	26	\$ 22.82	2
		TC	\$ 17.30	
77053	Mammary ductogram or galactogram, single duct	26	\$ 12.76	2
		TC	\$ 27.48	
77046	Magnetic resonance imaging (MRI), breast, without contrast, unilateral	26	\$ 51.54	2, 9
		TC	\$ 123.03	
77047	Magnetic resonance imaging (MRI), breast, without contrast, bilateral	26	\$ 57.03	2, 9
		TC	\$ 122.28	
77048	Magnetic Resonance Imaging, breast, with and/or without contrast, unilateral	26	\$ 74.53	2, 9
		TC	\$ 202.62	
77049	Magnetic Resonance Imaging, breast, with and/or without contrast, bilateral	26	\$ 81.55	2, 9
		TC	\$ 201.63	
G0279	3D Diagnostic Mammography	26	\$ 21.29	2
		TC	\$ 17.37	
77063	Screening Mammogram, 3D	26	\$ 21.29	2
		TC	\$ 17.37	

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77065	Diagnostic Mammography, unilateral, includes CAD	26	\$ 28.99	2
		TC	\$ 64.71	
77066	Diagnostic Mammography, bilateral, includes CAD	26	\$ 35.74	2
		TC	\$ 82.82	
77067	Screening Mammography, bilateral, includes CAD	26	\$ 27.04	2
		TC	\$ 68.43	
87624	Human Papillomavirus, high-risk types		\$ 27.29	7
87625	HPV Test, types 16 and 18 only		\$ 28.39	7
88141	Pap Test read by Pathologist: Cytopathology, cervical or vaginal - any reporting system; requiring interpretation by physician		\$ 22.97	
88142	Cytopathology (liquid-based Pap test) cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision		\$ 17.51	
88143	Cytopathology cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision		\$ 17.51	
88164	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening under physician supervision		\$ 10.26	
88165	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening & rescreening under physician supervision		\$ 29.55	
88172	Evaluation of FNA: Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s)	26	\$ 26.63	2
		TC	\$ 14.33	
88173	Interpretation of FNA and Report: Cytopathology, interpretation and report	26	\$ 51.59	2, 7
		TC	\$ 56.20	
88174	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision		\$ 17.76	
88175	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system and manual rescreening, under physician supervision		\$ 20.61	
88177	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), each additional evaluation episode	26	\$ 16.09	2, 49
		TC	\$ 4.96	

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CPT Code	Description	Modifier	Rate	End Note
88305	Breast or Cervical Biopsy Interpretation: Level IV Surgical pathology, gross & microscopic examination not requiring microscopic examination of margins	26	\$ 27.66	2, 7
		TC	\$ 21.03	
88307	Biopsy Interpretation: Excision of Lesion Level V Surgical pathology, gross & microscopic examination requiring microscopic evaluation of surgical margins	26	\$ 60.59	2
		TC	\$ 128.42	
88331	Pathology Consultation During Surgery: With frozen section(s), single specimen	26	\$ 45.75	2
		TC	\$ 23.01	
88332	Pathology Consultation During Surgery: Each additional tissue block with frozen section(s)	26	\$ 22.66	2
		TC	\$ 15.07	
88341	Immunohistochemistry (including tissue immunoperoxidase), each antibody	26	\$ 20.90	2
		TC	\$ 44.15	
88342	Immunohistochemistry (including tissue immunoperoxidase), each antibody	26	\$ 25.89	2
		TC	\$ 49.07	
88360	Morphometric analysis, tumor immunohistochemistry, per specimen; manual	26	\$ 30.95	2
		TC	\$ 58.75	
88361	Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology	26	\$ 33.25	2
		TC	\$ 59.49	
99156	Conscious sedation anesthesia:10-22 minutes for individuals 5 years or older		\$ 55.67	
99157	Conscious sedation anesthesia: for each additional 15 minutes		\$ 45.32	
Genetics Services				
CPT Code	Description	Modifier	Rate	End Note
36415	Routine venipuncture		\$ 2.10	29
96040	Genetics counseling services, each 30 minutes, face-to-face with patient/family		\$ 53.30	22
99404	Preventive medicine counseling and/or factor reduction intervention(s) provided to an individual: 60 minutes		\$ 80.14	21
99499	Other evaluation and management services: 60 minutes		\$ 80.14	21
81162	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis		\$1,419.35	20, 24

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CPT Code	Description	Modifier	Rate	End Note
81211	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants in BRCA1 (ie, exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del26kb, exon 22 del 510bp, exon 8-9 del 7.1kb)		\$1,677.09	20, 24
81212	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants		\$ 308.00	20, 24
81213	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; uncommon duplication/deletion variants		\$ 387.10	20, 24
81214	BRCA1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants (ie, exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon 8-9 del 7.1kb)		\$ 910.99	20, 25, 27
81215	BRCA1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant		\$ 262.68	21, 25, 27
81216	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis		\$ 129.58	20, 26, 27
81217	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant		\$ 262.68	21, 26,

