

Table C 2009 Reimbursement Rates

Cervical Screening & Diagnostic Procedures			
	CPT	Mod 26	Mod TC
Screening			
Pap smear screening	88150		\$15.42
Pap smear, reported in Bethesda System requiring physician interpretation	88141	\$24.93	
Screening by automated system with manual re-screening	88148		\$15.42
Manual screening under physician supervision	88164		\$15.42
Automated thin preparation	88142		\$22.05
Computerized thin preparation	88175		\$26.86
HPV DNA Testing (high-risk typing only)	87621		\$51.25
Slide Consult	88321	\$82.17	

These procedures are covered for eligible women according to program policy. After 3 consecutive negative Pap tests, the frequency must be reduced to every 3 years. Specimens must be submitted to participating laboratories.

Office Visits				
New Patient Office Visit	CPT	Mod 26	Mod TC	Facility
New Patient office visit	99201	\$33.19		\$21.90
New Patient office visit	99202	\$57.87		\$42.31
New Patient office visit	99204	\$130.96		\$107.46
New Patient office visit	99205	\$165.84		\$139.90
New Patient office visit	99203	\$83.95		\$63.81
Established Patient Office Visit				
Established Patient office visit	99213	\$56.55		\$42.51
Established Patient office visit	99214	\$85.28		\$65.75
Established Patient office visit	99211	\$16.67		\$8.12
Established Patient office visit	99212	\$33.49		\$21.59
Established Patient office visit	99215	\$115.53		\$93.25
New Or Established Office Consultations				
New or Established office consultations	99244	\$170.38		\$144.75
New or Established office consultations	99245	\$209.53		\$180.54
New or Established office consultations	99241	\$44.03		\$30.90
New or Established office consultations	99242	\$82.89		\$65.19
New or Established office consultations	99243	\$114.14		\$90.95
Diagnostics		CPT	Mod 26	FACILITY
*Vaginal biopsy	57105	\$115.24	\$106.69	
Endoscopy with biopsy of vagina/cervix	57421	\$134.65	\$108.40	
Colposcopy without biopsy	57452	\$93.92	\$80.18	
*Colposcopy with biopsy of cervix	57455	\$123.54	\$98.21	
*Colposcopy with endocervical curetage	57456	\$116.64	\$91.92	
*Colposcopy with biopsy and endocervical curetage	57454	\$133.70	\$119.97	
*Endocervical curetage	57505	\$85.59	\$77.04	
*Colposcopy with loop electrode biopsy of cervix	57460	\$250.03	\$144.15	
*Colposcopy with loop electrode conization of cervix	57461	\$281.64	\$167.22	
*Biopsy or local excision of lesion	57500	\$110.51	\$65.04	
*Conization of cervix	57520	\$262.33	\$234.86	
*Loop electrode excision	57522	\$225.34	\$208.56	
*Endometrial biopsy	58100	\$94.69	\$77.30	
*Colposcopy for vagina and cervix if present	57420	\$99.82	\$79.38	
*Endoscopy w/ biopsy of vagina/cervix	57421	\$134.65	\$108.40	
*Endometrial sampling , performed in conjunction with colposcopy	58110	\$42.64	\$36.85	

Mod 26 = Professional Fee

Mod TC = Technical Fee

Total = Combined (Professional and Technical) Fee

Facility = These amounts apply when a physician performs the service in a facility setting.

Effective December 1, 2001, Arkansas Department of Health implemented "The Breast and Cervical Cancer Prevention and Treatment Act". This law allows eligible women diagnosed with breast and cervical cancer, CIN II/III, and carcinoma-in-situ to receive the full range of Medicaid category 07 benefits. Medicaid coverage ends when cancer treatment ends.

* If a BreastCare enrollee has a biopsy diagnosis of breast or cervical cancer, CIN II/III, carcinoma-in-situ, VIN II/III, or vaginal carcinoma originating from the cervix and is also a Medicaid recipient, the above procedures are billed to Medicaid according to Medicaid's guidelines. A vaginal biopsy is reimbursable for a patient who has had a hysterectomy due to CIN II/III or cervical cancer.

