



## Unit Cost Reimbursement Rate Schedule

Rates and Codes are subject to change at any time due to Federal Funding and Centers for Medicare and Medicaid Services licensing.

### Breast and Cervical Services

BC3NP Service Description	CPT Code	FY 2022 Rate	FY 2023 Rate
		Jul 1, 2022 – Sep 30, 2022	Oct 1, 2022 – to current
Screening Mammogram (Bilateral); including CAD			
a. Global	77067	\$133.30	\$128.25
b. Technical/Facility Only	77067-TC	\$95.44	\$91.24
c. Professional Only	77067-26	\$37.86	\$37.02
Screening Digital Breast Tomosynthesis (Bilateral) 3D Mammogram ** Only payable with screening mammography (77067) **			
a. Global	77063	\$54.75	\$52.94
b. Technical/Facility Only	77063-TC	\$24.15	\$23.11
c. Professional Only	77063-26	\$30.60	\$29.83
<b>* Note: Breast tomosynthesis, unilateral (77061) and bilateral (77062) have not been approved for coverage by Medicare and therefore are NOT payable by BC3NP.</b>			
Diagnostic Mammogram (Unilateral); including CAD			
a. Global	77065	\$130.89	\$126.02
b. Technical/Facility Only	77065-TC	\$90.61	\$86.62
c. Professional Only	77065-26	\$40.28	\$39.41
Diagnostic Mammogram (Bilateral); including CAD			
a. Global	77066	\$165.29	\$159.13
b. Technical/Facility Only	77066-TC	\$115.45	\$110.39
c. Professional Only	77066-26	\$49.83	\$48.74
Diagnostic Digital Breast Tomosynthesis (Bilateral) 3D Mammogram ** Only payable with diagnostic mammogram (77065 & 77066) **			
a. Global	G0279	\$54.75	\$52.94
b. Technical/Facility Only	G0279-TC	\$24.15	\$23.11
c. Professional Only	G0279-26	\$30.60	\$29.83
Pap test, (any reporting system) requiring interpretation by physician	88141 or G0124	\$22.16	\$17.22
Pap test, (any reporting system) collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	88142 or G0123	\$20.26	\$17.22
Pap test, (any reporting system) collected in preservative fluid, automated thin layer preparation; manual screening and rescreening under physician supervision	88143	\$23.04	\$17.22
Pap test, slides, (Bethesda System); manual screening under physician supervision	88164	\$15.15	\$12.88
Pap test, slides, (Bethesda System); manual screening and rescreening under physician supervision	88165	\$42.15	\$12.88

