



**Subprovider**

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

---

(hereinafter referred to as "SUBPROVIDER")

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

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, KDHE has entered into contracts with certain PROVIDERS to offer EDW services; and

WHEREAS, an EDW PROVIDER is unable to offer all EDW services on site, PROVIDER may subcontract with another PROVIDER, hereinafter referred to as "SUBPROVIDER"; and

WHEREAS, the SUBPROVIDER may have entered into an agreement with an EDW PROVIDER to provide services not otherwise available from a PROVIDER; and

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

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

SUBPROVIDER AGREES TO:

1. Provide breast and cervical services as outlined in Attachment A and 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. SUBPROVIDER shall update Attachment B **annually**.
3. 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.
4. Submit all results and the billing information to the CONTRACTUAL PROVIDER within 30 days of the services provided. Payment requests received after this deadline will be denied payment. If payment is denied due to late submission of payment requests of properly enrolled women for breast and cervical services as outlined in Attachment C, SUBPROVIDER agrees not to bill the client for denied payment.

5. 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.
6. Meet all Mammography Quality Standards Act (MQSA) guidelines. Results will be reported in language based on the American College of Radiology (ACR) lexicon.
7. Use Clinical Laboratory Improvement Act (CLIA) approved laboratories for interpretation of all Pap tests. Results will be reported using the Bethesda system.
8. Provide information to KDHE for quality assurance reviews and program evaluation to the extent necessary to satisfy federal requirements for program implementation.
9. 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 SUBPROVIDER directly, if applicable, for breast and cervical cancer screening and diagnostic services that are deemed reimbursable through EDW, as itemized in Attachment C.

**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.
3. SUBPROVIDER 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.
4. This instrument contains the entire agreement between parties. Any alteration, changes or amendments shall require the written consent of both parties.
5. 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 SUBPROVIDER have executed this agreement as of the latest date of acceptance below.

\_\_\_\_\_  
Robert Moser MD, Secretary  
Kansas Department of Health and Environment

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
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 fulgaration (office) .....   | ..... | \$ | _____ |
| 57500.....    | Biopsy, single/mult, or local exc of lesion with/without fulgaration (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..... | ..... | \$ | _____ |
|------------|-------------------------|-------|----|-------|

\*\* 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

| <b>Codes</b> | <b>Type of Service</b>   | <b>Fee Schedule</b> | <b>Comments</b>                     |
|--------------|--|---------------------|-------------------------------------|
| 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

| <b>Codes</b> | <b>Type of Service</b>   | <b>Fee Schedule</b> | <b>Comments</b>                     |
|--------------|--|---------------------|-------------------------------------|
| 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,<br>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".