Breast, Cervical and Colon Health Program Fee Schedule
Maximum Allowable Reimbursement February 1, 2015 - December 31, 2015

Washington State Department of Health

Breast, Cervical and Colon Health Program
Saving Lives Through Early Detection
A Program of the Washington State Department of Health

Billing Code[1]	Billing Code Description[1,2]	Professional Non Facility Setting	Professional Facility Setting	Hospital Outpatient	Ambulatory Surgery Center	Lab	Notes
Evaluation and Management Services							
99201	New patient-problem focused, straightforward, 10 min	$ 47.28	$ -	$ -	$ -	$ -	3
99202	New patient - expanded focused, straightforward, 20 min	$ 80.46	$ -	$ -	$ -	$ -	3
99203	New patient - detailed, low complexity, 30 min	$ 115.99	$ -	$ -	$ -	$ -	3
99204	New patient - comprehensive, moderate complexity, 45 min	$ 175.23	$ -	$ -	$ -	$ -	3
99205	New patient - comprehensive, high complexity, 60 min	$ 218.93	$ -	$ -	$ -	$ -	3
99211	Established patient-minimal problem, 5 min	$ 22.09	$ -	$ -	$ -	$ -	3
99212	Established patient- problem focused, straightforward 10 min	$ 47.28	$ -	$ -	$ -	$ -	3
99213	Established patient-expanded focused, low complexity 15 min	$ 78.44	$ -	$ -	$ -	$ -	3
99214	Established patient - detailed, moderate complexity, 25 min	$ 115.39	$ -	$ -	$ -	$ -	3
99386	Preventive visit, new patient, 40-64	$ 115.99	$ -	$ -	$ -	$ -	3
99387	Preventive visit new patient, 65+	$ 115.99	$ -	$ -	$ -	$ -	3
99396	Preventive visit, established patient, 40-64	$ 78.44	$ -	$ -	$ -	$ -	3
99397	Preventive visit, established patient, 65+	$ 78.44	$ -	$ -	$ -	$ -	3
Anesthesia Services							
00400	Anesthesia, anterior trunk procedure [(Base Unit (3) + Time Unit) x $22.54 = Fee	$ -	$ -	$ -	$ -	$ -	Max $250, 4
00810	Anesthesia lower intestinal endoscopy lower abdomen [(Base Unit (5) + Time Unit) x $22.54 = Fee	$ -	$ -	$ -	$ -	$ -	Max $250, 4
00840	Anesthesia intraperitoneal procedure lower abdomen [(Base Unit (5) + Time Unit) x $22.54 = Fee	$ -	$ -	$ -	$ -	$ -	Max $250, 4
00940	Anesthesia, vaginal procedure [(Base Unit (3) + Time Unit) x $22.54 = Fee	$ -	$ -	$ -	$ -	$ -	Max $250, 4

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Billing Code[1]	Billing Code Description[1,2]	Professional Non Facility Setting	Professional Facility Setting	Hospital Outpatient	Ambulatory Surgery Center	Lab	Notes
Breast Surgical Procedures							
10021	Fine needle aspiration without imaging	$ 164.38	$ 72.56	$ 312.58	$ 107.95	$ -	
10022	Fine needle aspiration with imaging	$ 156.40	$ 69.13	$ 538.01	$ 100.94	$ -	
11100	Biopsy of skin, single lesion	$ 114.05	$ 51.18	$ 161.33	$ 77.94	$ -	
11101	Biopsy of skin, Add-on, ea lesion	$ 34.96	$ 26.28	Bundled	Bundled	$ -	7
19000	Puncture aspiration breast cyst without imaging	$ 126.08	$ 45.43	$ 538.01	$ 88.08	$ -	
19001	Puncture aspiration breast cyst (add-on)	$ 28.71	$ 22.92	Bundled	Bundled	$ -	7
19030	Injection for ductogram/galactogram	$ 183.49	$ 82.57	Bundled	Bundled	$ -	7
