

Table A - 2019 Reimbursement Rates: Breast

* All rates effective January 1, 2019

Breast Screening & Diagnostic Procedures				
Screening	CPT	Mod 26	Mod TC	Total
Breast Tomosynthesis	77063	\$29.16	\$22.00	\$51.16
Screening Mammogram	77067	\$37.02	\$86.63	\$123.65
Diagnostics				
Digital Diagnostic Mammogram unilateral	77065	\$39.66	\$81.92	\$121.57
Digital Diagnostic Mammogram bilateral	77066	\$48.91	\$104.86	\$153.77
Tomosynthesis	G0279	\$29.16	\$22.00	\$51.16
Radiological examination, surgical specimen	76098	\$7.86	\$7.44	\$15.29
Ultrasound, complete examination of breast including axilla, unilateral	76641	\$35.62	\$62.12	\$106.78
Ultrasound, limited examination of breast including axilla, unilateral	76642	\$33.19	\$47.03	\$80.23
Ultrasonic guidance for needle placement & localization device, imaging supervision and interpretation	76942	\$31.37	\$21.89	\$53.26
Mammary ductogram or galactogram, single duct	77053	\$17.47	\$34.78	\$52.25
*Magnetic resonance imaging (MRI), breast, without contrast, unilateral	77046	\$70.57	\$155.77	\$226.34
*Magnetic resonance imaging (MRI), breast, without contrast, bilateral	77047	\$78.07	\$154.82	\$232.90
*Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, unilateral	77048	\$102.06	\$256.54	\$358.59
*Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, bilateral	77049	\$111.67	\$255.28	\$366.95
	CPT	Mod 26		Facility
Fine needle aspiration biopsy without imaging guidance, first lesion	10021	\$90.62		\$53.85
Fine needle aspiration biopsy without imaging guidance, each additional	10004	\$49.34		\$41.80
Fine needle aspiration biopsy with ultrasound guidance, first lesion	10005	\$117.95		\$71.13
Fine needle aspiration biopsy with ultrasound guidance, each additional	10006	\$57.28		\$48.49
Fine needle aspiration biopsy including fluoroscopic guidance, first lesion	10007	\$260.56		\$91.17
Fine needle aspiration biopsy with fluoroscopic guidance, each additional	10008	\$147.47		\$59.47
Fine needle aspiration biopsy including CT guidance, first lesion	10009	\$424.16		\$110.84
Fine needle aspiration biopsy including CT guidance, each additional lesion	10010	\$256.68		\$81.01
Aspiration of Cyst of Breast	19000	\$100.75		\$42.30
Aspiration of Cyst of Breast, Additional	19001	\$26.60		\$20.89
Breast Biopsy with placement of localization device; stereotactic guidance; first lesion	19081	\$590.21		\$163.75
Breast Biopsy with placement of localization device; stereotactic guidance; each additional lesion	19082	\$478.03		\$82.37
Breast Biopsy with placement of localization device; ultrasound guidance; first lesion	19083	\$577.60		\$154.29
Breast Biopsy with placement of localization device; ultrasound guidance; each additional lesion	19084	\$460.81		\$77.09
Breast Biopsy with placement of localization device; magnetic resonance guidance; first lesion	19085	\$874.14		\$179.94
Breast Biopsy with placement of localization device; magnetic resonance guidance; magnetic resonance guidance; each additional lesion	19086	\$697.12		\$89.97
Biopsy of breast, needle core (surgical procedure only)	19100	\$138.42		\$66.45
Incisional biopsy of breast	19101	\$310.06		\$207.93
Nipple excision/ductal excision	19110	\$447.78		\$321.44
Excision of cyst, fibroadenoma, or other benign or malignant tumor aberrant breast tissue, duct lesion, nipple or areolar lesion; open one or more lesions	19120	\$461.98		\$387.19
Excision of breast lesion identified by pre-operative placement of radiological marker; open; single lesion	19125	\$511.58		\$429.56
Excision of breast lesion identified by pre-operative placement of radiological marker; each additional lesion identified by a preoperative radiological maker	19126	\$153.12		\$153.12
Placement of breast localization device; first lesion	19281	\$224.15		\$98.76
Placement of breast localization device; each additional lesion	19282	\$155.13		\$49.54

