

**Delaware Screening for Life Program
Reimbursable CPT Codes and Rates
Rates Effective July 1, 2006 - June 30, 2007**

Modifier	Description		
TC	Technical Component (interpretation by technician)		
26	Professional Component (interpretation by physician)		
SG	Facility Fee (SFL internal use only) Subsequent procedures will be paid at 50%.		
59	Second or subsequent surgical procedure on the same day, for colorectal only. This applies to physician and facility fee charges.		
CPT CODE	SFL Pay Rate 2006	Medic aid Rate	Office Visits (Breast, Cervical, & Colorectal)
99201	\$37.18		New patient - office visit (10 minutes face to face)
99202	\$65.92		New patient - office visit (20 minutes face to face)
99203	\$98.03		New patient - office visit (30 minutes face to face)
99211	\$21.90		Established patient - office visit (5 minutes face to face)
99212	\$39.11		Established patient - office visit (10 minutes face to face)
99213	\$53.33		Established patient - office visit (15 minutes face to face)
99241	\$50.93		Consultation visit - 15 minutes face to face with patient
99242	\$92.98		Consultation visit - 30 minutes face to face with patient
99243	\$123.99		Consultation visit - 40 minutes face to face with patient
99385	\$114.51	X	Initial Preventive Office visit, Age 18 - 39
99386	\$134.54	X	Initial Preventive Medicine Evaluation 40-64 years
99387	\$145.87	X	Initial Preventive Medicine Office Visit, 65 years and over
99395	\$93.68	X	Periodic Preventive Office Visit, Age 18-39
99396	\$103.49	X	Periodic Preventive Medicine Evaluation 40-64 years
99397	\$114.08	X	Periodic Preventive Medicine office visit, 65 years and over

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CPT CODE	SFL Pay Rate 2006	Pathology (Breast)
36415	\$3.00	Collection of venous blood by venipuncture
80048	\$11.83	Basic Metabolic Panel
80053	\$14.77 X	Comprehensive metabolic panel, [must include albumin, bilirubin - total, calcium, carbon dioxide (bicarbonate), chloride, creatinine, glucose, phosphatase- alkaline, potassium, protein - total, sodium, transferase - alanine, amino Alt SGPT, transferase - aspartate amino AST SGPT, urea nitrogen (BUN)]
81001	\$4.41 X	Urinalysis, automated microscopy
85025	\$10.86 X	Complete CBC automated (Hgb, Hct, RBC WBC and platelet count and automated differential WBC count)
85027	\$9.04 X	Complete CBC automated (Hgb, Hct, RBC WBC and platelet count)
85610	\$5.49	Prothromben time
85730	\$8.38	PTT time
88172	\$52.53	Cytopathology, evaluation of fine needle aspirate; immediate cytohistological study to determine adequacy of specimen(s)
88172-TC	\$18.81	
88172-26	\$33.72	Cytopathology, evaluation of fine needle aspirate; interpretation and report
88173	\$138.24	
88173-TC	\$60.47	
88173-26	\$77.76	Surgical pathology, gross and microscopic examination, not requiring microscopic evaluation of surgical margins, Level IV
88305	\$104.82	
88305-TC	\$62.31	
88305-26	\$42.51	
88307	\$186.95	Excision of lesion-surgical pathology, gross and microscopic examination requiring microscopic evaluation of surgical margins, Level V
88307-TC	\$97.71	
88307-26	\$89.24	
88331	\$90.78	Frozen section, first tissue block, single specimen
88331-TC	\$24.11	
88331-26	\$66.67	
88332	\$41.73	Frozen section, each additional tissue block
88332-TC	\$8.78	
88332-26	\$32.95	

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CPT CODE	SFL Pay Rate 2006	Radiology (Breast)
71020	\$36.75	Chest x-ray
71020 - TC	\$25.27	
71020 - 26	\$11.48	
76090	\$79.27	Diagnostic/Follow up --- Unilateral Mammogram
76090-TC	\$42.54	
76090-26	\$36.73	
76091	\$98.43	Diagnostic/Follow up --- Bilateral Mammogram
76091-TC	\$52.91	
76091-26	\$45.52	
76092	\$86.55	Screening Mammogram, bilateral (two view study of each breast)
76092-TC	\$49.82	
76092-26	\$36.73	
76095	\$373.59	Stereotactic localization guidance for breast biopsy or needle placement (eg. For wire localization or for injection) each lesion, radiological supervision and interpretation
76095-TC	\$289.51	
76095-26	\$84.08	
76096	\$82.00	Mammographic guidance for needle placement, breast (eg. For wire localization or for injection) each lesion, radiological supervision and interpretation
76096-TC	\$52.91	
76096-26	\$29.10	
76098	\$25.28	Radiological examination, surgical specimen
76098-TC	\$16.88	
76098-26	\$8.40	
76645	\$70.87	Ultrasound, breast(s) (unilateral or bilateral), B-scan and/or real time with image documentation
76645-TC	\$42.54	
76645-26	\$28.33	
76942	\$147.37	Ultrasonic guidance for needle placement (eg. Biopsy, aspiration, injection, localization device), imaging supervision and interpretation
76942-TC	\$112.18	
76942-26	\$35.20	