End Notes

1	The type and duration of office visits should be appropriate to the level of care necessary for accomplishing screening and diagnostic follow-up for breast and cervical cancer related services.
2	Billing the global fee requires billing for the Technical (TC) and Professional (26) components separately.
3	Performed in a physician office.
4	These amounts apply when a physician performs the service in a facility setting.
5	Codes 19081-19084 are to be used for breast biopsies that include image guidance, placement of localization device, and imaging of specimen. These codes should not be used in conjunction with 19281-19286.
6	Codes 19281-19286 are for image guidance placement of localization device without image-guided biopsy. These codes should not be used in conjunction with 19081-19084.

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End Notes Continued	
7	<u>HPV DNA testing is a reimbursable procedure when</u> used in conjunction with a screening Pap test, or follow-up of an abnormal Pap result, or surveillance as per ASCCP guidelines. <u>HPV DNA testing is NOT reimbursable</u> as a primary screening test.
8	CPT Code G0279 (3D Mammography) to be reported in conjunction with codes G0204 or G0206.
9	Breast MRI can be reimbursed by ScreenWise in conjunction with a mammogram when a client has a BRCA mutation, a first-degree relative who is a BRCA carrier, or a lifetime risk of 20-25% or greater as defined by risk assessment models such as BRCAPRO that are largely dependent on family history. Breast MRI can also be used to better assess areas of concern on a mammogram or for evaluation of a client with a past history of breast cancer after completing treatment. Breast MRI should never be done alone as a breast cancer screening tool. ScreenWise will not reimburse for a Breast MRI to assess the extent of disease in a woman who is already diagnosed with breast cancer.
10	Codes 19085-19086 are to be used for breast biopsies that include image guidance, placement of localization device, and imaging of specimen. These codes should not be used in conjunction with 19281-19288.
11	Codes 19281-19286 are for image guidance placement of localization device without image-guided biopsy. These codes should not be used in conjunction with 19081-19086.
12	A LEEP or conization of the cervix, as a diagnostic procedure, may be reimbursed based on the American Society for Colposcopy and Cervical Pathology (ASCCP) recommendations.
13	ScreenWise will only reimburse anesthesiology services accompanying a surgical procedure. Rates will be reimbursed at the rate of \$62.34 per unit, for a maximum of 8 units. The maximum allowed is \$498.72
14	CPT Code 77063 (digital breast tomosynthesis technology, DBT) to be reported in conjunction with code G0202.
20	ScreenWise will only reimburse the CPT code one time per client/BCCP ID
21	ScreenWise will only reimburse the CPT code up to two times per BCCP ID
24	ScreenWise will only reimburse one CPT code from the following set of codes: 81162, 81211, 81212, 81213
25	CPT code 81214 cannot be reported in conjunction with CPT codes 81215
26	CPT code 81216 cannot be reported in conjunction with CPT codes 81217
27	This CPT code cannot be reported in conjunction with CPT codes 81162, 81211, 81212 or 81213
28	CPT code payable one time every 11 months
29	CPT code only payable if client is female and 40 years or older
30	CPT code 19001 must be used in conjunction with CPT code 19000.

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31	CPT code 19082 must be used in conjunction with CPT code 19081.
32	CPT code 19084 must be used in conjunction with CPT code 19083.
33	CPT code 19086 must be used in conjunction with CPT code 19085.
34	CPT code 19282 must be used in conjunction with CPT code 19281.
35	CPT code 19284 must be used in conjunction with CPT code 19283.
36	CPT code 19286 must be used in conjunction with CPT code 19285.
37	CPT code 19288 must be used in conjunction with CPT code 19287.
38	CPT codes 57454, 57455, 57456, 57460 and 57461 are not billable on the same date of service
39	CPT 88164 is not payable with CPT code 88142 or CPT code 88143.
41	CPT payable two times every 11 months per client - Error message 9035 (DENIED: CPT code payable only two times every 11 months) if billed a third time
42	ScreenWise will only reimburse either CPT code 99204 or CPT code 99215 one time per client every 11 months
43	ScreenWise will only reimburse either CPT code 99204 or CPT code 99215 one time per <u>provider</u> every 11 months (for each client)
44	CPT code 10004 must be used in conjunction with CPT code 10021.
45	CPT code 10006 must be used in conjunction with CPT code 10005.
46	CPT code 10008 must be used in conjunction with CPT code 10007.
47	CPT code 10010 must be used in conjunction with CPT code 10009.
48	CPT code 10012 must be used in conjunction with CPT code 10011.
49	CPT code 88177 must be used in conjunction with CPT code 88172.