



Iowa Care for Yourself Program

2016 Reimbursement Schedule

IMPORTANT INFORMATION REGARDING REIMBURSEMENT BY THE CARE FOR YOURSELF PROGRAM

1. If Pap test is performed, the collection of the Pap (CPT codes 99000, Q0091 & Q0111) is included in the office visit reimbursement. The woman is not to be billed for the collection or handling of the specimen.
2. Federal funding **can not** be used to reimburse for any of the following:
 - A. Computer Aided Detection (CAD) in breast cancer screening or diagnostics SEE BELOW
 - B. Screening & Diagnostic digital breast tomosynthesis in breast cancer screening or diagnostics SEE BELOW
 - C. Treatment of breast cancer, cervical intraepithelial neoplasia or cervical cancer

CPT Code	Description	End Notes	RATE		
			26	TC	Total
OFFICE VISITS					
99201	New Patient Visit; problem focused	3			40.87
99202	New Patient Visit; expanded problem focused	3			70.04
99203	New Patient Visit; detailed, low complexity	3			101.04
99204	New Patient Visit; comprehensive history, exam, moderate complexity	1			154.83
99205	New Patient Visit; comprehensive history, exam, high complexity - paid at 99204 rate	1,3			154.83
99211	Established Patient Visit, may not require presence of physician				18.50
99212	Established Patient Visit, problem focused	3,4			40.70
99213	Established Patient Visit, expanded problem focused	3,4			68.41
99214	Established Patient Visit, comprehensive moderate complexity	3,4			101.09
99215	Established Patient Visit, comprehensive high complexity - paid at 99214 rate	3,4			101.09
99385	New Patient Visit (18 - 39 y.o.) - paid at 99203 rate	2			101.04
99386	New Patient Visit (40 - 64 y.o.) - paid at 99203 rate	2			101.04
99387	New Patient Visit (65+ y.o.) - paid at 99203 rate	2			101.04
99395	Established Patient Visit (18 - 39 y.o.) - paid at 99213 rate	2			68.41
99396	Established Patient Visit (40 - 64 y.o.) - paid at 99213 rate	2,3,4			68.41
99397	Established Patient Visit (65+ y.o.) - paid at 99213 rate	2			68.41

CPT Code	Description	End Note	RATE		
			26	TC	Total
G0101	Cervical or vaginal cancer screening; pelvic and clinical breast exam included.				35.62
G0123	Cytopathology, cervical or vaginal (any reporting system) Thin Prep				27.60
G0124	Cytopathology, cervical or vaginal (any reporting system) Thin Prep				30.49
G0141	Cytopathology, cervical or vaginal - Requiring interpretation by physician				30.49
G0143	Cytopathology, cervical or vaginal w manual screening and rescreening-Thin Prep				27.60
G0144	Cytopathology, cervical or vaginal w manual screening and rescreening-Thin Prep				29.11
G0145	Screening cytopathology, cervical or vaginal collected in preservative fluid, automated thin layer preparation, w screening by automated system, under physician supervision - paid at 88174 rate				29.11
G0147	Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision				15.50
G0148	Cytopathology smears, cervical or vaginal; screening by automated system w manual rescreening under physician supervision				20.70
G0202	Mammography - screening (bilateral) producing direct digital image		33.81	89.10	122.91
G0204	Mammography - diagnostic (bilateral) producing direct digital image		42.33	107.72	150.04
G0206	Mammography - diagnostic (unilateral) producing direct digital image		38.81	84.28	118.09
G0279	Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to G0204 or G0206)	13	29.09	22.79	51.88
P3000	Cytopathology, cervical or vaginal (The Bethesda System); manual screening				14.39
P3001	Cytopathology, cervical or vaginal - Requiring interpretation by physician				30.49
00400	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; not otherwise specified. [To be used only in conjunction w CPT codes: 19101, 19120, or 19125]				20.76/ unit

CPT Code	Description	End Note	RATE	
			26	TC Total
10021	Fine Needle Aspiration; w/o imaging guidance			114.63
10022	Fine Needle Aspiration; w imaging guidance			130.94
11100	Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion			95.49
11101	Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; each separate/additional lesion			30.52
19000	Puncture aspiration of cyst of breast			104.59
19001	Puncture aspiration of cyst of breast, each additional cyst			25.56
19081	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance	5		638.07
19082	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance	5		525.06
19083	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance	5		617.39
19084	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance	5		505.07
19085	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance	5		945.48
19086	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance	5		746.84
19100	Biopsy of breast; percutaneous, needle core, not using imaging guidance			137.94
19101	Biopsy of breast; open, incisional			313.56
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			455.48
19125	Excision of breast lesion identified by pre-operative placement of radiological marker, open; single lesion			504.75
19126	Each additional lesion separately identified by a preoperative radiological marker			151.54
19281	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance	6		222.50
19282	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including mammographic guidance	6		154.77
19283	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance	6		249.68
19284	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including stereotactic guidance	6		186.90
19285	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance	6		472.25
19286	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance	6		413.09