**Breast and Cervical Cancer Control Navigation Program  
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<b>BC3NP Service Description</b>	<b>CPT Code</b>	<b>FY 2022 Rate</b>	<b>FY 2023 Rate</b>
		<b>Jul 1, 2022 – Sep 30, 2022</b>	<b>Oct 1, 2022 – to current</b>
Pap test, (any reporting system) collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	88174	\$25.37	\$17.22
Pap test (any reporting system) collected in preservative fluid, automated thin layer preparation; screening by automated system and manual rescreening or review, under physician supervision	88175 or G0145	\$26.61	\$17.22
Obtaining screening pap smear	Q0091	\$15.88	\$5.00
HPV Typing, High-risk types	87624	\$35.09	\$29.83
HPV Typing; High Risk, Types 16 and 18 <b>only</b>	87625	\$40.55	\$29.83
Consultation / High Risk Assessment, Breast or Cervical	99204 – 45–59 min 99205 – 60–74 min	\$107.15 \$107.15	\$107.15 \$107.15
Office Visit, Family Planning, New Patient	99385 – 18–39 y/o	\$45.00	\$45.00
Office Visit, Family Planning, Established Patient	99395 – 18–39 y/o	\$22.00	\$22.00
Office Visit, New Patient Full Exam	99203 – 30–44 min 99386 – 40–64 y/o 99387 – 65 plus	\$107.15 \$107.15 \$107.15	\$107.15 \$107.15 \$107.15
Office Visit, Established Patient Full Exam	99213 – 20–29 min 99214 – 30–39 min 99396 – 40–64 y/o 99397 – 65 plus	\$72.85 \$72.85 \$72.85 \$72.85	\$72.85 \$72.85 \$72.85 \$72.85
Office Visit, New Patient Partial Exam	99202 – 15–29 min	\$45.00	\$45.00
Office Visit, Established Patient Partial Exam	99211 – 5 min 99212 – 10–19 min	\$22.00 \$22.00	\$22.00 \$22.00
Urine test: pregnancy To be billed with colposcopy services <b>only</b> .	81025	\$8.61	\$6.88
Colposcopy of the cervix including upper/adjacent vagina <b>** Cannot be billed with pathology – 88305/88307*</b>	57452 57452-TC	\$132.85 \$95.45	\$130.39 \$93.42
Colposcopy of the cervix including upper/adjacent vagina with Biopsy(s) and Endocervical Curettage (Colp, Bx and ECC) <b>** Cannot be billed in conjunction with 57505**</b> <b>** Cannot be billed with Level V pathology – 88307**</b>	57454 57454-TC	\$180.52 \$143.75	\$175.77 \$138.79
Colposcopy of the cervix including upper/adjacent vagina with Biopsy(s) of the Cervix (Colp with Bx) <b>** Cannot be billed in conjunction with 57505**</b> <b>** Cannot be billed with Level V pathology – 88307**</b>	57455 57455-TC	\$170.82 \$116.88	\$166.80 \$112.98
Colposcopy of the cervix including upper/adjacent vagina with Endocervical Curettage (Colp with ECC) <b>** Cannot be billed in conjunction with 57505**</b> <b>** Cannot be billed with Level V pathology – 88307**</b>	57456 57456-TC	\$160.06 \$107.28	\$156.31 \$104.81

**Breast and Cervical Cancer Control Navigation Program  
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<b>BC3NP Service Description</b>	<b>CPT Code</b>	<b>FY 2022 Rate</b>	<b>FY 2023 Rate</b>
		<b>Jul 1, 2022 – Sep 30, 2022</b>	<b>Oct 1, 2022 – to current</b>
Endocervical Curettage (not part of D and C)	57505	\$154.90	\$159.79
	57505-TC	\$113.16	\$112.25
Fine Needle Aspiration biopsy without imaging guidance; First lesion	10021	\$105.90	\$98.66
	10021-TC	\$56.91	\$53.90
Fine Needle Aspiration biopsy without imaging guidance; Each additional lesion	10004	\$54.50	\$50.33
	10004-TC	\$45.90	\$42.45
Fine Needle Aspiration biopsy including ultrasound guidance; First lesion	10005	\$142.23	\$134.47
	10005-TC	\$76.83	\$73.71
Fine Needle Aspiration biopsy including ultrasound guidance; Each additional lesion	10006	\$63.60	\$59.43
	10006-TC	\$53.20	\$49.97
Fine Needle Aspiration biopsy including fluoroscopic guidance; First lesion	10007	\$315.60	\$290.41
	10007-TC	\$96.40	\$90.22
Fine Needle Aspiration biopsy including fluoroscopic guidance; Each additional lesion	10008	\$169.85	\$159.00
	10008-TC	\$60.35	\$56.86
Fine Needle Aspiration biopsy including CT guidance; First lesion	10009	\$472.75	\$435.29
	10009-TC	\$116.75	\$109.94
Fine Needle Aspiration biopsy including CT guidance; Each additional lesion	10010	\$275.84	\$256.36
	10010-TC	\$82.59	\$78.87
Fine Needle Aspiration biopsy including MRI guidance; First lesion	10011	\$472.75	\$435.29
	10011-TC	\$116.75	\$109.94
Fine Needle Aspiration biopsy including fluoroscopic guidance; Each additional lesion	10012	\$275.84	\$256.36
	10012-TC	\$82.59	\$78.87
Fine Needle Aspiration (FNA), Breast Cyst	19000	\$107.52	\$99.92
	19000-TC	\$44.38	\$42.23
Fine Needle Aspiration (FNA), Each Additional Cyst	19001	\$27.38	\$26.32
	19001-TC	\$21.52	\$20.96
<b>*Codes 19081 – 19086 are to be used for breast biopsies that include image guidance, placement of a localization device</b>			
Biopsy, breast, with placement of breast localization device(s) (e.g., clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance	19081	\$526.75	\$494.52
	19081-TC	\$172.44	\$162.55
Each additional lesion, including stereotactic guidance. List separately in addition to code for primary procedure. (Use 19082 in conjunction with 19081)	19082	\$408.57	\$384.43
	19082-TC	\$86.34	\$81.78
Biopsy, breast, with placement of breast localization device(s) (e.g., clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance	19083	\$533.07	\$499.90
	19083-TC	\$162.88	\$153.43
Each additional lesion, including ultrasound guidance. List separately in addition to code for primary procedure. (Use 19084 in conjunction with 19083)	19084	\$403.42	\$379.95
	19084-TC	\$79.82	\$76.04

