



Women's Wellness Connection

Clinical Services Bundled Payment System

Fiscal Year 2015-16

Effective 6/30/2015

Updated 7/14/2015

Breast Levels

| Level | Definition of Level | Reimbursement |
|-------|---|---|
| B1 | Result is normal and requires no further action. | \$60 \$45 Office visit, including breast history, must be completed for breast services. May include a CBE. Breast education must be provided if CBE not performed. +\$15 Patient navigation & admin fee |
| B2 | Results of all tests are normal and require no further action. | \$230 \$60 Services from level B1 + \$140 Mammogram + \$30 Patient navigation & admin fee |
| B3 | Results are abnormal and require further non-invasive diagnostic testing. The definitive diagnosis is not cancer. May also include surgical consult. | \$600** \$230 Services from level B2 + \$310 Dx imaging and/or surgical consult + \$60 Case management & admin fee |
| B4 | Results are abnormal, requiring additional invasive diagnostic testing. The definitive diagnosis may be cancer or non-cancer. NO treatment. | \$1,595** \$600 Services from level B3 + \$995 Invasive diagnostic testing |
| B5 | Patient referred in for diagnostic evaluation: Non-WWC funded results were abnormal and required further non-invasive diagnostic testing. The definitive diagnosis is not cancer. May also include surgical consult. | \$370** \$0 Services from level B2 (paid by another funding source) + \$310 Dx imaging and/or surgical consult + \$60 Case management & admin fee |
| B6 | Patient referred in for diagnostic evaluation: Results are abnormal, requiring additional invasive diagnostic testing. The definitive diagnosis may be cancer or non-cancer. NO treatment. | \$1,365** \$370 Services from level B5 + \$995 Invasive diagnostic testing |

**If a second diagnostic procedure is required in order to reach a final breast diagnosis agencies may request additional reimbursement at the CPT code procedure rate. Please email the nurse consultant after second procedure results are entered in eCaST for administrative approval and timely reimbursement.



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Cervical Levels

| Level | Definition of Level | Reimbursement |
|-------|--|---|
| C1 | Result is normal and requires no further action | \$90 \$45 Office visit, including cervical history, must be completed for cervical services. May include a pelvic exam. Cervical education must be provided if pelvic not performed. + \$45 Patient navigation & admin fee |
| C2 | Results of all tests are normal and require no further action. | \$120 \$90 Services from level C1 + \$30 Pap test |
| C3 | Screening HPV test or results are abnormal and require further non-invasive diagnostic testing. The definitive diagnosis is not cancer. | \$170 \$120 Services from level C2 + \$50 HPV test |
| C4 | Results are abnormal, requiring additional invasive diagnostic testing. The definitive diagnosis may be cancer or non-cancer. NO treatment. May also include cervical lesions/polyp removal. | \$490** \$170 Services from level C3 + \$260 Colposcopy + \$60 Case management & admin fee |
| C5 | Patient referred in for diagnostic evaluation: Non-WWC funded results were abnormal and required additional invasive diagnostic testing. The definitive diagnosis may be cancer or non-cancer. NO treatment. May also include cervical lesions/polyp removal. | \$320** \$0 Services from level C3 (paid by another funding source) + \$260 Colposcopy + \$60 Case management & admin fee |

**If a second diagnostic procedure is required in order to reach a final cervical diagnosis agencies may request additional reimbursement at the CPT code procedure rate. Please email the nurse consultant after second procedure results are entered in eCaST for administrative approval and to receive timely reimbursement.