

Table A**2011 Reimbursement Rates****Breast Screening & Diagnostic Procedures**

Screening	CPT	Mod 26	Mod TC	Total
Screening Mammogram	77057	\$33.48	\$42.49	\$75.97
Computer-aided Detection for screening mammography	77052	\$2.82	\$7.68	\$10.49
Digital Screening Mammogram	G0202	\$33.48	\$77.05	\$130.54
Diagnostics				
Diagnostic/Follow-up Unilateral Mammogram	77055	\$33.48	\$47.50	\$80.99
Diagnostic/Follow-up Bilateral Mammogram	77056	\$41.60	\$51.93	\$103.53
Computer-aided Detection for diagnostic mammography	77051	\$2.82	\$7.68	\$10.50
Digital Diagnostic Mammogram unilateral	G0206	\$33.48	\$90.15	\$123.64
Digital Diagnostic Mammogram bilateral	G0204	\$41.29	\$114.93	\$156.22
Stereotactic localization for breast biopsy, each lesion, radiological supervision and interpretation	77031	\$76.22	\$75.10	\$151.32
Preoperative placement of needle localization wire, breast, radiological supervision and interpretation	77032	\$26.69	\$25.87	\$52.56
Radiological examination, surgical specimen	76098	\$7.78	\$10.19	\$17.97
Ultrasound-Echography, Breast (unilateral or bilateral) real time with image documentation	76645	\$25.85	\$57.23	\$83.08
Ultrasonic guidance for needle placement & localization device, imaging supervision and interpretation	76942	\$32.15	\$151.62	\$183.77
	CPT	Mod 26		Facility
Aspiration of Cyst of Breast	19000	\$100.76		\$41.18
Aspiration of Cyst of Breast, Additional	19001	\$24.75		\$20.36
Biopsy of breast, needle core (surgical procedure only)	19100	\$130.18		\$62.75
Incisional biopsy of breast	19101	\$296.41		\$196.06
Percutaneous needle core with image guidance	19102	\$197.97		\$96.99
Percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance	19103	\$506.43		\$179.97
Nipple excision/ductal excision	19110	\$420.78		\$299.11
Excision of cyst, fibroadenoma, or other benign or malignant tumor aberrant breast tissue, duct lesion or nipple lesion	19120	\$427.60		\$362.37
Excision of breast lesion identified by pre-operative placement of radiological marker	19125	\$474.52		\$402.70
Excision of breast lesion identified by pre-operative placement of radiological marker- each additional lesion	19126	\$145.43		
Preoperative placement of needle localization wire breast	19290	\$148.45		\$61.58
Preoperative placement of needle localization wire breast, Additional	19291	\$63.24		\$30.31
Image guided placement, metallic localization clip, percutaneous, during breast biopsy	19295	\$83.26		
Excision, benign lesion, axilla, diameter 0.5 cm or less	11400	\$108.28		\$70.96
Diameter 0.6cm – 1.0cm	11401	\$132.12		\$93.23
Diameter 1.1cm – 2.0cm	11402	\$146.97		\$102.75
Diameter 2.1cm – 3.0cm	11403	\$168.80		\$130.85
Diameter 3.1cm – 4.0cm	11404	\$191.74		\$144.70
Diameter over 4.0cm	11406	\$272.39		\$217.20
Excision, malignant lesion, axilla, diameter 0.5cm or less	11600	\$168.12		\$106.97
Diameter 0.6cm – 1.0cm	11601	\$208.84		\$136.47
Diameter 1.1cm – 2.0cm	11602	\$224.00		\$150.31
Diameter 2.1cm – 3.0cm	11603	\$254.56		\$178.67
Diameter 3.1cm – 4.0cm	11604	\$281.45		\$195.83
Diameter over 4.0cm	11606	\$397.71		\$288.58
Incision and drainage of abcess, simple	10060	\$101.59		\$86.22
Incision and drainage of abcess, complicated	10061	\$168.99		\$148.29

Diagnostics Cont"				
Biopsy or excision of lymph node(s); open, superficial	38500	\$292.95		\$292.95
Biopsy or excision of lymph node(s); open, deep axillary nodes	38325	\$386.06		\$386.06