CPT Code	Description	End Note	RATE		
			26	TC	Total
19287	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance	6			788.71
19288	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance	6			634.30
57420	Colposcopy of the entire vagina, w cervix if present				109.89
57421	Colposcopy of the entire vagina, w cervix if present; w biopsy(s) of vagina/cervix				147.43
57452	Colposcopy of the cervix including upper/adjacent vagina				102.22
57454	Colposcopy of the cervix including upper/adjacent vagina: w biopsy(s) of the cervix & endocervical curettage				143.96
57455	Colposcopy of the cervix including upper/adjacent vagina: w biopsy(s) of the cervix				133.82
57456	Colposcopy of the cervix including upper/adjacent vagina: w endocervical curettage				126.20
57460	Colposcopy of the cervix including upper/adjacent vagina: w loop electrode biopsy(s) of the cervix	7			262.31
57461	Colposcopy of the cervix including upper/adjacent vagina: w loop electrode conization of the cervix	7			297.09
57500	Cervical biopsy, single or multiple, or local exc. of lesion				118.51
57505	Endocervical curettage				95.22
57520	Conization of cervix, w or w/o fulguration, w or w/o dilation & curettage, w or w/o repair; cold knife or laser	7			286.72
57522	Conization of cervix, w or w/o fulguration, w or w/o dilation & curettage, w or w/o repair; loop electrode excision procedure	7			246.19
58100	Endometrial sampling (biopsy) w or w/o endocervical sampling (biopsy), w/o cervical dilation, any method (separate procedure)	7			102.15
58110	Endometrial sampling (biopsy) performed in conjunction w colposcopy	7			45.23
76098	Radiological examination, surgical specimen		7.84	7.56	15.40
76641	Ultrasound, complete examination of breast including axilla, unilateral		35.53	64.06	99.59
76642	Ultrasound, limited examination of breast including axilla, unilateral		33.09	48.97	82.07
76942	Ultrasonic guidance for needle placement, imaging supervision, and interpretation		32.42	24.90	57.31
77051	Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (while special funding lasts--first come, first serve)		2.79	4.82	7.61
77052	Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; screening mammography (while special funding lasts--first come, first serve)		2.79	4.82	7.61
77053	Mammary ductogram or galactogram, single duct, radiological supervision and interpretation		17.42	36.13	53.56
77055	Mammography - diagnostic (unilateral)		34.13	48.97	83.10
77056	Mammography - diagnostic (bilateral)		42.33	64.38	106.71
77057	Mammography - screening (bilateral)		34.13	42.23	76.36
77058	Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral	8,9	79.25	405.65	484.90
77059	Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral	8,9	79.25	405.65	484.90
77061	Digital breast tomosynthesis; unilateral paid at G0279 rate	13	29.09	22.79	51.88
77062	Digital breast tomosynthesis; bilateral paid at G0279 rate	13	29.09	22.79	51.88
77063	Screening digital breast tomosynthesis; bilateral	13	29.09	22.97	52.06
87624	Human Papillomavirus (HPV), high-risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)	10,11			47.80
87625	Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed	10,11			47.80

CPT Code	Description	End Note	RATE		
			26	TC	Total
88104	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears w/ interpretation		28.91	41.59	70.50
88141	Cytopathology, cervical or vaginal - Requiring interpretation by physician				30.49
88142	Cytopathology, cervical or vaginal (any reporting system) Thin Prep				27.60
88143	Cytopathology, cervical or vaginal w manual screening and rescreening-Thin Prep				27.60
88147	Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision				15.50
88148	Cytopathology smears, cervical or vaginal; screening by automated system w manual rescreening under physician supervision				20.70
88160	Cytopathology, smears, any other source; Screening and interpretation		26.12	40.95	67.06
88161	Cytopathology, smears, any other source; Preparation, screening, and interpretation		25.15	35.17	60.32
88164	Cytopathology, cervical or vaginal (The Bethesda System); manual screening				14.39
88165	Cytopathology, cervical or vaginal (The Bethesda System); w manual screening and rescreening under physician supervision				14.39
88172	Cytopathology, Evaluation of Fine Needle Aspiration to determine specimen adequacy		36.31	17.83	54.14
88173	Cytopathology, Evaluation of Fine Needle Aspiration; interpretation and report		71.20	72.58	143.78
88174	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision				29.11
88175	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system and manual rescreening, under physician supervision				36.09
88305	Level IV - Surgical pathology, gross and microscopic examination		38.14	30.67	68.81
88307	Level V - Surgical pathology, gross and microscopic examination		83.68	200.99	284.66
88329	Pathology consultation during surgery				47.50
88331	Pathology consultation during surgery; first tissue block, w frozen section(s), single specimen		62.75	28.11	90.86
88332	Pathology consultation during surgery; each additional tissue block w frozen section		30.95	16.87	47.82
88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain (List separately in addition to code of primary procedure)	12	26.87	56.18	83.05
88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	12	35.71	62.78	98.48
88343	Immunohistochemistry or immunocytochemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; each additional separately identifiable antibody per slide - paid at 88341 rate	12	26.87	56.18	83.05
88360	Morpometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual	12	54.53	58.28	112.81
88361	Morpometric analysis, in situ hybridization (quantitative or semi-quantitative) each probe; using computer-assisted technology	12	58.54	79.15	137.68
88365	In situ hybridization (eg, FISH), each probe	12	44.08	118.63	162.71
88367	Morpometric analysis, in situ hybridization (quantitative or semi-quantitative) each probe; using computer-assisted technology	12	34.68	64.06	98.74
CPT Code	Description	End Note	RATE		
Not every woman receiving breast and cervical cancer screening is eligible for heart disease risk screening. Please check with the coordinator of your local program to see if the woman you are providing services to is eligible. A woman receiving services for which she is not eligible will be responsible for the charges.					
36415	Collection of venous blood by venipuncture	3,4			3.00
80061	Lipid panel (only after nine-hour fast)	3,4			18.24
80061 QW	Lipid panel (CLIA waived) (only after nine-hour fast)	3,4			18.24
82947	Glucose; quantitative, blood (except reagent strip) (only after nine-hour fast)				5.13

