

**Allowable CPT Codes for the Illinois Breast and Cervical Cancer Program
Effective February 2019**

- 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					
99201	Office Visit, New Patient - Breast Exam Only	F S			\$ 49.23
99202	Office Visit, New Patient - Pelvic Exam Only	F S			\$ 81.82
99203	Office Visit, New Patient - Breast and Pelvic Exam	F S			\$ 116.82
99204	Office Visit, New Patient or Detail Risk Assessment, Moderate, 45 min	F S			\$177.00
99205	Office Visit, New Patient or Detail Risk Assessment, Comprehensive, 60 min	F S			\$222.58
99212	Office Visit, Established Patient - Breast <u>or</u> Pelvic Exam Repeat CBE (Considered a Dx Procedure) – 10 minutes	F S			\$ 48.16
99213	Office Visit, Established Patient - Breast <u>and</u> Pelvic Exam	F S			\$ 79.22
Consultation Visits					
99202	Office Consultation Visit (Considered a Dx Procedure) – 20 minutes	F S			\$ 81.82
99203	Office Consultation Visit (Considered a Dx Procedure) – 30 minutes	F S			\$ 116.82
99204	Office Consultation Visit (Considered a Dx Procedure) – 45 minutes	F S			\$ 177.00
99205	Office Consultation Visit (Considered a Dx Procedure) – 60 minutes	F S			\$222.58
BREAST - Radiology Codes – Mammography/MRI/Ductogram					
77063	Screening breast digital tomosynthesis, bilateral	F S	\$ 26.09	\$ 32.08	\$ 58.16
77067	Screening Mammogram, , Bilateral	F S	\$ 103.17	\$ 40.82	\$ 143.99
77066	Diagnostic Mammogram, , Bilateral (includes CAD)	F S	\$ 124.78	\$ 54.28	\$ 179.06
77065	Diagnostic Mammogram, , Unilateral (includes CAD)	F S	\$ 97.58	\$ 44.07	\$ 141.65
G0279	Diagnostic digital breast tomosynthesis, unilateral or bilateral	F S	\$ 26.09	\$ 32.08	\$ 58.16
77053	Mammary ductogram or galactogram, single duct, radiological supervision and interpretation	F S	\$ 41.68	\$ 19.31	\$ 60.99
77046	Magnetic Resonance Imaging (MRI), breast, without contrast, unilateral**	F S	\$ 185.15	\$ 77.97	\$ 263.13
77047	Magnetic Resonance Imaging (MRI), breast, without contrast, bilateral**	F S	\$ 184.03	\$ 86.35	\$ 270.39
77048	Magnetic Resonance Imaging (MRI), breast, including CAD, with and without contrast, unilateral**	F S	\$305.09	\$112.93	418.03
77049	Magnetic Resonance Imaging (MRI), breast, with and without contrast, bilateral**	F S	\$303.60	\$123.50	427.10
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BREAST - Radiology Codes – Diagnostics					
76098	Radiological exam, surgical specimen	F S	\$ 9.26	\$ 8.74	\$ 18.01
76641	Ultrasound breast, complete exam including axilla, unilateral	F S	\$ 74.10	\$ 39.36	\$113.46
76642	Ultrasound breast, limited exam including axilla, unilateral	F S	\$ 56.22	\$ 36.79	\$ 93.01
76942	Ultrasonic guidance-needle placement (biopsy aspiration or localization device); imaging supervision and interpretation	F S	\$ 26.41	\$ 34.25	\$ 60.65
BREAST - Surgical Codes					
10021	Fine Needle Aspiration (FNA) without imaging guidance	F S			\$ 107.13
10004	Fine needle aspiration biopsy without imaging guidance, each additional lesion	F S			\$58.31
10005	Fine needle aspiration biopsy including ultrasound guidance, first lesion	F S			\$137.23
10006	Fine needle aspiration biopsy including ultrasound guidance, each additional lesion	F S			\$66.00
10007	Fine needle aspiration biopsy including fluoroscopic guidance, first lesion	F S			\$305.87
10008	Fine needle aspiration biopsy including fluoroscopic guidance, each additional lesion	F S			\$172.67
10009	Fine needle aspiration biopsy including CT guidance, first lesion	F S			\$498.33
10010	Fine needle aspiration biopsy including CT guidance, each additional lesion	F S			\$300.96
19000	Puncture aspiration of breast cyst	F S			\$ 119.01
19001	Puncture aspiration of breast cysts, <u>each additional cyst</u>	F S			\$ 29.91
19100	Breast biopsy, percutaneous needle core, not using imaging guidance	F S			\$ 169.43
19101	Breast biopsy, <u>open incisional</u>	F S			\$ 379.64
19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion, <u>open</u> ; one or more lesions	F S			\$ 571.65
19125	Excision of breast lesion identified by preoperative placement of radiological marker, <u>single</u> ; <u>open</u> ; lesion	F S			\$ 635.38
19126	Excision of breast lesion identified by preoperative placement of radiological marker, <u>open</u> ; <u>each additional lesion separately identified by a preoperative radiological marker</u>	F S			\$ 194.13
19081	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion	F S			\$ 694.89
19082	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion	F S			\$ 564.32
19083	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion	F S			\$ 680.26
19084	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion	F S			\$ 543.65
19085	Breast biopsy, with placement of localization device and imaging	F S			\$1027.54