Breast Screening and Diagnostic Procedures

Office Visits	CPT	Mod 26	Mod TC	Facility
New Patient Office Visit				
New Patient office visit	99201	\$38.44		\$24.02
New Patient office visit	99203	\$96.46		\$70.43
New Patient office visit	99204	\$96.46		\$70.43
New Patient office visit	99205	\$96.46		\$70.43
Established Patient Office Visit				
Established Patient office visit	99213	\$65.06		\$46.87
Established Patient, follow-up office visit	99212	\$38.86		\$23.81
Established Patient office visit	99214	\$65.06		\$46.87
Established Patient office visit	99215	\$65.06		\$46.87
New Or Established Office Consultations				
New or Established office consultations	99203	\$96.46		\$70.43
Outpatient Hospital/Surgery Center		Outpatient		
Incision and drainage of abcess, simple	10060	\$44.26		
Incision and drainage of abcess, complicated	10061	\$53.55		
Punch Skin Biopsy	11100	\$91.97		
Punch Skin Biopsy, additional	11101	\$29.44		
Nipple Excision	19110	\$919.40		
Excision of cyst, fibroadenoma, or other benign or malignant tumor aberrant breast tissue, duct lesion or nipple lesion	19120	\$919.40		
Excision of breast lesion identified by pre-operative placement of radiological marker	19125	\$919.40		
Incisional biopsy of breast	19101	\$919.40		
Percutaneous needle core with image guidance	19102	\$292.30		
Automated vacuum assisted or rotating biopsy device using image guidance	19103	\$564.08		
Excision, benign lesion, axilla, excised diameter 3.1cm – 4.0cm	11404	\$649.49		
Excision, benign lesion, axilla, excised diameter over 4.0cm	11406	\$649.49		
Excision, malignant lesion, axilla, excised diameter 3.1cm – 4.0cm	11604	\$305.12		
Excision, malignant lesion, axilla, excised diameter over 4.0cm	11606	\$649.49		
Biopsy or excision of lymph node(s); open, superficial	38500	\$919.40		
Biopsy or excision of lymph node(s); open, deep axillary nodes	38525	\$919.40		
If a BreastCare enrollee diagnosed with breast cancer is also a Medicaid recipient, these procedures are billed to Medicaid according to Medicaid's guidelines.				
Note: Providers will bill actual charges or up to capitated limit for these procedures. These outpatient codes are to be used for excision/incisional and stereotatic biopsies to obtain a diagnosis. These are not treatment codes.				
Pathology	CPT	Mod 26	Mod TC	Total
Culture, aerobic	87070		\$12.12	
Culture, anaerobic	87075		\$12.31	
Smear, primary source w/interpretation gram or giemsa	87205		\$6.01	

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stain for bacteria, fungi, or cell types				
Interpretation of Fine Needle Aspiration	88173	\$66.02	\$63.81	\$129.83
Surgical Pathology, Breast Biopsy	88305	\$35.35	\$64.13	\$99.48
Immunohistochemistry, each antibody, (breast and cervical)	88342	\$39.68	\$57.85	\$97.54
OR Consult	88329	\$49.08		
		Mod 26	Mod TC	Total
Surgical Pathology Level III	88304	\$10.45	\$47.50	\$57.95
Cytopathology, concentration technique, smears&interpret	88108	\$26.39	\$44.37	\$70.76
Cytopathology, smears, any other source	88160	\$23.72	\$27.43	\$51.16
Cytopathology, enhancement technique with interpretation	88112	\$54.49	\$42.49	\$96.98
Anesthesia	CPT	Mod 26		
Breast Biopsy/excision of axillary lesion /Node biopsy	00400	\$178.11		
Excision of lymph nodes	01610	\$441.61		
Lab/Radiology	CPT	Mod 26	Mod TC	Total
Complete CBC, automated and automated differential WBC count	85025		\$10.94	
Hepatic Function Panel	80076		\$11.49	
Hemogram & platelet count, automated	85027		\$9.11	
Basic Metabolic Panel	80048		\$12.91	
Comprehensive Metabolic Panel	80053		\$14.87	
Chest x-ray, single view	71010	\$8.46	\$13.64	\$22.10
Chest x-ray	71020	\$10.45	\$18.65	\$29.10

Mod 26 = Professional Fee

Mod TC=Technical Fee

Total = Combined (Professional and Technical) Fee

Facility = These amounts apply when the physician performs the service in a facility setting

Effective December 1, 2001, Arkansas Department of Health implemented “The Breast and Cervical Cancer Prevention and Treatment Act”. This law allows eligible women diagnosed with breast and cervical cancer, CIN II/III, or carcinoma-in-situ to receive the full range of Medicaid category 07 benefits. Medicaid coverage ends when her cancer treatment ends.

Effective January 21, 2010, BreastCare no longer covers treatment with state funds..

Refer all clients enrolled in BreastCare and are diagnosed with breast or cervical cancer to your Regional BreastCare Care Coordinator.

The diagnosing or treatment provider must call the Medicaid Case Manager at 501-661-2513 to refer patients who are not enrolled in the BreastCare program and are diagnosed with breast or cervical cancer or CIN II/III. Calls will not be accepted from the patient. After the provider calls confirming a diagnosis, the Medicaid Case Manager will contact the patient and complete the Medicaid application.