19081	Biopsy breast 1st lesion strtctc	$ 757.90	$ 177.60	$ 1,162.07	$ 628.06	$ -	
19082	Biopsy breast add lesion strtctc	$ 627.33	$ 87.57	Bundled	Bundled	$ -	7
19083	Biopsy breast 1st lesion us imag	$ 736.33	$ 170.92	$ 1,162.07	$ 628.06	$ -	
19084	Biopsy breast add lesion us imag	$ 604.63	$ 82.66	Bundled	Bundled	$ -	7
19085	Biopsy breast 1st lesion mr imag	$ 1,177.44	$ 212.49	$ 1,162.07	$ 628.06	$ -	10
19086	Biopsy breast add lesion mr imag	$ 948.38	$ 98.83	Bundled	Bundled	$ -	7, 10
19100	Breast biopsy percutaneous without imaging	$ 164.49	$ 70.61	$ 538.01	$ 290.77	$ -	
19101	Breast biopsy open-incisional	$ 368.97	$ 230.41	$ 2,393.00	$ 1,293.33	$ -	
19120	Breast excision(s)-open	$ 521.30	$ 429.89	$ 2,393.00	$ 1,293.33	$ -	
19125	Breast excision- open radiological marker, single	$ 576.51	$ 476.00	$ 2,393.00	$ 1,293.33	$ -	
19126	Breast excision-radiological marker (add-on)	$ 163.03	$ 163.03	Bundled	Bundled	$ -	7
19281	Placement breast localization device, mamm, 1st	$ 267.87	$ 107.80	$ 145.44	Bundled	$ -	
19282	Placement breast localization device, mamm, add lesion	$ 191.57	$ 55.91	Bundled	Bundled	$ -	7
19283	Placement breast localization device, strtctc, 1st	$ 306.75	$ 108.21	$ 145.44	Bundled	$ -	
19284	Placement breast localization device, strtctc, add lesion	$ 231.69	$ 56.32	Bundled	Bundled	$ -	7
19285	Placement breast localization device, us, 1st	$ 511.70	$ 91.88	$ 145.44	Bundled	$ -	
19286	Placement breast localization device, us, add lesion	$ 440.02	$ 48.33	Bundled	Bundled	$ -	7
19287	Placement breast localization device, mr guide, 1st	$ 1,001.53	$ 143.29	$ 145.44	Bundled	$ -	10
19288	Placement breast localization device, mr guide, add lesion	$ 812.75	$ 71.15	Bundled	Bundled	$ -	7, 10

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Billing Code[1]	Billing Code Description[1,2]	Professional Non Facility Setting	Professional Facility Setting	Hospital Outpatient	Ambulatory Surgery Center	Lab	Notes
Colon Surgical Procedures							
45330	Diagnostic Sigmoidoscopy (Base)	$ 153.29	$ 67.68	$ 545.02	$ 108.74	$ -	9
45331	Sigmoidoscopy-biopsy, single or multiple	$ 182.96	$ 79.97	$ 545.02	$ 294.56	$ -	9
45333	Sigmoidoscopy-removal of tumors, polyps, lesions, hot biopsy forceps	$ 334.79	$ 115.57	$ 545.02	$ 294.56	$ -	9
45334	Sigmoidoscopy-control of bleeding	$ 170.87	$ 170.87	$ 913.45	$ 493.69	$ -	9
45335	Sigmoidoscopy-submucosal injection(s)	$ 311.86	$ 97.20	$ 545.02	$ 294.56	$ -	9
45338	Sigmoidoscopy-removal of tumors, polyps, lesions, snare technique	$ 356.63	$ 147.76	$ 913.45	$ 493.69	$ -	9
45346 or 'G6022	Sigmoidoscopy-ablation of tumors, polyps, lesions, w or w/o dilation and guide wire passage	$ 372.11	$ 189.71	$ 913.45	$ 493.69	$ -	9
45378	Diagnostic Colonoscopy (Base)	$ 427.27	$ 225.43	$ 871.98	$ 471.28	$ -	9
4537853	Diagnostic Colonoscopy (Base)	$ 153.29	$ 67.68	$ -	$ -	$ -	
4537873	Diagnostic Colonoscopy (Base)	$ -	$ -	$ 435.99	$ 235.64	$ -	
4537874	Diagnostic Colonoscopy (Base)	$ -	$ -	$ 871.98	$ 471.28	$ -	
