Open Solicitation #0646190148
Women's Cancer Control Program
Montgomery County Rates

Office Visits

(CPT Billing Codes Related to all Services under Form Contract I.A.)

CPT Codes	Description	County Rates Screening rate/Diagnostic MA rate
99201	New Patient: Single Exam Problem focused history, a problem focused examination, and straightforward medical decision making.	$40.00/$50.24
99202	New Patient: Single Exam Expanded focused history, expanded focused examination and straightforward medical decision making. (e.g. either a Pap smear with a pelvic exam or a clinical breast exam.)	70.00/84.95
99203	New Patient: Exam Detailed history, a detailed examination; and medical decision making of low complexity. (e.g. including Pap test, pelvic exam and clinical breast exam. Can also be billed in conjunction with a colposcopy, with or without biopsy.	100.00 / 122.75
99211	Established Patients: Single or Repeat Exam Problem focused history, a problem focused examination, and straightforward medical decision making.	20.00 / 23.49
99212	Established Patient: Single Exam Focused history, focused examination and/or straightforward medical decision making. (e.g. either a Pap smear with a pelvic or clinical breast exam.)	40.00 / 50.24
99213	Established Patient: Exam Expanded history, expanded examination and/or medical decision making of low complexity. (e.g. Pap smear, pelvic exam, and clinic breast exam. Can also be billed in conjunction with a colposcopy [with or without biopsy] procedure.)	60.00 / 82.43
99386	New Patient: initial preventive Medicine visit Age 40-64 years (e.g., Pap smear, pelvic exam, and clinical breast exam. If CBE or Pap test only reimburse at 99202 rates).	110.00 / 170.53
99396	Est. Patient: preventive Medicine visit 40-64 years Age 40-64 years (e.g. Pap smear, pelvic exam, and clinical breast exam. If CBE or Pap test only, reimburse at 99212 rates.	60.00 / 141.36
99070	Supplies and materials (except spectacles) – Provider's office Provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)	9.99 (MA rate)

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Procedures-Screening

(CPT Billing Codes Related to Services under Form Contract Sections I.A.3 & 4**)**

CPT Codes	Description	County Rates Screening/Diagnostic MA rate
57452	Colposcopy Provider's Office	115.00 / 107.88
57454	Colposcopy Colposcopy, with biopsy of the cervix and/or endocervical curettage, Provider's Office	160.00 / 151.67
57455	Colposcopy Colposcopy, with biopsy (ies) of the cervix, Provider's Office	150.00 / 141.89
57456	Colposcopy Colposcopy, with endocervical curettage, Provider's Office	145.00 / 134.09

Procedures-Diagnostic

(CPT Billing Codes Related to Services under Form Contract Sections 1.A.5 & 7**)**

CPT Codes	Description	County Rates Diagnostic MA rate
57460	Endoscopy Endoscopy with loop electrode biopsy(s) of the cervix Provider's Office	294.64
57461	Endoscopy Endoscopy with loop electrode conization of the cervix Provider's Office	330.34
57500	Biopsy, single or multiple, or local excision of lesion, With or without fulguration (separate procedure)	130.08
57505	Endocervical curettage (not done as part of a dilation and curettage) Provider's Office	99.67
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	302.33
57522	Loop electrode excision procedure Provider's Office	258.36
58100	Endometrial sampling (biopsy with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	108.64
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)	48.40

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Pathology - Screening

(CPT Billing Codes Related to Services under Form Contract Sections 1.A.3 & 4**)**

CPT Codes	Description	County Rates*
88164	Cytopathology, Slides, Cervical, or Vaginal The Bethesda System, up to 3 smears, manual screening by technician under physician supervision.	14.00 / 11.24
88141	Cytopathology, Cervical or Vaginal 1 smear requiringinterpretation by physician. It should not include a physician modifier	30.00/19.52
88142	Cytopathology, Cervical or Vaginal Collected in preservative fluid, automated thin layer preparation; manual screening underPhysician supervision. Reported in Bethesda System.	28.50 / 21.56
88305	Surgical Biopsy, Biopsy of Cervix Global Technical Component (TC) Interpretation (26)	119.00 / 79.23 80.00 / 52.04 39.00 / 27.19

*Rate is inclusive of average rates for lab fees.

