Medicare Rates and CPT Codes - Feb. 2012
Women's Wellness Connection
Reimbursable Procedures for Fiscal Year 07/01/2012 - 06/29/2013

Listed below are allowable procedures and the corresponding CPT codes for use in the Women's Wellness Connection program under these general conditions:
* Screening services may include CBE, pelvic exam, mammogram, and a Pap smear.
* Reimbursement for treatment services is not allowed.
* Several codes carry technical and professional components. If these components are to billed separately, then bill should be coded to reflect this status through the inclusion of a modifier (e.g., 77057-TC, 77057-26).
* Anesthesia codes should not be charged unless an anethesiologist or nurse anesthetist is in attendance.
* Providers should not be billed under code 99070 - supplies and materials not usually provided. These procurdures or items should be billed for with specific HCPC codes and should only be included if they are not usually provided with the procedure being billed for.

These rates are based on information found on the Centers for Medicare & Medicaid Services website, http://www.cms.gov/apps/physician-fee-schedule/overview.aspx

BOLDED items require WWC pre-approval

	CPT code	Descripton	2012 CO Rates	Prof (26)	Tech (TC)
		OFFICE VISITS			
Evaluation & Management	99203	Office visit, new patient; detailed history, exam, straightforward decision-making; 30 minutes	$ 104.77		
Evaluation & Management	99213	Office visit, established patient; expanded history, exam, straightforward decision-making; 15 minutes. Use for repeat CBE as well.	$ 70.29		
Evaluation & Management	99204	New patient; comprehensive history, exam, moderate complexity decision making; 45 minutes. Use for surgical consultation.	$ 159.94		
		BREAST SCREENING & DIAGNOSTIC PROCEDURES			
Radiology	76098	Radiological examination, surgical specimen	$ 18.68	7.79	10.89
Radiology	76645	Ultrasound, breast(s), unilateral or bilateral, B-scan and/or real time with image documentation	$ 99.49	26.4	73.09
Radiology	76942	Ultrasonic guidance for needle placement, imaging supervision and interpretation	$ 207.12	32.88	174.24
Radiology	77031	Stereotactic localization guidance for breast biopsy or needle placement	$ 145.80	78.19	67.62
Radiology	77032	Mammographic guidance for needle placement, breast	$ 54.08	27.13	26.95
Radiology	77053	Ductogram, single duct	$ 63.77	16.99	46.77
Radiology	77054	Ductogram, multipule duct	$ 86.90	22.02	64.89
Radiology	77055	Mammography, Diagnostic Follow-up, Unilateral	$ 87.85	34.24	53.61
Radiology	77056	Mammography, Diagnostic Follow-up, Bilateral	$ 112.39	42.37	70.01
Radiology	77057	Screening Mammogram, Bilateral (2 view film study of each breast, analog)	$ 81.36	34.24	47.11
Radiology	G0204	Diagnostic Mammogram, Digital	$ 169.11	43.06	126.06
Radiology	G0206	Diagnostic Mammogram, Digital, Unilateral	$ 133.64	34.58	99.06
Radiology	G0202	Screening Mammogram, Bilateral, Digital	$ 140.13	34.58	105.55
	10021	Fine needle aspiration without imaging guidance	$ 145.79		
	10022	Fine needle aspiration with imaging guidance	$ 136.58		
	19000	Drainage of breast lesion, cyst aspiration	$ 109.77		

