

North Carolina Breast and Cervical Cancer Control Program
2021 Services Fee Schedule (1)
For the Period 01/01/2021 through 12/31/2021
Revised: 6/7/2021

Breast Cancer Screening and Diagnostic Procedures	Code	2021 Fee	Office Fee Allowed
Screening			
Clinical breast examination	N/A		Yes
Screening digital breast tomosynthesis, bilateral (2)	77063	\$ 48.37	No
	77063TC	\$ 22.26	
	77063-26	\$ 26.11	
Screening mammography, bilateral, includes CAD (3)	77067	\$ 116.82	No
	77067TC	\$ 83.57	
	77067-26	\$ 33.25	
Follow-Up			
Radiological examination, surgical specimen	76098	\$ 37.68	No
	76098TC	\$ 24.02	
	76098-26	\$ 13.65	
Diagnostic mammography, unilateral, includes CAD	77065	\$ 114.49	No
	77065TC	\$ 79.06	
	77065-26	\$ 35.43	
Diagnostic mammography, bilateral, includes CAD	77066	\$ 144.53	No
	77066TC	\$ 101.02	
	77066-26	\$ 43.52	
Diagnostic digital breast tomosynthesis, unilateral or bilateral (4)	G0279	\$ 48.37	No
	G0279TC	\$ 22.26	
	G0279-26	\$ 26.11	
Ultrasound, complete examination of breast including axilla, unilateral (5)	76641	\$ 96.06	No
	76641TC	\$ 64.33	
	76641-26	\$ 31.73	
Ultrasound, limited examination of breast including axilla, unilateral (5)	76642	\$ 78.83	No
	76642TC	\$ 49.29	
	76642-26	\$ 29.55	
Surgical evaluation/Consultation	N/A	(10)	Yes
Fine needle aspiration biopsy without imaging guidance, first lesion Each additional lesion	10021	\$ 94.41	Yes
	10004	\$ 46.60	Yes
Fine needle aspiration biopsy including ultrasound guidance, first lesion Each additional lesion	10005	\$ 123.63	Yes
	10006	\$ 55.07	Yes
Punch biopsy of skin (including simple closure when performed), single lesion Each additional lesion	11104	\$ 125.44	Yes
	11105	\$ 58.90	Yes
Incisional biopsy of skin (e.g., wedge; including simple closure when performed), single lesion Each additional lesion	11106	\$ 153.34	Yes
	11107	\$ 70.46	Yes
Puncture aspiration of cyst of breast	19000	\$ 97.49	Yes
Puncture aspiration of cyst of breast, each additional cyst, <i>used with 19000</i>	19001	\$ 24.25	Yes
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion (6) Each additional lesion (6)	19081	\$ 520.11	Yes
	19082	\$ 416.15	Yes
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion (6) Each additional lesion (6)	19083	\$ 520.75	Yes
	19084	\$ 408.58	Yes
Breast biopsy, percutaneous, needle core, not using imaging guidance	19100	\$ 143.48	Yes
Breast biopsy, open, incisional	19101	\$ 311.28	Yes

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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	\$ 468.87	Yes
Excision of breast lesion identified by preoperative placement of radiological marker; open; single lesion	19125	\$ 517.66	Yes
Each additional lesion separately identified by a preoperative radiological marker	19126	\$ 144.86	Yes
Placement of breast localization device, percutaneous; mammographic guidance; first lesion (7)	19281	\$ 223.33	Yes
Each additional lesion (7)	19282	\$ 159.20	Yes
Placement of breast localization device, percutaneous; stereotactic guidance; first lesion (7)	19283	\$ 246.38	Yes
Each additional lesion (7)	19284	\$ 187.63	Yes
Placement of breast localization device, percutaneous; ultrasound guidance; first lesion (7)	19285	\$ 390.97	Yes
Each additional lesion (7)	19286	\$ 330.09	Yes
Ultrasonic guidance for needle placement, imaging supervision and interpretation	76942	\$ 52.35	No
	76942-TC	\$ 24.63	
	76942-26	\$ 27.72	
Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), first evaluation episode	88172	\$ 49.15	No
	88172TC	\$ 17.41	
	88172-26	\$ 31.74	
Cytopathology, evaluation of fine need aspirate; immediate cytohistologic study to determine adequacy of specimen(s), each separate additional evaluation episode	88177	\$ 25.89	No
	88177TC	\$ 6.32	
	88177-26	\$ 19.58	
Cytopathology, evaluation of fine needle aspirate; interpretation and report	88173	\$ 138.27	No
	88173TC	\$ 75.42	
	88173-26	\$ 62.85	
Surgical pathology, gross and microscopic examination	88305	\$ 63.08	No
	88305TC	\$ 29.74	
	88305-26	\$ 33.34	
Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	88307	\$ 255.55	No
	88307TC	\$ 182.15	
	88307-26	\$ 73.40	
Morphometric analysis, tumor immunohistochemistry, per specimen; manual	88360	\$ 110.45	
	88360TC	\$ 73.05	
	88360-26	\$ 37.40	
Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology	88361	\$ 110.31	
	88361TC	\$ 71.24	
	88361-26	\$ 39.07	
Anesthesia for procedures on the integumentary system, anterior trunk, not otherwise specified (8)	00400	\$ 19.24	
Moderate anesthesia, 10-22 minutes for individuals 5 years or older (8)	99156	\$ 69.09	
Each additional 15 minutes (9)	99157	\$ 56.63	