Breast and Cervical Cancer Control Navigation Program  
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		Jul 1, 2022 – Sep 30, 2022	Oct 1, 2022 – to current
Biopsy, breast, with placement of breast localization device(s) (e.g., clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance	19085	\$820.65	\$764.47
	19085-TC	\$187.57	\$177.77
Each additional lesion, including magnetic resonance guidance. List separately in addition to code for primary procedure. (Use 19086 in conjunction with 19085)	19086	\$644.65	\$592.95
	19086-TC	\$92.61	\$88.53
Breast Biopsy, Needle Core, Not Using Imaging Guidance	19100	\$166.27	\$151.24
	19100-TC	\$76.91	\$69.59
Breast Biopsy, Incisional	19101	\$361.01	\$327.02
	19101-TC	\$246.08	\$222.36
Breast Biopsy, Excisional <b>** Anesthesia reimbursement available</b>	19120	\$564.33	\$511.52
	19120-TC	\$459.27	\$413.47
Breast Biopsy, Excision of Single Lesion Identified by Radiological Marker <b>** Anesthesia reimbursement available</b>	19125	\$623.61	\$564.87
	19125-TC	\$509.85	\$459.26
Breast Biopsy, Excision of Each Additional Lesion	19126	\$180.69	\$161.12
	19126-TC	\$180.69	\$161.12
<b>*Codes 19281 – 19288 are for image guidance placement of a localization device without image-guided biopsy. These codes are not to be used in conjunction with 19081 – 19086. *</b>			
Placement of breast localization device(s) (e.g., clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including <b>mammographic</b> guidance	19281	\$250.48	\$232.63
	19281-TC	\$103.89	\$98.01
Each additional lesion, including <b>mammographic</b> guidance. List separately in addition to code for primary procedure. (Use 19282 in conjunction with 19281)	19282	\$177.36	\$164.39
	19282-TC	\$51.08	\$49.00
Placement of breast localization device(s) (e.g., clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including <b>stereotactic</b> guidance	19283	\$272.34	\$253.17
	19283-TC	\$104.28	\$98.69
Each additional lesion, including <b>stereotactic</b> guidance. List separately in addition to code for primary procedure. (Use 19284 in conjunction with 19283)	19284	\$202.32	\$187.77
	19284-TC	\$52.20	\$49.68
Placement of breast localization device(s) (e.g., clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including <b>ultrasound</b> guidance	19285	\$398.40	\$367.24
	19285-TC	\$87.42	\$83.82
Each additional lesion, including ultrasound guidance. List separately in addition to code for primary procedure. (Use 19286 in conjunction with 19285)	19286	\$326.77	\$301.38
	19286-TC	\$43.16	\$42.24
Placement of breast localization device(s) (e.g., clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including <b>magnetic resonance</b> guidance	19287	\$686.68	\$634.14
	19287-TC	\$129.78	\$124.36
Each additional lesion, including <b>magnetic resonance</b> guidance. List separately in addition to code for primary procedure. (Use 19288 in conjunction with 19287)	19288	\$532.86	\$490.65
	19288-TC	\$64.34	\$62.52

