TENNESSEE BREAST AND CERVICAL SCREENING PROGRAM

REIMBURSEMENT SCHEDULE FOR 2022

Effective January 1, 2022 through December 31, 2022

SPECIAL NOTES:

1. New codes indicated in **BOLD**, deleted codes are indicated with ~~strikethrough.~~

2. TBCSP reserves the right to amend and update the Reimbursement Schedule as needed in order to maintain the most current rates and to be compliant with national program guidelines. Modifiers should be used in accordance with the most current CMS coding guidance.

3. Telehealth: TBCSP will reimburse for telehealth visits during the current COVID-19 public health emergency (PHE). Per CMS guidance from Medicare, the same routine office visits codes can be used with appropriate telehealth modifier and documentation requirements.

3. BREAST MRI

a. **Screening Breast MRI**s can be covered annually for clients who are **HIGH RISK** (see TBCSP Manual for definition). Approval from the Regional BCS coordinator OR Central Office **must** occur **prior** to the MRI.

b. Clients needing a diagnostic MRI should be enrolled into PE TennCare.

c. Clients who do not meet TennCare requirements and need **Diagnostic Breast MRIs** will be evaluated on a case by case basis and approval **must** be made by Central Office.

d. **ALL** MRI requests (screening and diagnostic) must be submitted on the TBCSP Breast Procedures request form, completed in its entirety and **with** supporting documentation attached, to the BCS Regional Coordinator **or** Central Office for approval. Requests will be processed within 3-5 business days of receipt of a complete request. Missing or incorrect information may cause delay in processing the request. CT guided diagnostic services listed also require prior approval from central office using the approved form.

4. Consultation charges should be billed using E&M CPT codes 99202-99205.

5. Preventive Office visits are set according to NBCCEDP policy. See End Note #2

6. Symptomatic males may qualify for diagnostic services. Please notify the BCS coordinator or Central Office.

7. CPT 99080A can be billed for initial and annual TBCSP enrollment by screening providers.

8. CPT 99080B can be billed for **Client Navigation** by screening providers. Client navigation is defined as individualized assistance offered to clients to help overcome health care system barriers and facilitate timely access to quality screening and diagnostics as well as initiation of treatment services for those diagnosed with cancer. See TBCSP manual for requirements of client navigation activities.

9. TBCSP will NOT reimburse for the following procedures:

a. Any treatment or treatment related CPT codes according to national policy.

b. CPT codes that are not supported by Breast or Cervical ICD-10 diagnosis codes.

c. Any code listed under the Procedure Not Allowed section of this fee schedule.

10. Vendors CANNOT charge the patient for the balance or uncovered services as stated in federal policy and the Letter of Agreement signed by the vendor. Vendors who have contracts with 3rd Party Billers are responsible for notifying the contractor.

11. TBCSP currently) will reimburse for High-Risk HPV testing for women when used for the following indications:

- Primary HPV screening in women aged 30-65 (per 2018 USPSTF guidelines)
- Co-testing or reflex testing (per 2012 ASCCP consensus, 2018 USPSTF, or 2020 ACS guidelines)
- When indicated per the 2019 American Society for Colposcopy and Cervical Pathology (ASCCP) Screening and Management Guidelines

12. Key:

- 26 - Professional Component – Physician services - (i.e. interpret lab or radiologic tests)
- TC - Technical Component – provided by healthcare provider other than the physician providing the professional component. (i.e. hospital, clinic, services cannot be done at physician's office)
- Global – Total of Professional and Technical components, one provider performing both services
- F – Services performed in a facility setting