◆ Requires prior authorization to obtain BreastCare reimbursement.

Refer all BreastCare clients diagnosed with breast or cervical cancer, CIN II/III, or Carcinoma-in-situ to the BreastCare Phone Center at 1-877-670-2273.

TABLE D

Cervical Cancer Treatment Services					
SURGERY	CPT	Mod 26	Mod TC	Total	Facility
Biopsy or local excision of lesion	57500	\$110.51			\$65.04
Cryocautery	57511	\$123.90			\$112.92
Cauterization of cervix	57510	\$114.33			\$101.21
Laser ablation	57513	\$122.38			\$113.53
Conization of cervix	57520	\$262.33			\$234.86
Loop electrode excision	57522	\$225.34			\$208.56
Trachelectomy (amputation of cervix)	57530	\$295.99			
Radical trachelectomy with bilateral pelvic lymphadenectomy	57531	\$1,486.11			
Total abdominal hysterectomy	58150	\$864.36			
Supracervical abdominal hysterectomy	58180	\$830.49			
Total abdominal hysterectomy, partial vaginectomy, lymph node sampling	58200	\$1,143.64			
Radical abdominal hysterectomy with bilateral total lymphadenectomy	58210	\$1,524.13			
Pelvic exenteration, total abdominal hysterectomy, removal of bladder and ureters, and or abdominal peritoneal resection	58240	\$2403.86			
Vaginal Hysterectomy	58260	\$720.08			
Placement of Central Venous Catheter	36555	\$235.43			\$118.87
peripheral insertion of nontunneled CV catheter w/o port or pump	36556	\$201.54			\$112.14
Insertion of tunneled centrally inserted CV catheter without port	36558	\$681.53			\$259.24
Insertion of tunneled CV access device with port	36561	\$953.95			\$311.97
Insertion of tunneled centrally inserted CV access device with subcutaneous pump	36563	\$963.98			\$322.62
Insertion of CV access device, 2 catheters via 2 access sites	36565	\$811.46			\$307.70
Insertion of CV access device, 2 catheters via 2 access sites with subcutaneous ports	36566	\$2,949.19			\$330.01

Centrally inserted nontunneled CV catheter without port or pump	36569	\$227.67		\$89.75
Peripherally inserted CV catheter with subcutaneous port	36571	\$1,011.09		\$279.40
Removal of tunneled CV catheter w/o port or pump	36589	\$146.45		\$125.70
Removal of tunneled CV access device with port or pump	36590	\$236.05		\$178.08
Hospital/Ambulatory Surgery Center	CPT	INPATIENT	OUTPATIENT	
Total abdominal hysterectomy, partial vaginectomy, lymph node sampling	58200	\$6119		
Total abdominal hysterectomy	58150	\$6119		
Supracervical abdominal hysterectomy	58180	\$6119		
Radical trachelectomy with bilateral pelvic lymphadenectomy	57531	\$6119		
Radical abdominal hysterectomy with bilateral total lymphadenectomy	58210	\$6119		
Pelvic exenteration, total abdominal hysterectomy, removal of bladder and ureters, and or abdominal peritoneal resection	58240	\$6119		
Vaginal Hysterectomy	58260	\$6119		
Centium implant radiation (3 day hospital stay)	57155	\$8506	\$323.43	
Laser ablation	57513	\$8506	\$616.71	
◆Conization of cervix	57520	\$8506	\$616.71	
◆Loop electrode excision	57522	\$8506	\$616.71	
◆Colposcopy with loop electrode biopsy of cervix	57460	\$8506	\$168.43	
◆Colposcopy with loop electrode conization of cervix	57461	\$8506	\$178.89	
Biopsy or local excision of lesion	57500	\$8506	77.18	
Trachelectomy (amputation of cervix)	57530	\$8506	\$928.62	
Placement of Central Venous Catheter	36555	\$385.67	\$385.67	
Peripheral insertion of nontunneled CV catheter w/o port or pump	36556	\$385.67	\$385.67	
Insertion of tunneled centrally inserted CV catheter without port	36558	\$720.27	\$720.27	
Insertion of tunneled CV access device with port	36561	\$848.99	\$848.99	
Insertion of tunneled centrally inserted CV access device with subcutaneous pump	36563	\$848.99	\$848.99	
Insertion of CV access device, 2 catheters via 2 access sites	36565	\$848.99	\$848.99	
Insertion of CV access device, 2 catheters via 2 access sites with subcutaneous ports	36566	\$848.99	\$848.99	
Centrally inserted nontunneled CV catheter without port or pump	36569	\$385.67	\$385.67	
Peripherally inserted CV catheter with subcutaneous port	36571	\$751.47	\$751.47	
Removal of Venous Access Port/Subcutaneous Reservoir	36589	\$255.10	\$255.10	
Removal of tunneled CV access device with port or pump	36590	\$385.67	\$385.67	
◆Requires prior authorization to obtain BreastCare reimbursement. Note: If a BreastCare enrollee is diagnosed with cervical cancer, CIN II/III, or CIS on biopsy and is also a Medicaid recipient, the above procedures on Table D are billed to Medicaid coding to Medicaid's guidelines.				
Cervical Cancer Treatment Services				
Chemotherapy	CPT	Mod 26	Outpatient	
Chemo, IV push up to one hour	96409	\$95.06	\$95.06	
Chemo, IV push each additional hour	96411	\$54.25	\$54.25	
Chemo, infusion up to one hour	96413	\$125.20	\$125.20	
Chemo, infusion each additional hour up to 8 hours	96415	\$28.42	\$28.42	
Chemo, infusion each additional sequential infusion up to one hour	96417	\$62.40	\$62.40	

