

**Table A - 2017 Reimbursement Rates: Breast**

\* All rates effective January 1, 2017

<b>Breast Screening &amp; Diagnostic Procedures</b>				
<b>Screening</b>	<b>CPT</b>	<b>Mod 26</b>	<b>Mod TC</b>	<b>Total</b>
Breast Tomosynthesis	77063	\$29.31	\$22.17	\$51.48
Digital Screening Mammogram	G0202	\$35.88	\$87.31	\$123.19
<b>Diagnostics</b>				
Digital Diagnostic Mammogram unilateral	G0206	\$37.87	\$82.63	\$120.50
Digital Diagnostic Mammogram bilateral	G0204	\$47.08	\$105.73	\$152.81
Tomosynthesis	G0279	\$29.31	\$22.17	\$51.48
Radiological examination, surgical specimen	76098	\$7.81	\$7.38	\$15.20
Ultrasound, complete examination of breast including axilla, unilateral	76641	\$35.43	\$62.65	\$98.07
Ultrasound, limited examination of breast including axilla, unilateral	76642	\$33.01	\$47.97	\$80.98
Ultrasonic guidance for needle placement & localization device, imaging supervision and interpretation	76942	\$31.51	\$24.55	\$56.07
Mammary ductogram or galactogram, single duct	77053	\$17.69	\$35.48	\$53.17
Magnetic Resonance Imaging breast with and/or without contrast, unilateral	77058	\$79.34	\$404.31	\$483.65
Magnetic Resonance Imaging, breast with and/or without contrast, bilateral	77059	\$79.34	\$404.31	\$483.65
	<b>CPT</b>	<b>Mod 26</b>		<b>Facility</b>
Aspiration of Cyst of Breast	19000	\$102.59		\$42.02
Aspiration of Cyst of Breast, Additional	19001	\$25.44		\$21.06
Breast Biopsy with placement of localization device; stereotactic guidance; first lesion	19081	\$624.39		\$163.85
Breast Biopsy with placement of localization device; stereotactic guidance; each additional lesion	19082	\$511.68		\$82.36
Breast Biopsy with placement of localization device; ultrasound guidance; first lesion	19083	\$605.42		\$154.25
Breast Biopsy with placement of localization device; ultrasound guidance; each additional lesion	19084	\$491.88		\$76.92
Breast Biopsy with placement of localization device; magnetic resonance guidance; first lesion	19085	\$916.40		\$180.47
Breast Biopsy with placement of localization device; magnetic resonance guidance; magnetic resonance guidance; each additional lesion	19086	\$729.39		\$89.94
Biopsy of breast, needle core (surgical procedure only)	19100	\$136.28		\$65.72
Incisional biopsy of breast	19101	\$309.68		\$205.40
Nipple excision/ductal excision	19110	\$440.15		\$315.88
Excision of cyst, fibroadenoma, or other benign or malignant tumor aberrant breast tissue, duct lesion or nipple or areolar lesion; open; one or more lesions	19120	\$451.84		\$382.84
Excision of breast lesion identified by pre-operative placement of radiological marker; open; single lesion	19125	\$500.83		\$424.96
Excision of breast lesion identified by pre-operative placement of radiological marker- each additional lesion separately identified by a preoperative radiological maker	19126	\$151.99		\$151.99
Placement of breast localization device; first lesion	19281	\$220.24		\$98.78
Placement of breast localization device; each additional lesion	19282	\$151.33		\$49.20
Placement of breast localization device; stereotactic guidance first lesion	19283	\$247.38		\$99.38
Placement of breast localization device; stereotactic guidance; each additional lesion	19284	\$184.09		\$49.83
Placement of breast localization device; ultrasound guidance; first lesion	19285	\$464.05		\$84.38
Placement of breast localization device; ultrasound guidance ; each addition lesion	19286	\$402.29		\$42.29
Placement of breast localization device; magnetic resonance guidance; first lesion	19287	\$775.71		\$126.27
Placement of breast localization device; magnetic resonance guidance; each additional lesion	19288	\$621.39		\$63.12
Excision, benign lesion, axilla, diameter 0.5 cm or less	11400	\$112.63		\$74.85

