

Table A**2009 Reimbursement Rates****Breast Screening & Diagnostic Procedures**

Screening	CPT	Mod 26	Mod TC	Total
Screening Mammogram	77057	\$33.66	\$37.74	\$71.40
*Computer-aided Detection for screening mammography	77052	\$2.94	\$7.48	\$10.42
Digital Screening Mammogram	G0202	\$33.05	\$79.24	\$112.29
Diagnostics				
Diagnostic/Follow-up Unilateral Mammogram	77055	\$33.66	\$40.63	\$74.29
Diagnostic/Follow-up Bilateral Mammogram	77056	\$41.79	\$52.39	\$94.17
*Computer-aided Detection for diagnostic mammography	77051	\$2.94	\$7.48	\$10.42
Digital Diagnostic Mammogram unilateral	G0206	\$33.05	\$72.06	\$105.11
Digital Diagnostic Mammogram bilateral	G0204	\$40.87	\$91.44	\$132.31
Stereotactic localization for breast biopsy, each lesion, radiological supervision and interpretation	77031	\$76.19	\$90.78	\$166.96
Preoperative placement of needle localization wire, breast, radiological supervision and interpretation	77032	\$26.93	\$25.54	\$52.46
Radiological examination, surgical specimen	76098	\$7.76	\$9.48	\$17.24
Ultrasound-Echography, Breast (unilateral or bilateral) real time with image documentation	76645	\$25.90	\$51.92	\$77.82
Ultrasonic guidance for needle placement & localization device, imaging supervision and interpretation	76942	\$32.28	\$125.18	\$157.46
	CPT	Mod 26		Facility
Aspiration of Cyst of Breast	19000	\$90.47		\$40.74
Aspiration of Cyst of Breast, Additional	19001	\$23.72		\$20.37
Biopsy of breast, needle core (surgical procedure only)	19100	\$111.54		\$59.67
Incisional biopsy of breast	19101	\$255.64		\$177.83
Percutaneous needle core with image guidance	19102	\$183.62		\$96.66
Percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance	19103	\$455.85		\$177.27
Excision of cyst, fibroadenoma, or other benign or malignant tumor aberrant breast tissue, duct lesion or nipple lesion	19120	\$374.02		\$324.59
Excision of breast lesion identified by pre-operative placement of radiological marker	19125	\$414.70		\$360.70
Excision of breast lesion identified by pre-operative placement of radiological marker- each additional lesion	19126	\$137.72		
Preoperative placement of needle localization wire breast	19290	\$135.11		\$61.27
Preoperative placement of needle localization wire breast, Additional	19291	\$58.76		\$30.38
Image guided placement, metallic localization clip, percutaneous, during breast biopsy	19295	\$71.86		
Excision, benign lesion, axilla, diameter 0.5 cm or less	11400	\$90.62		\$60.72
Diameter 0.6cm – 1.0cm	11401	\$112.29		\$81.17
Diameter 1.1cm – 2.0cm	11402	\$125.31		\$89.92
Diameter 2.1cm – 3.0cm	11403	\$144.91		\$114.39
Diameter 3.1cm – 4.0cm	11404	\$165.05		\$127.52
Diameter over 4.0cm	11406	\$235.26		\$192.24
Excision, malignant lesion, axilla, diameter 0.5cm or less	11600	\$140.67		\$92.46
Diameter 0.6cm – 1.0cm	11601	\$174.26		\$119.64
Diameter 1.1cm – 2.0cm	11602	\$191.54		\$131.73
Diameter 2.1cm – 3.0cm	11603	\$218.73		\$157.10
Diameter 3.1cm – 4.0cm	11604	\$241.76		\$172.80
Diameter over 4.0cm	11606	\$342.79		\$257.36
* These procedures are covered for women in Plan A and C only. CAD is not covered for Plan B.				

