

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

Office Visits

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

CPT Codes	Description	County Rates
99201*	<u>New Patient: Single Exam</u> Problem focused history, a problem focused examination, and straightforward medical decision making.	\$51.04
99202*	<u>New Patient: Single Exam</u> 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.)	\$86.20
99203*	<u>New Patient: Exam</u> Detailed history, a detailed examination; and medical decision making of low complexity (e. including Pap test, pelvic exam and clinical breast exam. Can also be billed in conjunction with a colposcopy, with or without biopsy.	\$124.25
99204*	<u>New Patient: Exam</u> Comprehensive history, examination, and medical decision making of moderate complexity. Average visit 45 minutes.	\$187.06
99211	<u>Established Patients: Single or Repeat Exam</u> Problem focused history, a problem focused examination, and straightforward medical decision making.	\$23.66
99212	<u>Established Patient: Single or Repeat Exam</u> Focused history, focused examination and/or straightforward medical decision making (e.g. either a Pap smear with a pelvic or clinical breast exam.)	\$50.58
99213	<u>Established Patient: Exam</u> Expanded history, expanded examination and/or medical decision making of low complexity. (e.g. Pap smear, pelvic exam, and clinical breast exam. Can also be billed in conjunction with a colposcopy [with or without biopsy] procedure.)	\$83.79
99214	<u>Established Patient: Exam</u> Includes at least two of the following: A detailed history, a detailed, exam, moderate-complexity medical decision-making. Average visit 25 minutes	\$122.82
99386	<u>New Patient: Initial Preventive Medicine Visit</u> Age 40 – 64 years (Pap smear, pelvic exam, and clinical breast exam. If CBE or Pap test only, reimburse at 99202 rates).	Reimburse at 99203 rate
99387	<u>New Patient: Initial Preventive Medicine Visit</u> Age 65 and older (Pap smear, pelvic exam, and clinical breast exam. If CBE or Pap test only, reimburse at 99202 rates).	Reimburse at 99203 rate
99396	<u>Established Patient: Preventive Medicine visit 40-64 years</u> Age 40-64 years (e.g. Pap smear, pelvic exam, and clinical breast exam. If CBE or Pap test only, reimburse 99212 rates.	Reimburse at 99213 rate
99397	<u>Established Patient: Preventive Medicine visit 65 and older</u> Age 65 and older (e.g. Pap smear, pelvic exam, and clinical breast exam. If CBE or Pap test only, reimburse 99212 rates.	Reimburse at 99213 rate

**Open Solicitation #0646190148
Women's Cancer Control Program (WCCP)
Montgomery County Rates**

99070	<u>Supplies and Materials (except spectacles) – Provider's Office</u> 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)
-------	---	------------------

***All consultations should be billed through 'new patient' office visit CPT codes 99201-99205. Consultations billed as 99204 and 99205 must meet the criteria for these codes and are not appropriate for screening visits.**

Procedures-Screening

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

CPT Codes	Description	County Rates Screening Rate/ Diagnostic MA Rate
57452	<u>Colposcopy</u> Provider's Office	\$126.08
57454	<u>Colposcopy</u> Colposcopy, with biopsy of the cervix and/or endocervical curettage, Provider's Office	\$175.22
57455	<u>Colposcopy</u> Colposcopy, with biopsy (ies) of the cervix, Provider's Office	\$164.53
57456	<u>Colposcopy</u> Colposcopy, with endocervical curettage, Provider's Office	\$155.32

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	<u>Endoscopy</u> Endoscopy with loop electrode biopsy(s) of the cervix. Provider's Office	\$294.64
57461	<u>Endoscopy</u> 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

