



**CONTRACT BETWEEN
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT**
(hereinafter referred to as "KDHE") **AND**

(hereinafter referred to as "PROVIDER")

THIS CONTRACT is between the KDHE and the PROVIDER to provide Early Detection Works Program (hereinafter referred to as EDW) services.

WHEREAS, the KDHE has been awarded funds to provide breast and cervical cancer screening, as well as limited diagnostic follow-up testing where appropriate, to pre-enrolled, age appropriate, and income eligible women (Attachment A) in Kansas through EDW; and

WHEREAS, EDW has five components: public education, professional education, quality assurance, surveillance, and screening and detection, the program is designed to reduce breast and cervical cancer morbidity and mortality through early detection and treatment by agreeing to reimburse a qualified provider for providing EDW approved breast and cervical cancer screening and diagnostic services; and

WHEREAS, PROVIDER is qualified to provide the cancer screening and diagnostic services needed by KDHE, and KDHE desires to enter into an agreement with PROVIDER to perform EDW approved breast and cervical cancer screening and diagnostic services.

NOW THEREFORE, KDHE will reimburse for services, and PROVIDER agrees to perform breast and cervical cancer screening and diagnostic services where eligibility requirements have been met under the following terms:

PROVIDER AGREES TO:

1. Provide breast and cervical services as detailed in Attachment B of this CONTRACT to eligible women who have been properly enrolled by EDW Program staff. Eligible women shall be assigned an enrollment number which must be referenced on all EDW client forms.
2. Complete the Attachment B so that all information necessary for payment is obtained by KDHE. PROVIDER shall update Attachment B **annually**.
3. If all services in Attachment B are not available on site, PROVIDER agrees to subcontract with other licensed providers, hereinafter referred to as 'SUBPROVIDER", as necessary to ensure that women enrolled in this program are offered complete breast and cervical screening and diagnostic services.
4. Accept the payment rate as outlined in Attachment C as payment in full for EDW contracted services. Only CPT codes listed in Attachment C will be eligible for payment.
5. Provide a complete breast examination including mammogram (two view screening mammography; craniocaudal and medial lateral oblique views of each breast), clinical breast examination, breast self-examination instruction, including an informational handout, and instruction regarding the importance of screening for breast and cervical cancer.
6. Ensure that all breast and cervical examinations are carried out by an MD, DO, Physician Assistant (if approved by their supervising physician), Nurse Practitioner, Nurse Clinician, or RN with specialized training whose practice is supervised by a physician.

7. Meet all Mammography Quality Standards Act (MQSA) guidelines. Results will be reported in language based on the American College of Radiology (ACR) lexicon.
8. Use Clinical Laboratory Improvement Act (CLIA) approved laboratories for interpretation of all Pap tests. Results will be reported using the Bethesda system.
9. Provide the client with the results of the screening examination within 7 days of receiving the test results. Facilitate appropriate diagnostic and follow-up care to be coordinated in an efficient manner with appropriate diagnostic tests completed within 60 days, or to request a time extension from the Regional Nurse.
10. Obtain signed Consent/Authorization from each client for release of medical information in accordance with applicable state law. Consent forms shall remain in the client's medical record without forwarding to KDHE.
11. Not charge an EDW client for services provided and covered by the EDW Program, nor refer any unpaid balance for EDW covered services to a collection agency.
12. Submit all client forms to the EDW Regional Nurse within 45 days of the services provided. If submission of forms within the 45 day period is not possible, PROVIDER agrees to consult the EDW Regional Nurse for an extension. All forms will be submitted to the EDW Regional Nurse on or before February 15 of each year for services provided between July 1 and December 31 regardless of circumstances. Forms for services between January 1 and June 30 will be submitted to the EDW Regional Nurse by August 15 regardless of circumstances. Forms received after the deadlines will be denied payment.
13. Submit necessary information to ensure that payment for all EDW covered services provided by any SUBPROVIDER is received by the EDW Regional Nurse within the 45 day time period.
14. Provide information to KDHE for quality assurance reviews and program evaluation to the extent necessary to satisfy federal requirements for program implementation.
15. Participate in annual site visits to ensure PROVIDER is in compliance with the terms of this contract.
16. Assess the individual and household tobacco use status for women screened using EDW funding. Refer those who are tobacco users or who have tobacco users in their household to a tobacco cessation program (a cessation program is available through KDHE. More information can be found at: <http://www.kdheks.gov/tobacco/cessation.html>). The CDC encourages health care providers to offer tobacco cessation information to all applicable patients and members of their household as a standard of practice, whether they are EDW patients or not.

