

Attachment C

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Early Detection Works
Reimbursement Fee Schedule
Effective for services on or after July 1, 2011

Early Detection works will no longer accept women who have insurance.

*The rare exception to this is that a woman with insurance that **does not cover any outpatient services** might be eligible. Please contact your Regional Nurse or the EDW staff for prior authorization.*

The following CPT codes have been approved for payment through the Early Detection Works Program.

Office Visits

Codes	Type of Service	Fee Schedule	Comments
99201	New patient visit - 10 minutes face-to-face	\$39.34	Level 1 - Focused problem
99202	New patient visit - 20 minutes face-to-face	\$68.15	Level 2 - Expanded
99203	New patient visit - 30 minutes face-to-face	\$98.69	Level 3 - Detailed
99211	Established patient - 5 minutes face-to-face	\$18.81	Level 1 - Focused problem
99212	Established patient - 10 minutes face-to-face	\$39.66	Level 2 - Expanded
99213	Established patient - 15 minutes face-to-face	\$66.32	Level 3 - Detailed
5000	Administration Fee (One-time enrollment fee payable when patient transfers from a non-EDW provider)	\$15.00	

Breast

Codes	Type of Service	Fee Schedule	Comments
77057	Screening mammogram, film	\$77.37	Two views, each breast
77057TC	<i>Technical component</i>	\$43.32	<i>Charge for service performed</i>
77057PC	<i>Professional component</i>	\$34.05	<i>Physician's Reading Fee</i>
77056	Diagnostic bilateral mammogram, film	\$105.42	Two breasts
77056TC	<i>Technical component</i>	\$63.10	<i>Charge for service performed</i>
77056PC	<i>Professional component</i>	\$42.31	<i>Physician's Reading Fee</i>
77055	Diagnostic unilateral mammogram, film	\$82.48	One breast
77055TC	<i>Technical component</i>	\$48.43	<i>Charge for service performed</i>
77055PC	<i>Professional component</i>	\$34.05	<i>Physician's Reading Fee</i>
G0202	Screening mammogram, digital	\$132.89	Two views, each breast
G0202tc	<i>Technical component</i>	\$98.84	<i>Charge for service performed</i>
G0202pc	<i>Professional component</i>	\$34.05	<i>Physician's Reading Fee</i>
G0204	Diagnostic bilateral mammogram, digital	\$159.01	Two breasts
G0204tc	<i>Technical component</i>	\$117.02	<i>Charge for service performed</i>
G0204pc	<i>Professional component</i>	\$41.99	<i>Physician's Reading Fee</i>
G0206	Diagnostic unilateral mammogram, digital	\$125.87	One breast
G0206tc	<i>Technical component</i>	\$91.82	<i>Charge for service performed</i>
G0206pc	<i>Professional component</i>	\$34.05	<i>Physician's Reading Fee</i>
76645	Diagnostic ultrasound	\$84.70	For determination of fluid or solid mass in breast(s)
76645TC	<i>Technical component</i>	\$58.32	<i>Charge for service performed</i>
76645PC	<i>Professional component</i>	\$26.38	<i>Physician's Reading Fee</i>

FNA

Codes	Type of Service	Fee Schedule	Comments
10021	Fine needle aspiration without imaging guidance (performed in office)	\$134.87	
10021	Fine needle aspiration without imaging guidance (performed in a facility)	\$67.23	
10021ff	<i>Facility fee *</i>	\$59.78	<i>Facility fee *</i>
10022	Fine needle aspiration with imaging guidance (performed in office)	\$129.97	
10022	Fine needle aspiration with imaging guidance (performed in a facility)	\$63.29	
10022ff	<i>Facility fee *</i>	\$174.52	<i>Facility fee *</i>
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s)	\$48.65	
88172TC	<i>Technical component</i>	\$19.40	<i>Charge for service performed</i>
88172PC	<i>Professional component</i>	\$29.25	<i>Physician's Reading Fee</i>
88173	Interpretation of FNA	\$131.76	
88173TC	<i>Technical component</i>	\$65.02	<i>Charge for service performed</i>
88173PC	<i>Professional component</i>	\$66.75	<i>Physician's Reading Fee</i>

Incisional Biopsy

All biopsies are for diagnostic purposes and exclude treatment.

Codes	Type of Service	Fee Schedule	Comments
19000	Puncture aspiration of cyst of breast (performed in office)	\$103.11	
19000	Puncture aspiration of cyst of breast (performed in a facility)	\$42.49	
19000FF	<i>Facility fee *</i>	\$75.12	<i>Facility fee *</i>
19001	Puncture aspiration of cyst of breast, each add'l. cyst (performed in office)	\$25.43	
19001	Puncture aspiration of cyst of breast, each add'l. cyst (performed in a facility)	\$20.96	
19001FF	<i>Facility fee *</i>	\$10.35	<i>Facility fee *</i>

General Anesthesia

Codes	Type of Service	Fee Schedule	Comments
ANESTH	General anesthesia	\$275.00	Anesthesiologist fee

Excisional Biopsy

All biopsies are for diagnostic purposes and exclude treatment.

