

**Attachment C**  
**Early Detection Works**  
**Reimbursement Fee Schedule**  
**Effective for services on or after July 1, 2016**

Program guidelines require that EDW be the payor of last resort. Program funds cannot be used to supplement other federal programs. For example, if a client receives either Medicare or Medicaid (KanCare), she would not be eligible for the EDW program. If a woman is eligible for either Medicare or Medicaid (KanCare), and she is not enrolled in those programs, she should be encouraged to apply for coverage.

Early Detection Works will no longer accept women who have insurance. The rare exception to this is that a woman with insurance with a high, unmet deductible might be eligible. Please contact your Regional Nurse or 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	Rate	Comments
99201	New patient visit - 10 minutes face-to-face	\$41.35	Level 1 - Focused problem
99202	New patient visit - 20 minutes face-to-face	\$70.81	Level 2 - Expanded
99203	New patient visit - 30 minutes face-to-face	\$102.32	Level 3 - Detailed
99211	Established patient - 5 minutes face-to-face	\$18.66	Level 1 - Focused problem
99212	Established patient - 10 minutes face-to-face	\$41.12	Level 2 - Expanded
99213	Established patient - 15 minutes face-to-face	\$69.09	Level 3 - Detailed

### Breast

Codes	Type of Service	Rate	Comments
77057	Screening mammogram, film	\$77.06	Two views, each breast
77057TC	<i>Technical component</i>	\$42.62	<i>Charge for service performed</i>
77057PC	<i>Professional component</i>	\$34.44	<i>Physician's reading fee</i>
77056	Diagnostic bilateral mammogram, film	\$107.65	Two breasts
77056TC	<i>Technical component</i>	\$64.94	<i>Charge for service performed</i>
77056PC	<i>Professional component</i>	\$42.71	<i>Physician's reading fee</i>
77055	Diagnostic unilateral mammogram, film	\$83.85	One breast
77055TC	<i>Technical component</i>	\$49.41	<i>Charge for service performed</i>
77055PC	<i>Professional component</i>	\$34.44	<i>Physician's reading fee</i>
G0202	Screening mammogram, digital	\$123.97	Two views, each breast
G0202TC	<i>Technical component</i>	\$89.85	<i>Charge for service performed</i>
G0202PC	<i>Professional component</i>	\$34.12	<i>Physician's reading fee</i>
G0204	Diagnostic bilateral mammogram, digital	\$151.33	Two breasts
G0204TC	<i>Technical component</i>	\$108.62	<i>Charge for service performed</i>
G0204PC	<i>Professional component</i>	\$42.71	<i>Physician's reading fee</i>
G0206	Diagnostic unilateral mammogram, digital	\$119.12	One breast
G0206TC	<i>Technical component</i>	\$85.00	<i>Charge for service performed</i>
G0206PC	<i>Professional component</i>	\$34.12	<i>Physician's reading fee</i>

Breast (cont.)

Codes	Type of Service	Rate	Comments
76641	Diagnostic ultrasound, complete exam of breast including axilla, unilateral	\$100.46	For determination of fluid or solid mass in breast(s)
76641TC	<i>Technical component</i>	\$64.62	<i>Charge for service performed</i>
76641PC	<i>Professional component</i>	\$35.84	<i>Physician's reading fee</i>
76641B	Diagnostic ultrasound, complete exam of breast including axilla, bilateral	\$150.69	For determination of fluid or solid mass in breast(s)
76641B-TC	<i>Technical component</i>	\$96.93	<i>Charge for service performed</i>
76641B-PC	<i>Professional component</i>	\$53.76	<i>Physician's reading fee</i>
76642	Diagnostic ultrasound, limited exam of breast including axilla, unilateral	\$82.81	For determination of fluid or solid mass in breast(s)
76642TC	<i>Technical component</i>	\$49.41	<i>Charge for service performed</i>
76642PC	<i>Professional component</i>	\$33.40	<i>Physician's reading fee</i>
76642B	Diagnostic ultrasound, limited exam of breast including axilla, bilateral	\$124.22	For determination of fluid or solid mass in breast(s)
76642B-TC	<i>Technical component</i>	\$74.12	<i>Charge for service performed</i>
76642B-PC	<i>Professional component</i>	\$50.10	<i>Physician's reading fee</i>

