

Montana Cancer Control Programs
Compensation and Billing - Covered Services

Fee for Service Schedule - Effective June 30, 2011 Until notified of a change

<i>Description of Services</i>	<i>CPT Codes</i>	<i>Rate</i>
<i>OFFICE VISITS</i>		
Office Visit, New Patient, Problem Focused- 10 minutes	99201	\$40.96
Office Visit, New Patient, Expanded Problem Focus- 20 minutes	99202	\$70.74
Office Visit, New Patient, Low Complexity- 30 minutes	99203	\$102.41
Office Visit, New Patient, Moderate Complexity- 45 minutes	99204	\$157.45
Office Visit, Established Patient, Minimal Problem- 5 minutes	99211	\$19.67
Office Visit, Established Patient, Problem Focused- 10 minutes	99212	\$41.30
Office Visit, Established Patient, Low Complexity- 15 minutes	99213	\$68.70
Office Visit, Established Patient, Moderate Complexity, 25 minutes	99214	\$101.89
Preventive Services, New Patient, Age 18-39	99385	\$70.74
Preventive Services, New Patient, Age 40-64	99386	\$102.41
Preventive Services, New Patient, Age 65 and over	99387	\$102.41
Preventive Services, Established Patient, Age 18-39	99395	\$40.96
Preventive Services, Established Patient, Age 40-64	99396	\$70.74
Preventive Services, Established Patient, Age 65 and over	99397	\$70.74
<i>RADIOLOGICAL PROCEDURES</i>		
Radiological exam, surgical specimen (global)	76098	\$19.29
Radiological exam, surgical specimen (technical)	76098/TC	\$11.17
Radiological exam, surgical specimen (professional)	76098-26	\$8.12
Ultrasound, Breast(s) unilateral or bilateral (global)	76645	\$89.17
Ultrasound, Breast(s) unilateral or bilateral (technical)	76645/TC	\$62.14
Ultrasound, Breast(s) unilateral or bilateral (professional)	76645-26	\$27.03
Ultrasound guidance for needle biopsy (global)	76942	\$197.89
Ultrasound guidance for needle biopsy (technical)	76942/TC	\$164.41
Ultrasound guidance for needle biopsy (professional)	76942-26	\$33.48
Stereotactic Localization for breast biopsy, each lesion, Radiological supervision & interpretation. (global)	77031	\$161.23
Stereotactic Localization for breast biopsy, each lesion, Radiological supervision & interpretation. (technical)	77031/TC	\$81.50
Stereotactic Localization for breast biopsy, each lesion, Radiological supervision & interpretation. (professional)	77031-26	\$79.72
Preoperative placement of needle localization wire, breast Radiological supervision & interpretation. (global)	77032	\$55.91

<i>Description of Services</i>	<i>CPT Codes</i>	<i>Rate</i>
Preoperative placement of needle localization wire, breast Radiological supervision & interpretation. (technical)	77032/TC	\$28.16
Preoperative placement of needle localization wire, breast Radiological supervision & interpretation. (professional)	77032-26	\$27.75
Diagnostic Mammography, Unilateral (2 views of 1 breast) (global)	77055	\$86.45
Diagnostic Mammography, Unilateral (technical)	77055/TC	\$51.61
Diagnostic Mammography, Unilateral (professional)	77055-26	\$34.84
Diagnostic Mammography, Bilateral (global)	77056	\$110.53
Diagnostic Mammography, Bilateral (technical)	77056/TC	\$67.23
Diagnostic Mammography, Bilateral (professional)	77056-26	\$43.30
Screening Mammography, Bilateral (global)	77057	\$81.01
Screening Mammography, Bilateral (technical)	77057/TC	\$46.17
Screening Mammography, Bilateral (professional)	77057-26	\$34.84
Digital Screening Mammography, Bilateral (global)	G0202	\$140.13
Digital Screening Mammography, Bilateral (technical)	G0202/TC	\$105.29
Digital Screening Mammography, Bilateral (professional)	G0202-26	\$34.84
Digital Diagnostic Mammography, Bilateral (global)	G0204	\$167.61
Digital Diagnostic Mammography, Bilateral (technical)	G0204/TC	\$124.65
Digital Diagnostic Mammography, Bilateral (professional)	G0204-26	\$42.96
Digital Diagnostic Mammography, Unilateral (global)	G0206	\$132.66
Digital Diagnostic Mammography, Unilateral (technical)	G0206/TC	\$97.81
Digital Diagnostic Mammography, Unilateral (professional)	G0206-26	\$34.84