KDHE AGREES TO:

1. Reimburse PROVIDER and SUBPROVIDERS for breast and cervical cancer screening and diagnostic services that are deemed reimbursable through EDW, as itemized in Attachment C.
2. Reimburse PROVIDER and SUBPROVIDERS through a direct payment system.

IT IS MUTUALLY AGREED THAT:

1. This agreement is contingent upon the availability of funding.
2. This agreement is self-renewing. Either party may terminate this Contract on thirty (30) day written notice to the other party.
4. PROVIDER has 60 days to comply with any change in screening guidelines or client eligibility requirements, or KDHE may cancel the agreement in the manner stated above.
5. This instrument contains the entire agreement between the parties. Any alteration, changes or amendments shall require the written consent of both parties.

Contract

6. The provisions found in Contractual Provisions Attachment (DA-146a), which is attached hereto and executed by the parties to this agreement, are hereby incorporated in this contract and made a part hereof.

IN WITNESS WHEREOF, the KDHE and the PROVIDER have executed this agreement as of the latest date of acceptance below.

Robert Moser MD, Secretary
Kansas Department of Health and Environment

Date

Name and Title

Printed Name

Organization

Organization

Date

CONTRACTUAL PROVISIONS ATTACHMENT

Important: This form contains mandatory contract provisions and must be attached to or incorporated in all copies of any contractual agreement. If it is attached to the vendor/contractor's standard contract form, then that form must be altered to contain the following provision:

"The Provisions found in Contractual Provisions Attachment (Form DA-146a, Rev. 04-11), which is attached hereto, are hereby incorporated in this contract and made a part thereof."

The parties agree that the following provisions are hereby incorporated into the contract to which it is attached and made a part thereof, said contract being the ____ day of _____, 20____.