Laboratory - Screening

(CPT Billing Codes Related to Services under Form Contract Sections 1.A.3 & 4**)**

CPT Codes	Description	County Rates*
87621	HPV Hybrid capture II test (high-risk panel) Must be reported in the Bethesda System	49.00 / 33.07

Pathology – Diagnostic

(CPT Billing Codes Related to Services under Form Contract Sections 1.A.4-7**)**

CPT Codes	Description	County Rates*
88172	Cytopathology Evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s) Global Technical Component (TC) Interpretation (26)	 40.61 17.64 22.97

88173	Cytopathology, Evaluation of fine needle aspirate; Interpretation and report Global Technical Component (TC) Interpretation (26)	 104.85 52.69 52.16
88174	Cytopathology, Cervical or Vaginal Collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision. Reported in Bethesda system.	22.74
88175	Cytopathology, Cervical or Vaginal Collected in preservative fluid, automated thin layer preparation; screening by automated system, and manual rescreening, under physician supervision. Reported in Bethesda system.	28.19
88143	Cytopathology, Cervical or Vaginal Collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision. Reported in Bethesda system.	21.56
88307	Surgical Biopsy, Biopsy of Cervix Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins. Global Technical Component (TC) Interpretation (26)	 155.70 97.28 58.42
88331	Pathology Consult during Surgery First tissue block, with frozen section(s), single specimen Global Technical Component (TC) Interpretation (26)	 66.39 22.57 43.82
88332	Pathology Consult during Surgery First tissue block, with frozen section(s), each additional specimen Global Technical Component (TC) Interpretation (26)	 29.78 8.01 21.77

Screenings-Radiology Facilities (non-hospital)

(CPT Billing Codes Related to Services under Form Contract Sections 1.A.1-3**)**

CPT Codes	Description	County Rates Screening/Diagnostic MA rate
77055	Unilateral Mammography/Diagnostic Global Technical Component (TC) Interpretation (26)	 60.00/63.49 35.00/38.02 25.00/25.47
77056	Bilateral Mammography/Diagnostic Global Technical Component (TC) Interpretation (26)	 120.00 / 80.18 75.00 / 48.72 45.00 / 31.46
77057	Screening Mammography Global Technical Component (TC) Interpretation (26)	 90.00 /63.76 55.00/38.29 35.00 /25.47
G0202	Screening mammogram, Digital Bilateral Global Technical Component (TC) Interpretation	 115.00 / 103.38 (MA rate=global only) 80.00 35.00
G0204	Diagnostic mammogram, Digital Bilateral Global Technical Component (TC) Interpretation	 140.00 / 116.81 (MA rate=global only) 100.00 40.00
G0206	Diagnostic mammogram, Digital Unilateral Global Technical Component (TC) Interpretation	 115.00 / 93.26 (MA rate=global only) 80.00 35.00

Ultrasound of the Breast

(CPT Billing Codes Related to Services under Form Contract Sections 1.A.2 & 3**)**

76645	Ultrasound Global Technical Component (TC) Interpretation (26)	 100.00 / 65.00 72.00 / 46.00 28.00 / 19.00

MRI of the Breast

(CPT Billing Codes Related to Services under Form Contract Sections 1.A.6.c.)

