

Alaska Breast and Cervical Screening Assistance Program List of APPROVED CPT CODES – 2023

Alaska Breast and Cervical Screening Assistance Program is a statewide program focused on providing breast and cervical cancer screening and diagnostic services to women who meet certain age, income and insurance coverage guidelines. Alaska Breast and Cervical Screening Assistance Program does not require preauthorization.

OFFICE VISITS				
DESCRIPTION OF SERVICE	CPT CODE	AK RATE	PROFESSIONAL	TECHNICAL
New Patient - Office Visit (10 minutes face to face)	99201	57.84		
New Patient - Office Visit (20 minutes face to face)	99202	97.52		
New Patient - Office Visit (30 minutes face to face)	99203	145.48		
New Patient - Office Visit (45 minutes face to face) <i>[see note 1]</i>	99204	219.77		
New Patient - Office Visit (60 minutes face to face) <i>[see note 1]</i>	99205	291.40		
Established Patient - Office Visit (5 minutes face to face)	99211	28.51		
Established Patient - Office Visit (10 minutes face to face)	99212	72.26		
Established Patient - Office Visit (15 minutes face to face)	99213	118.36		
Established Patient - Office Visit (25 minutes face to face)	99214	168.38		
New Patient – Initial Preventive. Medicine Visit, 18-39 Years <i>[see note 2, 12]</i>	99385	140.02		
New Patient – Initial Preventive Medicine Visit, 40-64 Years <i>[see note 2, 12]</i>	99386	140.02		
New Patient – Initial Preventive Medicine Visit, 65 Years and older <i>[see note 2, 12]</i>	99387	140.02		
Established Patient–Periodic Prev. Medicine Visit, 18-39 Years <i>[see note 2, 12]</i>	99395	95.18		
Established Patient – Periodic Prev. Medicine Visit, 40-64 Years <i>[see note 2, 12]</i>	99396	95.18		
Established Patient – Periodic Prev. Medicine Visit, 65 Years and older <i>[see note 2, 12]</i>	99397	95.18		

BREAST SCREENING & DIAGNOSTIC PROCEDURES				
DESCRIPTION OF SERVICE	CPT CODE	AK RATE	PROFESSIONAL	TECHNICAL
Magnetic resonance imaging (MRI), breast, without contrast, unilateral <i>[see note 5]</i>	77046	277.03	97.09	179.95
Magnetic resonance imaging (MRI), breast, without contrast, bilateral <i>[see note 5]</i>	77047	285.98	106.81	179.17
Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, unilateral <i>[see note 5]</i>	77048	436.55	140.15	296.40
Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, bilateral <i>[see note 5]</i>	77049	447.53	153.45	294.08
Screening mammography, bilateral	77067	157.36	50.25	106.61
Diagnostic mammography, bilateral, includes CAD	77066	195.95	66.90	129.05
Diagnostic mammography, unilateral, includes CAD	77065	155.31	54.12	101.19
Screening digital breast tomosynthesis; bilateral <i>[see note 3]</i>	77063	67.59	40.51	27.08
Diagnostic digital breast tomosynthesis; unilateral or bilateral <i>[see note 4]</i>	G0279	67.59	42.51	27.08
Mammary ductogram or galactogram, single duct	77053	65.75	24.14	41.61

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BREAST SCREENING & DIAGNOSTIC PROCEDURES

DESCRIPTION OF SERVICE	CPT CODE	AK RATE	PROFESSIONAL	TECHNICAL
Radiological Exam, surgical specimen	76098	50.39	21.16	29.23
Ultrasound, complete examination of breast including axilla, unilateral	76641	128.72	48.80	81.36
Ultrasound, limited examination of breast including axilla, unilateral	76642	106.39	45.43	60.96
Ultrasonic guidance for needle placement, imaging supervision and interpretation	76942	74.53	42.98	31.55
Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), first evaluation only	88172	70.29	48.41	21.88
Cytopathology, evaluation of fine needle aspirate; <i>interpretation and report</i>	88173	195.34	96.22	99.12
Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), each separate additional evaluation episode	88177	37.88	29.75	8.12
Surgical pathology, gross and microscopic examination	88305	90.04	51.53	38.52
Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	88307	344.62	112.40	232.21
Morphometric analysis, tumor immunohistochemistry, per specimen; manual	88360	147.85	57.49	90.36
Morphometric analysis, tumor immunohistochemistry, per specimen; using computer assisted technology	88361	148.78	61.13	87.65