1. **Terms Herein Controlling Provisions:** It is expressly agreed that the terms of each and every provision in this attachment shall prevail and control over the terms of any other conflicting provision in any other document relating to and a part of the contract in which this attachment is incorporated. Any terms that conflict or could be interpreted to conflict with this attachment are nullified.
2. **Kansas Law and Venue:** This contract shall be subject to, governed by, and construed according to the laws of the State of Kansas, and jurisdiction and venue of any suit in connection with this contract shall reside only in courts located in the State of Kansas.
3. **Termination Due To Lack Of Funding Appropriation:** If, in the judgment of the Director of Accounts and Reports, Department of Administration, sufficient funds are not appropriated to continue the function performed in this agreement and for the payment of the charges hereunder, State may terminate this agreement at the end of its current fiscal year. State agrees to give written notice of termination to contractor at least 30 days prior to the end of its current fiscal year, and shall give such notice for a greater period prior to the end of such fiscal year as may be provided in this contract, except that such notice shall not be required prior to 90 days before the end of such fiscal year. Contractor shall have the right, at the end of such fiscal year, to take possession of any equipment provided State under the contract. State will pay to the contractor all regular contractual payments incurred through the end of such fiscal year, plus contractual charges incidental to the return of any such equipment. Upon termination of the agreement by State, title to any such equipment shall revert to contractor at the end of the State's current fiscal year. The termination of the contract pursuant to this paragraph shall not cause any penalty to be charged to the agency or the contractor.
4. **Disclaimer Of Liability:** No provision of this contract will be given effect that attempts to require the State of Kansas or its agencies to defend, hold harmless, or indemnify any contractor or third party for any acts or omissions. The liability of the State of Kansas is defined under the Kansas Tort Claims Act (K.S.A. 75-6101 et seq.).
5. **Anti-Discrimination Clause:** The contractor agrees: (a) to comply with the Kansas Act Against Discrimination (K.S.A. 44-1001 et seq.) and the Kansas Age Discrimination in Employment Act (K.S.A. 44-1111 et seq.) and the applicable provisions of the Americans With Disabilities Act (42 U.S.C. 12101 et seq.) (ADA) and to not discriminate against any person because of race, religion, color, sex, disability, national origin or ancestry, or age in the admission or access to, or treatment or employment in, its programs or activities; (b) to include in all solicitations or advertisements for employees, the phrase "equal opportunity employer"; (c) to comply with the reporting requirements set out at K.S.A. 44-1031 and K.S.A. 44-1116; (d) to include those provisions in every subcontract or purchase order so that they are binding upon such subcontractor or vendor; (e) that a failure to comply with the reporting requirements of (c) above or if the contractor is found guilty of any violation of such acts by the Kansas Human Rights Commission, such violation shall constitute a breach of contract and the contract may be cancelled, terminated or suspended, in whole or in part, by the contracting state agency or the Kansas Department of Administration; (f) if it is determined that the contractor has violated applicable provisions of ADA, such violation shall constitute a breach of contract and the contract may be cancelled, terminated or suspended, in whole or in part, by the contracting state agency or the Kansas Department of Administration. Contractor agrees to comply with all applicable state and federal anti-discrimination laws. The provisions of this paragraph number 5 (with the exception of those provisions relating to the ADA) are not applicable to a contractor who employs fewer than four employees during the term of such contract or whose contracts with the contracting State agency cumulatively total \$5,000 or less during the fiscal year of such agency.
6. **Acceptance Of Contract:** This contract shall not be considered accepted, approved or otherwise effective until the statutorily required approvals and certifications have been given.
7. **Arbitration, Damages, Warranties:** Notwithstanding any language to the contrary, no interpretation of this contract shall find that the State or its agencies have agreed to binding arbitration, or the payment of damages or penalties. Further, the State of Kansas and its agencies do not agree to pay attorney fees, costs, or late payment charges beyond those available under the Kansas Prompt Payment Act (K.S.A. 75-6403), and no provision will be given effect that attempts to exclude, modify, disclaim or otherwise attempt to limit any damages available to the State of Kansas or its agencies at law, including but not limited to the implied warranties of merchantability and fitness for a particular purpose.
8. **Representative's Authority To Contract:** By signing this contract, the representative of the contractor thereby represents that such person is duly authorized by the contractor to execute this contract on behalf of the contractor and that the contractor agrees to be bound by the provisions thereof.
9. **Responsibility For Taxes:** The State of Kansas and its agencies shall not be responsible for, nor indemnify a contractor for, any federal, state or local taxes which may be imposed or levied upon the subject matter of this contract.
10. **Insurance:** The State of Kansas and its agencies shall not be required to purchase any insurance against loss or damage to property or any other subject matter relating to this contract, nor shall this contract require them to establish a "self-insurance" fund to protect against any such loss or damage. Subject to the provisions of the Kansas Tort Claims Act (K.S.A. 75-6101 et seq.), the contractor shall bear the risk of any loss or damage to any property in which the contractor holds title.
11. **Information:** No provision of this contract shall be construed as limiting the Legislative Division of Post Audit from having access to information pursuant to K.S.A. 46-1101 et seq.
12. **The Eleventh Amendment:** "The Eleventh Amendment is an inherent and incumbent protection with the State of Kansas and need not be reserved, but prudence requires the State to reiterate that nothing related to this contract shall be deemed a waiver of the Eleventh Amendment."