Breast and Cervical Cancer Control Navigation Program  
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BC3NP Service Description	CPT Code	FY 2022 Rate Jul 1, 2022 – Sep 30, 2022	FY 2023 Rate Oct 1, 2022 – to current
Needle biopsy; drainage of lymph node abscess or lymphadenitis; extensive	38505 38505-TC	\$128.10 \$72.79	\$180.18 \$86.75
Radiological Examination, Surgical Specimen			
a. Global	76098	\$34.17	\$32.64
b. Technical/Facility Only	76098-TC	\$20.98	\$20.17
c. Professional Only	76098-26	\$13.19	\$12.47
Breast Ultrasound, Complete exam, including axilla, UNI-Lateral	<b>(One unit)</b> 76641	\$106.11	\$93.70
a. Global	76641-TC	\$69.64	\$61.61
b. Technical Component	76641-26	\$34.48	\$32.09
c. Professional Component			
BI-Lateral reporting: Provider will receive 150% of the payment for a single side (unilateral) if the code is reported with modifier	<b>(2 units or -50)</b> 76641	\$159.17	\$140.55
	76641-TC	\$104.46	\$92.42
	76641-26	\$51.72	\$48.13
-50, or modifiers RT and LT, or with two units of service.	<b>(2-line items)</b> 76641-2L	\$79.59 ea.	\$70.27 ea.
	76641-TC2L	\$52.23 ea.	\$46.22 ea.
	76641-262L	\$25.86 ea.	\$24.07 ea.
Breast Ultrasound, Limited exam, including axilla, UNI-Lateral	<b>(One unit)</b> 76642	\$86.79	\$76.99
a. Global	76642-TC	\$52.73	\$47.06
b. Technical Component	76642-26	\$32.06	\$29.93
c. Professional Component			
BI-Lateral reporting: Provider will receive 150% of the payment for a single side (unilateral) if the code is reported with modifier	<b>(2 units or -50)</b> 76642	\$130.19	\$115.48
	76642-TC	\$79.10	\$70.60
	76642-26	\$48.09	\$44.90
-50, or modifiers RT and LT, or with two units of service.	<b>(2-line items)</b> 76642-2L	\$65.09 ea.	\$57.74 ea.
	76642-TC2L	\$39.55 ea.	\$35.30 ea.
	76642-262L	\$24.05 ea.	\$22.46 ea.
<b>Ultrasound; Axilla</b>			
a. Global	76882	\$56.32	\$45.02
b. Technical Component	76882-TC	\$32.37	\$26.24
c. Professional Component	76882-26	\$21.95	\$18.78
<b>Ultrasound; Elastography</b>			
a. Global	76982	\$96.44	\$75.71
b. Technical Component	76982-TC	\$66.19	\$52.13
c. Professional Component	76982-26	\$28.25	\$23.58