**Open Solicitation #0646190148
Women's Cancer Control Program (WCCP)
Montgomery County Rates**

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

Pathology - Screening

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

CPT Codes	Description	County Rates *
88164	<u>Cytopathology, Slides, Cervical, or Vaginal</u> The Bethesda System, up to 3 smears, manual screening by technician under physician supervision.	\$14.39
88141	<u>Cytopathology, Cervical or Vaginal</u> 1 smear requiring interpretation by physician. It should not include a physician modifier.	\$37.47
88142	<u>Cytopathology, Cervical or Vaginal</u> Collected in preservative fluid, automated thin layer preparation; manual screening under Physician supervision. Reported in Bethesda System.	\$27.79
88305	<u>Surgical Biopsy, Biopsy of Cervix</u> Global Technical Component (TC) Interpretation (26)	\$85.25 \$35.92 \$43.82

*Rate is inclusive of average rates for lab fees.

Laboratory - Screening

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

CPT Codes	Description	County Rates *
87624	<u>HPV Hybrid Capture II test (high-risk panel)</u> Must be reported in the Bethesda System	\$48.14
87625	<u>HPV Hybrid Capture II test (types 16-18 only)</u>	\$48.14

Pathology - Diagnostic

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

CPT Codes	Description	County Rates *
88172	<u>Cytopathology</u> Evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s) Global Technical Component (TC) Interpretation (26)	 \$40.60 \$14.44 \$26.14

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

CPT Codes	Description	County Rates Screening Rate/ Diagnostic MA Rate
88173	<u>Cytopathology, Evaluation of fine needle aspirate:</u> Interpretation and Report Global Technical Component (TC) Interpretation (26)	\$104.85 \$56.01 \$48.84
88174	<u>Cytopathology, Cervical or Vaginal</u> Collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision. Reported in Bethesda system.	\$29.31
88175	<u>Cytopathology, Cervical or Vaginal</u> Collected in preservative fluid, automated thin layer preparation; screening by automated system, and manual rescreening, under physician supervision. Reported in Bethesda system.	\$36.34
88143	<u>Cytopathology, Cervical or Vaginal</u> Collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision. Reported in Bethesda system.	\$27.79
88307	<u>Surgical Biopsy, Biopsy of Cervix</u> Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins. Global Technical Component (TC) Interpretation (26)	\$155.70 \$106.42 \$49.28
88331	<u>Pathology Consult during Surgery</u> First tissue block, with frozen section(s) single specimen Global Technical Component (TC) Interpretation (26)	\$66.39 \$22.61 \$43.78
88332	<u>Pathology Consult during Surgery</u> First tissue block, with frozen section(s), each additional specimen Global Technical Component (TC) Interpretation (26)	\$29.78 \$11.91 \$17.87

**Open Solicitation #0646190148
Women's Cancer Control Program (WCCP)
Montgomery County Rates**

Procedures – Radiology Facilities
(CPT Billing Codes Related to Services under Form Contract Sections I.A.1-3)

CPT Codes	Description	County Rates Screening Rate/ Diagnostic MA Rate
77063	<u>Breast Tomosynthesis (3-D), Bilateral</u> (add to G0202 only, if performed) Global Technical Component (TC) Interpretation (26)	 \$64.59 \$30.70 \$33.88
77065	<u>Unilateral Mammography/Diagnostic</u> Global Technical Component (TC) Interpretation (26)	 \$129.14 \$88.83 \$40.31
77066	<u>Bilateral Mammography/Diagnostic</u> Global Technical Component (TC) Interpretation (26)	 \$167.98 \$116.48 \$51.52
77067	<u>Screening Mammography</u> Global Technical Component (TC) Interpretation (26)	 \$131.59 \$90.12 \$41.48
G0202	<u>Screening Mammogram, Digital Bilateral</u> Global Technical Component (TC) Interpretation	 \$129.14 \$88.83 \$40.31
G0204	<u>Diagnostic Mammogram, Digital Bilateral</u> Global Technical Component (TC) Interpretation	 \$167.98 \$116.48 \$51.52
G0206	<u>Diagnostic Mammogram, Digital Unilateral</u> Global Technical Component (TC) Interpretation	 \$131.59 \$90.12 \$41.48
G0279	<u>Breast Tomosynthesis (3-D), Bilateral or Unilateral</u> (add to G0204 or G0206 only, if performed) Global Technical Component (TC) Interpretation (26)	 \$64.59 \$30.70 \$33.88

