

Allowable CPT Codes for the Illinois Breast and Cervical Cancer Program Effective Date February 2022

- The following reimbursement rates are based on the highest allowable Medicare rates for Illinois.
- Providers must accept the CPT rate as full payment for services. Balances may not be billed to the client.
- IBCCP clients are responsible for paying the bills for CPT codes not included on this list. A written estimate of the additional charges must be provided to the client. Providers are encouraged to write-off the charges not reimbursed by IBCCP.
- All services must be provided on an outpatient basis.
- TC = Technical Component or the cost of performing the test or procedure
- 26= Professional Component or the cost of interpretation of the test or procedure by a physician.

CPT Code	Description and Payers (F = Federal/BCCP, S = State)		Fees		
			TC	26	Total
Office Visits					
99202	New patient; medically appropriate history/exam – 15-29 minutes (Breast or Cervical)	F S			\$78.83
99203	New patient; medically appropriate history/exam – 30-44 minutes (Breast and Cervical)	F S			\$121.90
99204	New patient; medically appropriate history/exam or Detail Risk Assessment, Moderate, 45-59 minutes	F S			\$180.93
99205	New patient; medically appropriate history/exam or Detail Risk Assessment, Comprehensive, 60-74 minutes	F S			\$239.28
99212	Established patient; medically appropriate history/exam – 10-19 minutes (Breast or Cervical) Repeat CBE (Considered a Dx Procedure) – 10-19 minutes	F S			\$61.18
99213	Established patient; medically appropriate history/exam – 20-29 minutes (Breast and Cervical)	F S			\$97.48
Consultation Visits					
99202	Office Consultation Visit (Considered a Dx Procedure) – 15-19 minutes	F S			\$78.83
99203	Office Consultation Visit (Considered a Dx Procedure) – 30-44 minutes	F S			\$121.90
99204	Office Consultation Visit (Considered a Dx Procedure) – 45-59 minutes	F S			\$180.93
99205	Office Consultation Visit (Considered a Dx Procedure) – 60-74 minutes	F S			\$239.28
BREAST - Radiology Codes - Mammography/US/MRI					
77063	Screening breast digital tomosynthesis, bilateral	F S	\$ 25.29	\$ 31.53	\$56.82
77067	Screening Mammogram, , Bilateral	F S	\$ 100.00	\$ 38.94	\$138.94
77066	Diagnostic Mammogram, , Bilateral (includes CAD)	F S	\$120.96	\$ 51.23	\$172.19
77065	Diagnostic Mammogram, , Unilateral (includes CAD)	F S	\$ 94.94	\$ 41.41	\$136.35
G0279	Diagnostic digital breast tomosynthesis, unilateral or bilateral	F S	\$ 25.29	\$ 31.53	\$56.82
76098	Radiological exam, surgical specimen	F S	\$ 27.74	\$ 16.48	\$44.22
76641	Ultrasound breast, complete exam including axilla, unilateral	F S	\$ 75.07	\$ 37.52	\$112.60
76642	Ultrasound breast, limited exam including axilla, unilateral	F S	\$ 57.37	\$ 35.05	\$92.42
76942	Ultrasonic guidance-needle placement (biopsy aspiration or localization device); imaging supervision and interpretation	F S	\$ 29.91	\$ 32.90	\$62.81
77046	Magnetic Resonance Imaging (MRI), breast, without contrast, unilateral**	F S	\$168.93	\$ 74.70	\$243.63
77047	Magnetic Resonance Imaging (MRI), breast, without contrast, bilateral**	F S	\$168.21	\$ 81.75	\$249.96
77048	Magnetic Resonance Imaging (MRI), breast, including CAD, with and without contrast, unilateral**	F S	\$277.68	\$ 107.04	\$384.73
77049	Magnetic Resonance Imaging (MRI), breast, with and without contrast, bilateral**	F S	\$ 275.51	\$117.22	\$392.73
77053	Mammary ductogram or galactogram, single duct, radiological supervision and interpretation	F S	\$ 39.31	\$ 18.59	\$57.89