END NOTE	CPT CODE	OFFICE VISITS	CY 2021	CY 2022
	99202	New patient; medically appropriate history/exam; straightforward decision making; 15-29 minutes	$68.23	$68.29
	99203	New patient; medically appropriate history/exam; low level decision making; 30- 44 minutes	$105.40	$105.19
1	99204	New patient; medically appropriate history/exam; moderate level decision making; 45-59 minutes	$158.16	$157.65
1	99205	New patient; medically appropriate history/exam; high level decision making; 60-74 minutes	$208.99	$208.68
	99211	Established patient; evaluation and management, may not require presence of physician; presenting problems are minimal	$21.08	$21.53
	99212	Established patient; medically appropriate history/exam; straightforward decision-making; 10-19 minutes	$52.67	$52.89
	99213	Established patient; medically appropriate history/exam; low level decision-making; 20-29 minutes	$85.98	$85.59
	99214	Established patient; medically appropriate history/exam; moderate level decision-making; 30-39 minutes	$122.31	$121.27
2	99385	*Initial* comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunizations and lab procedures (18-39 years of age)	$105.40	$105.18
2	99386	*Initial* comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunizations and lab procedures (40-64 year old)	$105.40	$105.18
2	99387	Initial comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunizations and lab procedures (65 and older)	$105.40	$105.18
2	99395	*Periodic* comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunizations and lab procedures (18-39 year old)	$85.98	$85.59
2	99396	*Periodic* comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunizations and lab procedures (40-64 year old)	$85.98	$85.59
2	99397	*Periodic* comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunizations and lab procedures (65 and older)	$85.98	$85.59
END NOTE	**CPT CODE**	**OTHER CODES**	**CY 2021**	**CY 2022**
16	99080 A	Enrollment Fee (Screening/Enrollment Sites Only)	$10.00	$10.00
17	99080 B	Case management and follow up of diagnostic referral (Screening/Enrollment Sites Only)	$20.00	$20.00
18	**N/A**	**Evidence Based Intervention (EBI) Post Contract Data Collection**	**N/A**	**$250.00**
END NOTE	**CPT CODE**	**PROCEDURE CODES SPECIFICALLY NOT ALLOWED**		
	Any	Treatment of breast cancer, cervical intraepithelial neoplasia and cervical cancer		
	87623	Human papillomavirus, low-risk types		
9	77061	Breast tomosynthesis, unilateral		
9	77062	Breast tomosynthesis, bilateral		

End Note	CPT CODE	CERVICAL SCREENING	CY 2021	CY 2022
	88141	Cytopathology, cervical or vaginal, any reporting system, requiring interpretation by physician	$20.45	$20.90
	88142	Liquid based Thin Prep, cervical or vaginal, collected in preservative fluid, automated thin layer preparation, manual screening under physician supervision	$20.26	$20.26
	88143	Liquid based Thin Prep , cervical or vaginal, automated thin layer preparation; manual screening and rescreening under physician	$23.04	$23.04
	88164	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening under physician supervision	$15.15	$15.92
	88165	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening and rescreening under physician supervision	$42.22	$42.22
	88174	Liquid based Thin Prep, cervical or vaginal, collected in preservative fluid, automated thin layer preparation, screening by automated system under physician supervision	$25.37	$25.37
	88175	Liquid based Thin Prep, cervical or vaginal, collected in preservative fluid, automated thin layer preparation, screening by automated system and manual rescreening under physician supervision	$26.61	$26.61
8	87624	HPV - High Risk Types	$35.09	$35.09
8	87625	Human Papillomavirus, types 16 and 18 only	$40.55	$40.55

END NOTE	CPT CODE	CERVICAL DIAGNOSTICS	CY 2021	CY 2022
	57452	Colposcopy without Biopsy	$116.67	$119.28
	57454	Colposcopy & Biopsy and Endocervical curettage	$157.68	$159.81
	57455	Colposcopy with biopsy only	$149.77	$152.41
	57456	Colposcopy with Endocervical curettage only	$140.63	$143.04
	57505	Endocervical curettage – not done as part of a dilation and curettage	$136.60	$147.07

END NOTE	CPT CODE	BREAST SCREENING PROCEDURES	CY 2021	CY 2022
3	77063	Screening Digital Breast Tomosynthesis, Bilateral (Global)	$51.19	$49.84
3	77063 26	Professional Component	$28.47	$28.24
3	77063 TC	Technical Component	$22.72	$21.61
	77067	Screening Mammography, Bilateral (Global)	$122.00	$120.38
	77067 26	Professional Component	$35.92	$35.32
	77067 TC	Technical Component	$86.08	$85.06