Breast Screening and Diagnostic Procedures

Office Visits	CPT	Mod 26	Mod TC	Facility
New Patient Office Visit				
New Patient office visit	99201	\$33.19		\$21.90
New Patient office visit	99202	\$57.87		\$42.31
New Patient office visit	99203	\$83.95		\$63.81
New Patient office visit	99204	\$130.96		\$107.46
New Patient office visit	99205	\$165.84		\$139.90
Established Patient Office Visit				
Established Patient office visit	99211	\$16.67		\$8.12
Established Patient office visit	99212	\$33.49		\$21.59
Established Patient office visit	99213	\$56.55		\$42.51
Established Patient office visit	99214	\$85.28		\$65.75
Established Patient office visit	99215	\$115.53		\$93.25
New Or Established Office Consultations				
New or Established office consultations	99241	\$44.03		\$30.90
New or Established office consultations	99242	\$82.89		\$65.19
New or Established office consultations	99243	\$114.14		\$90.95
New or Established office consultations	99244	\$170.38		\$144.75
New or Established office consultations	99245	\$209.53		\$180.54
Outpatient Hospital/Surgery Center		Outpatient		
*Excision of cyst, fibroadenoma, or other benign or malignant tumor aberrant breast tissue, duct lesion or nipple lesion	19120	\$682.25		
*Excision of breast lesion identified by pre-operative placement of radiological marker	19125	\$682.25		
*Incisional biopsy of breast	19101	\$651.04		
*Percutaneous needle core with image guidance	19102	\$266.11		
*Automated vacuum assisted or rotating biopsy device using image guidance	19103	\$465.76		
Excision, benign lesion, axilla, excised diameter 3.1cm – 4.0cm	11404	\$483.18		
Excision, benign lesion, axilla, excised diameter over 4.0cm	11406	\$538.27		
*Excision, malignant lesion, axilla, excised diameter 3.1cm – 4.0cm	11604	\$370.66		
*Excision, malignant lesion, axilla, excised diameter over 4.0cm	11606	\$538.27		
*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.				

TABLE B

Breast Cancer Treatment Services					
Surgery	CPT	MOD 26	MOD TC	Total	Facility
After loading balloon catheter	19296	\$3,019.82			\$176.99
*Mastectomy, Partial	19301	\$508.54			
Mastectomy, Simple	19303	\$787.66			
Mastectomy, Partial AX Dissection	19302	\$723.31			
MRM	19307	\$950.47			
Placement of Central Venous Catheter (anesthesia, medonc, surgery)	36555	\$235.43			\$118.87
Peripheral insertion of nontunneled CV catheter w/o port or pump (medonc, surgery)	36556	\$201.54			\$112.14
Insertion of tunneled CV catheter without port	36558	\$681.53			\$259.24
Insertion of tunneled CV access device with port	36561	\$953.95			\$311.97
Insertion of tunneled centrally inserted CV access device with subcutaneous pump	36563	\$963.98			\$322.62
Insertion of CV access device, 2 catheters via 2 access sites	36565	\$811.46			\$307.70
Insertion of CV access device, 2 catheters via 2 access sites with subcutaneous port	36566	\$2949.19			\$330.01
Peripherally inserted CV catheter without subcutaneous port or pump	36569	\$227.67			\$89.75
Peripherally inserted CV catheter with subcutaneous port	36571	\$1011.09			\$279.40
Removal of tunneled CV catheter w/o port or pump (medonc, surgery)	36589	\$146.45			\$125.70
Removal of tunneled CV access device with port or pump	36590	\$236.05			\$178.08
Incision and drainage of abcess-simple	10060	\$87.87			\$76.58
Incision and drainage of abcess-complicated	10061	\$152.18			\$137.23
Drainage of Breast Abcess (family practice, surgery)	19020	\$340.76			\$232.44
Axillary Node Dissection, Superficial (surgery)	38740	\$558.68			
Axillary Node Dissection, Complete (surgery)	38745	\$711.94			
Biopsy or excision lymph node open deep axillary	38525	\$348.07			
Injection of Dye	38792	\$34.37			
Lymphatic and lymph gland imaging	78195	\$57.98	\$218.96	\$276.93	
*Pre-approval required. If a BreastCare enrollee diagnosed with breast cancer is also a Medicaid recipient, the above procedures are billed to Medicaid according to Medicaid's guidelines.					
Note: Providers will bill actual charges or up to the capitated limit for each surgical procedure. Specialties that may bill for each procedure are listed above.					