CPT Code	Description	End Note	RATE		
			26	TC	Total
82947 QW	Glucose; quantitative, blood (except reagent strip) (CLIA waived) (only after nine-hour fast)				5.13
82948	Glucose; quantitative, blood reagent strip				4.32
83036	Hemoglobin; glycosylated (HbA1c)				13.22
83036 QW	Hemoglobin; glycosylated (HbA1c) (CLIA waived)				13.22

END NOTES:

1	All consultations should be billed through the standard "new" patient office visit CPT codes. Consultations billed as 99204 or 99205 must meet the criteria for these codes.
2	The type and duration of office visits should be appropriate to the level of care necessary for accomplishing screening and diagnostic follow-up with the Iowa CFY Program. Reimbursement rates should not exceed those published by Medicare. 9938X codes shall be reimbursed at the 99203 rate and 9939X codes shall be reimbursed at the 99213 rate.
3	One heart disease risk screening may be conducted in a 12 - 18 month period. It must be conducted during the breast and cervical cancer screening office visit. Billing may not be separate.
4	One follow-up cardiovascular diagnostic visit per year may be billed for a participant with an abnormal or alert value blood pressure measurement and/or an alert value glucose or A1C measurement at baseline screening. Care for Yourself/WISEWOMAN will not pay for additional testing at this visit.
5	Codes 19081-19086 are to be used for breast biopsies that include image guidance, placement of localization device, and imaging of specimen. These codes should not be used in conjunction with 19281-19288.
6	Code 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.
7	A LEEP or conization of the cervix may be reimbursed based on ASCCP recommendations as a diagnostic procedure for Pap results HSIL, AGC or AIS. To preauthorize for reimbursement call 515.242.6200.
8	Breast MRI can be reimbursed by the CFY Program in conjunction with a mammogram when a participant has (a): - BRCA mutation - First-degree relative who is a BRCA carrier - Lifetime risk of 20-25% or greater as defined by risk assessment models such as BRCAPRO that are largely dependent on family history - Areas of concern on a mammogram that need better assessment - Past history of breast cancer (completed treatment) and needs evaluation To preauthorize for reimbursement call 515.242.6200.
9	Breast MRI can not be reimbursed by the CFY Program for a participant, if the breast MRI is done: - Alone as a breast cancer screening tool - To assess the extent of disease in a participant already diagnosed with breast cancer To preauthorize for reimbursement call 515.242.6200.
10	HPV DNA testing is a reimbursable procedure if used for: - Screening in conjunction with Pap testing - Follow-up of an abnormal Pap result - Surveillance as per ASCCP guidelines - High-risk HPV DNA testing only The Program will allow for reimbursement of Cervista HPV HR at the same rate as the Digene Hybrid-Capture 2 HPV DNA Assay.
11	HPV DNA testing is not reimbursable if used for: - An adjunctive screening test to the Pap for women under 30 years of age
12	Codes 88341, 88342, 88343, 88360, 88361, 88365 and 88367 are to be billed to the CFY Program if the woman is not going to receive ongoing Medicaid for reimbursement of treatment.
13	Special funding available to reimburse for CAD (77051 or 77052) and breast tomosynthesis (77061, 77062, 77063 or G0279) on first come, first serve basis

CFY BCC AND WW CPT CODES - UPDATED 12/14/2015