Diameter 0.6cm – 1.0cm	11401	\$135.90		\$96.87
Diameter 1.1cm – 2.0cm	11402	\$151.23		\$106.26
Diameter 2.1cm – 3.0cm	11403	\$175.13		\$137.04
Diameter 3.1cm – 4.0cm	11404	\$198.71		\$150.94
Diameter over 4.0cm	11406	\$287.02		\$229.88
Excision, malignant lesion, axilla, diameter 0.5cm or less	11600	\$175.48		\$112.10
Diameter 0.6cm – 1.0cm	11601	\$209.10		\$140.10
Diameter 1.1cm – 2.0cm	11602	\$226.87		\$153.81
Diameter 2.1cm – 3.0cm	11603	\$259.84		\$184.59
Diameter 3.1cm – 4.0cm	11604	\$288.67		\$203.12
Diameter over 4.0cm	11606	\$413.53		\$301.75
Incision and drainage of abscess, simple	10060	\$108.20		\$91.02
Incision and drainage of abscess, complicated	10061	\$191.01		\$168.21
Biopsy or excision of lymph node(s); open, superficial	38500	\$304.15		\$237.03
Biopsy or excision of lymph node(s); open, deep axillary nodes	38525	\$406.63		\$406.63
<b>Office Visits</b>				
<b>New Patient Office Visit</b>	<b>CPT</b>	<b>Mod 26</b>	<b>Facility</b>	
New Patient office visit	99203	\$100.16	\$72.68	
New Patient office visit	99204	\$100.16	\$72.68	
New Patient office visit	99205	\$100.16	\$72.68	
<b>Established Patient Office Visit</b>				
Established Patient office visit	99213	\$68.05	\$48.70	
Established Patient, follow-up office visit	99212	\$40.19	\$24.27	
Established Patient office visit	99214	\$68.05	\$48.70	
Established Patient office visit	99215	\$68.05	\$48.70	
<b>New or Established Office Consultations</b>				
New or Established office consultations	99203	\$100.16	\$72.68	
<b>Out-patient Hospital/Surgery Center</b>		<b>Out-patient</b>		
Incision and drainage of abscess, simple	10060	\$61.34		
Incision and drainage of abscess, complicated	10061	\$96.34		
Breast Biopsy with placement of localization device; stereotactic guidance; first lesion	19081	\$450.25		
Breast Biopsy with placement of localization device; ultrasound guidance; first lesion	19083	\$450.25		
Breast Biopsy with placement of localization device; magnetic resonance guidance; first lesion	19085	\$450.25		
Nipple Excision	19110	\$869.24		
Excision of cyst, fibroadenoma, or other benign or malignant tumor aberrant breast tissue, duct lesion or nipple or areolar lesion; open; one or more lesions	19120	\$869.24		
Excision of breast lesion identified by pre-operative placement of radiological marker; open; single lesion	19125	\$869.24		
Incisional biopsy of breast	19101	\$869.24		
Excision, benign lesion, axilla, excised diameter 3.1cm – 4.0cm	11404	\$450.25		
Excision, benign lesion, axilla, excised diameter over 4.0cm	11406	\$450.25		
Excision, malignant lesion, axilla, excised diameter 3.1cm – 4.0cm	11604	\$251.60		
Excision, malignant lesion, axilla, excised diameter over 4.0cm	11606	\$450.25		
Biopsy or excision of lymph node(s); open, superficial	38500	\$869.24		
Biopsy or excision of lymph node(s); open, deep axillary nodes	38525	\$869.24		
<b>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 stereotactic biopsies to obtain a diagnosis. These are not treatment codes.</b>				
<b>Pathology</b>	<b>CPT</b>	<b>Mod 26</b>	<b>Mod TC</b>	<b>Total</b>
Culture, aerobic	87070		11.82	
Culture, anaerobic	87075		\$11.99	
Smear, primary source w/interpretation gram or giemsa stain for bacteria, fungi, or cell types	87205		\$5.86	
Interpretation of Fine Needle Aspiration	88173	\$70.78	\$70.65	\$141.43

Surgical Pathology, Breast Biopsy	88305	\$37.93	\$25.80	\$63.73
Surgical Pathology, Level V	88307	\$83.46	\$158.08	\$241.54
Immunohistochemistry or immunocytochemistry, per specimen; first stain (replaces G0461)	88342	\$35.51	\$60.72	\$61.71
Immunohistochemistry or immunocytochemistry, per specimen; each additional stain (replaces G0462)	88341	\$28.41	\$54.33	\$82.74
OR Consult	88329	\$48.88		
Surgical Pathology Level III	88304	\$11.53	\$25.49	\$37.02
Cytopathology, concentration technique, smears & interpret	88108	\$22.55	\$34.54	\$57.09
Cytopathology, smears, any other source	88160	\$25.95	\$40.16	\$66.11
Cytopathology, enhancement technique with interpretation	88112	\$27.79	\$34.54	\$62.34
<b>Anesthesia</b>	<b>CPT</b>	<b>Mod 26</b>		
Breast Biopsy/excision of axillary lesion /Node biopsy	00400	\$183.69		
Excision of lymph nodes	01610	\$441.61		
<b>Lab/Radiology</b>	<b>CPT</b>	<b>Mod 26</b>	<b>Mod TC</b>	
Complete CBC, automated and automated differential WBC count	85025		\$10.66	
Hepatic Function Panel	80076		\$11.21	
Hemogram & platelet count, automated	85027		\$8.87	
Basic Metabolic Panel	80048		\$11.60	
Comprehensive Metabolic Panel	80053		\$14.49	

**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.**

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