Early Detection Works Eligibility Guidelines

All women must meet eligibility criteria and have an EDW enrollment number prior to receiving services

Statement of Eligibility

- Women between the ages of 40 and 64
- No insurance or, with pre-approval, catastrophic hospitalization only insurance, with \$2,500 unmet deductible.
- Women who have government sponsored insurance (Medicare/Medicaid/MediKan) are *not* eligible.
- With pre-approval, women under 40 with a personal history of cancer and meeting other eligibility guidelines.
- Meet current income guidelines (See table below)

Breast Cancer Screening

- Women age 50-64 are eligible for an annual clinical breast exam (CBE), screening, or diagnostic mammogram.
- Women age 40-49 are eligible for an annual clinical breast exam (CBE) and self breast exam education.
- Women age 40-49 are eligible for an annual screening mammogram if they are symptomatic, or have a personal history of breast cancer.
- Repeat mammograms at 6 month intervals will be covered as clinically indicated for short-term follow-up.
- Women with abnormal breast screening results are eligible for diagnostic tests shown in Attachment C.

Cervical Cancer Screening

- Women having had a hysterectomy due to cervical neoplasia, still having an intact cervix, are eligible for annual screenings.
- Conventional Pap tests are reimbursable annually until there have been 3 normal Pap tests in a 5 year period. At that time, Pap tests will be reimbursed every 3 years.
- Liquid-based Pap tests are reimbursed every 2 years until there have been 3 normal Pap tests in a 5 year period. At that time, Pap tests will be reimbursed every 3 years.
- Women with abnormal cervical screening results are eligible for select diagnostic test reimbursements per ASCCP Guidelines and shown in Attachment C.
- A woman deemed to be at high risk may have Pap tests reimbursed as recommended by the ASCCP Guidelines or with acceptable written justification by clinical provider.
- Women having had a hysterectomy due to non-cancerous recommendations are no longer eligible for Pap test reimbursement. One Pap is reimbursable to determine the presence of a cervix, if unknown. Annual pelvic exams are still allowable as part of the office visit reimbursement.

Reimbursement Policy

- Program guidelines require that this program be the payor of last resort.
- Program funds cannot be used to supplant other federal programs. For example, if a client receives Medicaid or Medicare, she would not be eligible for the EDW program. If a woman is eligible for either Medicare or Medicaid, and she is not enrolled in those programs, she should be encouraged to apply for coverage.
- For women with pre-approval, catastrophic hospitalization only insurance, proof of type of insurance and deductible must be attached to the program forms.

Clients diagnosed with breast and/or cervical cancer(s) through the EDW program are eligible for treatment through the Kansas Medicaid Program. To enroll in the Kansas Medicaid program, clients will be required to provide a birth certificate and social security card.

Income Eligibility Guidelines

(225% of the 2009 poverty level)

Family Size*	Annual Maximum	Monthly Maximum
1	\$23,925	\$1,994
2	\$32,075	\$2,673
3	\$40,225	\$3,352
4	\$48,375	\$4,031
5	\$56,525	\$4,710
6	\$64,675	\$5,390
7	\$72,825	\$6,069
8	\$80,975	\$6,748
Add an additional \$8,150 for each person		

**Early Detection Works (EDW)
Kansas Breast and Cervical Screening Program
Usual & Customary Charge Information**

Agency Name _____

Remit to Address, City, State, Zip _____

County _____ Contact Person _____

Phone Number _____ Fax Number _____ E-Mail _____

Federal Employer ID No. _____

*Although EDW will reimburse providers according to the Reimbursement Fee Schedule (Attachment C), for CDC reporting purposes we must know **your customary charge** for each of the following. If you will not directly provide that service please indicate "n/a" in the appropriate blanks.*

Office Visits

99201	New patient visit – 10 minutes face-to-face.....	\$ _____
99202	New patient visit – 20 minutes face-to-face.....	\$ _____
99203	New patient visit – 30 minutes face-to-face.....	\$ _____
99211	Established patient visit – 5 minutes face-to-face	\$ _____
99212	Established patient visit – 10 minutes face-to-face	\$ _____
99213	Established patient visit – 15 minutes face-to-face	\$ _____