45380	Colonoscopy-biopsy, single or multiple	$ 508.62	$ 269.14	$ 871.98	$ 471.28	$ -	9
45381	Colonoscopy-submucosal injection(s)	$ 512.93	$ 255.25	$ 871.98	$ 471.28	$ -	9
45382	Colonoscopy-control of bleeding	$ 662.16	$ 342.02	$ 871.98	$ 471.28	$ -	9
45384	Colonoscopy- removal of tumors, polyps or lesions, hot biopsy forceps	$ 507.29	$ 281.46	$ 871.98	$ 471.28		
45385	Colonoscopy- removal of tumor(s), polyp(s), lesion(s), snare technique	$ 571.99	$ 319.27	$ 871.98	$ 471.28		
45388 or 'G6024	Colonoscopy-ablation of tumor(s), polyp(s), lesion(s), w or w/o dilation and guide wire passage	$ 606.49	$ 340.54	$ 871.98	$ 471.28	$ -	9
G0104	Screening Sigmoidoscopy	$ 153.29	$ 67.68	$ 517.67	$108.74	$ -	8
G0105	Screening Colonoscopy-increased risk individual	$ 415.16	$ 213.32	$ 723.14	$390.83	$ -	8
G010553	Screening Colonoscopy-increased risk individual	$ 153.29	$ 67.68	$ -	$ -	$ -	
G010573	Screening Colonoscopy-increased risk individual	$ -	$ -	$ 361.57	$ 195.42		
G010574	Screening Colonoscopy-increased risk individual	$ -	$ -	$ 723.14	$ 390.83		
G0121	Screening Colonoscopy-average risk individual	$ 415.16	$ 213.32	$ 723.14	$390.83	$ -	8
G012153	Screening Colonoscopy-average risk individual	$ 153.29	$ 67.68	$ -	$ -	$ -	
G012173	Screening Colonoscopy-average risk individual	$ -	$ -	$ 361.57	$ 195.42		

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G012174	Screening Colonoscopy-average risk individual	$ -	$ -	$ 723.14	$ 390.83		
	Cervical Surgical Procedures						
57452	Colposcopy- cervical	$ 116.27	$ 97.25	$ 144.60	$ 54.17	$ -	9
57454	Colposcopy-cervical with biopsy and Endocervical Curettage (ECC)	$ 161.81	$ 142.37	$ 249.67	$ 67.03	$ -	9
57455	Colposcopy-cervical with biopsy	$ 152.10	$ 115.29	$ 249.67	$ 70.15	$ -	9
57456	Colposcopy-cervical with Endocervical Curettage (ECC)	$ 143.71	$ 107.73	$ 249.67	$ 67.43	$ -	9
57460	Colposcopy-cervical biopsy with LEEP	$ 309.03	$ 170.05	$ 2,038.14	$ 187.45	$ -	9, 10
57461	Colposcopy cervical conization with LEEP	$ 348.13	$ 195.09	$ 2,038.14	$ 201.87	$ -	9, 10
57500	Cervical biopsy(ies) or excision, single or multiple, w or w/o fulguration	$ 140.36	$ 80.39	$ 537.91	$ 88.08	$ -	
57505	Endocervical curettage (ECC)	$ 110.39	$ 99.22	$ 537.91	$ 60.01	$ -	
57520	Conization of cervix, w or w/o fulguration, w or w/o repair, cold knife or laser	$ 326.58	$ 290.19	$ 2,038.14	$ 1,101.54	$ -	10
57522	Conization of cervix LEEP	$ 280.54	$ 257.79	$ 2,038.14	$ 1,101.54	$ -	10
58100	Endometrial Biopsy (EMB), w or w/o ECC, separate proc	$ 116.37	$ 91.55	$ 249.67	$ 53.39	$ -	
58110	Endometrial Biopsy (EMB) with colposcopy (add-on)	$ 50.54	$ 42.27	Bundled	Bundled	$ -	7
	Imaging Services and Procedures (Radiology)						
74270	X-ray exam, colon-contrast (e.g. Barium) w or w/o KUB	$ 169.32	$ 169.32	$ 166.69	$ 90.09	$ -	
7427026	X-ray exam, colon-contrast (e.g. Barium) w or w/o KUB	$ 36.79	$ 36.79	$ -	$ -	$ -	
74270TC	X-ray exam, colon-contrast (e.g. Barium) w or w/o KUB	$ 132.53	$ -	$ -	$ -	$ -	