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BREAST - Surgical Codes				
10004	Fine needle aspiration biopsy without imaging guidance, each additional lesion	F S		\$56.79
10005	Fine needle aspiration biopsy including ultrasound guidance, first lesion	F S		\$151.69
10006	Fine needle aspiration biopsy including ultrasound guidance, each additional lesion	F S		\$66.03
10007	Fine needle aspiration biopsy including fluoroscopic guidance, first lesion	F S		\$329.54
10008	Fine needle aspiration biopsy including fluoroscopic guidance, each additional lesion	F S		\$179.56
10009	Fine needle aspiration biopsy including CT guidance, first lesion	F S		\$493.98
10010	Fine needle aspiration biopsy including CT guidance, each additional lesion	F S		\$289.71
10011	Fine needle aspiration biopsy including MRI guidance, first lesion	F S		\$493.98
10012	Fine needle aspiration biopsy including MRI guidance, each additional lesion	F S		\$289.71
10021	Fine Needle Aspiration (FNA) without imaging guidance	F S		\$111.37
19000	Puncture aspiration of breast cyst	F S		\$113.18
19001	Puncture aspiration of breast cysts, <u>each additional cyst</u>	F S		\$29.49
19081	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion	F S		\$559.90
19082	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion	F S		\$437.25
19083	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion	F S		\$566.70
19084	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion	F S		\$431.81
19085	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion	F S		\$867.11
19086	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion	F S		\$674.65
19100	Breast biopsy, percutaneous needle core, not using imaging guidance	F S		\$175.42
19101	Breast biopsy, <u>open incisional</u>	F S		\$379.64
19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion, <u>open lesion</u> ; one or more lesions	F S		\$595.61
19125	Excision of breast lesion identified by preoperative placement of radiological marker, single; open; lesion	F S		\$659.12
19126	Excision of breast lesion identified by preoperative placement of radiological marker, open; <u>each additional lesion separately identified by a preoperative radiological marker</u>	F S		\$189.88
19281	Placement of breast localization device, percutaneous; mammographic guidance; first lesion	F S		\$261.91
19282	Placement of breast localization device, percutaneous; mammographic guidance; <u>each additional lesion</u>	F S		\$186.05
19283	Placement of breast localization device, percutaneous; stereotactic guidance; first lesion	F S		\$285.97
19284	Placement of breast localization device, percutaneous; stereotactic guidance; <u>each additional lesion</u>	F S		\$213.36
19285	Placement of breast localization device, percutaneous; US guidance; first lesion	F S		\$417.32
19286	Placement of breast localization device, percutaneous; US guidance; <u>each additional lesion</u>	F S		\$343.75
19287	Placement of breast localization device, percutaneous; MRI guidance; first lesion	F S		\$720.26
19288	Placement of breast localization device, percutaneous; MRI guidance; <u>each additional lesion</u>	F S		\$559.16

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CERVICAL - Screening Codes				
88141	Cytopathology, cervical or vaginal, requiring interpretation by physician	FS		\$23.47
88142	Pap Test, cervical or vaginal, Liquid Based, thin prep, manual screening under physician supervision*	F S		\$20.26
88164	Pap Test, Conventional slides, cervical or vaginal, reported in the Bethesda System, manual screening under physician supervision	F S		\$15.92
87624	HPV (Human Papillomavirus) high risk types <input type="checkbox"/> Hybrid Capture II from Digene (High Risk Typing, only) <input type="checkbox"/> Cervista HPV HR	F S		\$35.09
87625	Human Papillomavirus, types 16 and 18 only	F S		\$40.55

* CPT codes 88143, 88174, 88175 must be reimbursed at the applicable 88142 Medicare reimbursement rate (or less based on bill received).

