Ohio Department of Health

2022 Ohio BCCP Allowable Procedure and Relevant CPT® Codes – State and Federal Funds

June 30, 2021 - June 29, 2022

The Ohio Department of Health
Ohio Breast and Cervical Cancer Project (ODH BCCP)
Rates subject to change without notice

The Current Procedural Terminology (CPT) codes listed are not all-inclusive, ODH BCCP Program may add other, including temporary, codes for an approved procedure.

Hospital/TC – Rates paid for technical modifier or hospital claims.
Physican/26 – Rate paid to physicians who perform service in a hospital/ASC or professional modifier.

CPT Code	Office Visits	Global	Physician/26	Hospital/TC	End Notes
99202	New patient; medically appropriate history/exam; straightforward decision making; 15-29 minutes	$70.93	$48.95	$48.95	
99203	New patient; medically appropriate history/exam; low level decision making; 30-44 minutes	$109.66	$82.90	$82.90	
99204	New patient; medically appropriate history/exam; moderate level decision making; 45-59 minutes	$164.49	$134.86	$134.86	1
99205	New patient; medically appropriate history/exam; high level decision making; 60-74 minutes	$217.43	$183.02	$183.02	1
99211	Established patient; evaluation and management; may not require presence of physician; presenting problems are minimal	$21.64	$8.89	$8.89	
99212	Established patient; medically appropriate history/exam; straightforward decision making; 10- 19 minutes	$54.37	$35.57	$35.57	
99213	Established patient; medically appropriate history/exam; low level decision making; 20-29 minutes	$89.00	$66.70	$66.70	
99214	Established patient; medically appropriate history/exam; moderate level decision making; 30-39 minutes	$126.50	$98.46	$98.46	
99385	Initial comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunizations and lab procedures; 18 to 39 years of age	$128.15	$96.30	$96.30	2
99386	Same as 99385, but 40 to 64 years of age	$128.15	$96.30	$96.30	2
99387	Same as 99385, but 65 years of age or older	$128.15	$96.30	$96.30	2
99395	Periodic comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunizations and lab procedures; 18 to 39 years of age	$115.79	$88.07	$88.07	2
99396	Same as 99395, but 40 to 64 years of age	$115.79	$88.07	$88.07	2
99397	Same as 99395, but 65 years of age or older	$115.79	$88.07	$88.07	2