**Breast and Cervical Cancer Control Navigation Program  
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		<b>Jul 1, 2022 – Sep 30, 2022</b>	<b>Oct 1, 2022 – to current</b>
Ultrasonic Guidance/Breast Needle Biopsy, Radiologic Supervision/Interpretation			
a. Global	76942	\$58.50	\$46.77
b. Technical Component	76942-TC	\$26.51	\$21.76
c. Professional Component	76942-26	\$29.99	\$25.01
Surgical Pathology, Breast or Cervical Biopsy - Level IV			
a. Global	88305	\$70.28	\$56.22
b. Technical/Facility Only	88305-TC	\$32.72	\$26.51
c. Professional Only	88305-26	\$35.56	\$29.58
Surgical Pathology, Breast or Cervical Biopsy - Level V			
a. Global	88307	\$289.72	\$224.66
b. Technical/Facility Only	88307-TC	\$206.57	\$59.38
c. Professional Only	88307-26	\$82.15	\$65.27
Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen			
a. Global	88331	\$101.93	\$100.97
b. Technical Component	88331-TC	\$39.62	\$39.74
c. Professional Component	88331-26	\$61.32	\$61.23
Pathology consultation during surgery, each additional tissue block, with frozen section(s)			
a. Global	88332	\$53.35	\$53.67
b. Technical Component	88332-TC	\$22.71	\$23.56
c. Professional Component	88332-26	\$28.64	\$30.11
Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure			
a. Global	88341	\$87.64	\$86.52
b. Technical Component	88341-TC	\$59.41	\$58.77
c. Professional Component	88341-26	\$26.22	\$27.75
Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (list separately in addition to code for primary procedure (88341))			
a. Global	88342	\$100.63	\$99.08
b. Technical Component	88342-TC	\$65.84	\$64.83
c. Professional Component	88342-26	\$32.79	\$34.25
Morphometric analysis, tumor immunohistochemistry (e.g., Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semi quantitative, per specimen, each single antibody stain procedure; manual			
a. Global	88360	\$120.66	\$118.47
b. Technical Component	88360-TC	\$78.95	\$77.37
c. Professional Component	88360-26	\$39.71	\$41.09

**Breast and Cervical Cancer Control Navigation Program  
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<b>BC3NP Service Description</b>	<b>CPT Code</b>	<b>FY 2022 Rate</b>	<b>FY 2023 Rate</b>
		<b>Jul 1, 2022 – Sep 30, 2022</b>	<b>Oct 1, 2022 – to current</b>
Morphometric analysis, tumor immunohistochemistry (e.g., Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semi quantitative, per specimen, each single antibody stain procedure; manual; using computer-assisted technology			
a. Global	88361	\$120.32	\$118.29
b. Technical Component	88361-TC	\$76.54	\$75.07
c. Professional Component	88361-26	\$41.79	\$43.23
Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), first evaluation episode			
a. Global	88172	\$53.36	\$53.83
b. Technical Component	88172-TC	\$17.88	\$18.94
c. Professional Component	88172-26	\$33.48	\$34.90
Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), each separate additional evaluation episode (Bill in conjunction with 88172)			
a. Global	88177	\$27.24	\$28.52
b. Technical Component	88177-TC	\$5.24	\$6.94
c. Professional Component	88177-26	\$20.00	\$21.59
Cytopathology, evaluation of fine needle aspirate; interpretation and Report			
a. Global	88173	\$158.93	\$155.37
b. Technical Component	88173-TC	\$87.88	\$85.66
c. Professional Component	88173-26	\$69.05	\$69.71
In situ hybridization (e.g., FISH), per specimen; each additional single probe stain procedure			
a. Global	88364	\$138.24	\$135.06
b. Technical Component	88364-TC	\$103.79	\$101.14
c. Professional Component	88364-26	\$32.45	\$33.92
In situ hybridization (e.g., FISH), per specimen; initial single probe stain procedure			
a. Global	88365	\$181.13	\$176.20
b. Technical Component	88365-TC	\$137.13	\$132.96
c. Professional Component	88365-26	\$42.00	\$43.24
In situ hybridization (e.g., FISH), per specimen; each multiplex probe stain procedure			
a. Global	88366	\$287.78	\$278.79
b. Technical Component	88366-TC	\$225.46	\$217.48
c. Professional Component	88366-26	\$60.32	\$61.31
Morphometric analysis, in situ hybridization, computer-assisted, per specimen, initial single probe stain procedure			
a. Global	88367	\$113.06	\$111.01
b. Technical Component	88367-TC	\$79.30	\$77.71
c. Professional Component	88367-26	\$31.76	\$33.31