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CPT CODE	SFL Pay Rate 2006	Surgical (Breast)
93000	\$27.21	Electrocardiogram, routine ECG with at least 12 leads: with interpretation and report
99070	40% of charges	Supplies- breast procedure and ancillary charges.
00400	\$17.81	X Anesthesia (per unit) 1 unit = 15 minutes
10021	\$135.42	Fine needle aspiration without imaging guidance
10022	\$149.79	Fine needle aspiration with imaging guidance
19000	\$111.69	Puncture aspiration of cyst of breast (surgical procedure only)
19001	\$27.11	Puncture aspiration of cyst of breast, each additional cyst
19100	\$134.75	
19100-SG	\$343.12	Biopsy of breast; percutaneous, needle core, not using imaging guidance (surgical procedure only)
19101	\$309.14	
19101-SG	\$459.55	Biopsy of breast; open, incisional
19102	\$229.58	
19102-SG	\$459.55	Biopsy of breast; percutaneous, needle core using imaging guidance
19103	\$596.10	
19103-SG	\$459.55	Breast biopsy; percutaneous, automated vacuum assisted or rotating biopsy device using imaging guidance
19120	\$413.07	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion or nipple or areolar lesion, open
19120-SG	\$525.50	
19125	\$443.87	
19125-SG	\$525.50	Excision of breast lesion identified by pre-operative placement of radiological marker, open; single lesion
19126	\$163.80	Excision of breast lesion identified by pre-operative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker
19126-SG	\$262.75	
19290	\$161.41	
19290-SG	\$343.12	Preoperative placement of needle localization wire, breast
19291	\$72.20	
19291-SG	\$171.56	Preoperative placement of needle localization wire, breast, each additional lesion
19295	\$104.50	Image guided placement metallic localization clip, percutaneous, during breast biopsy

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CPT CODE	SFL Pay Rate 2006	Pathology (Cervical)
87621	\$49.04	X Hybrid Capture II from Digene - HPV Test (High Risk Typing only), used only for management of ASC-US Pap Tests, and one year follow-up for LSIL Pap Tests as recommended by the ASCCP consensus
88141	\$22.57	Pap smear, requiring interpretation by physician
88142	\$14.76	Cytopathology, thin prep (Paid at 88164 rate.)
88164	\$14.76	X Pap smear, reported in Bethesda System
88305	\$104.82	Surgical pathology, gross and microscopic examination, not requiring microscopic evaluation of surgical margins, Level IV
88305-TC	\$62.31	
88305-26	\$42.51	
88307	\$186.95	Cervix-Surgical pathology, gross and microscopic examination requiring microscopic evaluation of surgical margins, Level V
88307-TC	\$97.71	
88307-26	\$89.24	
CPT CODE	SFL Pay Rate 2006	Diagnostic (Cervical)
57452	\$113.00	Colposcopy without biopsy (surgical procedure only)
57454	\$162.10	Colposcopy with biopsy of the cervix and endocervical curettage (surgical procedure only)
57455	\$150.79	Colposcopy with biopsy(s) of the cervix
57456	\$142.05	Colposcopy with endocervical curettage
57505	\$104.78	Endocervical curettage (not done as part of a dilation and curettage)

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Policy for LEEP and Cone Reimbursements Pre-Authorization

1. SFL will **only** pay for a LEEP or cone biopsy for a diagnostic workup, and **not** for treatment.
2. PRIOR to the diagnostic LEEP or cone biopsy, provider should notify SFL via telephone at (302) 741-8600 and ask to speak to Pat Smith, SFL Case Manager.
3. Case Manager will refer case to Nurse Consultant for approval.
4. SFL will fax provider a pre-authorization form within five (5) business days.
5. Provider will complete the form and fax it to SFL at (302) 741-8601. Nurse consultant will verify that the procedure is for a diagnostic workup.
6. This form will be filed in the patient's chart. Case notes will be added to the SFL database.
7. When the bill is received, SFL staff will present it to the Nurse Consultant for approval.