CPT Code	Screening and Diagnostic Procedures	Global	Physician/26	Hospital/TC	End Notes
10004	Fine needle aspiration biopsy without imaging guidance, each additional lesion	$50.91	$42.95	$50.91	
10005	Fine needle aspiration biopsy including ultrasound guidance, first lesion	$132.49	$72.60	$132.49	
10006	Fine needle aspiration biopsy including ultrasound guidance, each additional lesion	$60.05	$50.50	$60.05	
10007	Fine needle aspiration biopsy including fluoroscopic guidance, first lesion	$295.32	$91.75	$295.32	
10008	Fine needle aspiration biopsy including fluoroscopic guidance, each additional lesion	$157.51	$58.43	$157.51	
10009	Fine needle aspiration biopsy including CT guidance, first lesion	$451.32	$111.72	$451.32	
10010	Fine needle aspiration biopsy including CT guidance, each additional lesion	$267.82	$81.14	$267.82	
10011	Fine needle aspiration biopsy including MRI guidance, first lesion	$451.32	$111.72	$451.32	8
10012	Fine needle aspiration biopsy including MRI guidance, each additional lesion	$267.82	$81.14	$267.82	8
10021	Fine needle aspiration biopsy without imaging guidance, first lesion	$100.22	$55.30	$100.22	
19000	Puncture aspiration of cyst of breast	$104.23	$43.39	$104.23	
19001	Puncture aspiration of cyst of breast, each additional cyst, *used with 19000*	$26.76	$21.34	$26.76	
19081	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion	$549.44	$164.92	$549.44	6
19082	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion	$436.41	$82.80	$436.41	6
19083	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion	$549.50	$156.06	$549.50	6
19084	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion	$428.40	$77.65	$428.40	6
19085	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion	$839.64	$180.51	$839.64	6
19086	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion	$661.46	$90.26	$661.46	6
19100	Breast biopsy, percutaneous, needle core, not using imaging guidance	$154.84	$71.06	$154.84	
19101	Breast biopsy, open, incisional	$338.15	$224.74	$338.15	
19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion; open; one or more lesions	$514.93	$418.72	$514.93	
19125	Excision of breast lesion identified by preoperative placement of radiological marker; open; single lesion	$568.61	$464.44	$568.61	
19126	Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker	$164.38	$164.38	$164.38	
19281	Placement of breast localization device, percutaneous; mammographic guidance; first lesion	$237.73	$98.83	$237.73	7
19282	Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion	$168.31	$49.80	$168.31	7
19283	Placement of breast localization device, percutaneous; stereotactic guidance; first lesion	$262.19	$100.36	$262.19	7
19284	Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion	$198.51	$51.32	$198.51	7
19285	Placement of breast localization device, percutaneous; ultrasound guidance; first lesion	$410.06	$84.80	$410.06	7
19286	Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion	$344.34	$42.97	$344.34	7
19287	Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion	$702.92	$126.30	$702.92	7
19288	Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion	$552.85	$63.52	$552.85	7
57452	Colposcopy of the cervix	$122.92	$90.75	$122.92	
57454	Colposcopy of the cervix, with biopsy and endocervical curettage	$167.10	$134.61	$167.10	
57455	Colposcopy of the cervix, with biopsy	$158.05	$109.94	$158.05	

57456	Colposcopy of the cervix, with endocervical curettage	$148.19	$102.00	$148.19	
57460	Colposcopy with loop electrode biopsy(s) of the cervix	$313.44	$161.16	$313.44	14
57461	Colposcopy with loop electrode conization of the cervix	$349.92	$186.49	$349.92	14
57500	Cervical biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	$149.86	$74.99	$149.86	
57505	Endocervical curettage (not done as part of a dilation and curettage)	$142.76	$104.53	$142.76	
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	$344.33	$291.45	$344.33	14
57522	Loop electrode excision procedure	$296.81	$253.16	$296.81	14
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	$100.83	$64.83	$100.83	12
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy. (List separately in addition to code for primary procedure.)	$50.63	$41.39	$50.63	12
76098	Radiological examination, surgical specimen	$40.32	$15.40	$24.91	
76641	Ultrasound, complete examination of breast including axilla, unilateral	$101.93	$35.28	$66.65	
76642	Ultrasound, limited examination of breast including axilla, unilateral	$84.25	$33.22	$51.03	
76942	Ultrasonic guidance for needle placement, imaging supervision and interpretation	$56.19	$30.96	$25.23	
77046	Magnetic resonance imaging (MRI), breast, without contrast, unilateral	$226.95	$69.45	$157.50	5
77047	Magnetic resonance imaging (MRI), breast, without contrast, bilateral	$233.46	$76.60	$156.86	5
77048	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, unilateral	$360.75	$101.30	$259.45	5
77049	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, bilateral	$369.07	$101.89	$258.17	5
77053	Mammary ductogram or galactogram, single duct	$52.89	$17.47	$35.42	
77063	Screening digital breast tomosynthesis, bilateral	$52.73	$29.47	$23.26	3
77065	Diagnostic mammography, unilateral, includes CAD	$122.56	$39.03	$83.53	
77066	Diagnostic mammography, bilateral, includes CAD	$155.06	$48.27	$106.79	
77067	Screening mammography, bilateral, includes CAD	$125.27	$36.97	$88.31	
G0279	Diagnostic digital breast tomosynthesis, unilateral or bilateral	$52.73	$29.47	$23.26	4
Various	To include any pre-operative testing procedures medically necessary for the planned surgical procedure (e.g., complete blood count, urinalysis, pregnancy test, pre-operative CXR, etc). This includes COVID-19 testing.	Various	Various	Various	