74280	X-ray exam, colon-air contrast, high-density barium, w or w/o glucagon	$ 240.25	$ 240.25	$ 166.69	$ 90.09	$ -	
7428026	X-ray exam, colon-air contrast, high-density barium, w or w/o glucagon	$ 52.71	$ 52.71	$ -	$ -	$ -	
74280TC	X-ray exam, colon-air contrast, high-density barium, w or w/o glucagon	$ 187.54	$ -	$ -	$ -	$ -	

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76098	X-ray exam, breast specimen	$ 17.81	$ 17.81	$ 372.07	Bundled	$ -	7
7609826	X-ray exam, breast specimen	$ 8.53	$ 8.53	$ -	$ -	$ -	
76098TC	X-ray exam, breast specimen	$ 9.28	$ -	$ -	$ -	$ -	
76641	Ultrasound, breast, unilateral, complete, real time w/image doc	$ 120.80	$ 120.80	$ 101.23	Bundled		7
7664126	Ultrasound, breast, unilateral, complete, real time w/image doc	$ 38.32	$ 38.32	$ -	$ -		
76641TC	Ultrasound, breast, unilateral, complete, real time w/image doc	$ 82.49	$ -	$ -	$ -		
76642	Ultrasound, breast, unilateral, limited, real time w/image doc	$ 98.70	$ 98.70	$ 101.23	Bundled	$ -	7
7664226	Ultrasound, breast, unilateral, limited, real time w/image doc	$ 35.65	$ 35.65	$ -	$ -	$ -	
76642TC	Ultrasound, breast, unilateral, limited, real time w/image doc	$ 63.05	$ -	$ -	$ -	$ -	
76942	Ultrasound guide, needle placement (biopsy, aspiration, localization device) imaging supervision & interpretation	$ 66.19	$ 66.19	Bundled	Bundled	$ -	7
7694226	Ultrasound guide, needle placement (biopsy, aspiration, localization device) imaging supervision & interpretation	$ 34.99	$ 34.99	$ -	$ -	$ -	
76942TC	Ultrasound guide, needle placement (biopsy, aspiration, localization device) imaging supervision & interpretation	$ 31.20	$ -	$ -	$ -	$ -	
77053	Mammary ducto/galactogram, single duct, rad superv & interpret	$ 65.03	$ 65.03	$ 372.07	Bundled	$ -	7
7705326	Mammary ducto/galactogram, single duct, rad superv & interpret	$ 18.95	$ 18.95	$ -	$ -	$ -	
77053TC	Mammary ducto/galactogram, single duct, rad superv & interpret	$ 46.09	$ -	$ -	$ -	$ -	
77054	Mammary ducto/galactogram, multiple ducts, rad superv & interpret	$ 85.47	$ 85.47	$ 372.07	Bundled	$ -	7

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7705426	Mammary ducto/galactogram, multiple ducts, rad superv & interpret	$ 24.08	$ 24.08	$ -	$ -	$ -	
77054TC	Mammary ducto/galactogram, multiple ducts, rad superv & interpret	$ 61.39	$ -	$ -	$ -	$ -	
77055	Mammogram, diagnostic, unilateral	$ 99.79	$ 99.79	$ 62.63	$ -	$ -	6
7705526	Mammogram, diagnostic, unilateral	$ 37.16	$ 37.16	$ -	$ -	$ -	6
77055TC	Mammogram, diagnostic, unilateral	$ 62.63	$ -	$ -	$ -	$ -	6
77056	Mammogram, diagnostic, bilateral	$ 128.54	$ 128.54	$ 82.49	$ -	$ -	6
7705626	Mammogram, diagnostic, bilateral	$ 46.06	$ 46.06	$ -	$ -	$ -	6
77056TC	Mammogram, diagnostic, bilateral	$ 82.49	$ -	$ -	$ -	$ -	6
77057	Mammogram, screening, bilateral	$ 91.10	$ 91.10	$ 53.95	$ -	$ -	6
7705726	Mammogram, screening, bilateral	$ 37.16	$ 37.16	$ -	$ -	$ -	6
77057TC	Mammogram, screening, bilateral	$ 53.95	$ -	$ -	$ -	$ -	6