Codes	Type of Service	Fee Schedule	Comments
19100	Percutaneous, needlecore, not using imaging guidance (performed in office)	\$134.29	Surgical fee
19100	Percutaneous, needlecore, not using imaging guidance (performed in a facility)	\$65.69	Surgical fee
19100FF	<i>Facility fee *</i>	\$174.52	<i>Facility fee *</i>
19101	Open, incisional biopsy (performed in office)	\$306.34	Surgical fee (10 global days)
19101	Open, incisional biopsy (performed in a facility)	\$204.25	Surgical fee (10 global days)
19101FF	<i>Facility fee *</i>	\$974.23	<i>Facility fee *</i>
19102	Percutaneous, needle core, using imaging guidance (performed in office)	\$202.42	Surgical fee
19102	Percutaneous, needle core, using imaging guidance (performed in a facility)	\$99.69	Surgical fee
19102FF	<i>Facility fee *</i>	\$309.74	<i>Facility fee *</i>
19103	Percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance (performed in office)	\$517.83	Surgical fee
19103	Percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance (performed in a facility)	\$185.71	Surgical fee
19103FF	<i>Facility fee *</i>	\$597.72	<i>Facility fee *</i>
19120	Excision of cyst (performed in office)	\$444.03	Surgical fee (90 global days)
19120	Excision of cyst (performed in a facility)	\$377.67	Surgical fee (90 global days)
19120FF	<i>Facility fee *</i>	\$974.23	<i>Facility fee *</i>
19125	Excision of breast lesion, identified by preoperative placement of radiological marker, open, single (performed in office)	\$493.00	Surgical fee (90 global days)
19125	Excision of breast lesion, identified by preoperative placement of radiological marker, open, single (performed in a facility)	\$419.94	Surgical fee (90 global days)
19125FF	<i>Facility fee *</i>	\$974.23	<i>Facility fee *</i>
19126	Excision of breast lesion, identified by preoperative placement of radiological marker, open, each add'l. lesion separately identified	\$152.53	Surgical fee
19290	Preoperative placement of needle localization wire (performed in office)	\$151.47	
19290	Preoperative placement of needle localization wire (performed in a facility)	\$63.10	
19291	Preoperative placement of needle localization wire, each add'l. lesion (performed in office)	\$64.47	
19291	Preoperative placement of needle localization wire, each add'l. lesion (performed in a facility)	\$30.97	
19295	Image guided placement, metallic localization clip, percutaneous	\$84.80	

Radiology

Codes	Type of Service	Fee Schedule	Comments
77031	Stereotactic localization guidance for breast biopsy or needle placement	\$154.31	
77031TC	<i>Technical component</i>	\$76.50	<i>Charge for service performed</i>
77031PC	<i>Professional component</i>	\$77.80	<i>Physician's Reading Fee</i>
77032	Mammographic guidance for needle placement, breast	\$53.54	
77032TC	<i>Technical component</i>	\$26.41	<i>Charge for service performed</i>
77032PC	<i>Professional component</i>	\$27.13	<i>Physician's Reading Fee</i>
76098	Radiological examination, surgical specimen	\$18.39	
76098TC	<i>Technical component</i>	\$10.46	<i>Charge for service performed</i>
76098PC	<i>Professional component</i>	\$7.92	<i>Physician's Reading Fee</i>
76942	Ultrasonic guidance for needle placement, imaging supervision & interpretation	\$187.06	
76942TC	<i>Technical component</i>	\$154.35	<i>Charge for service performed</i>
76942PC	<i>Professional component</i>	\$32.71	<i>Physician's Reading Fee</i>

Lab and Pathology

Codes	Type of Service	Fee Schedule	Comments
88305	Biopsy interpretation	\$100.96	
88305TC	<i>Technical component</i>	\$65.34	<i>Charge for service performed</i>
88305PC	<i>Professional component</i>	\$35.63	<i>Physician's Reading Fee</i>
88307	Surgical pathology, gross & microscopic exam requiring microscopic evaluation of surgical margins	\$215.45	
88307TC	<i>Technical component</i>	\$137.76	<i>Charge for service performed</i>
88307PC	<i>Professional component</i>	\$77.69	<i>Physician's Reading Fee</i>
88331	Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen	\$88.16	
88331TC	<i>Technical component</i>	\$29.92	<i>Charge for service performed</i>
88331PC	<i>Professional component</i>	\$58.23	<i>Physician's Reading Fee</i>
88332	Pathology consultation during surgery, each add'l tissue block with frozen section(s)	\$39.06	
88332TC	<i>Technical component</i>	\$10.46	<i>Charge for service performed</i>
88332PC	<i>Professional component</i>	\$28.59	<i>Physician's Reading Fee</i>