CPT Code	Pathology	Global	Physician/26	Hospital/TC	End Notes
87624	Human papillomavirus, high-risk types	$35.09			9
87625	Human papillomavirus, types 16 and 18 only	$40.55			9
88141	Cytopathology, cervical or vaginal, any reporting system, requiring interpretation by physician	$20.92			
88142	Cytopathology (liquid-based Pap test) cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	$20.26			
88143	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening and rescreening under physician supervision	$23.04			
88164	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening under physician supervision	$15.12			
88165	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening and rescreening under physician supervision	$42.22			
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), first evaluation episode	$53.19	$34.97	$18.22	
88173	Cytopathology, evaluation of fine needle aspirate; interpretation and report	$147.64	$69.46	$78.18	
88174	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	$25.37			
88175	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system and manual rescreening, under physician supervision	$26.61			
88177	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), each separate additional evaluation episode	$28.10	$21.41	$6.69	
88305	Surgical pathology, gross and microscopic examination	$67.71	$36.75	$30.96	
88307	Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	$270.39	$81.22	$189.17	
88331	Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen	$99.37	$60.76	$38.61	
88332	Pathology consultation during surgery, each additional tissue block, with frozen section(s)	$52.25	$30.21	$22.04	
88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure. (List separately in addition to code for primary procedure.)	$87.46	$27.89	$59.57	
88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	$99.10	$34.36	$64.73	
88360	Morphometric analysis, tumor immunohistochemistry, per specimen; manual	$116.76	$41.19	$75.57	
88361	Morphometric analysis, tumor immunohistochemistry, per specimen; using computer- assisted technology	$116.42	$43.09	$73.34	
88364	In situ hybridization (e.g.,FISH), per specimen; each additional single probe stain procedure	$134.14	$34.05	$100.10	
88365	In situ hybridization (e.g.,FISH), per specimen; initial single probe stain procedure	$172.72	$42.94	$129.79	
88366	In situ hybridization (e.g.,FISH), per specimen; each multiplex probe stain procedure	$271.94	$60.92	$211.02	
88367	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, initial single probe stain procedure	$108.11	$33.18	$74.93	
88368	Morphometric analysis, in situ hybridization, manual, per specimen, initial single probe stain procedure.	$128.06	$40.64	$87.42	
88369	Morphometric analysis, in situ hybridization, manual, per specimen, each additional probe stain procedure	$110.25	$31.82	$78.43	
88373	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each additional probe stain procedure	$68.72	$25.72	$43.01	
88374	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each multiplex stain procedure	$324.71	$43.03	$281.68	
88377	Morphometric analysis, in situ hybridization, manual, per specimen, each multiplex stain procedure	$392.21	$63.31	$328.89	
99070	Supplies and materials (except spectacles), 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)	$50.00 to $100.00			
Various	Pre-operative testing; CBC, urinalysis, pregnancy test, etc. These procedures should be medically necessary for the planned surgical procedure. This includes COVID-19 testing..	Various	Various	Various	

CPT Code	Anesthesia - Conscious Sedation	Rate	End Notes
99156	Conscious sedation anesthesia 10-22 minutes	$76.74	10
99157	Conscious sedation anesthesia each additional 15 minutes	$62.79	10

		Modifiers		
CPT Code	Anesthesia - Conscious Sedation	AA, QZ	QK, QY, AD, QX	End Notes
00400	Anesthesia for procedures on the integumentary system, anterior trunk, not otherwise specified. Medicare base units = 3.	$27.81	$13.90	13
00940	Anesthesia for vaginal procedures. Medicare base units = 3.	$27.81	$13.90	13

