Washington State Department of Health
DOH 342-032 Jun 2022

Breast, Cervical and Colon Health Program Fee Schedule - June 2022 Update
Maximum Allowable Reimbursement July 1, 2022 - December 31, 2022

Breast, Cervical and Colon Health Program
Saving Lives Through Early Detection

Billing Code*	Billing Code Description*	Professional Non Facility Setting	Professional Facility Setting	Hospital Outpatient	Ambulatory Surgery Center	Lab	TC (Tech Fee)	26 (Prof Fee)	Notes
Evaluation and Management Services									
99202	New Patient - Straightforward, 15-29 min	$82.04	$52.70	$134.83	n/a	n/a	n/a	n/a	
99203	New Patient - Low Complexity, 30-44 min	$124.73	$89.61	$134.83	n/a	n/a	n/a	n/a	
99204	New Patient - Moderate Complexity, 45-59 min	$184.78	$145.53	$134.83	n/a	n/a	n/a	n/a	1
99205	New Patient - High Complexity, 60-74 min	$243.99	$197.71	$134.83	n/a	n/a	n/a	n/a	1
99211	Established Patient - Minimal Problem(s)	$26.97	$9.61	$134.83	n/a	n/a	n/a	n/a	
99212	Established Patient - Straightforward, 10-19 min	$63.75	$38.96	$134.83	n/a	n/a	n/a	n/a	
99213	Established Patient - Low Complexity, 20-29 min	$101.36	$72.02	$134.83	n/a	n/a	n/a	n/a	
99214	Established Patient - Moderate Complexity, 30-39 min	$142.72	$105.94	$134.83	n/a	n/a	n/a	n/a	
99385	Initial Comprehensive Preventive Eval/Mgmt, New, 18-39 yrs	$124.73	$89.61	$134.83	n/a	n/a	n/a	n/a	2
99386	Initial Comprehensive Preventive Eval/Mgmt, New, 40-64 yrs	$124.73	$89.61	$134.83	n/a	n/a	n/a	n/a	2
99387	Initial Comprehensive Preventive Eval/Mgmt, New, 65+ yrs	$124.73	$89.61	$134.83	n/a	n/a	n/a	n/a	2
99395	Periodic Comprehensive Preventive Eval/Mgmt, Established, 18-39 yrs	$101.36	$72.02	$134.83	n/a	n/a	n/a	n/a	2
99396	Periodic Comprehensive Preventive Eval/Mgmt, Established, 40-64 yrs	$101.36	$72.02	$134.83	n/a	n/a	n/a	n/a	2
99397	Periodic Comprehensive Preventive Eval/Mgmt, Established, 65+ yrs	$101.36	$72.02	$134.83	n/a	n/a	n/a	n/a	2
99441	Physician/Qualified Health Prof Telephone Eval, 5-10 min	$63.21	$38.42	n/a	n/a	n/a	n/a	n/a	
99442	Physician/Qualified Health Prof Telephone Eval, 11-20 min	$101.09	$71.75	n/a	n/a	n/a	n/a	n/a	
99443	Physician/Qualified Health Prof Telephone Eval, 21-30 min	$142.72	$105.94	n/a	n/a	n/a	n/a	n/a	
G0463	Hospital Outpatient Visit - Facility Reimbursement - UB-04 only	n/a	n/a	$134.83	n/a	n/a	n/a	n/a	
Anesthesia Services									
00400	Anesthesia, anterior trunk and perineum procedure [(Base Unit (3) + Time Unit) x $22.53] = Fee	Base + Time	Base + Time	n/a	n/a	n/a	n/a	n/a	Max $250 3,13,14
99070	Supplies and materials (except spectacles), provided by the physician over/above those usuallyincl w/ office visit (list supplies/materials)	Max $100.00	Max $100.00	n/a	Max $100.00	n/a	n/a	n/a	7
Breast Surgical Procedures									
10004	Fine needle aspir w/o imaging, ea add lesion	$56.43	$46.10	n/a	n/a	n/a	n/a	n/a	
10005	Fine needle aspir ultrasound guide, first lesion	$159.38	$79.22	$706.12	$351.80	n/a	n/a	n/a	
10006	Fine needle aspir ultrasound, ea add lesion	$66.63	$54.24	n/a	n/a	n/a	n/a	n/a	
10007	Fine needle aspir fluoroscop guide, first lesion	$359.91	$97.53	$706.12	$265.04	n/a	n/a	n/a	
10008	Fine needle aspir fluoroscop, ea add lesion	$195.25	$61.37	n/a	n/a	n/a	n/a	n/a	