BREAST SCREENING & DIAGNOSTIC PROCEDURES

DESCRIPTION OF SERVICE	CPT CODE	OFFICE	FACILITY
Fine needle aspiration without imaging guidance, each additional lesion	10004	67.08	57.41
Fine needle aspiration biopsy including ultrasound guidance, first lesion	10005	175.35	100.29
Fine needle aspiration biopsy including ultrasound guidance, each additional lesion	10006	80.34	68.74
Fine needle aspiration biopsy including fluoroscopic guidance, first lesion	10007	369.42	123.74
Fine needle aspiration biopsy including fluoroscopic guidance, each additional lesion	10008	204.03	78.69
Fine needle aspiration biopsy including CT guidance, first lesion	10009	551.06	151.78
Fine needle aspiration biopsy including CT guidance, each additional lesion	10010	327.34	109.52
Fine needle aspiration biopsy including MRI guidance, first lesion [see note 8]	10011	564.87	159.87
Fine needle aspiration biopsy including MRI guidance, each additional lesion [see note 8]	10012	343.87	116.30
Fine needle aspiration without imaging guidance, first lesion only	10021	128.37	73.43
Puncture aspiration of cyst of breast	19000	128.52	57.72
Puncture aspiration of cyst of breast, each additional cyst, used with 19000	19001	35.25	28.67
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion [see note 6]	19081	631.24	223.83
Breast biopsy, with placement of localization device and imaging of biopsy			

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specimen, percutaneous; stereotactic guidance; each additional lesion <i>[see note 6]</i>	19082	483.90	112.48
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BREAST SCREENING & DIAGNOSTIC PROCEDURES

DESCRIPTION OF SERVICE	CPT CODE	OFFICE	FACILITY
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion <i>[see note 6]</i>	19083	636.25	211.05
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion <i>[see note 6]</i>	19084	478.07	105.10
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion <i>[see note 6]</i>	19085	966.24	246.22
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion <i>[see note 6]</i>	19086	742.02	122.98
Breast biopsy, percutaneous, needle core, not using imaging guidance	19100	191.29	91.08
Breast biopsy, open, incisional	19101	416.17	287.72
Excision of cyst, fibro adenoma or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion; open; one or more lesions	19120	654.56	534.23
Excision of breast lesion identified by preoperative placement of radiological marker; open; single lesion	19125	722.66	593.02
Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker	19126	210.55	210.55
Placement of breast localization device, percutaneous; mammographic guidance; first lesion <i>[see note 7]</i>	19281	300.71	135.50
Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion <i>[see note 7]</i>	19282	209.35	67.75
Placement of breast localization device, percutaneous; stereotactic guidance; first lesion <i>[see note 7]</i>	19283	325.50	135.92
Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion <i>[see note 7]</i>	19284	237.64	68.17
Placement of breast localization device, percutaneous; ultrasound guidance; first lesion <i>[see note 7]</i>	19285	463.28	115.46
Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion <i>[see note 7]</i>	19286	376.06	58.03
Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion <i>[see note 7]</i>	19287	798.04	172.43

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BREAST SCREENING & DIAGNOSTIC PROCEDURES