**Open Solicitation #0646190148
Women's Cancer Control Program (WCCP)
Montgomery County Rates**

Ultrasound of the Breast
(CPT Billing Codes Related to Services under Form Contract Sections I.A.2 & 3)

CPT Codes	Description	County Rates Screening Rate/ Diagnostic MA Rate
76641	<u>Ultrasound</u> Complete exam of the breast, unilateral Global Technical Component (TC) Interpretation (26)	 \$127.91 \$86.95 \$40.96
76642	<u>Ultrasound</u> Limited exam of the breast, unilateral Global Technical Component (TC) Interpretation (26)	 \$104.83 \$66.62 \$38.21

MRI of the Breast
(CPT Billing Codes Related to Services under Form Contract Sections I.A.6-c)

CPT Codes	Description	County Rates Screening Rate/ Diagnostic MA Rate
77058	<u>MRI, Unilateral</u> - with and/or without contrast Global Technical Component (TC) Interpretation (26)	 \$652.33 \$560.54 \$91.79
77059	<u>MRI, Bilateral</u> - with and/or without contrast Global Technical Component (TC) Interpretation (26)	 \$648.00 \$556.21 \$91.79
82565*	Blood Creatinine	\$7.03
A9579*	Gadolinium-based contrast agent	\$1.818 per ml
A9575*	Gadoterate meglumi agent	0.204 per 0.1 ml

***Allowable adjunct procedures for MRI's with contrast (appropriate invoice required)**

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

Diagnostic – 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
19081*	<u>Breast Biopsy, Stereotactic, 1st Lesion</u> Modifier Base Modifier Multiplier Base 50 1.5 51 0.5 80 0.2	\$560.46 \$840.69 \$280.23 \$112.09
19082	<u>Breast Biopsy, Stereotactic, Additional Lesions</u> Modifier Base Modifier Multiplier Base 50 2.0 51 1.0 80 0.2	\$459.58 \$919.16 \$459.58 \$91.92
19281	Placement of Breast Location Device for Biopsy 1 st Lesion, Mammographic Guidance Modifier Base Modifier Multiplier Base 50 1.5 51 0.5 80 0.2	\$200.15 \$300.23 \$100.08 \$40.03
19282	Placement of Breast Location Device for Biopsy Additional Lesions, Mammographic Guidance Modifier Base Modifier Multiplier Base 50 2.0 51 1.0 80 0.2	\$139.37 \$278.74 \$139.37 \$27.87
76098	<u>Radiological Examination, Surgical Specimen</u> Global Technical Component (TC) Interpretation (26)	\$16.40 (MA Rate) \$8.57 \$7.83
76942	<u>Ultrasonic Guidance for Needle Placement</u> Imaging Supervision and Interpretation Global Technical Component (TC) Interpretation (26)	\$59.14 (MA Rate) \$28.02 \$31.32

***Modifier Codes:**

- 50 Bilateral
- 51 Multiple Procedures
- 80 Assistant Surgeon

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

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	<u>New Patient: Single Exam</u> Expanded focused history, expanded focused examination and straightforward medical decision making. (e.g. either a Pap test with a pelvic exam or a clinical breast exam; can also be both Pap test and CBE)	\$86.20
99203	<u>New Patient: Exam</u> 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).	\$124.25