LABORATORY AND PATHOLOGY

Papillomavirus, human, amplified probe technique	87621	\$49.39
Cytopathology, fluids, washings or brushings, except vaginal or cervical (global)	88104	\$65.16
Cytopathology, fluids, washings or brushings, except vaginal or cervical (technical)	88104/TC	\$37.68
Cytopathology, fluids, washings or brushings, except vaginal or cervical (prof)	88104-26	\$27.48
Cytopathology, cervical or vaginal, requiring interpretation by a physician.	88141	\$28.76
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	88142	\$28.51
Cytopathology with manual screening and re-screening under physician supervision.	88143	\$28.51
Cytopathology with automated screening and manual re-screening under physician supervision.	88148	\$21.39
Cytopathology, slides, cervical or vaginal, (Bethesda System) manual screening under physician supervision	88164	\$14.87
Evaluation of fine needle aspirate (global)	88172	\$50.55
Evaluation of fine needle aspirate (technical)	88172/TC	\$20.69
Evaluation of fine needle aspirate (professional)	88172-26	\$29.86

<i>Description of Services</i>	<i>CPT Codes</i>	<i>Rate</i>
Evaluation of fine needle aspirate, interpretation (global)	88173	\$137.41
Evaluation of fine needle aspirate, interpretation (technical)	88173/TC	\$69.27
Evaluation of fine needle aspirate, interpretation (professional)	88173-26	\$68.14
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	88174	\$30.06
Cytopathology with automated screening and re-screening under physician supervision.	88175	\$37.28
Surgical Pathology, gross examination only, global	88300	\$26.76
Surgical Pathology, gross examination only, technical	88300/TC	\$22.39
Surgical Pathology, gross examination only, professional	88300-26	\$4.38
Surgical pathology, gross and microscopic examination (review level III) breast, cervical, colon, colorectal polyp (biopsy specimens only)	88304	\$62.44
Surgical pathology, gross and microscopic examination (review level III) breast, cervical, colon, colorectal polyp (biopsy specimens only) Technical	88304/TC	\$51.61
Surgical pathology, gross and microscopic examination (review level III) breast, cervical, colon, colorectal polyp (biopsy specimens only) Professional	88304-26	\$10.83
Surgical pathology/biopsy lab. Breast or Cervical specimens only (global)	88305	\$105.93
Surgical pathology/biopsy lab. Breast or Cervical specimens only (technical)	88305/TC	\$69.61
Surgical pathology/biopsy lab. Breast or Cervical specimens only (professional)	88305-26	\$36.32
Surgical pathology. Breast, excision of lesion, requiring microscopic evaluation of surgical margins (global)	88307	\$226.09
Surgical pathology. Breast, excision of lesion, requiring microscopic evaluation of surgical margins (technical)	88307/TC	\$146.74
Surgical pathology. Breast, excision of lesion, requiring microscopic evaluation of surgical margins (professional)	88307-26	\$79.35
Pathology: Special Stains, global	88312	\$106.61
Pathology: Special Stains, technical	88312/TC	\$80.49
Pathology: Special Stains, professional	88312-26	\$26.12
Consultation, comprehensive, with review of records and specimens, with report on referred material.	88325	\$198.98
Pathology consultation during surgery	88329	\$51.83
First tissue block with frozen sections, single specimen (global)	88331	\$91.32
First tissue block with frozen sections, single specimen (technical)	88331/TC	\$31.90
First tissue block with frozen sections, single specimen (professional)	88331-26	\$59.42
Each additional tissue block with frozen sections (global)	88332	\$40.36
Each additional tissue block with frozen sections (technical)	88332/TC	\$11.17
Each additional tissue block with frozen sections (professional)	88332-26	\$29.18
Immunohistochemistry, each antibody (global)	88342	\$103.81
Immunohistochemistry, each antibody (technical)	88342/TC	\$62.82
Immunohistochemistry, each antibody (professional)	88342-26	\$41.00