DESCRIPTION OF SERVICE	CPT CODE	OFFICE	FACILITY
Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion <i>[see note 7]</i>	19288	611.99	86.58
Anesthesia for procedures on the integumentary system, anterior trunk, not otherwise specified. Reimbursement Amount= \$30.89 x (Time Units + Base Units)			
Anesthesia for procedures on the integumentary system, anterior trunk, not otherwise specified. Medicare Base Units= 3 <i>[see note 10, 12]</i>	00400	30.89	
Pre-operative testing; complete blood count, urinalysis, pregnancy test, other procedures medically necessary for the planned surgical procedure.	Various		

CERVICAL SCREENING & DIAGNOSTIC PROCEDURES

DESCRIPTION OF SERVICE	CPT CODE	AK RATE	PROFESSIONAL	TECHNICAL
Cytopathology, cervical or vaginal, any reporting system, requiring interpretation by physician	88141	28.41		
Cytopathology (Liquid-based Pap test), cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	88142	25.01		
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening and rescreening under physician supervision	88143	25.01		
Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening under physician supervision	88164	14.65		
Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening and rescreening under physician supervision	88165	42.22		
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	88174	26.38		
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system and manual rescreening	88175	32.71		
Surgical pathology, gross and microscopic examination	88305	90.04	51.53	38.52
Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	88307	344.62	112.40	232.21
Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen	88331	130.89	84.64	46.25
Pathology consultation during surgery, each additional tissue block, with frozen section(s)	88332	68.97	41.67	27.30
Immunohistochemistry or immunocytochemistry, per specimen; each additional single				

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antibody stain procedure (List separately in addition to code for primary procedure)	88341	107.43	38.57	68.87
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CERVICAL SCREENING & DIAGNOSTIC PROCEDURES

DESCRIPTION OF SERVICE	CPT CODE	AK RATE	PROFESSIONAL	TECHNICAL
Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	88342	123.43	47.77	75.66
Human Papillomavirus, high-risk types <i>[see note 9, 12]</i>	87624	43.33		
Human Papillomavirus, types 16 and 18 only <i>[see note 9, 12]</i>	87625	43.33		
Colposcopy of the cervix	57452	159.12		
Colposcopy of the cervix, with biopsy and endocervical curettage	57454	217.65		
Colposcopy of the cervix, with biopsy	57455	204.81		
Colposcopy of the cervix, with endocervical curettage	57456	192.16		
Colposcopy with loop electrode biopsy(s) of the cervix	57460	399.63		
Colposcopy with loop electrode conization of the cervix	57461	447.78		
Cervical biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	57500	189.98		
Endocervical curettage (not done as part of a dilation and curettage)	57505	181.44		
Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	57520	444.95		
Loop electrode excision procedure	57522	383.79		
Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	58100	130.03		
Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)	58110	65.35		
Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided) <i>[see note 12]</i>	99070	12.95		
Pre-operative testing; complete blood count, urinalysis, pregnancy test, or other procedures medically necessary for the planned surgical procedure.	Various			

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PATHOLOGY/OTHER				
DESCRIPTION OF SERVICE	CPT CODE	AK RATE (Global)	PROFESSIONAL	TECHNICAL
COVID-19 Infectious agent detection by nuclei acid DNA or RNA; amplified probe technique [see note 12]	87426	35.33		
COVID-19 infectious agent antigen detection by immunoassay technique; qualitative or semiquantitative [see note 12]	87635	51.31		
In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure <i>outpatient ER procedure follow-up</i>	88365	215.22	60.03	155.18
In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure	88364	165.60	47.38	118.22
In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure	88366	339.53	85.30	254.23
Morphometric analysis, in situ hybridization, computer-assisted, per specimen, initial single probe stain procedure	88367	137.75	47.00	90.75
Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each additional probe stain procedure	88373	86.03	36.12	49.91
Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each multiplex stain procedure	88374	382.98	60.48	322.50
Infectious agent detection by nucleic acid (dna or rna); severe acute	U0003	75.00		
Morphometric analysis, in situ hybridization, manual, per specimen, initial single probe stain procedure	88368	165.48	57.50	107.98
Morphometric analysis, in situ hybridization, manual, per specimen, each additional probe stain procedure	88369	139.68	45.06	94.62
Morphometric analysis, in situ hybridization, manual, per specimen, each additional multiplex stain procedure	88377	478.22	89.35	388.87
Outpatient ER services procedure follow-up	93010	11.36		
ER visit procedure	96360	40.98		
ER visit procedure follow-up	96361	15.72		

