Office Visits	Reimbursable CPT Codes		
Office Visit Includes height, weight, two blood pressures, clinical breast exam, pelvic exam and Pap test collection, or any combination of those services	G0101 99201 99202 99203 99204 99205	99211 99212 99213 99214 99215	99385 99386 99387 99395 99396 99397

Breast Screening and Diagnostic Services	Reimbursable CPT Codes		
Bilateral Screening Mammography Includes reimbursement for: - Screening mammography, bilateral (two view film study of each breast) - Screening mammography, producing direct digital image, bilateral all views		77057 G0202	
Diagnostic Mammography Includes reimbursement for unilateral or bilateral: - Diagnostic mammography - Diagnostic mammography, producing direct digital image	77055 77056		G0204 G0206
Computer-Aided Detection **paid using non-federal funds** - Screening mammography - Diagnostic mammography		77051 77052	
Anesthesia - Includes reimbursement for anesthesia personnel time only		00400	
Needle Core Biopsy with Stereotactic Localization Includes reimbursement for localization procedure, needle core biopsy (including vacuum or imaging guidance) and radiologist fee for the procedure	19100 19102		19103 77031
Breast Ultrasound Includes reimbursement for bilateral and unilateral		76645	
Puncture Aspiration of Breast Cyst Includes reimbursement for single cyst aspiration and for each additional cyst		19000 19001	
Incisional Breast Biopsy with Needle Localization Includes reimbursement for: - open, incisional		19101	
Image Guided Placement, metallic localization clip, percutaneous, during breast biopsy Includes reimbursement for imaging, supervision and interpretation		19295	
Fine Needle Aspiration Includes reimbursement for: - Preparation, screening, and interpretation of Fine Needle Aspiration (FNA) Without imaging guidance With imaging guidance - Evaluation of FNA for specimen adequacy - Evaluation, interpretation and report for FNA		10021 10022 88104 88160 88161 88172 88173	
Surgical Pathology - Breast Includes reimbursement for: - Breast Biopsy		88305 88307	
Pathology Consultation During Surgery Includes reimbursement for: - tissue block, with frozen section, single specimen - each additional tissue block with frozen section	88329 88331		88332
Excisional Breast Biopsy with Needle Localization Includes reimbursement for: - Pre-operative placement of a needle localization wire		19120	

Breast Screening and Diagnostic Services	Reimbursable CPT Codes
Excisional Breast Biopsy with Needle Localization (cont'd)	
- Pre-operative placement of wire with radiological supervision and interpretation	19126
- Excision of a single breast lesion identified by a radiological marker	19290
- Excision of each additional breast lesion identified by a radiological marker	19291
- Excision of a cyst, fibroadenoma, or other benign or malignant tumor	76098
aberrant breast tissue, duct lesion or nipple lesion	76942
- Radiological examination of the surgical specimen	77032
- Ultrasonic Guidance for Needle Placement	
Includes reimbursement for imaging, supervision and interpretation	

Cervical Screening and Diagnostic Services	Reimbursable CPT Codes		
Pap Test **(Performed following IA *Care for Yourself Program* protocol)**	88141	88174	G0145
	88142	88175	G0147
	88143	G0123	G0148
If Pap test is performed, the collection of the Pap is included in the office visit reimbursement. The woman is not to be billed for the collection or handling of the Pap.	88147	G0124	P3000
	88148	G0141	P3001
	88164	G0143	
	88165	G0144	
Papillomavirus, human, amplified probe technique			
Reimbursement for **High Risk only as follow-up for ASC-US pap test results**		87621	
Colposcopy	57421		57456
Without Biopsy	57452		57460**
With Biopsy	57454		57461**
	57455		
Cervical Biopsy			
Includes reimbursement for biopsy of single or multiple lesions		57500	
** Cold knife or laser conization biopsy		57520**	
** Loop electrode excision procedure (LEEP) conization biopsy		57522**	
**** For <u>diagnostic purposes only</u> for women with Pap test results of HSIL or AIS**			
Preauthorization required - Contact: 515.242.6200			
Endocervical Curettage *(Not done as part of a dilation and curettage)*			
*** Endometrial Sampling (Biopsy)		57505	
- Method of collection, i.e., D & C or hysteroscopy, not reimbursed by this program		58100***	
		58110***	
***** For <u>diagnostic purposes only</u> for women with Pap test results of AGC**			
Preauthorization required - Contact: 515.242.6200			
Surgical Pathology - Cervix			
Includes reimbursement for:		88305	
- Cervical Biopsy		88307	
- Endocervical Curetting/Biopsy			
Pathology Consultation During Surgery			
Includes reimbursement for:	88329		88332
- tissue block, with frozen section, single specimen	88331		
- each additional tissue block with frozen section			

Heart Disease Risk Screening and Diagnostic Services	Reimbursable CPT Codes
Not every woman receiving breast and cervical cancer screening is eligible for heart disease risk screening. Please check with the coordinator of your local program to see if the woman you are providing services to is eligible for heart disease risk screening. A woman receiving services for which she is not eligible will be responsible for the charges.	
Collection of venous blood by venipuncture	36415
Lipid panel (only after nine-hour fast)	80061
Lipid panel (CLIA waived) (only after nine-hour fast)	80061 QW
Glucose; quantitative, blood (except reagent strip) (only after nine-hour fast)	82947
Glucose; quantitative, blood (except reagent strip) (CLIA waived) (only after nine-hour fast)	82947 QW
Hemoglobin; glycosylated (HbA1c)	83036
Hemoglobin; glycosylated (HbA1c) (CLIA waived)	83036 QW

Reimbursement Guidelines

- By signing the Cooperative Agreement with the Iowa Department of Public Health and the Iowa *Care for Yourself* Program, a provider facility agrees to accept reimbursement for the above CPT codes at the current ***Medicare Part B Participating Provider reimbursement rate*** as payment in full***.***
- As directed in Federal legislation, the ***Care for Yourself Program is the payor of last resort***. Insurance must be billed prior to submitting a claim to the CFY Program. A provider facility may then submit a claim to the CFY Program for reimburseable services costs not covered by insurance.
- ***Provider facilities may not bill CFY program participants*** for costs associated with the above CPT codes.