BC3NP Service Description	CPT Code	FY 2022 Rate	FY 2023 Rate
		Jul 1, 2022 – Sep 30, 2022	Oct 1, 2022 – to current
Morphometric analysis, in situ hybridization, manual, per specimen, initial single probe stain procedure			
a. Global	88368	\$136.40	\$133.49
b. Technical Component	88368-TC	\$95.04	\$92.68
c. Professional Component	88368-26	\$39.37	\$40.81
Morphometric analysis, in situ hybridization, manual, per specimen, each additional probe stain procedure			
a. Global	88369	\$115.12	\$112.94
b. Technical Component	88369-TC	\$82.75	\$81.01
c. Professional Component	88369-26	\$30.38	\$31.94
Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each additional probe stain procedure			
a. Global	88373	\$68.32	\$68.07
b. Technical Component	88373-TC	\$42.51	\$42.59
c. Professional Component	88373-26	\$23.81	\$25.48
Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each multiplex stain procedure			
a. Global	88374	\$329.41	\$318.33
b. Technical Component	88374-TC	\$285.97	\$275.46
c. Professional Component	88374-26	\$41.44	\$42.87
Morphometric analysis, in situ hybridization, manual, per specimen, each multiplex stain procedure			
a. Global	88377	\$409.59	\$395.58
b. Technical Component	88377-TC	\$345.53	\$332.37
c. Professional Component	88377-26	\$62.06	\$63.22
Transportation Voucher	G9012	\$20.00	\$20.00

## BC3NP Anesthesia Services

Anesthesia – Payable with Excisional Breast Biopsies **ONLY** (\*19120 and \*19125)

Rates are based on a **flat fee**. Only one unit is reimbursable as indicated on the rate schedule.

BC3NP Anesthesia Service	CPT Code	FY 2022 Rate	FY 2023 Rate
		Jul 1, 2022 – Sep 30, 2022	Oct 1, 2022 – to current
Anesthesia services performed personally by anesthesiologist	00400 AA	\$94.84	\$94.84
Medical supervision by a physician: more than four concurrent anesthesia procedures	00400 AD	\$56.91	\$56.91
Medical direction of 2, 3, or 4 concurrent anesthesia procedures involving qualified individuals	00400 QK	\$47.42	\$47.42
CRNA service: with medical direction by a physician	00400 QX	\$47.42	\$47.42
Anesthesiologist medically directs one CRNA	00400 QY	\$47.42	\$47.42
CRNA service: (supervised) without medical direction by a physician	00400 QZ	\$94.84	\$94.84



### Cervical Services Requiring Pre-approval by MDHHS Nurse Consultant

BC3NP Service Description	CPT Code	FY 2022 Rate	FY 2023 Rate
		Jul 1, 2022 – Sep 30, 2022	Oct 1, 2022 – to current
<b>Cone</b> - Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser ** Cannot bill in conjunction with 57522 a. Professional/Surgical b. Technical/Facility	57520 57520-TC	\$372.36 \$314.61	\$364.74 \$305.64
<b>Cone</b> - Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser; loop electrode excision ** Cannot bill in conjunction with 57520 a. Professional/Surgical b. Technical/Facility	57522 57522-TC	\$321.13 \$273.47	\$314.13 \$263.95
<b>EMB</b> - Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method ** Cannot bill in conjunction with 58110 a. Professional/Surgical b. Technical/Facility	58100 58100-TC	\$108.37 \$67.32	\$105.68 \$66.40
<b>EMB</b> - Endometrial sampling (biopsy) performed in conjunction with a colposcopy. List separately in addition to code for primary procedure. (Colposcopy 57452, 57454, 57455, 57456) ** Cannot bill in conjunction with 58100 a. Professional/Surgical b. Technical/Facility	58110 58110-TC	\$52.77 \$41.73	\$51.53 \$41.95
<b>LEEP</b> - Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix ** Cannot bill in conjunction with 57461 a. Professional/Surgical b. Technical/Facility	57460 57460-TC	\$338.00 \$169.28	\$325.73 \$164.29
<b>LEEP</b> - Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix ** Cannot bill in conjunction with 57460 a. Professional/Surgical b. Technical/Facility	57461 57461-TC	\$379.15 \$197.82	\$364.77 \$191.45
Anesthesia payable with diagnostic CONE, LEEP, & EMB <b>ONLY</b> – Rates are based on a <b>flat fee</b> . Only <u>one unit</u> is reimbursable – as indicated on the rate schedule.			
Anesthesia services performed personally by anesthesiologist	00940 AA	\$94.84	\$94.84
Medical supervision by a physician: more than four concurrent anesthesia procedures	00940 AD	\$56.91	\$56.91
Medical direction of 2, 3, or 4 concurrent anesthesia procedures involving qualified individuals	00940 QK	\$47.42	\$47.42
CRNA service: with medical direction by a physician	00940 QX	\$47.42	\$47.42
Anesthesiologist medically directs one CRNA	00940 QY	\$47.42	\$47.42
CRNA service: (supervised) without medical direction by a physician	00940 QZ	\$94.84	\$94.84