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ANESTHESIA

CPT Code

99156	Moderate anesthesia, 10–22 minutes for individuals 5 years or older-	Facility fee \$104.95
99157	Moderate anesthesia for each additional 15 minutes <i>[see note 11]</i> -	Facility fee \$85.02
00400	Anesthesia for procedures on the integumentary system, anterior trunk, not otherwise specified	Facility fee \$30.89

PROCEDURES SPECIFICALLY NOT ALLOWED

Any Treatment of breast carcinoma in situ, breast cancer, cervical intraepithelial neoplasia and cervical cancer.

77061 Breast Tomosynthesis, unilateral *[see note 10]*

77062 Breast Tomosynthesis, bilateral *[see note 10]*

87623 Human papillomavirus, low-risk types

End Note

DESCRIPTION

- 1 All consultations should be billed through the standard “new patient” office visit CPT codes 99201–99205. Consultations billed as 99204 or 99205 must meet the criteria for these codes. These codes (99204/99205) are typically not appropriate for NBCCEDP screening visits, but may be used when provider spends extra time to do a detailed risk assessment.
- 2 The type and duration of office visits should be appropriate to the level of care needed to accomplish screening and diagnostic follow-up within the NBCCEDP. Reimbursement rates should not exceed those published by Medicare. While some programs may need to use 993XX-series codes, Preventive Medicine Evaluation visits are not appropriate for the NBCCEDP. 9938X codes may be used to cover combined NBCCEDP and WISEWOMAN office visits. These codes may be reimbursed at their normal rates.
- 3 List separately in addition to code for primary procedure 77067.
- 4 List separately in addition to 77065 or 77066.
- 5 Breast MRI can be reimbursed by the NBCCEDP in conjunction with a mammogram when a client has a BRCA mutation, a first-degree relative who is a BRCA carrier, or a lifetime risk of 20% or greater as defined by risk assessment models such as BRCAPRO that depend largely on family history. Breast MRI can also be used to assess areas of concern on a mammogram, or to evaluate a client with a history of breast cancer after completing treatment. Breast MRI should never be done alone as a breast cancer screening tool. Breast MRI cannot be reimbursed for by the NBCCEDP to assess the extent of disease in a women who has just been newly diagnosed with breast cancer in order to determine treatment.
- 6 Codes 19081-19086 are to be used for breast biopsies that include image guidance, placement of localization device, and imaging of specimen. These codes should not be used in conjunction with 19281-19288.
- 7 Codes 19281-19288 are for image guidance placement of localization device without image-guided biopsy. These codes should not be used in conjunction with 19081-19086.
- 8 For CPT 10011 use the reimbursement rate for CPT code 10009. For CPT 10012 use the reimbursement rate for CPT code 10010.
- 9 HPV DNA testing is not a reimbursable procedure if used as an adjunctive screening test to the Pap for women under 30 years of age.
- 10 These procedures have not been approved for coverage by Medicare.
- 11 Medicare’s methodology for the payment of anesthesia services are outlined in chapter 12 of the Medicare Claims Processing Manual at www.cms.hhs.gov/manuals/downloads/clm104c12.pdf. The carrier-specific Medicare anesthesia conversion rates are available at www.cms.hhs.gov/center/anesth.asp
Example: If procedure is 50 minutes, code 99156 + (99157 x 2).
No separate charge is allowed if procedure <10 minutes.

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12 The current Physician Fee Schedule for 2022 (on the CMS website), does not price the requested code.
