The Mississippi Breast and Cervical Cancer Early Detection Program

(Strives for early detection of cancer in those women at highest risk)

Mississippi Breast and Cervical Cancer Program (MS-BCCP)

AMBULATORY SURGICAL CENTER (ASC) ALLOWABLE PROCEDURES

RATE OF REIMBURSEMENT

Contractor agrees to accept a rate of reimbursement for approved procedures on the date of services not to exceed the current Mississippi Medicare rates. *The fee reimbursed to the provider is based on the applicable CMS Fee Schedule effective on the date of service. Rates and fee schedules are located at:*

CMS Ambulatory outpatient fee schedule: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/11_Addenda_Updates

See the attached list of NBCCEDP Allowable Procedures and the corresponding suggested Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes for the use in the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) under these general conditions and *provided by CDC under the CDC-RFA-DP17-1701 (NBCCEDP) grant.*

List of NBCCEDP Allowable Procedures and the corresponding suggested Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes.

ANESTHESIA		
Anesthesia (Breast) – for procedures on the integumentary system, anterior trunk, not otherwise specified If MD and CRNA both bill, each is allowed (1/2) half conversion factor unit cost *Base units – 3 (Additional time may be billed in 15 minute increments = 1 unit)*	00400	*
Anesthesia (Cervical) – for virginal procedures on the integumentary system on the extremities; perineum; not otherwise specified. If MD and CRNA both bill, each is allowed (1/2) half conversion factor unit cost *Base units – 3 (Additional time may be billed in 15 minute increments = 1 unit)*	00940	*
SURGERY		
Fine Needle Aspiration Biopsy without Imaging Guidance; First Lesion	10021	*
Fine Needle Aspiration Biopsy including Ultrasound Guidance, First Lesion	10005	*
Fine Needle Aspiration Biopsy including Fluoroscopic Guidance, First Lesion	10007	*
Fine Needle Aspiration Biopsy including CT Guidance, First Lesion	10009	*
Fine Needle Aspiration Biopsy including MRI Guidance, First Lesion	10011	*
Aspiration of Cyst of Breast	19000	*
Incision of Breast Lesion	19020	*
Breast Biopsy, with Placement of Localization Device and Imaging of Biopsy Specimen, Percutaneous; Stereotactic Guidance; First Lesion	19081	*
Breast Biopsy, with Placement of Localization Device and Imaging of Biopsy Specimen, Percutaneous; Ultrasound Guidance; First Lesion	19083	*
Breast Biopsy, with Placement of Localization Device and Imaging of Biopsy Specimen, Percutaneous; Magnetic Resonance Guidance; First Lesion	19085	*
Biopsy Nonexcisional	19100	*
Excisional Biopsy	19101	*
Excision of Cyst, Fibroadenoma, or Other Benign or Malignant Tumor, Aberrant Breast Tissue, Duct Lesion, or Nipple Lesion	19120	*
Excision of Breast Lesion Identified by Pre-Operative Placement of Radiological Marker – Single Lesion	19125	*
Biopsy/removal lymph nodes	38500	*

Needle biopsy lymph nodes	38505	*
Biopsy/removal lymph nodes	38525	*
Biopsy/removal lymph nodes	38530	*
Pre-operative testing; CBC, urinalysis, pregnancy test, pre-operative CXR, etc. These procedures should be medically necessary for the planned surgical procedure. (Breast / Cervical)	*Various*	*Each Individual code at 50%, up to $250*
Colposcopy without Biopsy of the Cervix	57452	*
Colposcopy with Biopsy and Endocervical Curettage	57454	*
Colposcopy with Biopsy(s) of the Cervix	57455	*
Colposcopy with Endocervical Curettage	57456	*
Colposcopy with Loop Electrode Biopsy(s) of the Cervix	57460	*
Colposcopy with Loop Electrode Conization of the Cervix	57461	*
Biopsy (cervical), Single or Multiple, or Local Excision of Lesion, with or without Fulguration, Separate Procedure (cervical)	57500	*
Endocervical Curettage (not done as part of a dilation and curettage (D&C))	57505	*
Cauterization of Cervix	57510	*
Other Biopsy-Not Colposcopy	57511	*
Conization of Cervix, with/without Fulguration, Dilation and Curettage, Repair; Cold Knife or Laser	57520	*
Loop Electrode Excision; Conization of Cervix, with/without Fulguration, Dilation and Curettage, Repair	57522	*
Endometrial Sampling (Biopsy) with or without Endocervical Sampling (Biopsy), without Cervical Dilation, any Method	58100	*
Hysteroscopy biopsy w/sampling of endometrium and /or polypectomy, w/wo D&C	58558	*
RADIOLOGY		
X-ray Exam Chest 1 View	71045	*
X-ray Exam Chest 2 Views	71046	*
Magnetic Resonance Imaging (MRI), Breast, without Contrast, Unilateral	77046	*
Magnetic Resonance Imaging (MRI), Breast, without Contrast, Bilateral	77047	*
MEDICINE		
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	99070	*Each Individual code at 50%, up to $250*