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 Diagnostic MA Rate
10021	Fine needle aspiration without imaging guidance	\$103.10
10022	Fine needle aspiration with imaging guidance	\$112.07
19000	Puncture aspiration of cyst of breast.	\$90.02
19001	Puncture aspiration of cyst of breast, each additional cyst, used with 19000.	\$21.33
19081	Breast biopsy, Stereotactic, 1 st Lesion Modifier Base Modifier Multiplier Base 50 1.5 51 0.5 80 0.2	 \$560.46 \$840.69 \$280.23 \$112.09
19082	Breast biopsy, Stereotactic, Additional Lesions Modifier Base Modifier Multiplier Base 50 2.0 51 1.0 80 0.2	 \$459.58 \$919.16 \$459.58 \$91.92
19083	Breast biopsy, 1 st Lesion, US Guided Imaging Modifier Base Modifier Multiplier Base 50 1.5 51 0.5 80 0.2	 \$556.79 \$835.19 \$278.40 \$111.36
19085	Breast biopsy, 1 st Lesion, MRI Guided Imaging Modifier Base Modifier Multiplier Base 50 1.5 51 0.5 80 0.2	 \$844.09 \$1,266.14 \$422.05 \$168.82

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

19086	Breast biopsy, Additional Lesions, MRI Guided Imaging Modifier Base 50 51 80	Base Modifier Multiplier 2.0 1.0 0.2	\$673.43 \$1,346.86 \$673.43 \$134.69
19100	Breast biopsy, percutaneous, needle core, not using imaging guidance.		\$120.65
19101	Breast biopsy, open incisional		\$273.03
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.		\$395.48
19125	Excision of breast lesion identified by preoperative placement of radiological marker; open; single lesion.		\$438.40
19126	Excision of breast lesion identified by preoperative placement of radiological marker; open; each additional lesion separately.		\$130.77
19281	Placement of Breast Location Device for Biopsy, 1 st Lesion, Mammographic Guidance Modifier Base 50 51 80	Base Modifier Multiplier 1.5 0.5 0.2	\$200.15 \$300.23 \$100.08 \$40.03
19282	Placement of Breast Location Device for Biopsy, Additional Lesion, Mammographic Guidance Modifier Base 50 51 80	Base Modifier Multiplier 2.0 1.0 0.2	\$139.37 \$278.74 \$139.37 \$27.87
19283	Placement of Breast Location Device for Biopsy, 1 st Lesion, Stereotactic Guidance Modifier Base 50 51 80	Base Modifier Multiplier 1.5 0.5 0.2	\$227.75 \$341.63 \$113.88 \$45.55
19284	Placement of Breast Location Device for Biopsy, Additional Lesion, Stereotactic Guidance Modifier Base 50 51 80	Base Modifier Multiplier 2.0 1.0 0.2	\$167.56 \$335.12 \$167.56 \$33.51
19285	Placement of Breast Location Device for Biopsy, 1 st Lesion, US Guidance Modifier Base 50 51 80	Base Modifier Multiplier 1.5 0.5 0.2	\$415.51 \$623.27 \$207.76 \$83.10

**Open Solicitation #0646190148
Women's Cancer Control Program (WCCP)
Montgomery County Rates**

19286	Placement of Breast Location Device for Biopsy, Additional Lesion, US Guidance		
	Modifier	Base Modifier Multiplier	
	Base		\$363.25
	50	2.0	\$726.50
	51	1.0	\$363.25
80	0.2	\$72.56	
19287	Placement of Breast Location Device for Biopsy, 1 st Lesion, MRI Guidance		
	Modifier	Base Modifier Multiplier	
	Base		\$721.07
	50	1.5	\$1,081.61
	51	0.5	\$360.54
80	0.2	\$144.21	
19288	Placement of Breast Location Device for Biopsy, Additional Lesion, MRI Guidance		
	Modifier	Base Modifier Multiplier	
	Base		\$574.44
	50	2.0	\$1,148.88
	51	1.0	\$574.44
80	0.2	\$114.89	

Anesthesia

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

CPT Codes	Description	County Rates *
00400	<u>Anesthesia</u> 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's 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 Code: 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:

Acceptable 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%)
- QZCCRNA without medical direction by a physician (100%)

Other Modifiers:

G8; G9; QS – informational purposes only, does not affect payment

AD; 47; 55; 66; 81 – Unacceptable modifiers