CPT CODE	SFL Pay Rate 2006	Surgical (Cervical)
99070	40% of charges	Supplies - Cervical
00400	\$17.81	Anesthesia (per unit) 1 unit = 15 minutes
57460	\$346.11	Colposcopy of the cervix with loop electrode biopsy(s) of the cervix
57461	\$381.52	Colposcopy with loop electrode conization of the cervix
57500	\$65.56	Biopsy, single or multiple, or local excision of lesion, with or without fulgurations (separate procedure)
57520	\$282.33	Conization of cervix with or without fulguration, with or without dilation and cutterage, with or without repair;
57520-SG	\$459.55	cold knife or laser
57522	\$237.25	Conization of cervix, with or without fulguration with or without dilation and cutterage, with or without repair;
57522-SG	\$459.55	Loop Electrode Excision
	\$115.69	Endometrial Biopsy (only reimbursable on AGUS PAP)

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CPT CODE	SFL Pay Rate 2006	Pathology (Colorectal)
36415	\$3.00	Collection of venous blood by venipuncture
80048	\$11.83	Basic Metabolic Panel
80053	\$14.77 X	Comprehensive metabolic panel, must include albumin, bilirubin - total, calcium, carbon dioxide (bicarbonate), chloride, creatinine, glucose, phosphatase- alkaline, potassium, protein - total, sodium, transferase - alanine, amino Alt SGPT, transferase - aspartate amino AST SGPT, urea nitrogen (BUN)
80061	\$18.72	Lithium Panel
80178	\$9.24	Lithium
81001	\$4.41 X	Urinalysis, automated microscopy
82270	\$4.54 X	Fecal Occult Blood Test (FOBT), occult, by peroxidase activity (e.g. guaiac), qualitative: feces, 1-3 simultaneous determinations
82274	\$18.09	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations
84443	\$23.47	Thyroid stimulating hormone
84460	\$7.40	Alanine Amino
85025	\$10.86 X	Complete CBC automated (Hgb, Hct, RBC WBC and platelet count and automated differential WBC count)
85027	\$9.04 X	Complete CBC automated (Hgb, Hct, RBC WBC and platelet count)
85610	\$5.49	Prothromben time
85652	\$3.77	Sedimentation rate, erythrocyte; automated
85730	\$8.38	PTT time
86803	\$19.94	Hepatitis C Antibody
86804	\$21.64	Hepatitis C Antibody, confirmatory test
88305	\$104.82	Surgical pathology, gross and microscopic examination, not requiring microscopic evaluation of surgical margins, Level IV
88305-TC	\$62.31	
88305-26	\$42.51	
88307	\$186.95	Excision of lesion-surgical pathology, gross and microscopic examination requiring microscopic evaluation of surgical margins. Level V
88307-TC	\$97.71	
88307-26	\$89.24	

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CPT CODE	SFL Pay Rate 2006	Radiology (Colorectal)
74270	\$105.65	Radiological examination, colon; barium enema, with or w/out KUB barium enema
74270-TC	\$69.30	
74270-26	\$36.35	
74280	\$142.48	Radiological examination, colon; air contrast with specific high density barium, with or without glucagons
74280-TC	\$90.81	
74280-26	\$51.67	
	SFL Pay Rate 2006	Surgical (Colorectal)
99070	40% of charges	Supplies - Colorectal
00810	\$17.81	Anesthesia (per unit) 1 unit = 15 minutes
45300	\$74.95	Proctosigmoidoscopy - Colonoscopy aborted due to failed prep or large obstruction
45330	\$127.48	Diagnostic sigmoidoscopy - colonoscopy was aborted due to poor prep
45331	\$69.91	Flexible sigmoidoscopy with biopsy
45331-SG	\$343.12	
45378	\$208.37	
45378-SG	\$459.55	Colonoscopy (Bill by itself with no other colonoscopy code)
45380	\$248.86	Colonoscopy with biopsy single or multiple
45380-SG	\$459.55	
45383	\$327.00	Colonoscopy with ablation of tumor(s) polyp(s) or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
45383-SG	\$459.55	
45384	\$263.32	Colonoscopy with removal of polyp by hot forceps or cautery
45384-SG	\$459.55	
45385	\$296.17	Colonoscopy with removal of polyp by snare technique
45385-SG	\$459.55	
45380-59		Any combination of CPT codes 45380, 45383, 45384, and 45385 can be billed as separate procedures on the same day. First highest procedure is reimbursed at 100%, with second and subsequent procedures reimbursed at 50%. Modifier 59 is for the physician and the modifier SG if for the facility fee for subsequent procedures only.
45383-59		
45384-59		
45385-59		
93000	\$27.21	Electrocardiogram, routine ECG with at least 12 leads: with interpretation and report