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CERVICAL - Diagnostic Codes					
57452	Colposcopy of cervix including upper/adjacent vagina without biopsy or Endocervical Curettage (ECC)	F S		\$ 142.08	
57454	Colposcopy of the cervix with biopsy and endocervical curettage	F S		\$ 191.67	
57455	Colposcopy of the cervix with biopsy	F S		\$ 181.75	
57456	Colposcopy of the cervix with endocervical curettage	F S		\$ 170.21	
57460	Colposcopy with Loop Electrode biopsy(s) of the cervix**	F S		\$ 355.11	
57461	Colposcopy with Loop Electrode Conization biopsy of the cervix**	F S		\$ 397.97	
57500	Biopsies or Local Excision of Cervical Lesion, single or multiple**	F S		\$ 174.16	
57505	Endocervical Curettage (ECC)	F S		\$ 174.53	
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair, cold knife or laser**	F S		\$ 397.52	
57522	Loop Electrode Excision Procedure (LEEP)**	F S		\$ 342.48	
58100	Endometrial Sampling (Biopsy) with or without endocervical sampling (Biopsy), without cervical dilation**	F S		\$ 115.26	
58110	Endometrial Sampling (Biopsy) performed in conjunction with colposcopy**	F S		\$ 56.03	
58558	Hysteroscopy with Endometrial Biopsy**	S		\$ 1,516.29	
76856	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete**	S	\$ 80.13	\$ 35.76	\$ 115.89
CERVICAL - Treatment Codes					
57460	Endoscopy with Loop Electrode Biopsy(s) of the cervix **	S		\$ 355.11	
57461	Endoscopy with Loop Electrode Conization biopsy of the cervix**	S		\$ 397.97	
57511	Cryocautery of the cervix**	S		\$ 225.87	
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair, cold knife or laser**	S		\$ 397.52	
57522	Loop Electrode Excision Procedure (LEEP)**	S		\$ 342.48	

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Pathology Fees					
88172	Evaluation of FNA of Breast(s) to determine specimen adequacy	F S	\$ 20.88	\$ 36.35	\$ 57.23
88173	Interpretation and report of FNA of Breast(s)	F S	\$ 94.36	\$ 72.90	\$ 167.26
88177	Evaluation of FNA of Breast(s) to determine specimen adequacy; each separate additional evaluation episode	F S	\$ 7.59	\$ 22.57	\$ 30.16
88305	Surgical pathology, breast (does not evaluate surgical margins) or cervical biopsy specimens	F S	\$ 36.42	\$ 38.45	\$ 74.86
88307	Surgical pathology, breast (evaluates surgical margins)	F S	\$ 218.64	\$ 85.32	\$ 303.96
88331	Frozen section, first tissue block, single specimen (cervical)	F S	\$ 43.64	\$ 63.88	\$ 107.53
88332	Frozen section, <u>each additional</u> specimen (Limit 2) (cervical)	F S	\$ 25.94	\$ 31.41	\$ 57.34
88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional stain** (cervical only)	F S	\$ 64.31	\$ 28.91	\$ 93.22
88342	Immunohistochemistry or immunocytochemistry, per specimen; 1 st stain** (cervical only)	F S	\$ 71.10	\$ 35.62	\$ 106.71
88360	Morphometric analysis, tumor immunochemistry, per specimen; manual (breast only)	F S	\$ 84.83	\$ 42.67	\$ 127.50
88361	Morphometric analysis, tumor immunochemistry, per specimen; using computer-assisted technology (breast only)	F S	\$ 82.30	\$ 44.72	\$ 127.02

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Preoperative Testing					
71045	Chest x-ray, 1 view	F S	\$ 18.71	\$ 9.47	\$ 28.19
71046	Chest x-ray, 2 views	F S	\$ 25.22	\$ 11.24	\$ 36.45
36415	Venipuncture	F S			\$ 3.00
80048	Basic metabolic panel	F S			\$ 8.46
80053	Comprehensive metabolic panel	F S			\$ 10.56
81001	Urinalysis	F S			\$ 3.17
81025	Pregnancy test	F S			\$ 8.61
82565	Creatinine Assay**	FS			\$ 5.12
84520	BUN (Assay of Urea Nitrogen)**	FS			\$ 3.95
85014	Hematocrit	F S			\$ 2.37
85018	Hemoglobin	F S			\$ 2.37
85025	CBC with differential WBC count	F S			\$ 7.77
85027	CBC without differential	F S			\$ 6.47
87635	COVID-19 infectious agent antigen detection by immunoassay technique; qualitative	FS			\$ 51.31
93000	EKG	F S			\$ 15.55

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CPT Code	Description and Payers (F = Federal/BCCP, S = State)	Fees			
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Additional Procedure Fees					
00400	General Anesthesia (Limited to \$300.00)	F S			\$ 300.00
99156	Conscious Sedation (Limited to \$200.00) (10-22 minutes)	F S			\$ 200.00
99157	Conscious Sedation (Limited to \$200.00) (Each additional 15 minutes)	F S			\$ 200.00
99070	Surgical supplies (not covered in the above CPT codes)	F S			\$ 500.00