Placement of breast localization device; stereotactic guidance first lesion	19283	\$249.91		\$99.06
Placement of breast localization device; stereotactic guidance; additional	19284	\$187.70		\$50.37
Placement of breast localization device; ultrasound guidance; first lesion	19285	\$439.39		\$84.59
Placement of breast localization device; ultrasound guidance; additional	19286	\$377.25		\$42.24
Placement of breast localization device; magnetic resonance guidance; first lesion	19287	\$741.54		\$126.21
Placement of breast localization device; magnetic resonance guidance; each additional lesion	19288	\$591.14		\$63.50
Excision, benign lesion, axilla, diameter 0.5 cm or less	11400	\$113.70		\$75.99
Diameter 0.6cm – 1.0cm	11401	\$139.01		\$97.84
Diameter 1.1cm – 2.0cm	11402	\$154.45		\$107.63
Diameter 2.1cm – 3.0cm	11403	\$178.86		\$138.64
Diameter 3.1cm – 4.0cm	11404	\$202.61		\$152.33
Diameter over 4.0cm	11406	\$292.23		\$232.21
Excision, malignant lesion, axilla, diameter 0.5cm or less	11600	\$178.75		\$113.38
Diameter 0.6cm – 1.0cm	11601	\$211.14		\$141.06
Diameter 1.1cm – 2.0cm	11602	\$228.71		\$154.55
Diameter 2.1cm – 3.0cm	11603	\$262.03		\$185.36
Diameter 3.1cm – 4.0cm	11604	\$290.55		\$203.82
Diameter over 4.0cm	11606	\$417.38		\$303.93
Incision and drainage of abscess, simple	10060	\$110.15		\$92.55
Incision and drainage of abscess, complicated	10061	\$192.57		\$170.26
Biopsy or excision of lymph node(s); open, superficial	38500	\$309.26		\$239.50
Biopsy or excision of lymph node(s); open, deep axillary nodes	38525	\$410.57		\$410.57
Office Visits				
New Patient Office Visit	CPT	Mod 26	Facility	
New Patient office visit	99202	\$71.00	\$48.38	
New Patient office visit	99203	\$100.91	\$72.62	
New Patient office visit with detailed risk assessment	99204	\$154.47	\$123.36	
New Patient office visit with detailed risk assessment	99205	\$194.64	\$161.02	
Established Patient Office Visit				
Established Patient office visit	99213	\$69.41	\$48.98	
Established Patient, follow-up office visit	99212	\$41.70	\$24.41	
Established Patient office visit	99214	\$102.02	\$75.62	
Established Patient office visit	99215	\$136.98	\$106.50	
New or Established Office Consultations				
New or Established office consultations	99203	\$100.91	\$72.62	
Out-patient Hospital/Surgery Center		Out-patient		
Fine needle aspiration biopsy without imaging guidance, first lesion	10021	\$49.38		
Fine needle aspiration biopsy with ultrasound guidance, first lesion	10005	\$60.72		
Fine needle aspiration biopsy including fluoroscopic guidance, first lesion	10007	\$186.77		
Fine needle aspiration biopsy including CT guidance, first lesion	10009	\$253.99		
Incision and drainage of abscess, simple	10060	\$61.95		
Incision and drainage of abscess, complicated	10061	\$95.68		
Breast Biopsy with placement of localization device; stereotactic guidance; first lesion	19081	\$465.67		
Breast Biopsy with placement of localization device; ultrasound guidance; first lesion	19083	\$465.67		
Breast Biopsy with placement of localization device; magnetic resonance guidance; first lesion	19085	\$465.67		
Nipple Excision	19110	\$899.93		
Excision of cyst, fibroadenoma, or other benign or malignant tumor aberrant breast tissue, duct, nipple or areolar lesion; open; one or more lesions	19120	\$899.93		
Excision of breast lesion identified by pre-operative placement of radiological marker; open; single lesion	19125	\$899.93		
Incisional biopsy of breast	19101	\$899.93		
Excision, benign lesion, axilla, excised diameter 3.1cm – 4.0cm	11404	\$465.67		
Excision, benign lesion, axilla, excised diameter over 4.0cm	11406	\$465.67		

Excision, malignant lesion, axilla, excised diameter 3.1cm – 4.0cm	11604	\$253.99		
Excision, malignant lesion, axilla, excised diameter over 4.0cm	11606	\$465.67		
Biopsy or excision of lymph node(s); open, superficial	38500	\$899.93		
Biopsy or excision of lymph node(s); open, deep axillary nodes	38525	\$899.93		
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. <u>These are not treatment codes.</u>				
Pathology	CPT	Mod 26	Mod TC	Total
Culture, aerobic	87070		\$9.57	
Culture, anaerobic	87075		\$10.52	
Smear, primary source w/interpretation gram or giemsa stain for bacteria, fungi, or cell types	87205		\$4.75	
Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), first evaluation only	88172	\$35.97	\$17.18	\$53.14
Interpretation of Fine Needle Aspiration	88173	\$70.52	\$71.12	\$141.64
Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), each additional evaluation	88177	\$21.94	\$6.29	\$28.23
Surgical Pathology, Breast Biopsy	88305	\$37.82	\$26.61	\$64.42
Surgical Pathology, Level V	88307	\$82.64	\$162.57	\$245.22
Special stain group 1	88312	\$26.58	\$64.63	\$91.21
Special stain group 2	88313	\$12.00	\$53.32	\$65.32
Immunohistochemistry or immunocytochemistry, per specimen; first stain	88342	\$35.38	\$62.12	\$97.50
Immunohistochemistry or immunocytochemistry, per specimen; each additional stain	88341	\$28.56	\$56.25	\$84.81
OR Consult	88329	\$48.86		
Surgical Pathology Level III	88304	\$11.28	\$25.35	\$36.63
Cytopathology, concentration technique, smears & interpret	88108	\$22.35	\$33.20	\$55.55
Tumor immunohistochem/manual	88360	\$42.36	\$74.37	\$116.73
Tumor immunohistochem/comput	88361	\$45.65	\$75.32	\$120.97
Morphometric analysis, each multiplex probe stain	88377	\$64.70	\$284.82	\$349.52
Cytopathology, smears, any other source	88160	\$25.77	\$39.49	\$65.26
Cytopathology, enhancement technique with interpretation	88112	\$27.93	\$37.31	\$62.08
Anesthesia	CPT	Mod 26		
Breast Biopsy/excision of axillary lesion /Node biopsy	00400	\$265.63		
Excision of lymph nodes	01610	\$535.68		
Lab/Radiology	CPT	Mod 26	Mod TC	
Complete CBC, automated and automated differential WBC count	85025		\$8.63	
Hepatic Function Panel	80076		\$9.08	
Hemogram & platelet count, automated	85027		\$7.18	
Basic Metabolic Panel	80048		\$9.40	
Comprehensive Metabolic Panel	80053		\$11.74	

**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.**

*** For High Risk patients only.**

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