Breast

77057	Screening mammogram, film.....	\$ _____
77057TC	Technical component	\$ _____
77057PC	Professional component.....	\$ _____
77056	Diagnostic bilateral mammogram, film	\$ _____
77056TC	Technical component	\$ _____
77056PC	Professional component.....	\$ _____
77055	Diagnostic unilateral mammogram, film	\$ _____
77055TC	Technical component	\$ _____
77055PC	Professional component.....	\$ _____
G0202	Screening mammogram, digital.....	\$ _____
G0202TC	Technical component	\$ _____
G0202PC	Professional component.....	\$ _____
G0204	Diagnostic bilateral mammogram, digital.....	\$ _____
G0204TC	Technical component	\$ _____
G0204PC	Professional component.....	\$ _____
G0206	Diagnostic unilateral mammogram, digital	\$ _____
G0206TC	Technical component	\$ _____
G0206PC	Professional component.....	\$ _____
76645	Diagnostic ultrasound	\$ _____
76645TC	Technical component	\$ _____
76645PC	Professional component.....	\$ _____

Fine Needle Aspiration

10021	Fine needle aspiration without imaging guidance (office)	\$ _____
10021	Fine needle aspiration without imaging guidance (facility)	\$ _____
10021ff	<i>Facility fee</i>	\$ _____
10022	Fine needle aspiration with imaging guidance (office)	\$ _____
10022	Fine needle aspiration with imaging guidance (facility)	\$ _____
10022ff	<i>Facility fee</i>	\$ _____
88172	Cytopathology, evaluation of fine needle aspirate.....	\$ _____
88172TC	Technical component	\$ _____
88172PC	Professional component.....	\$ _____
88173	Interpretation of fine needle aspiration	\$ _____
88173TC	Technical component	\$ _____
88173PC	Professional component.....	\$ _____

Incisional Biopsy

19000..... Puncture aspiration of cyst of breast (office).....	\$
19000..... Puncture aspiration of cyst of breast (facility).....	\$
19000ff..... Facility fee.....	\$
19001..... Puncture aspiration of cyst of breast, each add'l. cyst (office).....	\$
19001..... Puncture aspiration of cyst of breast, each add'l. cyst (facility).....	\$
19001ff..... Facility fee.....	\$

Excisional Biopsy

19100..... Needle core biopsy, not using imaging guidance (office).....	\$
19100..... Needle core biopsy, not using imaging guidance (facility).....	\$
19100FF .. Facility fee.....	\$
19101..... Open, incisional biopsy (office).....	\$
19101..... Open, incisional biopsy (facility).....	\$
19101FF .. Facility fee.....	\$
19102..... Perc., needle core, using imaging guidance (performed in office).....	\$
19102..... Perc., needle core, using imaging guidance (performed in a facility).....	\$
19102FF .. Facility fee.....	\$
19103..... Perc., needle core, auto vac-assisted or rotating biopsy device (office).....	\$
19103..... Perc., needle core, auto vac-assisted or rotating biopsy device (facility).....	\$
19103FF .. Facility fee.....	\$
19120..... Excision of cyst (performed in office).....	\$
19120..... Excision of cyst (performed in a facility).....	\$
19120FF .. Facility fee.....	\$
19125..... Excision of breast lesion, single (office).....	\$
19125..... Excision of breast lesion, single (facility).....	\$
19125FF .. Facility fee.....	\$
19126..... Excision of breast lesion, each add'l. lesion separately identified.....	\$
19290..... Preoperative placement of needle localization wire (office).....	\$
19290..... Preoperative placement of needle localization wire (facility).....	\$
19291..... Preoperative placement of needle localization wire, each add'l. lesion.....	\$
19295..... Image guided placement, metallic localization clip.....	\$

Radiology

77031..... Stereotactic localization guidance for breast biopsy/needle placement.....	\$
77031TC .. Technical component.....	\$
77031PC .. Professional component.....	\$
77032..... Preoperative placement of needle localization wire (radiological).....	\$
77032TC .. Technical component.....	\$
77032PC .. Professional component.....	\$
76098..... Radiological examination, surgical specimen.....	\$
76098TC .. Technical component.....	\$
76098PC .. Professional component.....	\$
76942..... Ultrasonic guidance for needle placement.....	\$
76942TC .. Technical component.....	\$
76942PC .. Professional component.....	\$