CPT Code	HPV Vaccine - State Funded	Rate	End Notes
90651	HPV vaccine 9 Valent IM	$173.70	15
90471	Vaccine administration for the HPV vaccine only	$16.19	15

CPT Code	Procedures Specifically Not Allowed With Federal Funds	End Notes
Any	Treatment of breast carcinoma in situ, breast cancer, cervical intraepithelial neoplasia and cervical cancer.	
77061	Breast tomosynthesis, unilateral	11
77062	Breast tomosynthesis, bilateral	11
87623	Human papillomavirus, low-risk types	

End Note	Description
1	All consultations should be billed through the standard "new patient" office visit CPT codes 99201–99205. Consultations billed as 99204 or 99205 must meet the criteria for these codes. These codes (99204–99205) are typically not appropriate for ODH BCCP screening visits. However, they may be used when provider spends extra time to do a detailed risk assessment.
2	The type and duration of office visits should be appropriate to the level of care needed to accomplish screening and diagnostic follow-up within the Ohio BCCP. While some programs may need to use 993XX-series codes, preventive medicine evaluation visits are not covered by Medicare and not appropriate for the NBCCEDP. The 9938X codes shall be reimbursed at or below the 99203 rate, and 9939X codes shall be reimbursed at or below the 99213 rate.
3	List separately in addition to code for primary procedure 77067.
4	List separately in addition to 77065 or 77066.
5	Breast MRI can be reimbursed by the NBCCEDP in conjunction with a mammogram when a client has a BRCA gene mutation, a first-degree relative who is a BRCA carrier, or a lifetime risk of 20% or greater as defined by risk assessment models such as BRCAPRO that depend largely on family history. Breast MRI also can be used to assess areas of concern on a mammogram, or to evaluate a client with a history of breast cancer after completing treatment. Breast MRI should never be done alone as a breast cancer screening tool. Breast MRI cannot be reimbursed by the Ohio BCCP program if used to assess the extent of disease in a woman newly diagnosed with breast cancer in order to determine treatment.
6	Codes 19081-19086 are to be used for breast biopsies that include image guidance, placement of a localization device, and imaging of specimen. They should not be used in conjunction with 19281-19288.
7	Codes 19281–19288 are for image guidance placement of a localization device without image-guided biopsy. These codes should not be used in conjunction with 19081–19086.
8	For CPT 10011 use the reimbursement rate for CPT code 10009. For CPT 10012 use the reimbursement rate for CPT code 10010.
9	HPV DNA testing is not a reimbursable procedure if used as an adjunctive screening test to the pap for women under 30 years of age.
10	Example: If procedure is 50 minutes, code 99156 + (99157 x 2). No separate charge allowed if procedure <10 minutes.
11	These procedures have not been approved for coverage by Medicare.
12	Endometrial biopsy can only be reimbursed by the NBCCEDP as a follow-up to a recent abnormal pap test with atypical glandular cells (AGC) or when a pap test in postmenopausal women shows endometrial cells.
13	Medicare's methodology for the payment of anesthesia services is outlined in chapter 12 of the Medicare Claims Processing Manual at www.cms.hhs.gov/manuals/downloads/clm104c12.pdf . The carrier-specific Medicare anesthesia conversion rates are available at www.cms.hhs.gov/center/anesth.asp. Modifiers: Split billing between physician and nurse allowed with modifiers QK, QY, or AD for physician and modifier QX for nurse.
14	A LEEP or conization of the cervix should only be reimbursed as a diagnostic procedure. These are not covered for treatment purposes for clients with a biopsy confirmed diagnosis. Pre-authorization by the Ohio Department of Health program staff is required for diagnostic LEEPs or conizations.
15	HPV vaccine is approved for payment from state funds for age appropriate clients receiving the vaccine based on guidelines. Currently, this is approved for women ages 21-45. ODH BCCP will cover the three vaccine doeses and the administration CPT codes. An office visit can be covered for the first dose, but not for the additional two doses.