77058	MRI Global Technical Component (TC) Interpretation (26)	 660.00 602.00 58.00
77059	MRI Global Technical Component (TC) Interpretation (26)	 660.00 610.00 50.00

Diagnostics - Radiology Facilities (non-hospital)

(CPT Billing Codes Related to Services under Form Contract Sections 1.A.5 & 6)

CPT Codes	Description	County Rates Diagnostic MA rate
77031	Stereotactic localization guidance for breast biopsy or needle placement Global Technical Component (TC) Interpretation (26)	 172.08 121.02 51.06
77032	Mammographic guidance for needle placement breast Global Technical Component(TC) Interpretation (26)	 51.19 31.16 20.03
76098	Radiological examination, surgical specimen Imaging supervision and interpretation Global Technical Component (TC) Interpretation (26)	 16.40 10.68 5.72
76942	Ultrasonic guidance for needle placement Imaging supervision and interpretation Global Technical Component (TC) Interpretation (26)	 136.73 112.41 24.32

General Surgical Consultation and/or Clinical Breast Examination

(CPT Billing Codes Related to Services under Form Contract Sections 1.A.5, 6, & 7)

CPT Codes	Description	County Rates*
99202	New Patient: Single Exam Expanded focused history, expanded focused examination and straightforward medical decision making.	$84.95
99203	New Patient: Exam Detailed history, detailed examination and medical decision-making of low complexity. (e.g. Pap test, pelvic exam and clinical breast exam. Can also be billed in conjunction with a colposcopy [with or without biopsy] procedure).	122.75

Breast Incision, Repair and Reconstruction Codes

(CPT Billing Codes Related to Services under Form Contract Sections 1.A.5 & 6)

CPT Codes	Description	County Rates* *Non-Facility/Facility*
19000	Puncture aspiration of cyst of breast	84.53 / 33.00
19001	Puncture aspiration of cyst of breast Each additional cyst, used with 19000	19.79 / 16.00
19100	Breast biopsy, percutaneous, needle core, not using imaging guidance	102.07 / 49.00
19101	Breast biopsy, open, Incisional	231.90 / 151.50
19102	Breast biopsy, percutaneous, needle core, not using imaging guidance For placement of localization clip use 19295	168.96 / 76.00
19103	Breast biopsy, percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance	439.12 / 141.00
19120	Excision of cyst, fibro-adenoma or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion; open; one or more lesions	319.41 / 271.00
19125	Excision of breast lesion identified by preoperative placement of radiological marker; open; single lesion	342.99 / 301.00
19126	Excision of breast lesion identified by preoperative placement of radiological marker; open; each additional lesion separately identified by a preoperative radiological marker	113.85 / 113.00
19290	Preoperative placement of needle localization wire, breast	123.93 / 48.00
19291	Preoperative placement of needle localization wire, breast each additional lesion	53.59 / 23.00
19295	Image guided placement, metallic localization clip, percutaneous, during breast biopsy	77.51 / 77.51
10021	Fine needle aspiration without imaging guidance	103.10/ 93.00
10022	Fine needle aspiration with imaging guidance	108.10 / 47.50

Anesthesia

(CPT Billing Codes Related to Services under Form Contract Sections 1.A.5, 6, & 7)

CPT Codes	Description	County Rates*
00400	Anesthesia: For procedures on the integumentary system, anterior trunk, not otherwise specified (Provider's Office).	Conversion factor: 1.1486 Base Units =3 (RVU=45)
	Anesthesia fees are the sum of the total time in minutes plus the base units converted to time units multiplied by the listed fee per unit and by the modifier rate (50% or 100%). Payment will be the lower of the provider' charge or the calculated fee amount. Base unit for 00400=3; base unit converted to time units for 00400=45 (3 base units x 15 minutes= Relative Value Unit).	

Example: CPT 00400, Time = 100 minutes, Modifier = QX
Total Units = (number of minutes + RVU) x Conversion Factor
Total Reimbursement = (100 minutes + 45 RVU) x 1.1486 Conversion Factor = 166.55 x .50 QX modifier = $83.27

Modifiers:

-AA Anesthesia services performed personally by anesthesiologist (100%)
-QK Medically directed by a physician: two, three or four concurrent procedures (50%)
-QX Certified Registered Nurse Anesthetist (CRNA) with medical direction by a physician (50%)
-QY Medical direction of CRNA by an anesthesiologist (50%)
-QZ CCRNA without medical direction by a physician (100%)