Lab and Pathology

88305..... Biopsy interpretation.....	\$
88305TC .. Technical component.....	\$
88305PC .. Professional component.....	\$
88307..... Surgical pathology, gross & microscopic exam requiring eval of surgical margins.....	\$
88307TC .. Technical component.....	\$
88307PC .. Professional component.....	\$
88331 .. First tissue block, with frozen section(s), single specimen.....	\$
88331TC .. Technical component.....	\$
88331PC .. Professional component.....	\$
88332..... Surgical pathology, gross & micro exam requiring micro eval of surgical margins.....	\$
88332TC .. Technical component.....	\$
88332PC .. Professional component.....	\$

Cervical

88164.....	Pap test.....	\$ _____
88142.....	Pap test, liquid-based	\$ _____
88143.....	Pap test, liquid-based	\$ _____
88174.....	Pap test, liquid-based	\$ _____
88175.....	Pap test, liquid-based	\$ _____
88141.....	Cytopathology, cervical or vaginal, interpretation by physician.....	\$ _____
87621.....	Lab, HPV, amplified probe technique	\$ _____
57452.....	Colposcopy without biopsy (office).....	\$ _____
57452.....	Colposcopy without biopsy (facility).....	\$ _____
57452ff.....	..... Facility fee	\$ _____
57454.....	Colposcopy with biopsy & endocervical curettage (office)	\$ _____
57454.....	Colposcopy with biopsy & endocervical curettage (facility).....	\$ _____
57454ff.....	..... Facility fee	\$ _____
57455.....	Colposcopy with biopsy (office)	\$ _____
57455.....	Colposcopy with biopsy (facility).....	\$ _____
57455ff.....	..... Facility fee	\$ _____
57456.....	Colposcopy with biopsy with endocervical curettage (office)	\$ _____
57456.....	Colposcopy with biopsy with endocervical curettage (facility).....	\$ _____
57456ff.....	..... Facility fee	\$ _____
57460.....	Colposcopy of the cervix w/loop electrode biopsy(s) of the cervix (office).....	\$ _____
57460.....	Colposcopy of the cervix w/loop electrode biopsy(s) of the cervix (facility)	\$ _____
57460ff.....	..... Facility fee	\$ _____
57461.....	Colpo of the cervix w/loop electrode conization of the cervix (office).....	\$ _____
57461.....	Colpo of the cervix w/loop electrode conization of the cervix (facility)	\$ _____
57461ff.....	..... Facility fee	\$ _____
57500.....	Biopsy, single/mult, or local exc of lesion with/without fulguration (office)	\$ _____
57500.....	Biopsy, single/mult, or local exc of lesion with/without fulguration (facility).....	\$ _____
57500ff.....	..... Facility fee	\$ _____
57505.....	Endocervical curettage (not as part of a dilation & curettage) (office)	\$ _____
57505.....	Endocervical curettage (not as part of a dilation & curettage) (facility)	\$ _____
57505ff.....	..... Facility fee	\$ _____
57520.....	Conization of cervix (office)	\$ _____
57520.....	Conization of cervix (facility)	\$ _____
57520FF .....	..... Facility fee	\$ _____
57522.....	Loop electrode excision (office).....	\$ _____
57522.....	Loop electrode excision (facility)	\$ _____
57522FF .....	..... Facility fee	\$ _____
58100.....	Endometrial sampling with or w/o endocerv sampling, w/o cerv dilation (office)	\$ _____
58100.....	Endometrial sampling with or w/o endocerv sampling, w/o cerv dilation (facility).....	\$ _____
58100FF Facility fee	\$ _____

Anesthesia

ANESTH. ..	General anesthesia.....	\$ _____
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** 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”.

**Attachment C
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

Attachment C

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.)

Attachment C

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".