

# 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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|----------|--|------------------------|---------------|-----------|--------------|
| 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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|----------|--|------------------------|---------------|-----------|-----------|
| 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, |
|          |  | (22) Hospital (24) ASC | Facility      | \$ 0.00   | 37        |
| 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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| CPT Code | Description  | Modifier                       | Rate   | End Note |
|----------|--|--------------------------------|--|----------|
| 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<br>TC                       | \$ 5.75<br>\$ 5.89                           | 2        |
| 76641    | Ultrasound, <b>complete</b> 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<br>TC<br>26   50<br>TC   50 | \$ 26.02<br>\$ 49.07<br>\$ 39.03<br>\$ 73.61 | 2        |
| 76642    | Ultrasound, <b>limited</b> 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<br>TC<br>26   50<br>TC   50 | \$ 24.25<br>\$ 37.16<br>\$ 36.38<br>\$ 55.74 | 2        |
| 76942    | Ultrasonic Guidance for Needle Placement: Imaging supervision & interpretation (e.g., biopsy, aspiration, injection, localization device)  | 26<br>TC                       | \$ 22.82<br>\$ 17.30                         | 2        |
| 77053    | Mammary ductogram or galactogram, single duct  | 26<br>TC                       | \$ 12.76<br>\$ 27.48                         | 2        |
| 77046    | Magnetic resonance imaging (MRI), breast, without contrast, unilateral   | 26<br>TC                       | \$ 51.54<br>\$ 123.03                        | 2, 9     |
| 77047    | Magnetic resonance imaging (MRI), breast, without contrast, bilateral  | 26<br>TC                       | \$ 57.03<br>\$ 122.28                        | 2, 9     |
| 77048    | Magnetic Resonance Imaging, breast, with and/or without contrast, unilateral   | 26<br>TC                       | \$ 74.53<br>\$ 202.62                        | 2, 9     |
| 77049    | Magnetic Resonance Imaging, breast, with and/or without contrast, bilateral  | 26<br>TC                       | \$ 81.55<br>\$ 201.63                        | 2, 9     |
| G0279    | 3D Diagnostic Mammography  | 26<br>TC                       | \$ 21.29<br>\$ 17.37                         | 2        |
| 77063    | Screening Mammogram, 3D  | 26<br>TC                       | \$ 21.29<br>\$ 17.37                         | 2        |

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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   |          |
| <b>Genetics Services</b> |  |          |            |          |
| 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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|----------|---|----------|------------|------------|
| 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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| 7                   | <u>HPV DNA testing is a reimbursable procedure when</u> used in conjunction with a screening Pap test, <u>or</u> follow-up of an abnormal Pap result, <u>or</u> surveillance as per ASCCP guidelines.<br><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.  |