10009	Fine needle aspir CT guide, first lesion	$545.17	$118.75	$706.12	$351.80	n/a	n/a	n/a	
10010	Fine needle aspir CT , ea add lesion	$317.86	$85.23	n/a	n/a	n/a	n/a	n/a	
10011**	Fine needle aspir MRI guide, first lesion (**Not covered by BCCHP)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	

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Breast Surgical Procedures									
10012**	Fine needle aspir MRI, ea add lesion (**Not covered by BCCHP)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
10021	Fine needle aspiration without imaging, first lesion	$117.42	$58.74	$392.20	$70.70	n/a	n/a	n/a	
10035	Placement of soft tissue localization device(s), first lesion	$458.47	$90.72	$706.12	n/a	n/a	n/a	n/a	
10036	Placement of soft tissue localization device(s), add lesion	$386.44	$45.56	n/a	n/a	n/a	n/a	n/a	
19000	Puncture aspiration breast cyst without imaging	$121.23	$45.61	$706.12	$80.91	n/a	n/a	n/a	
19001	Puncture aspiration breast cyst, each additional use with 19000	$29.62	$22.60	n/a	n/a	n/a	n/a	n/a	
19081	Biopsy breast 1st lesion strtctc	$611.08	$175.99	$1,596.58	$664.34	n/a	n/a	n/a	9
19082	Biopsy breast add lesion strtctc	$485.18	$88.51	n/a	n/a	n/a	n/a	n/a	9
19083	Biopsy breast 1st lesion us imag	$620.12	$166.01	$1,596.58	$664.34	n/a	n/a	n/a	9
19084	Biopsy breast add lesion us imag	$480.79	$82.47	n/a	n/a	n/a	n/a	n/a	9
19085	Biopsy breast 1st lesion mr imag	$961.92	$192.96	$1,596.58	$664.34	n/a	n/a	n/a	9
19086	Biopsy breast add lesion mr imag	$757.40	$96.28	n/a	n/a	n/a	n/a	n/a	9
19100	Breast biopsy percutaneous without imaging	$180.71	$73.69	$1,596.58	$664.34	n/a	n/a	n/a	
19101	Breast biopsy open-incisional	$384.40	$247.22	$3,583.17	$1,316.05	n/a	n/a	n/a	
19120	Breast excision(s)-open	$589.05	$460.55	$3,583.17	$1,316.05	n/a	n/a	n/a	
19125	Breast excision- open radiological marker, single	$647.63	$509.21	$3,583.17	$1,316.05	n/a	n/a	n/a	
19126	Breast excision-radiological marker (add-on)	$170.52	$170.52	n/a	n/a	n/a	n/a	n/a	
19281	Placement breast localization device, mamm, 1st	$282.72	$106.29	$706.12	n/a	n/a	n/a	n/a	10
19282	Placement breast localization device, mamm, add lesion	$204.37	$53.14	n/a	n/a	n/a	n/a	n/a	10
19283	Placement breast localization device, strtctc, 1st	$309.29	$106.83	$706.12	n/a	n/a	n/a	n/a	10
19284	Placement breast localization device, strtctc, add lesion	$234.66	$53.68	n/a	n/a	n/a	n/a	n/a	10
19285	Placement breast localization device, us, 1st	$462.18	$90.72	$706.12	n/a	n/a	n/a	n/a	10
19286	Placement breast localization device, us, add lesion	$385.35	$45.70	n/a	n/a	n/a	n/a	n/a	10
19287	Placement breast localization device, mr guide, 1st	$803.22	$135.08	$706.12	n/a	n/a	n/a	n/a	10
19288	Placement breast localization device, mr guide, add lesion	$628.97	$67.85	n/a	n/a	n/a	n/a	n/a	10
38505	Needle Biopsy Lymph Node	$209.52	$92.58	$1,596.58	$664.34	n/a	n/a	n/a	
Cervical Surgical Procedures (LEEP and Conization procedures require Prior Authorization)									
57452	Colposcopy- cervical	$144.93	$98.65	$193.31	$77.51	n/a	n/a	n/a	
57454	Colposcopy-cervical with biopsy and Endocervical Curettage (ECC)	$191.11	$144.83	$320.03	$88.85	n/a	n/a	n/a	
57455	Colposcopy-cervical with biopsy	$184.48	$117.13	$320.03	$95.65	n/a	n/a	n/a	