Cervical

Codes	Type of Service	Fee Schedule	Comments
88164	Pap test, conventional	\$14.87	
88142, 88143, 88174, 88175	Pap test, liquid-based	\$21.39	
88141	Cytopathology, cervical or vaginal, interpretation by physician	\$27.79	
87621	Lab, HPV, amplified probe technique	\$49.39	
57452	Colposcopy without biopsy (performed in office)	\$103.95	Surgical Fee
57452	Colposcopy without biopsy (performed in a facility)	\$87.99	Surgical Fee
57452FF	<i>Facility fee *</i>	\$49.08	<i>Facility fee *</i>
57454	Colposcopy with biopsy & endocervical curettage (performed in office)	\$147.50	Surgical Fee
57454	Colposcopy with biopsy & endocervical curettage (performed in a facility)	\$131.23	Surgical Fee
57454FF	<i>Facility fee *</i>	\$61.43	<i>Facility fee *</i>
57455	Colposcopy with biopsy (performed in office)	\$136.91	Surgical Fee
57455	Colposcopy with biopsy (performed in a facility)	\$107.24	Surgical Fee
57455FF	<i>Facility fee *</i>	\$63.76	<i>Facility fee *</i>
57456	Colposcopy with endocervical curettage (performed in office)	\$129.42	Surgical Fee
57456	Colposcopy with endocervical curettage (performed in a facility)	\$100.07	Surgical Fee
57456FF	<i>Facility fee *</i>	\$61.43	<i>Facility fee *</i>
57460	Colposcopy of the cervix with loop electrode biopsy(s) of the cervix (performed in office)	\$277.41	Diagnostic use only. Requires pre-authorization
57460	Colposcopy of the cervix with loop electrode biopsy(s) of the cervix (performed in a facility)	\$157.77	Diagnostic use only. Requires pre-authorization
57460FF	<i>Facility fee *</i>	\$176.94	<i>Facility fee *</i>
57461	Colposcopy with loop electrode conization of the cervix (performed in office)	\$312.39	Diagnostic use only. Requires pre-authorization
57461	Colposcopy with loop electrode conization of the cervix (performed in a facility)	\$182.54	Diagnostic use only. Requires pre-authorization
57461FF	<i>Facility fee *</i>	\$189.30	<i>Facility fee</i>
57500	Biopsy, single or multiple, or local excision of lesion, with or without fulgaration (performed in office)	\$124.01	Diagnostic use only. Requires pre-authorization
57500	Biopsy, single or multiple, or local excision of lesion, with or without fulgaration (performed in a facility)	\$72.64	Diagnostic use only. Requires pre-authorization
57500FF	<i>Facility fee *</i>	\$81.79	<i>Facility fee *</i>
57505	Endocervical curettage (not done as part of a dilation & curettage) (performed in office)	\$97.19	Diagnostic use only. Requires pre-authorization (10 global days)
57505	Endocervical curettage (not done as part of a dilation & curettage) (performed in a facility)	\$87.61	Diagnostic use only. Requires pre-authorization (10 global days)
57505FF	<i>Facility fee *</i>	\$54.08	<i>Facility fee *</i>

Cervical (cont.)

Codes	Type of Service	Fee Schedule	Comments
57520	Conization of cervix, with or without fulguration, with or without dilation & currettage, with or without repair; cold knife or laser (performed in office)	\$293.11	Diagnostic use only. Requires pre-authorization (90 global days)
57520	Conization of cervix, with or without fulguration, with or without dilation & currettage, with or without repair; cold knife or laser (performed in a facility)	\$261.52	Diagnostic use only. Requires pre-authorization (90 global days)
57520FF	<i>Facility fee *</i>	\$787.19	<i>Facility fee *</i>
57522	Loop electrode excision (performed in office)	\$252.96	Diagnostic use only. Requires pre-authorization (90 global days)
57522	Loop electrode excision (performed in a facility)	\$233.82	Diagnostic use only. Requires pre-authorization (90 global days)
57522FF	<i>Facility fee *</i>	\$787.19	<i>Facility fee *</i>
58100	Endometrial sampling with or without endocervical sampling, without cervical dilation (performed in office)	\$105.15	Diagnostic use only. Requires pre-authorization without an AGC pap.
58100	Endometrial sampling with or without endocervical sampling, without cervical dilation (performed in a facility)	\$84.74	Diagnostic use only. Requires pre-authorization without an AGC pap.
58100FF	<i>Facility fee *</i>	\$48.75	<i>Facility fee *</i>

** Note: CDC has indicated that a "facility" is defined as a "medical center", a "hospital" or a "certified Ambulatory Surgical Center".
They do **not** consider a "procedure room" as a "facility".