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		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	F	S	\$ 822.13
19281		Placement of breast localization device, percutaneous; mammographic guidance; first lesion	F	S	\$ 261.03
19282		Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion	F	S	\$ 181.57
19283		Placement of breast localization device, percutaneous; stereotactic guidance; first lesion	F	S	\$ 292.92
19284		Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion	F	S	\$ 221.98
19285		Placement of breast localization device, percutaneous; ultrasound guidance; first lesion	F	S	\$ 517.74
19286		Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion	F	S	\$ 445.91
19287		Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion	F	S	\$ 873.26
19288		Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion	F	S	\$ 697.69

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CERVICAL - Screening Codes					
88141		Pap Test, (Liquid Based or Conventional) cervical or vaginal, reported in the Bethesda System, requiring physician interpretation	F	S	\$ 33.79
88142		Pap Test, cervical or vaginal, Liquid Based, thin prep, manual screening under physician supervision*	F	S	\$ 22.51
88164		Pap Test, Conventional slides, cervical or vaginal, reported in the Bethesda System, manual screening under physician supervision	F	S	\$ 14.99
87624		HPV (Human Papillomavirus)-high risk types • Hybrid Capture II from Digene (High Risk Typing, only) • Cervista HPV HR	F	S	\$ 38.99
87625		Human Papillomavirus, types 16 and 18 only	F	S	\$ 40.55

*** CPT codes 88143, 88174, 88175 must be reimbursed at the applicable 88142 Medicare reimbursement rate (or less based on bill received).**

CERVICAL - Diagnostic Codes					
57452		Colposcopy of cervix including upper/adjacent vagina without biopsy or Endocervical Curettage (ECC)	F	S	\$ 126.45
57454		Colposcopy of the cervix with biopsy and endocervical curettage	F	S	\$ 172.31