57456	Colposcopy-cervical with Endocervical Curettage (ECC)	$173.28	$108.82	$320.03	$90.74	n/a	n/a	n/a	
57460	Colposcopy-cervical biopsy with LEEP (requires Prior Auth)	$373.59	$171.54	$2,977.15	$238.20	n/a	n/a	n/a	4, 6

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Cervical Surgical Procedures (LEEP and Conization procedures require Prior Authorization)									
57461	Colposcopy cervical conization with LEEP (requires Prior Auth)	$414.44	$197.51	$2,977.15	$252.95	n/a	n/a	n/a	4, 6
57500	Cervical biopsy(ies) or excision, single or multiple, w or w/o fulguration	$184.75	$81.86	$719.38	$124.77	n/a	n/a	n/a	
57505	Endocervical curettage (ECC)	$185.22	$125.72	$719.38	$125.52	n/a	n/a	n/a	
57520	Conization of cervix, w or w/o fulguration, w or w/o repair, cold knife or laser (requires Prior Auth)	$406.38	$332.42	$2,977.15	$1,452.44	n/a	n/a	n/a	4, 6
57522	Conization of cervix LEEP (requires Prior Auth)	$348.09	$285.28	$2,977.15	$1,452.44	n/a	n/a	n/a	4, 6
58100	Endometrial Biopsy (EMB), w or w/o ECC, separate proc	$117.34	$68.17	$193.31	$62.77	n/a	n/a	n/a	
58110	Endometrial Biopsy (EMB) with colposcopy (add-on)	$55.21	$43.22	n/a	n/a	n/a	n/a	n/a	
Imaging Services and Procedures (Radiology)									
76098	X-ray exam, breast specimen	$47.87	$47.87	$548.29	n/a	n/a	$31.26	$16.61	
76641	Ultrasound, breast, unilateral, complete, real time w/image doc	$123.38	$123.38	$123.54	n/a	n/a	$85.39	$37.99	
76642	Ultrasound, breast, unilateral, limited, real time w/image doc	$100.51	$100.51	$91.78	n/a	n/a	$65.14	$35.37	
76942	Ultrasound guide, needle placement (biopsy, aspiration, localization device) imaging supervision & interpretation	$66.68	$66.68	n/a	n/a	n/a	$33.74	$32.95	
77046	MRI breast, unilateral, without contrast (requires Prior Auth)	$267.88	$267.88	$261.10	$130.08	n/a	$192.26	$75.62	4, 8
77047	MRI breast, bilateral, without contrast (requires Prior Auth)	$274.50	$274.50	$261.10	$130.08	n/a	$191.43	$83.06	4, 8
77048	MRI breast, unilateral, inc CAD, w/ or w/o contrast (requires Prior Auth)	$425.60	$425.60	$261.10	$130.08	n/a	$316.63	$108.96	4, 8
77049	MRI breast, bilateral, inc CAD, w/ or w/o contrast (requires Prior Auth)	$433.45	$433.45	$261.10	$130.08	n/a	$314.15	$119.30	4, 8
77053	Mammary ducto/galactogram, single duct, rad superv & interpret	$63.30	$63.30	$261.10	n/a	n/a	$44.48	$18.82	
77063	Screening digital breast tomosynthesis, bilateral	$60.60	$60.60	$28.92	n/a	n/a	$28.92	$31.68	11
77065	Diagnostic mammography, unilateral, includes CAD	$150.21	$150.21	$108.11	n/a	n/a	$108.11	$42.10	
77066	Diagnostic mammography, bilateral, includes CAD	$189.93	$189.93	$137.86	n/a	n/a	$137.86	$52.07	
77067	Screening mammography, bilateral	$153.38	$153.38	$113.90	n/a	n/a	$113.90	$39.48	
G0279	Diagnostic digital breast tomosynthesis, unilateral or bilateral	$60.60	$60.60	$28.92	n/a	n/a	$28.92	$31.68	
Pathology and Laboratory Services									
87624	HPV, Human Papillomavirus, high risk types	n/a	n/a	n/a	n/a	$35.09	n/a	n/a	5
87625	Human Papilloma virus, types 16 and 18 only	n/a	n/a	n/a	n/a	$40.55	n/a	n/a	5
88141	Cytopathology, Pap, cervical or vaginal, any reporting system, physician interpretation	$25.29	$25.29	n/a	n/a	n/a	n/a	n/a	