77058	MRI, breast, unilateral, w or w/o contrast	$ 617.67	$ 617.67	$ 533.31	$ -	$ -	10
7705826	MRI, breast, unilateral, w or w/o contrast	$ 86.24	$ 86.24	$ -	$ -	$ -	10
77058TC	MRI, breast, unilateral, w or w/o contrast	$ 531.43	$ -	$ -	$ -	$ -	10
77059	MRI, breast, bilateral, w or w/o contrast	$ 611.47	$ 611.47	$ 533.31	$ -	$ -	10
7705926	MRI, breast, bilateral, w or w/o contrast	$ 86.24	$ 86.24	$ -	$ -	$ -	10
77059TC	MRI, breast, bilateral, w or w/o contrast	$ 525.22	$ -	$ -	$ -	$ -	10
G0202	Screening mammogram, digital, bilateral	$ 151.49	$ 151.49	$ 114.75	$ -	$ -	6
G020226	Screening mammogram, digital, bilateral	$ 36.74	$ 36.74	$ -	$ -	$ -	6
G0202TC	Screening mammogram, digital, bilateral	$ 114.75	$ -	$ -	$ -	$ -	6
G0204	Diagnostic mammogram, digital, bilateral	$ 184.79	$ 184.79	$ 138.74	$ -	$ -	6
G020426	Diagnostic mammogram, digital, bilateral	$ 46.06	$ 46.06	$ -	$ -	$ -	6
G0204TC	Diagnostic mammogram, digital, bilateral	$ 138.74	$ -	$ -	$ -	$ -	6
G0206	Diagnostic mammogram, digital, unilateral	$ 145.29	$ 145.29	$ 108.54	$ -	$ -	6
G020626	Diagnostic mammogram, digital, unilateral	$ 36.74	$ 36.74	$ -	$ -	$ -	6
G0206TC	Diagnostic mammogram, digital, unilateral	$ 108.54	$ -	$ -	$ -	$ -	6

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	Pathology and Laboratory Services						
82270	FOBT, Fecal Occult Blood Test	$ -	$ -	$ -	$ -	$ 4.43	
82274	FIT, Immunochemical Fecal Hemoglobin Test	$ -	$ -	$ -	$ -	$ 21.65	
83520	Immunoassay, quantitative, FIT only	$ -	$ -	$ -	$ -	$ 17.62	
87624	HPV, Human Papillomavirus, high risk types	$ -	$ -	$ -	$ -	$ 47.76	6
88108	Cytopathology, concentration technique-smears and interpretation (non-gynecologic)	$ 95.50	$ 95.50	$ 32.28	$ -	$ -	
8810826	Cytopathology, concentration technique-smears and interpretation (non-gynecologic)	$ 25.01	$ 25.01	$ -	$ -	$ -	
88108TC	Cytopathology, concentration technique-smears and interpretation (non-gynecologic)	$ 70.49	$ -	$ -	$ -	$ -	
88112	Cytopathology, selective cell enhancement technique and interpretation (non-gynecologic)	$ 71.78	$ 71.78	$ 59.92	$ -	$ -	
8811226	Cytopathology, selective cell enhancement technique and interpretation (non-gynecologic)	$ 30.25	$ 30.25	$ -	$ -	$ -	
88112TC	Cytopathology, selective cell enhancement technique and interpretation (non-gynecologic)	$ 41.54	$ -	$ -	$ -	$ -	
88141	Cytopathology, Pap, cervical or vaginal, any reporting system, physician interpretation	$ 34.80	$ 34.80	$ -	$ -	$ -	
88142	Cytopathology, Liquid Based Pap, cervical or vaginal, any reporting system, automated thin layer preparation, manual screening, physician supervision	$ -	$ -	$ -	$ -	$ 27.57	
88143	Cytopathology, Liquid Based Pap, cervical or vaginal, automated thin layer preparation, manual screening & rescreening, physician supervision	$ -	$ -	$ -	$ -	$ 27.57	
88147	Cytopathology smears, Conventional Pap, cervical or vaginal, automated, physician supervision	$ -	$ -	$ -	$ -	$ 15.49	