FNA

Codes	Type of Service	Rate	Comments
10021	Fine needle aspiration without imaging guidance (performed in office)	\$116.18	
10021F	Fine needle aspiration without imaging guidance (performed in a facility)	\$67.65	
10021FF	<i>Facility fee *</i>	\$73.40	<i>Facility fee *</i>
10022	Fine needle aspiration with imaging guidance (performed in office)	\$132.38	
10022F	Fine needle aspiration with imaging guidance (performed in a facility)	\$64.11	
10022FF	<i>Facility fee *</i>	\$92.73	<i>Facility fee *</i>
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s)	\$54.55	
88172TC	<i>Technical component</i>	\$18.03	<i>Charge for service performed</i>
88172PC	<i>Professional component</i>	\$36.52	<i>Physician's reading fee</i>
88173	Cytopathology, evaluation of fine needle aspirate	\$144.81	
88173TC	<i>Technical component</i>	\$73.27	<i>Charge for service performed</i>
88173PC	<i>Professional component</i>	\$71.54	<i>Physician's reading fee</i>

### Incisional Biopsy

Codes	Type of Service	Rate	Comments
19000	Puncture aspiration of cyst of breast (performed in office)	\$105.82	
19000F	Puncture aspiration of cyst of breast (performed in a facility)	\$42.73	
19000FF	<i>Facility fee *</i>	\$80.92	<i>Facility fee *</i>
19001	Puncture aspiration of cyst of breast, each add'l. cyst (performed in office)	\$25.94	
19001F	Puncture aspiration of cyst of breast, each add'l. cyst (performed in a facility)	\$21.41	

### Excisional Biopsy

Codes	Type of Service	Rate	Comments
19081	Biopsy, breast, w/placement of breast localization device(s), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance (performed in office)	\$644.44	Surgical fee
19081F	Biopsy, breast, w/placement of breast localization device(s), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance (performed in a facility)	\$166.27	Surgical fee
19081FF	<i>Facility fee *</i>	\$526.74	<i>Facility fee *</i>
19082	Each additional lesion, including stereotactic guidance (performed in office)	\$529.82	Surgical fee
19082F	Each additional lesion, including stereotactic guidance (performed in a facility)	\$83.36	Surgical fee
19083	Biopsy, breast, w/placement of breast localization device(s), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance (performed in office)	\$623.42	Surgical fee
19083F	Biopsy, breast, w/placement of breast localization device(s), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance (performed in a facility)	\$156.57	Surgical fee
19083FF	<i>Facility fee *</i>	\$526.74	<i>Facility fee *</i>
19084	Each additional lesion, including ultrasound guidance (performed in office)	\$509.59	Surgical fee
19084F	Each additional lesion, including ultrasound guidance (performed in a facility)	\$78.01	Surgical fee
19100	Percutaneous, needle core, not using imaging guidance (performed in office)	\$140.38	Surgical fee
19100F	Percutaneous, needle core, not using imaging guidance (performed in a facility)	\$67.26	Surgical fee
19100FF	<i>Facility fee *</i>	\$526.74	<i>Facility fee *</i>