88142	Cytopathology, Liquid Based Pap, cervical or vaginal, any reporting system, automated thin layer preparation, manual screening, physician supervision	n/a	n/a	n/a	n/a	$20.26	n/a	n/a	
88143	Cytopathology, Liquid Based Pap, cervical or vaginal, automated thin layer preparation, manual screening & rescreening, physician supervision	n/a	n/a	n/a	n/a	$23.04	n/a	n/a	

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Pathology and Laboratory Services									
88164	Cytopathology, Conventional Pap, cervical or vaginal, Bethesda System, manual screening, physician supervision	n/a	n/a	n/a	n/a	$15.92	n/a	n/a	
88165	Cytopathology, Conventional Pap, cervical or vaginal, Bethesda System, manual screening & rescreening, physician supervision	n/a	n/a	n/a	n/a	$42.22	n/a	n/a	
88172	Cytopathology, evaluation of Fine Needle Aspirate (FNA), immediate, first eval episode, each site	$61.64	$61.64	$169.24	n/a	n/a	$23.41	$38.23	
88173	Cytopathology, evaluation of FNA, interpretation and report	$181.73	$181.73	$56.39	n/a	n/a	$106.03	$75.70	
88174	Cytopathology, Liquid Based Pap, cervical or vaginal, any reporting system, automated thin layer, screening automated system, physician supervision	n/a	n/a	n/a	n/a	$25.37	n/a	n/a	
88175	Cytopathology, Liquid Based Pap, cervical or vaginal, any reporting system, automated thin layer, screening automated system & manual rescreening or review, physician supervision	n/a	n/a	n/a	n/a	$26.61	n/a	n/a	
88300	Surgical Pathology, gross examination only (surgical specimen)	$17.87	$17.87	$28.03	n/a	n/a	$13.08	$4.79	
88302	Surgical Pathology, gross and microscsopic examination (review level II)	$37.43	$37.43	$28.03	n/a	n/a	$30.02	$7.41	
88304	Surgical Pathology, gross and microscsopic examination (review level III)	$48.92	$48.92	$56.39	n/a	n/a	$36.63	$12.29	
88305	Tissue pathology, gross and microscopic (Level IV)	$81.56	$81.56	$56.39	n/a	n/a	$41.18	$40.38	
88307	Tissue pathology, gross and microscopic (Level V)	$337.24	$337.24	$330.48	n/a	n/a	$248.17	$89.07	
88331	Path consultation, first tissue block, frozen section (s), single spec	$116.61	$116.61	$169.24	n/a	n/a	$49.44	$67.17	
88332	Path consultation, addtnl tissue block, frozen section(s), Add on	$62.18	$62.18	n/a	n/a	n/a	$29.19	$32.99	
88341	Immunohisto/immunocyto chemistry, single antibody, Add on	$103.81	$103.81	n/a	n/a	n/a	$73.55	$30.26	
88342	Immunohisto/immunocyto chem, Per Spec, Inl single antibody	$118.19	$118.19	$169.24	n/a	n/a	$80.84	$37.35	
88344	Immunohisto/immunocyto chemistry, Multiplex antibody stain	$202.10	$202.10	$330.48	n/a	n/a	$161.00	$41.10	
88360	Tumor immunohistochem/manual - quantitative result	$141.34	$141.34	$169.24	n/a	n/a	$96.54	$44.79	
88361	Tumor immunohistochem/computer assist - quantitative result	$140.38	$140.38	$330.48	n/a	n/a	$93.65	$46.72	
88363	Examination - retrieved archival tissue molec analysis	$25.37	$20.83	$28.03	n/a	n/a	n/a	n/a	
88364	In situ hybridization ea addl probe stain	$163.23	$163.23	n/a	n/a	n/a	$126.29	$36.93	
88365	In situ hybridization 1st probe stain	$212.78	$212.78	$169.24	n/a	n/a	$165.82	$46.96	
88366	In situ hybridization ea multiplex probe stain	$338.49	$338.49	$330.48	n/a	n/a	$271.59	$66.89	
