

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)

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.*

<i>List of NBCCEDP Allowable Procedures and the corresponding suggested Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes.</i>		
Anesthesia (Breast) – for procedures on the integumentary system, anterior trunk, not otherwise specified. <i>If MD and CRNA both bill, each is allowed (1/2) half conversion factor unit cost</i> <i>Base units – 3 (Additional time may be billed in 15 minute increments = 1 unit)</i>	00400	
Anesthesia (Cervical) – for vaginal procedures on the integumentary system on the extremities; perineum; not otherwise specified. <i>If MD and CRNA both bill, each is allowed (1/2) half conversion factor unit cost</i> <i>Base units – 3 (Additional time may be billed in 15 minute increments = 1 unit)</i>	00940	
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	

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	<i>Each individual code at 50%, up to \$250</i>
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 (<i>not done as part of a dilation and curettage (D&C)</i>)	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	
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	
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	<i>Each individual code at 50%, up to \$200</i>