## Excisional Biopsy (cont.)

Codes	Type of Service	Rate	Comments
19101	Open, incisional biopsy (performed in office)	\$319.54	Surgical fee (10 global days)
19101F	Open, incisional biopsy (performed in a facility)	\$210.84	Surgical fee (10 global days)
19101FF	Facility fee *	\$1,223.47	Facility fee *
19120	Excision of cyst (performed in office)	\$465.78	Surgical fee (90 global days)
19120F	Excision of cyst (performed in a facility)	\$393.96	Surgical fee (90 global days)
19120FF	Facility fee *	\$1,223.47	Facility fee *
19125	Excision of breast lesion, identified by preoperative placement of radiological marker, open, single (performed in office)	\$516.46	Surgical fee (90 global days)
19125F	Excision of breast lesion, identified by preoperative placement of radiological marker, open, single (performed in a facility)	\$437.52	Surgical fee (90 global days)
19125FF	Facility fee *	\$1,223.47	Facility fee *
19126	Excision of breast lesion, identified by preoperative placement of radiological marker, open, each add'l. lesion separately identified	\$156.11	Surgical fee
19281	Placement of breast localization device(s), percutaneous; first lesion, including mammographic guidance (performed in office)	\$224.75	
19281F	Placement of breast localization device(s), percutaneous; first lesion, including mammographic guidance (performed in a facility)	\$99.87	
19282	Each additional lesion, including mammographic guidance (performed in office)	\$156.29	
19282F	Each additional lesion, including mammographic guidance (performed in a facility)	\$50.17	
19283	Placement of breast localization device(s), percutaneous; first lesion, including stereotactic guidance (performed in office)	\$252.31	
19283F	Placement of breast localization device(s), percutaneous; first lesion, including stereotactic guidance (performed in a facility)	\$100.58	
19284	Each additional lesion, including stereotactic guidance (performed in office)	\$188.79	
19284F	Each additional lesion, including stereotactic guidance (performed in a facility)	\$50.64	
19285	Placement of breast localization device(s), percutaneous; first lesion, including ultrasound guidance (performed in office)	\$476.46	
19285F	Placement of breast localization device(s), percutaneous; first lesion, including ultrasound guidance (performed in a facility)	\$85.32	
19286	Each additional lesion, including ultrasound guidance (performed in office)	\$416.61	
19286F	Each additional lesion, including ultrasound guidance (performed in a facility)	\$42.62	

## Radiology

Codes	Type of Service	Rate	Comments
76098	Radiological examination, surgical specimen	\$15.59	
76098TC	<i>Technical component</i>	\$7.68	<i>Charge for service performed</i>
76098PC	<i>Professional component</i>	\$7.91	<i>Physician's reading fee</i>
76942	Ultrasonic guidance for needle placement, imaging supervision & interpretation	\$57.87	
76942TC	<i>Technical component</i>	\$25.15	<i>Charge for service performed</i>
76942PC	<i>Professional component</i>	\$32.72	<i>Physician's reading fee</i>

## Lab and Pathology

Codes	Type of Service	Rate	Comments
88305	Surgical pathology, gross & microscopic exam	\$69.32	
88305TC	<i>Technical component</i>	\$30.97	<i>Charge for service performed</i>
88305PC	<i>Professional component</i>	\$38.35	<i>Physician's reading fee</i>
88307	Surgical pathology, gross & microscopic exam requiring microscopic evaluation of surgical margins	\$286.80	
88307TC	<i>Technical component</i>	\$202.68	<i>Charge for service performed</i>
88307PC	<i>Professional component</i>	\$84.12	<i>Physician's reading fee</i>
88331	Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen	\$91.47	
88331TC	<i>Technical component</i>	\$28.38	<i>Charge for service performed</i>
88331PC	<i>Professional component</i>	\$63.08	<i>Physician's reading fee</i>
88332	Pathology consultation during surgery, each add'l tissue block with frozen section(s)	\$48.14	
88332TC	<i>Technical component</i>	\$17.06	<i>Charge for service performed</i>
88332PC	<i>Professional component</i>	\$31.08	<i>Physician's reading fee</i>