88367	M/phmtrc alys ish cptr-asst tech 1st probe stain	$132.90	$132.90	$330.48	n/a	n/a	$96.96	$35.94	
88368	M/phmtrc alys in situ hybridization ea probe mnl	$159.62	$159.62	$330.48	n/a	n/a	$115.41	$44.21	
88369	M/phmtrc alys ish quant/semiq mnl per spec each	$135.54	$135.54	n/a	n/a	n/a	$101.09	$34.46	
88373	M/phmtrc alys ish quant/semiq cptr per spec each	$80.56	$80.56	n/a	n/a	n/a	$53.30	$27.26	

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Pathology and Laboratory Services									
88374	M/phmtrc alys ish quant/semiq cptr each multiprb	$390.88	$390.88	$169.24	n/a	n/a	$344.46	$46.42	
88377	M/phmtrc alys ish quant/semiq mnl each multiprb	$483.47	$483.47	$169.24	n/a	n/a	$415.39	$68.08	
Moderate Sedation									
99152	Moderate sedation services by *the same* qualified health care prof performing the *diagnostic or therapeutic service* that sedation supports, requiring presence of independent trained observer to assist *initial 15 min;* patient age 5 yrs or older.	$60.45	$13.34	n/a	n/a	n/a	n/a	n/a	
99153	Moderate sedation services by *the same* qualified health care prof performing the diagnostic or therapeutic service that sedation supports, requiring presence of independent trained observer to assist; *each add 15 mins* (List separately from primary code).	$12.93	$12.93	n/a	n/a	n/a	n/a	n/a	15
99156	Moderate sedation services provided by physician/other qualified health care prof other than the physician/other qualified health care prof performing the diagnostic or therapeutic service that sedation supports; *initial 15 mins* , patient age 5 years or older.	$80.52	$80.52	n/a	n/a	n/a	n/a	n/a	
99157	Moderate sedation services provided by qualified health care prof other than the physician or other qualified health care prof performing the diagnostic or therapeutic service that sedation supports; *each add 15 mins* (List separately from primary code).	$66.78	$66.78	n/a	n/a	n/a	n/a	n/a	15
BCCHP Special Codes									
G9012	Other specified case management - Navigation - Requires Approval	$70.00	$70.00	$70.00	$70.00	$70.00	n/a	n/a	Max $70 16
EVGCM	Estrogen vaginal cream (pay lower of billed or allowable)	$150.00	$150.00	$150.00	$150.00	$150.00	n/a	n/a	Max $150
Notes									
*	CPT® codes and descriptions only are copyright 2021 American Medical Association. All rights reserved. The BCCHP Fee Schedule uses a limited set of the Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT®) codes for identifiying procedures and services performed by providers. The BCCHP Fee Schedule does not contain full text descriptions of HCPCS or CPT® codes or modifiers. Providers must bill according to the full text descriptions published by the American Medical Association and the Centers for Medicare & Medicaid Services (CMS). Reimbursement is based on Medicare rules and may not exceed Medicare rates. The BCCHP uses locality code 2 and CBSA code 42644 for the King County area to calculate reimbursement rates for the whole state. Reimbursement rates for the CPT codes in the December 2021 update of the BCCHP fee schedule are based on calculations using the 2022 Wage Index and 2022 information from CMS. Procedures will not be reimbursed for more than BCCHP allows.								