<i>Description of Services</i>	<i>CPT Codes</i>	<i>Rate</i>
<i>BREAST SURGERIES</i>		
Anesthesia, anterior trunk (baseline= 3 units@ 15 minutes each)	00400	\$20.84
Fine needle aspiration, without imaging guidance	10021	\$141.52
Fine needle aspiration, without imaging guidance, Physicians Fee if performed in facility	10021-26	\$69.49
Fine needle aspiration, with imaging guidance	10022	\$136.05
Fine needle aspiration, with imaging guidance, Physician fee if performed in facility	10022-26	\$65.04
Puncture aspiration of cyst of breast	19000	\$108.30
Puncture aspiration of cyst of breast, Physician fee if performed in facility	19000-26	\$43.75
Puncture aspiration of cyst of breast, each additional	19001	\$26.31
Puncture aspiration of cyst of breast, each additional, Physician fee if performed in facility	19001-26	\$21.55
Biopsy of breast, percutaneous, needle core, not using imaging guidance	19100	\$141.02
Biopsy of breast, percutaneous, needle core, not using imaging guidance, Physician fee if performed in facility	19100-26	\$67.97
Biopsy of breast, open, incisional	19101	\$321.22
Biopsy of breast, open, incisional, Physician fee if performed in facility	19101-26	\$212.50
Biopsy of breast, percutaneous, needle core, using imaging guidance	19102	\$211.85
Biopsy of breast, percutaneous, needle core, using imaging guidance, Physician fee if performed in facility	19102-26	\$102.44
Biopsy of breast, percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance	19103	\$544.84
Biopsy of breast, percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance, Physician fee if performed in facility	19103-26	\$191.14
Nipple Exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct	19110	\$456.13
Nipple Exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct, Physician fee if performed in facility	19110-26	\$324.30
Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion, open, one or more lesions.	19120	\$463.74
Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion, open, one or more lesions, Physician fee if performed in facility	19120-26	\$393.06
Excision of breast lesion identified by preoperative placement of radiological marker, single lesion.	19125	\$514.73
Excision of breast lesion identified by preoperative placement of radiological marker, single lesion, Physician fee if performed in facility	19125-26	\$436.92
Excision of breast lesion separately identified by preoperative placement of radiological marker, each additional lesion.	19126	\$157.95
Preoperative placement of needle localization wire, breast	19290	\$158.89
Preoperative placement of needle localization wire, breast, Physician fee if performed in facility	19290-26	\$64.77
Preoperative placement of needle localization wire, breast, each additional lesion	19291	\$67.42

<i>Description of Services</i>	<i>CPT Codes</i>	<i>Rate</i>
Preoperative placement of needle localization wire, breast, each additional lesion, Physician fee if performed in facility	19291-26	\$31.75
Image guided placement, metallic localization clip, percutaneous, during breast biopsy	19295	\$90.34

CERVICAL SURGERIES

Colposcopy of the cervix including upper/adjacent vagina	57452	\$108.14
Colposcopy of the cervix including upper/adjacent vagina, Physician fee if performed in facility	57452-26	\$91.15
Colposcopy with biopsy(s) of the cervix and endocervical curettage	57454	\$153.13
Colposcopy with biopsy(s) of the cervix and endocervical curettage, Physician fee if performed in facility	57454-26	\$135.81
Colposcopy with biopsy(s) of the cervix	57455	\$142.45
Colposcopy with biopsy(s) of the cervix, Physician fee if performed in facility	57455-26	\$110.86
Colposcopy with endocervical curettage	57456	\$134.72
Colposcopy with endocervical curettage, Physician fee if performed in facility	57456-26	\$103.46
Endocervical Curettage	57505	\$101.50
Endocervical Curettage, Physician fee if performed in facility	57505-26	\$91.31