88148	Cytopathology smears, Conventional Pap, cervical or vaginal, automated, manual rescreening, physician supervision	$ -	$ -	$ -	$ -	$ 20.68	
88160	Cytopathology smears, other source, screen and interpretation	$ 74.96	$ 74.96	$ 32.28	$ -	$ -	

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8816026	Cytopathology smears, other source, screen and interpretation	$ 28.46	$ 28.46	$ -	$ -	$ -	
88160TC	Cytopathology smears, other source, screen and interpretation	$ 46.50	$ -	$ -	$ -	$ -	
88164	Cytopathology, Conventional Pap, cervical or vaginal, Bethesda System, manual screening, physician supervision	$ -	$ -	$ -	$ -	$ 14.38	
88165	Cytopathology, Conventional Pap, cervical or vaginal, Bethesda System, manual screening & rescreening, physician supervision	$ -	$ -	$ -	$ -	$ 14.38	
88166	Cytopathology, Conventional Pap, cervical or vaginal, Bethesda System, manual screening & computer assisted rescreening, physician supervision	$ -	$ -	$ -	$ -	$ 14.38	
88167	Cytopathology, Conventional Pap, cervical or vaginal, Bethesda System, manual screening & computer assisted rescreening using cell select & review, physician supervision	$ -	$ -	$ -	$ -	$ 14.38	
88172	Cytopathology, evaluation of Fine Needle Aspirate (FNA), immediate, first eval episode, each site	$ 62.08	$ 62.08	$ 59.92	$ -	$ -	
8817226	Cytopathology, evaluation of Fine Needle Aspirate (FNA), immediate, first eval episode, each site	$ 39.57	$ 39.57	$ -	$ -	$ -	
88172TC	Cytopathology, evaluation of Fine Needle Aspirate (FNA), immediate, first eval episode, each site	$ 22.51	$ -	$ -	$ -	$ -	
88173	Cytopathology, evaluation of FNA, interpretation and report	$ 168.19	$ 168.19	$ 59.92	$ -	$ -	
8817326	Cytopathology, evaluation of FNA, interpretation and report	$ 76.84	$ 76.84	$ -	$ -	$ -	
88173TC	Cytopathology, evaluation of FNA, interpretation and report	$ 91.35	$ -	$ -	$ -	$ -	
88174	Cytopathology, Liquid Based Pap, cervical or vaginal, any reporting system, automated thin layer, screening automated system, physician supervision	$ -	$ -	$ -	$ -	$ 29.08	

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88175	Cytopathology, Liquid Based Pap, cervical or vaginal, any reporting system, automated thin layer, screening automated system & manual rescreening or review, physician supervision	$ -	$ -	$ -	$ -	$ 36.05	
88305	Tissue pathology, gross and microscopic (Level IV)	$ 80.41	$ 80.41	$ 59.92	$ -	$ -	
8830526	Tissue pathology, gross and microscopic (Level IV)	$ 41.36	$ 41.36	$ -	$ -	$ -	
88305TC	Tissue pathology, gross and microscopic (Level IV)	$ 39.06	$ -	$ -	$ -	$ -	
88307	Tissue pathology, gross and microscopic (Level V)	$ 346.29	$ 346.29	$ 202.79	$ -	$ -	
8830726	Tissue pathology, gross and microscopic (Level V)	$ 91.57	$ 91.57	$ -	$ -	$ -	
88307TC	Tissue pathology, gross and microscopic (Level V)	$ 254.72	$ -	$ -	$ -	$ -	
88331	Pathology consultation, first tissue block, frozen section (s), single specimen	$ 113.11	$ 113.11	$ 202.79	$ -	$ -	