Hospital/Ambulatory Surgery Center	CPT	INPATIENT	OUTPATIENT		
After loading balloon catheter	19296		\$1866.05		
*Mastectomy, Partial	19301	\$3090.00	\$682.25		
Mastectomy, Simple	19303	\$3090.00	\$984.73		
Mastectomy, Partial AX Dissection	19302	\$3090.00	\$1303.02		
Modified Radical Mastectomy	19307	\$8506.00			
Placement of Central Venous Catheter	36555	\$385.67	\$385.67		
Peripheral insertion of nontunneled CV catheter w/o port or pump	36556	\$385.67	\$385.67		
Insertion of tunneled centrally inserted CV catheter without port	36558	\$720.27	\$720.27		

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Insertion of tunneled CV access device with port	36561	\$848.99	\$848.99		
Insertion of tunneled centrally inserted CV access device with subcutaneous pump	36563	\$848.99	\$848.99		
Insertion of CV access device, 2 catheters via 2 access sites	36565	\$848.99	\$848.99		
Insertion of CV access device, 2 catheters via 2 access sites with subcutaneous port or pump	36566	\$848.99	\$848.99		
Centrally inserted nontunneled CV catheter without port or pump	36569	\$385.67	\$385.67		
Peripherally inserted CV catheter with subcutaneous port	36571	\$751.47	\$751.47		
Removal of tunneled CV catheter w/o port	36589	\$255.10	\$255.10		
Removal of tunneled CV access device with port or pump	36590	\$385.67	\$385.67		
Drainage of Breast Abscess	19020	\$608.71	\$608.71		
Incision and drainage of abscess-simple	10060	\$50.85	\$50.85		
Incision and drainage of abscess-complicated	10061	\$57.02	\$57.02		
Axillary Node Dissection, Superficial	38740	\$1170.13	\$1170.13		
Axillary Node Dissection, Complete	38745	\$1259.84	\$1259.84		
Biopsy or excision lymph node open deep axillary	38525	\$695.53	\$695.53		
*Pre-approval required.					
Note: If a BreastCare enrollee diagnosed with breast cancer is also a Medicaid recipient, the above procedures are billed to Medicaid according to Medicaid's guidelines.					

Chemotherapy	CPT	MOD 26	OUTPATIENT	
Chemo, IV push up to one hour	96409	\$95.06	\$95.06	
Chemo, IV push each additional hour	96411	\$54.25	\$54.25	
Chemo, infusion up to one hour	96413	\$125.20	\$125.20	
Chemo, infusion each additional hour up to 8 hours	96415	\$28.42	\$28.42	
Chemo, infusion each additional sequential infusion up to one hour	96417	\$62.40	\$62.40	
IV fluid, non chemo up to one hour	96365	\$58.44	\$58.44	
IV fluid, non chemo each additional hour up to 8 hours	96366	\$19.04	\$19.04	
IV fluid, non chemo each additional sequential infusion up to one hour	96367	\$29.77	\$29.77	
Adrimycin, 10 mg	J9000	\$3.79	\$3.79	
Cytosan, 100 mg	J9093	\$1.81	\$1.81	
Cytosan, 200 mg	J9094	\$3.62	\$3.62	
Cytosan, 500 mg	J9095	\$9.05	\$9.05	
Cytosan, 1 gm	J9096	\$18.10	\$18.10	
Cytosan, 2 gm	J9097	\$36.21	\$36.21	
Methotrexate, 5 mg	J9250	\$0.22	\$0.22	
5FU, 500 mg	J9190	\$1.55	\$1.55	
Zofran, 1 mg	J2405	\$0.21	\$0.21	
Chemotherapy Cont'				
Taxol 30mg, premenopausal and node positive.	J9265	\$7.56	\$7.56	
Office visit for established patient not requiring presence of physician	99211	\$16.67	\$8.12	
Heparin Flush	J1644	\$0.20	\$0.20	
Saline	J7050	\$0.27	\$0.27	

Radiation Therapy	CPT	Mod 26	Mod TC	Total
Consultation Visit – 40 min	99243	\$114.14	\$90.95	
Guidance for placement of radiation therapy fields	77014	\$40.15	\$118.22	\$158.36
Treatment Plan – simple	77261	\$66.82		
Treatment Plan- intermediate	77262	\$100.45		
Treatment Plan- complex	77263	\$149.08		
Simulation- Complex	77290	\$73.72	\$344.62	\$418.34
Wedge- Complex	77334	\$58.50	\$79.32	\$137.82
Multiple Hand Block, Intermediate	77333	\$39.79	\$21.60	\$61.39
Beam Splitter- Intermediate	77333	\$39.79	\$21.60	\$61.39
Arm Board-Simple	77332	\$25.45	\$42.01	\$67.46
Basis Dosimetry	77300	\$29.25	\$33.16	\$62.41
Isodose Dosimetry- Complex	77315	\$73.72	\$57.78	\$131.51
Weekly Treatment	77427	\$177.37		
Simulation-Simple	77280	\$33.21	\$123.42	\$156.63
Daily Treatment	77414		\$192.49	
Physics Consult	77336		\$50.78	
	77416		\$193.40	
Port Films	77417		\$13.15	
HDR BrachyTX, 1 channel	77785	\$67.29	\$95.15	\$162.45
HDR BrachyTX, 2-12 channels	77786	\$151.68	\$331.76	\$483.44
HDR BrachyTX, over 12 channels	77787	\$232.56	\$486.12	\$718.68