CPT code		Descripton	2012 CO Rates	Prof (26)	Tech (TC)
Surgery	19001	Drainage of breast lesion, each additional cyst, used with 19000	$ 26.03		
	19100	Breast biopsy, percutaneous, needle core, not using imaging guidance, stereotactic core biopsy	$ 147.31		
	19101	Breast biopsy, open, incisional, stereotactic core biopsy	$ 335.55		
	19102	Breast biopsy, percutaneous, needle core, using imaging guidance; for placement of localization clip use 19295	$ 211.64		
	19103	Breast biopsy, percutaneous, stereotactic automated vacuum assisted or rotating biopsy device, using imaging guidance	$ 547.88		
	19120	Excision/removal of breast lesion	$ 479.19		
	19125	Excision/removal of breast lesion identified by preoperative placement of radiological marker; open; single lesion	$ 531.29		
	19126	Excision/removal of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker	$ 157.39		
	19290	Preoperative placement of needle localization wire, breast	$ 159.56		
	19291	Preoperative placement of needle localization wire, breast; each additional lesion	$ 67.70		
	19295	Image guided placement, metallic localization clip, percutaneous, during breast biopsy	$ 91.54		
Pathology	88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s)	$ 52.79	33.69	19.09
	88173	Cytopathology, evaluation of fine needle aspirate, interpretation and report	$ 139.02	67.64	71.38
	88305	Surgical pathology, gross and microscopic examination	$ 106.09	36.08	70.01
	88307	Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	$ 235.02	78.89	156.13
Anesthesiology	00400	Anesthesia for procedures on the integumentary system, anterior trunk, not otherwise specified. Must be administered by anesthesiologist or nurse anesthetist. Billed for in units, base rate of 3 units for the procedures always applies (3x$21.18 = $63.54) plus time ($2.18 per 15 minute interval, if time goes 1 minute into next 15 minute interval, that counts as 1 unit)	$ 21.18		
Other	99070	Pre-operative testing; CBC, urinalysis, pregnancy test, etc. These procedures should be medically necessary for the planned surgical procedure. Pre-operative tests should be billed for with specific HCPC codes.			
CERVICAL SCREENING & DIAGNOSTIC PROCEDURES					
Pathology	88141	Cytopathology (conventional Pap test), cervical or vaginal, any reporting system, requiring interpretation by physician	$ 29.20		
	88142	Cytopathology (liquid-based Pap test) cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	$ 28.70		
	88164	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening under physician supervision	$ 14.97		
	88331	Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen	$ 92.70	58.91	33.79
	88332	Pathology consultation during surgery, first tissue block, with frozen section(s), each additional specimen	$ 40.84	29.26	11.57
	88305	Surgical pathology, gross and microscopic examination	$ 106.09	36.08	70.01

CPT code		Descripton	2012 CO Rates	Prof (26)	Tech (TC)
	87621	Papillomavirus, Human, Amplified Probe [Hybrid Capture II from Digene - HPV Test (High Risk Typing only) or Cervista HPV HR]	$ 49.71		
Surgery	57452	Colposcopy of the cervix, without biopsy	$ 109.10		
	57454	Colposcopy of the cervix, with biopsy and endocervical curettage	$ 154.15		
	57455	Colposcopy of the cervix, with biopsy	$ 143.83		
	57456	Colposcopy of the cervix, with endocervical curettage	$ 136.08		
	57460	Biopsy of cervix with scope LEEP (WWC pre-approval not required if performed after an HSIL Pap test)	$ 290.67		
	57461	Conization of cervix with scope LEEP	$ 327.34		
	57500	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure) ***Use this code for cervical polyp removal***	$ 130.51		
	57505	Endocervical curettage (not done as part of a dilation and curettage)	$ 102.83		
	57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	$ 308.05		
	57522	Conization of the cervix or LOOP	$ 265.28		
	58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	$ 110.37		
	58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (No WWC pre-approval required if performed after an AGUS Pap test)	$ 48.22		
Other	99070	Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided). Supplies and materials should be billed for with specific HCPC codes.			
PROCEDURES SPECIFICALLY NOT ALLOWED					
Any		Treatment of breast cancer, cervical intraepithelial neoplasia and cervical cancer.			
Any		Computer Aided Detection (CAD) in breast cancer screening or diagnostics			
Any		Magnetic Resonance Imaging (MRI) in breast cancer screening or diagnostics			