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 BCCHP screening visits.								

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Notes	
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 BCCHP. Reimbursement rates should not exceed those published by Medicare. While some programs my need to use 993XX-series codes, 993XX Preventative Medicine Evaluation visits are not appropriate for BCCHP. 9938X codes shall be reimbursed at or below the 99203 rate, and 9939X codes shall be reimbursed at or below the 99213 rate.
3	Medicare's methodology for the payment of anesthesia services are 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.
4	Prior Authorization needed from Regional Prime Contractors in collaboration with BCCHP Nurse Consultant.
5	HPV DNA testing is a reimburseable procedure if used for screening in conjunction with Pap testing or for follow-up of an abnormal Pap result or surveillance as per American Society for Colposcopy and Cervical Pathology (ASCCP) guidelines. It is not reimburseable as a primary screening test for women of all ages or as an adjunctive screening test to the Pap for women under 30 years of age. Providers should specify the high-risk HPV DNA panel only. Reimbursement of screening for low-risk HPV types is not permitted. CDC allows reimbursement of Cervista HPV HR at the same rate as the Digene Hybrid-Capture 2 HPV DNA Assay. CDC funds may be used for reimbursement of HPV genotyping.
6	A LEEP or conization of the cervix, as a diagnostic procedure, may be reimbursed based on the ASCCP recommendations. **Prior authorization** for LEEP or conization procedures must be obtained in accordance with Washington State BCCHP policies.
7	This charge should be used with caution of ensure that programs do not reimburse for supplies which have been accounted for in another clinical charge.
8	Breast MRI can be reimbursed by BCCHP 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 for by BCCHP to assess the extent of disease in a woman who has just been diagnosed with breast cancer. **Prior authorization** for MRI procedures mush be obtained in accordance with Washington State BCCHP policies.
9	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.
10	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
11	List separately in addition to code for primary procedure 77067.
12	List separately in addition to 77066 or 77065.
13	If the client fails standard moderate sedation, anesthesia may be used to complete the endoscopic procedure. Documentation should be provided.
14	Surgery or surgical staging may be required to provide a histological diagnosis of cancer. **Prior Authorization** must be obtained for all surgery for diagnostic purposes by the BCCHP Nurse Consultant in conjunction with the BCCHP Medical Advisory Committee.
15	Example: If procedure is 50 minutes, code 99156 + (99157 x 2). No separate charge allowed if procedure <10 minutes
16	Please consult prime contractor for billing requirements.

For clinical coverage guidelines, refer to BCCHP clinical algorithms and policies. Contact your BCCHP regional Prime Contractor for additional questions.