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57455	Colposcopy of the cervix <u>with</u> biopsy	F S		\$ 162.67
57456	Colposcopy of the cervix <u>with</u> endocervical curettage	F S		\$ 152.85
57460	Colposcopy with Loop Electrode biopsy(s) of the cervix**	F S		\$ 317.88
57461	Colposcopy with Loop Electrode Conization biopsy of the cervix**	F S		\$ 358.32
57500	Biopsies or Local Excision of Cervical Lesion, single or multiple**	F S		\$ 145.30
57505	Endocervical Curettage (ECC)	F S		\$ 122.90
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair, cold knife or laser**	F S		\$ 356.76
57522	Loop Electrode Excision Procedure (LEEP)**	F S		\$ 301.62
58100	Endometrial Sampling (Biopsy) <u>with</u> or <u>without</u> endocervical sampling (Biopsy), without cervical dilation**	F S		\$ 102.06
58110	Endometrial Sampling (Biopsy) performed in conjunction with colposcopy**	F S		\$ 56.15
58558	Hysteroscopy with Endometrial Biopsy**	S		\$1460.56
76856	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete**	S	\$ 78.95	\$ 37.16 \$ 116.11
87624	HPV (Human Papillomavirus) testing • Hybrid Capture II from Digene (High Risk Typing, only) • Cervista HPV HR	F S		\$ 38.99
CERVICAL - Treatment Codes				
57460	Endoscopy with Loop Electrode Biopsy(s) of the cervix **	S		\$ 317.88
57461	Endoscopy with Loop Electrode Conization biopsy of the cervix**	S		\$ 358.32
57511	Cryocautery of the cervix**	S		\$ 170.64
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair, cold knife or laser**	S		\$ 356.76
57522	Loop Electrode Excision Procedure (LEEP)**	S		\$ 301.62
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Pathology Fees				
88172	Evaluation of FNA of Breast(s) to determine specimen adequacy	F S	\$ 20.82	\$ 39.12 \$ 59.94
88173	Interpretation and report of FNA of Breast(s)	F S	\$ 85.23	\$ 76.05 \$ 161.29
88305	Surgical pathology, breast (does not evaluate surgical margins) or cervical biopsy specimens	F S	\$ 32.00	\$ 40.93 \$ 72.93

CPT Code	Description and Payers (F = Federal/BCCP, S = State)	Fees			
		TC	26	Total	
88307	Surgical pathology, breast (evaluates surgical margins)	F S	\$ 193.67	\$ 89.60	\$ 283.27
88331	Frozen section, first tissue block, single specimen (cervical)	F S	\$ 34.98	\$ 67.67	\$ 102.65
88332	Frozen section, <u>each additional</u> specimen (Limit 2) (cervical)	F S	\$ 23.05	\$ 33.31	\$ 56.36
88342	Immunohistochemistry or immunocytochemistry, per specimen; 1 st stain** (cervical only)	F S	\$ 74.10	\$ 38.37	\$ 112.47
88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional stain** (cervical only)	F S	\$ 66.70	\$ 30.73	\$ 97.43
88360	Morphometric analysis, tumor immunochemistry, per specimen; manual (breast only)	F S	\$ 88.64	\$ 45.68	\$ 134.32
88361	Morphometric analysis, tumor immunochemistry, per specimen; using computer-assisted technology (breast only)	F S	\$ 89.76	\$ 48.94	\$ 138.70

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Preoperative Testing

71045	Chest x-ray, 1 view	F S	\$16.72	\$9.84	\$26.56
71046	Chest x-ray, 2 views	F S	\$21.93	\$11.67	\$33.60
80048	Basic metabolic panel	F S			\$10.44
80053	Comprehensive metabolic panel	F S			\$13.04
84520	BUN (Assay of Urea Nitrogen)**	FS			\$4.88
82565	Creatinine Assay**	FS			\$ 5.69
81001	Urinalysis	F S			\$ 3.52
81025	Pregnancy test	F S			\$8.61
85014	Hematocrit	F S			\$2.93
85018	Hemoglobin	F S			\$2.93
85025	CBC with differential WBC count	F S			\$ 8.63
85027	CBC without differential	F S			\$ 7.18
36415	Venipuncture	F S			\$3.00
93000	EKG	F S			\$18.37

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Additional Procedure Fees

99156	Conscious Sedation (Limited to \$200.00) (\$86.74/15 minutes)	S			\$200.00
00400	General Anesthesia (Limited to \$300.00)	F S			\$300.00
99070	Surgical supplies (not covered in the above CPT codes)	F S			\$500.00