END NOTE	CPT CODE	BREAST DIAGNOSTIC PROCEDURES	CY 2021	CY 2022
	77065	Diagnostic Mammography, Unilateral, Includes CAD	$119.38	$118.40
	77065 26	Professional Component	$37.98	$37.66
	77065 TC	Technical Component	$81.41	$80.74
	77066	Diagnostic Mammography, Bilateral, Includes CAD	$151.08	$149.53
	77066 26	Professional Component	$46.96	$46.57
	77066 TC	Technical Component	$104.13	$102.96
4	G0279	Diagnostic Digital Breast Tomosynthesis, Unilateral or Bilateral (Global)	$51.19	$49.84
4	G0279 26	Professional Component	$28.47	$28.24
4	G0279 TC	Technical Component	$22.72	$21.61
	76098	Radiological Exam of surgical specimen (Global)	$39.03	$38.10
	76098 26	Professional Component	$14.90	$14.77
	76098 TC	Technical Component	$24.14	$23.22
	76641	Ultrasound, complete examination of breast including axilla, unilateral (Global)	$99.16	$97.73
	76641 26	Professional Component	$34.25	$33.97
	76641 TC	Technical Component	$64.91	$63.76
	76642	Ultrasound, limited examination of breast including axilla, unilateral (Global)	$81.86	$80.26
	76642 26	Professional Component	$32.20	$31.62
	76642 TC	Technical Component	$49.66	$48.63
12	76942	Ultrasonic guidance for needle biopsy (Global)	$54.43	$54.91
12	76942 26	Professional Component	$29.98	$29.73
12	76942 TC	Technical Component	$24.45	$25.17
	77053	Mammary ductogram or galactogram, single duct (Global)	$51.36	$50.01
	77053 26	Professional Component	$16.95	$16.81
	77053 TC	Technical Component	$34.41	$33.20
	19000	Puncture aspiration of cyst	$100.30	$96.83
	19000 F	Facility Setting	$40.85	$40.34
	19001	Puncture aspiration each additional used w/19000	$25.47	$25.26
	19001 F	Facility Setting	$20.18	$20.02
	19100	Needle core breast biopsy no imaging guidance	$146.26	$144.00
	19100 F	Facility Setting	$64.40	$64.05
	19101	Breast biopsy, open, incisional	$318.07	$310.10
	19101 F	Breast biopsy, open, incisional	$207.27	$207.62
	19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion; open; one or	$479.46	$482.03
	19120 F	Facility Setting	$385.46	$386.03
	19125	Excision of breast lesion identified by pre-operative placement of radiological marker, open, single lesion	$528.30	$531.12
	19125 F	Facility Setting	$426.52	$427.71
	19126 F	Excision of breast lesion identified by preoperative placement of radiological marker, each additional lesion separately identified by a pre-operative radiological marker	$148.66	$148.09
7	19281	Placement of breast localization device, percutaneous; mammographic guidance; first lesion	$230.65	$226.31
7	19281 F	Facility Setting	$94.94	$94.50

END NOTE	CPT CODE	BREAST DIAGNOSTIC PROCEDURES, CONTINUED	CY 2021	CY 2022
7	19282	Placement of breast localization device, percutaneous; mammographic guidance; each additional	$163.43	$160.23
7	19282 F	Facility Setting	$47.64	$47.25
7	19283	Placement of breast localization device, percutaneous; stereotactic guidance; first lesion	$253.74	$246.10
7	19283 F	Facility Setting	$95.63	$94.84
7	19284	Placement of breast localization device, percutaneous; stereotactic guidance; each additional	$192.13	$182.80
7	19284 F	Facility Setting	$48.33	$47.59
7	19285	Placement of breast localization device, percutaneous; ultrasound guidance; first lesion	$398.97	$358.07
7	19285 F	Facility Setting	$81.19	$80.56
7	19286	Placement of breast localization device, percutaneous; ultrasound guidance; each additional	$335.29	$294.26
7	19286 F	Facility Setting	$40.85	$40.52
6	19081	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion	$533.00	$481.26
6	19081 F	Facility Setting	$157.33	$156.21
6	19082	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion	$424.48	$374.86
6	19082 F	Facility Setting	$79.00	$78.52
6	19083	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance first lesion	$532.91	$486.55
6	19083 F	Facility Setting	$148.52	$147.30
6	19084	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion	$416.77	$370.88
6	19084 F	Facility Setting	$74.09	$73.31
	10021	FNA biopsy without Imaging guidance, first lesion	$95.92	$95.41
	10021 F	Facility Setting	$52.04	$51.58
12	10004	FNA biopsy without Imaging guidance, each additional lesion	$48.17	$48.08
12	10004 F	Facility Setting	$40.39	$40.36
12	10005	FNA biopsy including ultrasound guidance, first lesion	$127.60	$129.97
12	10005 F	Facility Setting	$69.08	$70.09
12	10006	FNA biopsy including ultrasound guidance, each additional lesion	$57.46	$57.30
12	10006 F	Facility Setting	$48.13	$48.04
12	10007	FNA biopsy including fluoroscopic guidance, first lesion	$286.16	$282.43
12	10007 F	Facility Setting	$87.27	$86.42
12	10008	FNA biopsy including fluoroscopic guidance, each additional lesion	$152.62	$154.76
12	10008 F	Facility Setting	$55.82	$54.75