FECAL OCCULT BLOOD TESTS

Blood, Occult, by peroxidase activity (e.g. guiac), qualitative, feces, consecutive collected specimens with single determination for colorectal neoplasm screening	82270	\$4.58
Blood, Occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations	82274	\$22.38
Screening fecal occult blood test, immunoassay	G0328	\$22.38

COLONOSCOPY

Anesthesia for lower intestinal endoscopic procedures.	00810	\$20.84
Anesthesia for anorectal procedure.	00902	\$20.84
Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimens by brushing or washing, with or without colon decompression	45378	\$393.56
Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimens by brushing or washing, with or without colon decompression, Physician fee if performed in a facility	45378-26	\$218.58
Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple.	45380	\$470.38
Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple, Physician fee if performed in facility	45380-26	\$262.10
Colonoscopy, flexible, proximal to splenic flexure; with directed submucosal injection	45381	\$457.96
Colonoscopy, flexible, proximal to splenic flexure; with directed submucosal injection. Physician fee if performed in facility.	45381-26	\$248.67
Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding	45382	\$616.16
Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding, Physician fee if performed in facility	45382-26	\$334.50

<i>Description of Services</i>	<i>CPT Codes</i>	<i>Rate</i>
Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	45383	\$564.59
Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique, Physician fee if performed in facility	45383-26	\$337.97
Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	45384	\$465.39
Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery, Physician fee if performed in facility	45384-26	\$273.09
Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	45385	\$530.02
Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique, Physician fee if performed in facility	45385-26	\$310.87
Screening colonoscopy on high risk individual	G0105	\$393.56
Screening colonoscopy on high risk individual, Physician fee if performed in a facility	G0105-26	\$218.58
Screening colonoscopy on average risk individual	G0121	\$393.56
Screening colonoscopy on average risk individual, Physician fee if performed in a facility	G0121-26	\$218.58

PRIOR APPROVAL CODES

Anesthesia, Vaginal Procedures	00940	\$20.84
Colposcopy with Loop Electrode biopsy(s) of the cervix	57460	\$290.69
Colposcopy with Loop Electrode biopsy(s) of the cervix, Physician fee if performed in facility	57460-26	\$163.28
Colposcopy with Loop Electrode conization of the cervix	57461	\$326.97
Colposcopy with Loop Electrode conization of the cervix, Physician fee if performed in facility	57461-26	\$188.68
Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration.	57500	\$130.04
Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration. Physician fee if performed in facility	57500-26	\$75.34
Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair, cold knife or laser	57520	\$305.22
Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair, cold knife or laser, Physician fee if performed in facility	57520-26	\$271.58
Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair, loop electrode excision	57522	\$263.28
Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair, loop electrode excision, Physician fee if performed in facility	57522-26	\$242.89
Endometrial Biopsy	58100	\$109.43
Endometrial Biopsy, Physician fee if performed in facility	58100-26	\$87.68

- Digital mammography technology may be used to screen women for breast cancer.
- Surgical facility reimbursement is paid for outpatient surgery only. Claim lines containing allowable codes will be paid at the MBCHP rate. Reimbursement for the remaining claim lines that are related to allowable procedures will be calculated at the CURRENT Montana Medicaid statewide outpatient "cost to charge ratio" (CCR). The current CCR is 52%.
- HPV (87621) testing is a reimbursable procedure only if used in follow-up of an ASC-US Pap test result from the screening exam.
- When submitting a claim for an interrupted colonoscopy, professional providers are to suffix the colonoscopy code with a modifier "53" to indicate that the procedure was interrupted.
- Medicare has special payment rules for multiple endoscopies performed on the same day. The MCCP will process endoscopy claims in accordance with these rules. When multiple colonoscopies are performed, the colonoscopy with the highest fee schedule amount is reimbursed at 100% of the fee schedule rate. The additional related colonoscopies are priced by subtracting the base colonoscopy (CPT 45378) price.
- In order for a claim to be paid, it must be received within 365 days of the date of service.
- These rates may be subject to change if Medicare Participating rates change during the year.