## Breast Services Requiring Pre-approval by MDHHS Nurse Consultant

BC3NP Service Description	CPT Code	FY 2022 Rate	FY 2023 Rate
		Jul 1, 2022 – Sep 30, 2022	Oct 1, 2022 – to current
<b>MRI – Breast, without contrast, Unilateral</b>			
a. Global	77046	\$231.82	\$225.03
b. Technical Component	77046-TC	\$159.21	\$154.09
c. Professional Component	77046-26	\$70.61	\$70.95
<b>MRI – Breast, without contrast, Bilateral</b>			
a. Global	77047	\$238.05	\$231.22
b. Technical Component	77047-TC	\$158.52	\$153.43
c. Professional Component	77047-26	\$73.53	\$77.79
<b>* MRI – Breast, with and without contrast, including CAD, Unilateral</b>			
a. Global	77048	\$367.23	\$355.40
b. Technical Component	77048-TC	\$263.07	\$253.46
c. Professional Component	77048-26	\$102.16	\$101.94
<b>* MRI – Breast, with and without contrast, including CAD, Bilateral</b>			
a. Global	77049	\$375.06	\$363.10
b. Technical Component	77049-TC	\$261.00	\$251.48
c. Professional Component	77049-26	\$112.06	\$111.62
<b>* MRI – Breast, with and without contrast, including CAD, Bilateral</b>			
a. Global	C8908	\$375.06	\$363.10
b. Technical Component	C8908-TC	\$261.00	\$251.48
c. Professional Component	C8908-26	\$112.06	\$111.62
<b>* MRI reimbursement rates * INCLUDE injection of contrast agents and the agent itself – procedure codes include but are not limited to A9570 – A9579. These costs are to be written off and are not to be billed to BC3NP-enrolled participants.</b>			
Mammary Ductogram or Galactogram, <b>Single Duct</b> , Radiological Supervision, and Interpretation			
a. Global	77053	\$53.55	\$53.41
b. Technical Component	77053-TC	\$35.48	\$35.78
c. Professional Component	77053-26	\$16.07	\$17.65
Mammary Ductogram or Galactogram, <b>Multiple Ducts</b> , Radiological Supervision, and Interpretation			
a. Global	77054	\$69.43	\$68.76
b. Technical Component	77054-TC	\$47.21	\$47.00
c. Professional Component	77054-26	\$20.22	\$21.76
<b>Breast nipple exploration</b> , with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct			
a. Professional/Surgical	19110	\$530.13	\$506.23
b. Technical/Facility	19110-TC	\$384.53	\$366.91
Incision – Injection procedure (only) for mammary Ductogram/Galactogram.			
a. Professional/Surgical	19030	\$155.75	\$166.97
b. Technical/Facility	19030-TC	\$70.35	\$76.51