IV fluid, non chemo up to one hour	96365	\$ 58.44	\$58.44	
IV fluid, non chemo each additional hour up to 8 hours	96366	\$19.04	\$19.04	
IV fluid, non chemo each additional sequential infusion up to one hour	96367	\$29.77	\$29.77	
Cisplatin 10 mg	J9060	\$2.23	\$2.23	
Cisplatin 50mg (80 mg x 5)	J9062	\$11.14	\$11.14	
5FU 500 mg (1000mgx 5)	J9190	\$1.55	\$1.55	
Zofran 1 mg x 5	J2405	\$0.21	\$0.21	
Office visit for established patient not requiring presence of physician	99211	\$16.67	\$8.12	
Heparin Flush	J1644	\$0.20	\$0.20	
Saline	J7050	\$0.27	\$0.27	
Radiation Therapy	CPT	Mod 26	Mod TC	Facility
Consultation visit-40 min	99243	\$114.14		\$90.95
	CPT	Mod 26	Mod TC	Total
Treatment Plan-complex	77263	\$149.08		
Simulation-complex	77290	\$73.72	\$344.62	\$418.34
Isodose Plan	77295	\$215.46	\$370.12	\$585.58
Simulation –simple	77280	\$33.21	\$123.42	\$156.63
Simulation	77285	\$49.66	\$219.63	\$269.29
Basic Dosimetry	77300	\$29.25	\$33.16	\$62.42
Isodose Plan	77310	\$49.66	\$40.23	\$89.89
Isodose Dosimetry-complex	77315	\$73.72	\$57.78	\$131.51
Diodes	77331	\$41.18	\$15.58	\$56.75
Arm Board-simple	77332	\$25.45	\$42.01	\$67.46
Beam Splitter-intermediate	77333	\$39.79	\$21.60	\$61.39
Weekly Physics Chart Check	77336		\$50.78	
Weekly Treatment	77427	\$177.37		
Weekly Treatment	77412		\$172.04	
Weekly Treatment	77413		\$173.27	
Daily Treatment	77414		\$192.49	
Intensity Modulated Treatment	77418		\$435.37	
Physic Consult	77370		\$97.18	
Wedge-complex	77334	\$58.50	\$79.32	\$137.82
Brachytherapy isodose calculation, simple	77326	\$43.81	\$79.59	\$123.40
Interstitial radioelement application, simple	77776	\$223.11	\$145.19	\$368.30
Interstitial radioelement application, complex	77778	\$531.36	\$213.66	\$745.02
Insertion of Tandem	57155	\$368.98		
Brachytherapy Isodose Distribution-intermediate	77327	\$65.60	\$110.60	\$176.20
Special Treatment Procedure	77470	\$98.81	\$122.39	\$221.20
Treatment, 1-4 sources	77761	\$179.28	\$134.37	\$313.65
Treatment, 5-10 sources	77762	\$270.83	\$159.58	\$430.41
Treatment, over 10 sources	77763	\$406.49	\$205.39	\$611.88
Supervision, handling, loading of source	77790	\$49.66	\$29.00	\$78.66
Isodose Distribution	77328	\$98.81	\$143.46	\$242.28
HDR BrachyTx, 1 channel	77785	\$67.29	\$95.15	\$162.45
HDR BrachyTx, 2-12 channels	77786	\$151.68	\$331.76	\$483.44
HDR BrachyTx, over 12 channels	77787	\$232.56	\$486.12	\$718.68
Simulation	77280	\$33.21	\$123.42	\$156.63
Surface application of radiation source	77789	\$93.36		
Stereoscopic X-ray guidance for localization of target	77421	\$96.24		
Stereotactic radiation treatment of cranial lesions	77432	\$377.07		
Fluoroscopic guidance for needle placement	77002	\$61.51		
Ultrasonic guidance for placement of radiation therapy	76950	\$61.58		
Special teletherapy port plan	77321	\$105.88		
Removal of tongs or halo	20665	\$98.93		