END NOTE	CPT CODE	APPROVED PATHOLOGY CODES	CY 2021	CY 2022
	88172	Evaluation of Fine Needle Aspiration (Global)	$52.12	$51.38
	88172 26	Professional Component	$34.52	$33.93
	88172 TC	Technical Component	$17.16	$17.46
	88173	Interpretation of Fine Needle Aspiration (Global)	$144.15	$146.39
	88173 26	Professional Component	$68.17	$67.31
	88173 TC	Technical Component	$75.98	$79.09
	88177	Evaluation of Fine Needle Aspiration (Global), each separate additional evaluation	$27.59	$27.36
	88177 26	Professional Component	$21.05	$20.88
	88177 TC	Technical Component	$6.54	$6.48
	88305	Surgical pathology, gross and microscopic examination (Global)	$66.35	$66.73
	88305 26	Professional Component	$36.30	$36.00
	88305 TC	Technical Component	$30.05	$30.73
	88307	Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins (Global)	$263.83	$264.13
	88307 26	Professional Component	$79.82	$78.86
	88307 TC	Technical Component	$184.01	$185.28
	88331	Pathology Consultation during surgery, first tissue block, with frozen section(s), single specimen	$97.44	$96.33
	88331 26	Professional Component	$59.92	$59.43
	88331 TC	Technical Component	$37.52	$36.90
	88332	Pathology Consultation during surgery, each additional tissue block, with frozen section(s), single specimen	$51.12	$51.01
	88332 26	Professional Component	$29.78	$29.23
	88332 TC	Technical Component	$21.34	$21.78
	88341	Immunochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	$85.70	$81.91
	88341 26	Professional Component	$27.49	$26.96
	88341 TC	Technical Component	$58.20	$54.95
	88342	Immunochemistry or immunocytochemistry, per specimen; initial single	$96.98	$93.71
	88342 26	Professional Component	$33.93	$33.35
	88342 TC	Technical Component	$63.04	$60.36
	88360	Morphometric analysis, tumor immunohistochemistry, quantitative or semi-quantitative, per specimen, each single antibody stain procedure; manual (Global)	$114.35	$112.18
	88360 26	Professional Component	$40.72	$40.08
	88360 TC	Technical Component	$73.63	$72.09
	88361	Morphometric analysis, tumor immunohistochemistry	$114.10	$112.24
	88361 26	Professional Component	$42.66	$42.31
	88361 TC	Technical Component	$71.45	$69.93
	88344	Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure (Global)	$161.67	$156.94
	88344 26	Professional Component	$37.00	$36.70
	88344 TC	Technical Component	$124.67	$120.25

END NOTE	CPT CODE	APPROVED PATHOLOGY CODES, CONTINUED	CY 2021	CY 2022
	88365	In situ hybridization, per specimen; initial single probe stain procedure (Global)	$168.65	$165.72
	88365 26	Professional Component	$42.25	$41.91
	88365 TC	Technical Component	$126.40	$123.82
	88364	In situ hybridization, per specimen; each additional single probe stain procedure - use 88364 in conjunction with 88365 (Global)	$131.21	$127.36
	88364 26	Professional Component	$33.62	$33.04
	88364 TC	Technical Component	$97.59	$94.32
	88366	In situ hybridization, per specimen; each multiplex probe stain procedure (Global)	$265.87	$262.45
	88366 26	Professional Component	$60.11	$59.61
	88366 TC	Technical Component	$205.77	$202.84
	88367	Morphometric analysis, in situ hybridization (quantitative or semi- quantitative), using computer-assisted technology, per specimen, initial single probe stain procedure (Global)	$105.81	$104.94
	88367 26	Professional Component	$32.80	$32.53
	88367 TC	Technical Component	$73.00	$72.40
	88373	Morphometric analysis, in situ hybridization (quantitative or semi- quantitative), using computer-assisted technology, each additional single probe stain procedure - use 88373 in conjunction with 88367 (Global)	$67.41	$64.69
	88373 26	Professional Component	$25.39	$24.87
	88373 TC	Technical Component	$42.02	$39.82
	88374	Morphometric analysis, in situ hybridization (quantitative or semi- quantitative), using computer-assisted technology, each multiplex probe stain procedure (Global)	$317.58	$299.23
	88374 26	Professional Component	$42.58	$41.92
	88374 TC	Technical Component	$275.00	$257.31
	88368	Morphometric analysis, in situ hybridization (quantitative or semi- quantitative), manual per specimen, initial single probe stain procedure (Global)	$125.22	$126.04
	88368 26	Professional Component	$40.21	$39.88
	88368 TC	Technical Component	$85.00	$86.16
	88369	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual per specimen, each additional single probe stain procedure - use 88369 in conjunction with 88368 (Global)	$107.87	$106.68
	88369 26	Professional Component	$31.44	$31.19
	88369 TC	Technical Component	$76.43	$75.49
	88377	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual per specimen, each multiplex probe stain	$383.50	$372.02
	88377 26	Professional Component	$62.58	$61.75
	88377 TC	Technical Component	$320.93	$310.26