8833126	Pathology consultation, first tissue block, frozen section (s), single specimen	$ 68.67	$ 68.67	$ -	$ -	$ -	
88331TC	Pathology consultation, first tissue block, frozen section (s), single specimen	$ 44.43	$ -	$ -	$ -	$ -	
88332	Pathology consultation, additional tissue block, frozen section(s), Add on	$ 49.31	$ 49.31	Bundled	$ -	$ -	
8833226	Pathology consultation, additional tissue block, frozen section(s), Add on	$ 33.83	$ 33.83	$ -	$ -	$ -	
88332TC	Pathology consultation, additional tissue block, frozen section(s), Add on	$ 15.48	$ -	$ -	$ -	$ -	
88341	Immunohisto or immunocyto chemistry, single antibody, Add on	$ 75.33	$ 75.33	Bundled	$ -	$ -	
8834126	Immunohisto or immunocyto chemistry, single antibody, Add on	$ 23.04	$ 23.04	$ -	$ -	$ -	
88341TC	Immunohisto or immunocyto chemistry, single antibody, Add on	$ 52.29	$ -	$ -	$ -	$ -	
88342	Immunohisto or immunocyto chemistry, Per Specimen, Initial single antibody	$ 100.91	$ 100.91	$ 62.22	$ -	$ -	
8834226	Immunohisto or immunocyto chemistry, Per Specimen, Initial single antibody	$ 38.69	$ 38.69	$ -	$ -	$ -	

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88342TC	Immunohisto or immunocyto chemistry, Per Specimen, Initial single antibody	$ 62.22	$ -	$ -	$ -	$ -	
88360	Tumor immunohistochemistry, Per Specimen, ea single antibody, manual, quant or semi quant, (Her-2/neu, est, prog, receptors)	$ 151.58	$ 151.58	$ 202.79	$ -	$ -	
8836026	Tumor immunohistochemistry, Per Specimen, ea single antibody, manual, quant or semi quant, (Her-2/neu, est, prog, receptors)	$ 58.75	$ 58.75	$ -	$ -	$ -	
88360TC	Tumor immunohistochemistry, Per Specimen, ea single antibody, manual, quant or semi quant, (Her-2/neu, est, prog, receptors)	$ 92.83	$ -	$ -	$ -	$ -	
88361	Tumor immunohistochemistry, Per Specimen, ea single antibody, computer assisted, quant or semi quant, (Her-2/neu, est, prog, receptors)	$ 189.67	$ 189.67	$ 202.79	$ -	$ -	
8836126	Tumor immunohistochemistry, Per Specimen, ea single antibody, computer assisted, quant or semi quant, (Her-2/neu, est, prog, receptors)	$ 63.76	$ 63.76	$ -	$ -	$ -	
88361TC	Tumor immunohistochemistry, Per Specimen, ea single antibody, computer assisted, quant or semi quant, (Her-2/neu, est, prog, receptors)	$ 125.91	$ -	$ -	$ -	$ -	
BCCHP Special Codes							
BCCOV	Office Visit Add-On (Handling and distribution of FOBT/FITs) - **only** for clients also receiveing Breast & Cervical services	$ 15.00					
CPREP	Colon Preparation Kit-maximum (pay lower of billed or allowable)	$ 100.00		$ 100.00	$ 100.00		Max $100
STAMP	Stamped envelope (for mailing FOBT/FIT only)	$ 1.50		$ 1.50		$ 1.50	Max $1.50
EVGCM	Estrogen vaginal cream (pay lower of billed or allowable)	$ 150.00		$ 150.00			Max $150

Breast, Cervical and Colon Health Program Fee Schedule
Maximum Allowable Reimbursement February 1, 2015 - December 31, 2015

Billing Code[1]	Billing Code Description[1,2]	Professional Non Facility Setting	Professional Facility Setting	Hospital Outpatient	Ambulatory Surgery Center	Lab	Notes