## General Anesthesia

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

## Cervical

Codes	Type of Service	Rate	Comments
88164	Pap test, conventional, slides cervical reported in Bethesda System, manual screening under physician supervision	\$14.39	
88165	Pap test, conventional, slides cervical reported in Bethesda system, manual screening <b>and rescreening</b> under physician supervision	\$14.39	
88142, 88143, 88174, 88175	Pap test, liquid-based, cervical, collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	\$20.70	
88141	Cytopathology, cervical or vaginal, requiring interpretation by physician	\$30.73	
87624	Lab, HPV, high risk types	\$47.80	
87625	lab, HPV, types 16 and 18 only	\$47.80	
57452	Colposcopy of the cervix, without biopsy (performed in office)	\$103.78	Surgical fee
57452F	Colposcopy of the cervix, without biopsy (performed in a facility)	\$88.57	Surgical fee
57452FF	<i>Facility fee *</i>	\$49.77	<i>Facility fee *</i>
57454	Colposcopy of the cervix, with biopsy & endocervical curettage (performed in office)	\$146.09	Surgical fee
57454F	Colposcopy of the cervix, with biopsy & endocervical curettage (performed in a facility)	\$130.88	Surgical fee
57454FF	<i>Facility fee *</i>	\$61.58	<i>Facility fee *</i>
57455	Colposcopy of the cervix, with biopsy (performed in office)	\$135.79	Surgical fee
57455F	Colposcopy of the cervix, with biopsy (performed in a facility)	\$106.99	Surgical fee
57455FF	<i>Facility fee *</i>	\$64.81	<i>Facility fee *</i>
57456	Colposcopy of the cervix, with endocervical curettage (performed in office)	\$128.03	Surgical fee
57456F	Colposcopy of the cervix, with endocervical curettage (performed in a facility)	\$99.56	Surgical fee
57456FF	<i>Facility fee *</i>	\$61.94	<i>Facility fee *</i>
57460	Colposcopy of the cervix with loop electrode biopsy(s) of the cervix (performed in office)	\$265.63	Diagnostic use only. Requires pre-authorization
57460F	Colposcopy of the cervix with loop electrode biopsy(s) of the cervix (performed in a facility)	\$156.61	Diagnostic use only. Requires pre-authorization
57460FF	<i>Facility fee *</i>	\$172.58	<i>Facility fee *</i>
57461	Colposcopy with loop electrode conization of the cervix (performed in office)	\$301.00	Diagnostic use only. Requires pre-authorization
57461F	Colposcopy with loop electrode conization of the cervix (performed in a facility)	\$180.97	Diagnostic use only. Requires pre-authorization
57461FF	<i>Facility fee *</i>	\$185.82	<i>Facility fee</i>

## Cervical (cont.)

Codes	Type of Service	Rate	Comments
57500	Biopsy, single or multiple, or local excision of lesion, with or without fulguration (performed in office)	\$119.99	Diagnostic use only. Requires pre-authorization
57500F	Biopsy, single or multiple, or local excision of lesion, with or without fulguration (performed in a facility)	\$72.76	Diagnostic use only. Requires pre-authorization
57500FF	<i>Facility fee *</i>	\$81.28	<i>Facility fee *</i>
57505	Endocervical curettage (not done as part of a dilation & curettage) (performed in office)	\$96.58	Diagnostic use only. Requires pre-authorization (10 global days)
57505F	Endocervical curettage (not done as part of a dilation & curettage) (performed in a facility)	\$87.52	Diagnostic use only. Requires pre-authorization (10 global days)
57505FF	<i>Facility fee *</i>	\$55.14	<i>Facility fee *</i>
57520	Conization of cervix, with or without fulguration, with or without dilation & curettage, with or without repair; cold knife or laser (performed in office)	\$291.30	Diagnostic use only. Requires pre-authorization (90 global days)
57520F	Conization of cervix, with or without fulguration, with or without dilation & curettage, with or without repair; cold knife or laser (performed in a facility)	\$262.51	Diagnostic use only. Requires pre-authorization (90 global days)
57520FF	<i>Facility fee *</i>	\$1,040.74	<i>Facility fee *</i>
57522	Loop electrode excision (performed in office)	\$249.81	Diagnostic use only. Requires pre-authorization (90 global days)
57522F	Loop electrode excision (performed in a facility)	\$232.02	Diagnostic use only. Requires pre-authorization (90 global days)
57522FF	<i>Facility fee *</i>	\$1,040.74	<i>Facility fee *</i>
58100	Endometrial sampling with or without endocervical sampling, without cervical dilation, any method, separate procedure (performed in office)	\$103.65	Diagnostic use only. Requires pre-authorization without an AGC pap.
58100F	Endometrial sampling with or without endocervical sampling, without cervical dilation, any method, separate procedure (performed in a facility)	\$84.23	Diagnostic use only. Requires pre-authorization without an AGC pap.
58100FF	<i>Facility fee *</i>	\$49.05	<i>Facility fee *</i>
58110	Endometrial sampling performed in conjunction with colposcopy	\$45.90	Diagnostic use only. Requires pre-authorization without an AGC pap.
58110F	Endometrial sampling performed in conjunction with colposcopy	\$39.75	Diagnostic use only. Requires pre-authorization without an AGC pap.

**\* Note: CDC has indicated that procedure rooms, treatment rooms and/or radiology rooms do not qualify for payment of facility fees.**