END NOTE	CPT CODE	THE FOLLOWING CODES MUST RECEIVE PRIOR APPROVAL FROM CENTRAL OFFICE	CY 2021	CY 2022
6	57460	Colposcopy with loop electrode biopsy(s) of the cervix	$299.45	$299.90
6	57460 F	Facility Setting	$150.67	$148.95
6	57461	Colposcopy with loop electrode conization of the cervix	$333.75	$334.75
6	57461 F	Facility Setting	$174.08	$172.69
6	57500	Cervical biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	$143.35	$146.80
6	57500 F	Facility Setting	$70.20	$69.94
6	57520	Conization of cervix	$326.83	$333.74
6	57520 F	Facility Setting	$275.16	$278.49
6	57522	LEEP – diagnostic	$281.05	$286.93
6	57522 F	Facility Setting	$238.41	$240.01
	58100	Endometrial Sampling (biopsy) with or without dilation (Only for abnormal glandular cells Pap result)	$95.45	$96.52
	58110	Endometrial Sampling (biopsy) done with Colpo	$47.46	$46.90
5	77046	Magnetic Resonance Imaging (MRI), breast, without contrast, unilateral	$221.29	$211.16
5	77046 26	Professional Component	$67.81	$67.59
5	77046 TC	Technical Component	$153.48	$143.57
5	77047	Magnetic Resonance Imaging (MRI), breast, without contrast, bilateral	$227.77	$217.28
5	77047 26	Professional Component	$74.91	$74.33
5	77047 TC	Technical Component	$152.85	$142.95
5	77048	Magnetic Resonance Imaging (MRI), breast, including CAD, with and	$351.72	$334.01
5	77048 26	Professional Component	$98.65	$97.53
5	77048 TC	Technical Component	$253.08	$236.49
5	77049	Magnetic Resonance Imaging (MRI), breast, including CAD, with and	$359.81	$341.41
5	77049 26	Professional Component	$107.98	$106.78
5	77049 TC	Technical Component	$251.83	$234.63
6	19085	Breast Biopsy with placement of localization device and imaging of biopsy	$817.21	$746.15
6	19085 F	Facility Setting	$173.25	$171.68
6	19086	Breast Biopsy with placement of localization device and imaging of biopsy	$644.69	$579.64
6	19086 F	Facility Setting	$86.62	$85.74
7	19287	Placement of breast localization device, percutaneous; MRI: first lesion	$684.57	$619.37
7	19287 F	Facility Setting	$121.22	$120.22
7	19288	Placement of breast localization device, percutaneous; MRI: each	$538.94	$479.57
7	19288 F	Facility Setting	$60.87	$60.37
5,12	10009	FNA biopsy including CT guidance, first lesion	$438.53	$424.29
5,12	10009 F	Facility Setting	$106.74	$105.73
5,12	10010	FNA biopsy including CT guidance, each additional lesion	$259.97	$249.94
5,12	10010 F	Facility Setting	$77.58	$76.15
5,12	10011	FNA biopsy including MRI guidance, first lesion	$438.52	$424.29
5,12	10011 F	Facility Setting	$106.74	$105.73
5,12	10012	FNA biopsy including MRI guidance, each additional lesion	$259.97	$249.94
5,12	10012 F	Facility Setting	$77.58	$76.15