Notes							
1	CPT® codes and descriptions only are copyright 2014 American Medical Association. All rights reserved.						
2	The BCCHP Fee Schedule uses a limited set of the Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT®) codes for identifying procedures and services performed by providers. The BCCHP Fee Schedule does not contain full text descriptions of HCPCS or CPT® codes and modifiers. Providers must bill according to the full text descriptions published by the American Medical Association and the Centers for Medicare & Medicaid Services (CMS). Reimbursement is based on Medicare rules and may not exceed Medicare rates. The BCCHP uses locality code 2 and CBSA code 42644 for the King County area to calculate reimbursement rates for the whole state. Procedures will not be reimbursed for more than BCCHP allows.						
3	Office and preventive visits should be appropriate to the level of care needed. Preventive visits are reimbursed at a reduced rate following CDC requirements. Consultations should be billed using the appropriate office visit codes based on the type and duration of the visit. Codes 99204 and 99205 are not to be used for screening visits.						
4	Anesthesia services are reimbursed at the lower of the billed amount or $250 based on the formula (Base Units + Time Units) x Conversion Factor = Reimbursement. Each 15 minutes is equal to one time unit. BCCHP does not reimburse for propofol.						
5	BCCHP follows Medicare multiple and bilateral discount policies. Use modifiers 50 and 51 to designate when this occurs.						
6	BCCHP does not reimburse for HPV as primary screening, HPV genotyping, Cologuard, or breast tomosynthesis imaging per CDC requirements.						
7	For facilities some codes are bundled. Reimbursement for these codes is included with another procedure done on the same day.						
8	For colon cancer screening use codes G0104, G0105, G0121. BCCHP follows Medicare policy that if a screening colonoscopy or sigmoidoscopy becomes diagnostic the provider should bill using the diagnostic codes. BCCHP covers the diagnostic codes and the anesthesia in full for these cases.						
9	**Endoscopies:** BCCHP follows the Medicare endoscopy payment methodology for **professional services** based on "family" codes. When two endoscopies (colposcopy, colonoscopy, or sigmoidoscopy) in the same family are performed on the same day reimbursement will be at 100% for the code with the highest reimbursement rate. Additional related endoscopies will be reimbursed by subtracting the base endoscopy rate from the actual endoscopy done. The base endoscopies are 45330, 45378, 57452. BCCHP follows Medicare multiple procedure rules for **facility payments** to hospitals and ASCs for endoscopies. The endoscopy with the highest reimbursement rate is paid at 100%. Each additional endoscopy is paid at 50%.						
10	Prior authorization required for MRI, Cone, and LEEP. See BCCHP Prior Authorization form for process to get these procedures approved. The following codes need Prior Authorization: 19085, 19086, 19287, 19288, 57460, 57461, 57520, 57522, 77058, 77059.						
For clinical coverage guidelines refer to BCCHP clinical algorithms and policies. Contact your BCCHP regional Prime Contractor for additional questions.							