Pathology	CPT	Mod 26	Mod TC	Total
Culture, aerobic	87070		\$12.03	
Culture, anaerobic	87075		\$12.22	
Smear, primary source w/interpretation gram or giemsa stain for bacteria, fungi, or cell types	87205		\$5.96	
Interpretation of Fine Needle Aspiration	88173	\$64.67	\$53.41	\$118.08
Surgical Pathology, Breast Biopsy	88305	\$35.16	\$55.87	\$91.03
Surgical Pathology, Mastectomy, Partial/Simple	88307	\$74.79	\$108.06	\$182.85
Surgical Pathology, Mastectomy/with regional lymph nodes	88309	\$129.43	\$148.34	\$277.77
Immunohistochemistry, each antibody, (breast and cervical)	88342	\$39.07	\$47.92	\$86.99
Frozen Section	88331	\$56.38	\$24.14	\$80.52
Frozen Section, Additional	88332	\$27.70	\$8.56	\$36.26
OR Consult	88329	\$44.62		
		Mod 26	Mod TC	Total
Flow Cytometry	88184		\$65.92	
Flow Cytometry, each additional marker	88185		\$39.07	
Flow Cytometry, 2-8 markers	88187	\$61.72		
Flow Cytometry, 9-15 markers	88188	\$76.06		
Flow Cytometry, 16 or more markers	88189	\$97.37		
DNA Analysis	88182	\$33.75	\$54.96	\$88.70
Surgical Pathology Level III	88304	\$10.23	\$42.43	\$52.66
Cytopathology, concentration technique, smears&interpret	88108	\$26.01	\$36.94	\$62.95
Cytopathology, smears, any other source	88160	\$23.24	\$22.29	\$45.53
Metamorphic analysis, tumor	88358	\$42.58	\$25.84	\$68.43
Cytopathology, enhancement technique with interpretation	88112	\$53.56	\$37.55	\$91.11

Morphometric Analysis, tumor immunohistochemistry	88360	\$50.71	\$54.63	\$105.34
Morphometric Analysis, tumor immunohistochemistry, computer-assisted technology	88361	\$54.21	\$77.10	\$131.34
Anesthesia	CPT	Mod 26		
*Mastectomy, Partial/without node dissection/Breast Biopsy/excision of axillary lesion	00400	\$178.11		
**Radical or Modified Radical Procedures on Breast	00404	\$336.43		
**Radical or Modified Radical Procedures on Breast with internal mammary dissection	00406	\$497.50		
**Axillary Dissection/node biopsy	01610	\$257.27		
**Insertion of Venous Access Port	00532	\$158.32		
<p>*Pre-approval required. **Must be billed with specific diagnoses codes (174.0 – 174.6, 174.8, 174.9, and 233.0) If a BreastCare enrollee is also a Medicaid recipient, these procedures are billed to Medicaid according to Medicaid's guidelines. Note: Anesthesiologist/CRNA will bill for actual charges or up to the capitated limit for each procedure code.</p>				
Lab/Radiology	CPT	Mod 26	Mod TC	Total
Complete CBC, automated and automated differential WBC count	85025		\$11.35	
Hepatic Function Panel	80076		\$11.93	
Hemogram & platelet count, automated	85027		\$9.45	
Basic Metabolic Panel	80048		\$12.36	
Comprehensive Metabolic Panel	80053		\$15.44	
Chest x-ray, single view	71010	\$8.48	\$12.22	\$20.71
Chest x-ray	71020	\$10.54	\$16.81	\$27.35
Bone Scan (for lesions > 2cm or abnormal alkaline phosphatase, or pos. nodes)	78306	\$41.42	\$166.78	\$208.20
Note: Bone Scan is reimbursable only under conditions described.				

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.

If a BreastCare enrollee has a biopsy diagnosis of breast or cervical cancer, CIN II/III, or carcinoma-in-situ and is also a Medicaid recipient, all treatment procedures in Table B must be billed to Medicaid according to Medicaid's guidelines.

Refer all BreastCare clients diagnosed with breast or cervical cancer to the BreastCare Phone Center at 1-877-670-2273 to apply for Medicaid category 07.