END NOTE	CPT CODE	MISCELLANEOUS CODES (For use adjunctively for diagnostic only, not for routine screening)	CY 2021	CY 2022
10	85025	Complete Blood Count (CBC)	$7.77	$7.77
10	81001	Urinalysis	$3.17	$3.17
10	81025	Urine Pregnancy Test	$8.61	$8.61
10	84703	Qualitative HCG (serum)	$7.52	$7.52
10	80053	Comprehensive Metabolic Panel (CMP)	$10.56	$10.56
10	82565	Serum Creatinine	$5.12	$5.12
10	36415	Venipuncture	$3.00	$3.00
14,15	87426	COVID-19 infectious agent detection by nucleic acid DNA or RNA; amplified probe technique	TBD	TBD
14,15	87635	COVID-19 infectious agent antigen detection by immunoassay technique; qualitative or semiquantitative	TBD	51.31

END NOTE	CPT CODE	ANESTHESIA	CY 2021	CY 2022
11	00400	Anesthesia ($20.50/unit) (base units plus time)	$20.53	$20.50
11	00400 QX	Anesthesia ($20.50/unit) (base units plus time)	$20.53	$20.50
11	00400 QK	Anesthesia ($20.50/unit) (base units plus time) @ 50%	$10.26	$10.25
11	00940	Anesthesia ($20.50/unit) (base units plus time)	$20.53	$20.50
11	00940 QX	Anesthesia ($20.50/unit) (base units plus time)	$20.53	$20.50
11	00940 QK	Anesthesia ($20.53/unit) (base units plus time) @ 50%	$10.26	$10.25
11,13	99156	Moderate Anesthesia: 10-22 minutes for individual 5 years or older	$73.08	$72.51
11,13	99157	Moderate Anesthesia: for each additional 15 minutes	$60.13	$59.33

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 NBCCEDP screening visits, but 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 necessary for accomplishing screening and diagnostic follow-up within the NBCCEDP/TBCSP. Reimbursement rates should not exceed those published by Medicare. While the use of 993XX-series codes may be necessary in some programs, the 993XX Preventive Medicine Evaluation visits themselves are not appropriate for the NBCCEDP as they are not covered by Medicare. 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	**Screening Breast MRI** can be reimbursed by the NBCCEDP in addition to an annual screening mammogram when a client has a BRCA gene mutation (documentation required), a first-degree relative who is a BRCA carrier (documentation required), or a lifetime risk of 20% or greater as defined by risk assessment modes such as Gail, Tyrer-Cuzick or BRCAPRO that depend largely on family history. (Refer to TBCSP Manual for additional information.) **Diagnostic 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 NBCCEDP to assess the extend of disease in a woman who has just been diagnosed with breast cancer. **ALL** breast MRIs (screening or diagnostic) must receive **prior approval** from the Regional BCS coordinator or Central Office. Approved CT guided procedures (listed above) must also receive prior approval from the Regional BCS coordinator or Central Office. Prior approval form can be found in the TBCSP Manual.
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 localization device without image-guided biopsy. These codes should not be used in conjunction with 19081-19086.
8	HPV DNA testing is only reimbursable when used in accordance with national guidelines.
9	These procedures have **NOT** been approved for coverage by Medicare
10	These miscellaneous codes can only be coded to TBCSP if used adjunctively, as necessary, for diagnostic procedures. These codes CANNOT be used for routine screening purposes
11	Medicare's methodology for the payment of anesthesia services are outlined in the Medicare Claims Processing Manual, Chapter 12, pages 117-123, available at: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf The carrier specific Medicare anesthesia conversion rates and base units per CPT code are available here: https://www.cms.gov/Center/Provider-Type/Anesthesiologists-Center.html
12	Separate imaging may **NOT** be reported with these codes
13	Example: If procedure is 50 minutes, code 99156 + (99157 x2). No separate charge allowed if procedure <10minutes.
14	COVID-19 testing is only covered by TBCSP when required prior to any procedure and only after state and/or federal funding is no longer available.
15	COVID-19 test results must be submitted in order to receive reimbursement.
16	Can only be billed once per 365 days from previous enrollment date. Please see TBCSP Policies Manual for more information.
17	Can only be billed once per day, per patient. Please see TBCSP Policies Manual for more information.
18	Clinics contracted with TBCSP for evidence-based interventions (EBI) implementation are allowed to submit an invoice for reimbursement for ongoing data collection. Vendor may only submit once per fiscal year (July 1-June 30) and only after a full year's data is submitted to TBCSP staff.