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Cervical Cancer Screening and Diagnostic Procedures	Code	2021 Fee	Office Fee Allowed
Screening			
Pelvic examination - Bimanual	N/A		Yes
Cytopathology, cervical or vaginal, any reporting system, <i>requiring interpretation by physician</i>	88141	\$ 19.63	
Cytopathology (liquid-based Pap test) cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	88142	\$ 20.26	
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening and rescreening under physician supervision	88143	\$ 23.04	
Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening under physician supervision	88164	\$ 15.15	
Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening and rescreening under physician supervision	88165	\$ 42.22	
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	88174	\$ 25.37	
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system and manual rescreening, under physician supervision	88175	\$ 26.61	
Human Papillomavirus, high-risk types (10)	87624	\$ 35.09	No
Human Papillomavirus, types 16 and 18 only (10)	87625	\$ 40.55	No
Follow-Up			
Colposcopy of the cervix	57452	\$ 115.22	Yes
Colposcopy of the cervix, with biopsy and endocervical curettage	57454	\$ 155.10	Yes
Colposcopy of the cervix, with biopsy	57455	\$ 147.86	Yes
Colposcopy of the cervix, with endocervical curettage	57456	\$ 139.02	Yes
Surgical pathology, gross and microscopic examination	88305	\$ 63.08	No
	88305TC	\$ 29.74	No
	88305-26	\$ 33.34	No
Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	88307	\$ 255.55	No
	88307TC	\$ 182.15	No
	88307-26	\$ 73.40	No

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Physician Visits Office Visits (11)	CPT Code	2021 Fee
New patient; medically appropriate history/exam, straightforward decision-making; 15-29 minutes	99202	\$ 65.25
New patient; medically appropriate history/exam; low level decision-making; 30-44 minutes	99203	\$ 100.66
Established patient; evaluation and management, may not require presence of physician; presenting problems are minimal	99211	\$ 20.70
Established patient; medically appropriate history/exam, straightforward decision-making; 10-19 minutes	99212	\$ 51.09
Established patient; medically appropriate history/exam; low level decision-making; 20-29 minutes	99213	\$ 82.31
Established patient; <i>medically appropriate</i> history/exam; moderate level decision-making; 30-39 minutes	99214	\$ 117.18
Telehealth Visits Telephone Visits (12)	CPT Code	2021 Fee
Telephone evaluation and management (E/M) by physician or other qualified healthcare professional; 5-10 minutes medical discussion	99441	\$ 54.35
Telephone evaluation and management (E/M) by physician or other qualified healthcare professional; 11-20 minutes medical discussion	99442	\$ 88.98
Telephone evaluation and management (E/M) by physician or other qualified healthcare professional; 21-30 minutes medical discussion	99443	\$ 126.33

Global and Split Fees

Both global and split fees apply to the breast and cervical procedures listed on this fee schedule. The method and direction of payment will determine their usage for your facility. The following are the codes and definitions that apply:

G = Global - the all-inclusive fee for performing and interpreting the service.

TC = Technical Component - the fee for performing the service.

26 = Professional Component - the fee for interpreting the service.

NOTES:

- (1) NC BCCCP covers only the physician's fee. Any facility charges associated with these CPT codes are not covered.
- (2) List separately in addition to code for primary procedure 77067.
- (3) Claims reporting 77067-52 indicate a unilateral mammogram was performed. This is not a required reporting for providing a unilateral mammogram on a patient who has only one breast, but is allowed. Reimbursement for a unilateral mammogram (77067-52) is at the bilateral mammogram rate (77067).
- (4) List separately in addition to 77065 or 77066.
- (5) Bilateral ultrasound may be reimbursed at one and one-half times the unilateral rate (not double unilateral rate).
- (6) Codes 19081-19084 are to be used for breast biopsies that include image guidance, placement of localization device, and imaging of specimen. They should not be used in conjunction with 19281-19286.
- (7) Codes 19281-19286 are for image guidance placement of localization device without image-guided biopsy. These codes should not be used in conjunction with 19081-19084.
- (8) Not to exceed 3 base units plus time units (length of time spent providing anesthesia service in 15-minute increments) times conversion rate (\$21.63) or \$325, whichever is lower. Medicare's methodology for the payment of anesthesia services is outlined in chapter 12 of the Medicare Claims Processing Manual at:
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c12.pdf>
The carrier-specific Medicare anesthesia conversion rates are available at:
<https://www.cms.gov/Center/Provider-Type/Anesthesiologists-Center>
- (9) Example: If procedure is 50 minutes, code 99156 + (99157 x 2). No separate charge allowed if procedure <10 minutes.
- (10) HPV DNA testing is not a reimbursable procedure if used as an adjunctive screening test to the Pap for women under 30 years of age.
- (11) All consultations should be billed through the standard "new patient" office visit CPT codes: 99202-99205. Consultations billed as 99204 or 99205 must meet the criteria for these codes, and must be pre-authorized. Codes 99204 and 99205 are typically not appropriate for NC BCCCP screening visits, but may be used when provider spends extra time to do a detailed risk assessment. BCCCP may pay for up to two surgical consultations.
- (12) The Centers for Medicare & Medicaid Services (CMS) allow telehealth visits to be billed using standard office visit CPT codes during the current public health emergency. These visits can be done using routine technology platforms (e.g., phones, facetime, free Zoom, etc.) and relaxes the use of only HIPAA-compliant platforms. Future use of telehealth will be based upon guidance we receive post pandemic since by law, NC BCCCP can only cover what Medicare covers.

North Carolina Breast and Cervical Cancer Control Program
Maximum Allowable Fees - WISEWOMAN Program
For the Period: 01/01/2021 - 12/31/2021
Revised: 01/4/2021

<u>Procedures</u>	<u>CPT Code</u>	<u>Fee</u>
Automated Lipid Panel *	80061	\$ 13.39
Lipid Panel (CLIA waived) ¹	80061QW	\$ 13.39
Cholesterol, Total Serum	82465	\$ 4.35
Cholesterol, Total Serum (CLIA waived)	82465QW	\$ 4.35
Lipoprotein (HDL)	83718	\$ 8.19
Lipoprotein (HDL) (CLIA waived)	83718QW	\$ 8.19
Glucose, blood, quantitative	82947	\$ 3.93
Glucose, blood, quantitative (CLIA waived)	82947QW	\$ 3.93
Glucose, blood, reagent strip	82948	\$ 5.04
Glucose, tolerance test, three specimens	82951	\$ 12.87
Glucose, tolerance test, three specimens (CLIA waived)	82951QW	\$ 12.87
Hemoglobin A1C	83036	\$ 9.71
Hemoglobin A1C (CLIA waived)	83036QW	\$ 9.71
Basic Metabolic Profile **	80048	\$ 8.46
Basic Metabolic Profile (CLIA waived)**	80048QW	\$ 8.46
Other		
Routine venipuncture	36415	\$ 3.00
Health Coaching (HC) - Initial HC session is incorporated into screening visit; 2 additional HC sessions are advised and will be reimbursed as below:		
Individual HC, Face-to-face, 15 minutes	98960	\$ 15.00
Individual HC, Phone, 15 minutes	98967	\$ 15.00
Office Visits		
New Patient, medically appropriate history/exam; 15-29 minutes	99202	\$ 65.25
New Patient; medically appropriate history/exam; 30-44 minutes	99203	\$ 100.66
New Patient, medically appropriate history/exam; 45-59 minutes	99204	\$ 151.55
New Patient; medically appropriate history/exam; 60-74 minutes	99205	\$ 200.22
Established Patient; evaluation and management; minimal problems	99211	\$ 20.70
Established Patient; medically appropriate history/exam; 10-19 minutes	99212	\$ 51.09
Established Patient; medically appropriate history/exam; 20-29 minutes	99213	\$ 82.31
Established Patient; medically appropriate history/exam; 30-39 minutes	99214	\$ 117.18

Note: Office Visits listed above may be used to reimburse for consultations associated with WISEWOMAN referrals, when applicable.

*Lipid Panel tests are: Total Serum Cholesterol, Lipoprotein (HDL and LDL) and Triglycerides.

**Basic Collection Container: 1 mL Serum / One SST Remarks: Includes NA, K, CL, CO2, Metabolic Profile GLUC, BUN, CREA, CA

¹ The Clinical Laboratory Improvement Amendments of 1988 (CLIA) law specifies that laboratory requirements be based on the complexity of the test performed and established provisions for categorizing a test as waived. Tests may be waived from regulatory oversight if they meet certain requirements established by the statute. CLIA waived tests employ methodologies that are so simple and accurate as to render the likelihood of erroneous results negligible; pose no reasonable risk of harm to the patient if the test is performed incorrectly; and/or are cleared by the Food and Drug Administration for home use.