If a BreastCare client is diagnosed with cervical cancer, CIN II/III, or CIS on biopsy and is also a Medicaid recipient, the above procedures are billed to Medicaid according to Medicaid's guidelines.

Pathology	CPT	Mod 26	Mod TC	Total
Surgical Pathology Level IV	88305	\$35.16	\$55.87	\$91.03
Surgical Pathology Level III	88304	\$10.23	\$42.43	\$52.66
Surgical Pathology Level V	88307	\$74.79	\$108.06	\$182.85
Surgical Pathology Level VI	88309	\$129.43	\$148.34	\$277.77
Frozen Section	88331	\$56.38	\$24.14	\$80.52
Frozen Section, Additional	88332	\$27.70	\$8.56	\$36.26
OR Consult	88329	\$44.62		
Anesthesia	CPT	Mod 26		
*57531, 58210	00846	\$277.06		
*57513, 57520, 57530, 57522	00940	\$138.53		
*58150, 58180	00840	\$514.54		
*58260	00944	\$277.06		
*Insertion of Venous Access Port	00532	\$158.32		
Note: Anesthesiologist/CRNA will bill for actual charges or up to the capitated limit for each procedure code.				
Lab	CPT	Mod 26	Mod TC	Total
Complete CBC, automated and automated differential WBC count	85025		\$11.35	
Hepatic Function Panel	80076		\$11.93	
CBC, automated	85027		\$9.45	
Basic Metabolic Panel	80048		\$12.36	
Comprehensive Metabolic Panel	80053		\$15.44	
Radiology	CPT	Mod 26	Mod TC	Total
Chest x-ray, single view	71010	\$8.48	\$12.22	\$20.71
Chest x-ray	71020	\$10.54	\$16.81	\$27.35
CT abdomen without contrast	74150	\$57.15	\$160.57	\$217.72
CT abdomen with contrast	74160	\$61.42	\$247.14	\$308.56
CT abdomen with and without contrast	74170	\$67.32	\$283.15	\$350.47
CT Pelvis without contrast	72192	\$52.63	\$160.42	\$213.05
CT Pelvis with contrast	72193	\$55.76	\$219.38	\$275.14
CT Pelvis without contrast	72194	\$58.54	\$282.59	\$341.12

If a BreastCare enrollee is diagnosed with cervical cancer, CIN II/III, or CIS on biopsy and is also a Medicaid recipient, the above procedures are billed to Medicaid according to Medicaid's guidelines. Patients receive the full range of Medicaid benefits until cancer treatment ends.

*** Requires specific diagnoses codes (180.0, 180.1, 180.8, 180.9, 233.1, 622.12) when billing BreastCare for clients who are not also Medicaid recipients.**