Ladies First
Keeping Vermont Women Healthy
VERMONT DEPARTMENT OF HEALTH

Schedule of Fees for Covered Services

Based on Medicare Part B Rates and effective January 1, 2015

- Billable breast, cervical & cardiovascular screening codes
- Billable cervical cancer screening & diagnostic codes
- Billable breast cancer screening & diagnostic codes
- Billable cardiovascular screening codes

CPT Code	Description	Non-Facility Fee	Facility Fee
00400	Anesthesia (base code of 3 RVU plus # of units x rate) Allowed Modifiers: AA, QZ, QK, QY, & QX	$23.93	$23.93
10021	Fine needle aspiration (FNA); without imaging guidance	$163.43	$75.97
10022	Fine needle aspiration (FNA); with imaging guidance	$155.57	$72.44
19000	Puncture aspiration of cyst of breast	$124.38	$47.90
19001	Puncture aspiration of cyst of breast, each additional cyst, used with 19000	$29.51	$24.01
19081	**Do not report 19081-19086 in conjunction with 19281-19288, 76098, 76942, 77002, 77021 for same lesion** Biopsy, breast, with placement of breast localization device(s) (e.g., clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, precutaneous; first lesion, including stereotactic guidance	$734.99	$185.16
19082	each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure) — Use 19082 in conjunction with 19081	$604.05	$92.63
19083	Biopsy, breast, with placement of breast localization device(s) (e.g., clip, metallic pellet). when performed, and imaging of the biopsy specimen, when performed, percutaneous, first lesion, including ultrasound guidance	$715.76	$180.04
19084	each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure) — Use 19084 in conjunction with 19083	$581.44	$87.30
19085	Biopsy, breast, with placement of breast localization device(s) (e.g., clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance	$1,131.29	$216.71
19086	each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure) — Use 19086 in conjunction with 19085	$909.04	$103.89
19100	Breast biopsy, percutaneous, needle core, not using imaging guidance	$165.06	$75.65
19101	Breast biopsy, open, incisional	$370.73	$240.13
19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion; open; one or more lesions	$533.26	$446.19
19125	Excision of breast lesion ID'd by preop placement of radiological marker; open; single lesion	$591.94	$495.45
19126	Excision of breast lesion ID'd by preop placement of radiological marker, open; **each additional lesion separately identified by a preop radiological marker**	$174.27	$174.27
19281	**Do not report19281-19288 in conjunction with 19081-19086, 76942, 77002, 77021 for same lesion** Placement of breast localization device(s) (e.g., clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance	$263.98	$112.61
19282	each additional lesion, including mammographic guidance (List separately in addition to code for primary procedure) — Use 19282 in conjunction with 19281	$185.01	$56.76
19283	Placement of breast localization device(s) (e.g., clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance	$301.23	$112.99
19284	each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure) — Use 19284 in conjunction with 19283	$223.05	$57.16
19285	Placement of breast localization device(s) (e.g., clip metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance	$493.44	$96.16
19286	each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure) — Use 19286 in conjunction with 19285	$419.82	$48.42

19287	Placement of breast localization device(s) (e.g., clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including magnetic resonance guidance	**$962.76**	**$149.36**
19288	each additional lesion, including magnetic resonance guidance (List separatelyin addition to code for primary procedure) — Use 19288 in conjunction with 19287	**$775.88**	**$73.49**
36415	Collection of venous blood by venipuncture	**$3.00**	**$3.00**
57452	Colposcopy of the cervix including upper/adjacent vagina	**$118.70**	**$100.66**
57454	Colposcopy with biopsy(s) of the cervix and endocervical curettage	**$166.46**	**$148.42**
57455	Colposcopy with biopsy(s) of cervix	**$155.91**	**$120.61**
57456	Colposcopy with endocervical curettage	**$146.90**	**$112.39**
57460	Endoscopy with loop electrode biopsy(s) of the cervix – **REVIEW REQUIRED [diagnostic only]**	**$308.78**	**$177.01**
57461	Endoscopy with loop electrode conization of the cervix – **REVIEW REQUIRED [diagnostic only]**	**$349.00**	**$204.27**
57500	Biopsy of cervix, single or multiple, or local excision of lesion, w/ or w/out fulguration (Use for cervical polyp removal)	**$140.17**	**$82.90**
57505	Endocervical curettage (not done as part of a dilation and curettage)	**$111.14**	**$100.56**
57520	Conization of the cervix, w/ or w/out fulguration, w/ or w/out dilation & curettage, w/ or w/out repair; cold knife or laser – **REVIEW REQUIRED [diagnostic only]**	**$333.28**	**$299.16**
57522	Loop electrode excision procedure – **REVIEW REQUIRED [diagnostic only]**	**$286.22**	**$265.43**
58100	Endometrial sampling (biopsy) w/ or w/o endocervical sampling (biopsy) – **REVIEW REQUIRED**	**$118.55**	**$95.02**
58110	Endometrial sampling (biopsy) performed in conjuction with colposcopy (List separately in addition to code for primary procedure) – **REVIEW REQUIRED**	**$52.35**	**$44.91**
71020	Radiologic examination, chest, two views, frontal and lateral – **REVIEW REQUIRED**	**$30.30**	**$30.30**
71020 26	Radiologic examination, chest, two views, frontal and lateral – **REVIEW REQUIRED**	**$11.99**	**$11.99**
71020 TC	Radiologic examination, chest, two views, frontal and lateral – **REVIEW REQUIRED**	**$18.31**	**$18.31**
G0202	Screening Mammogram, Digital, Bilateral	**$147.12**	**$147.12**
G0202 26	Screening Mammogram, Digital, Bilateral	**$38.21**	**$38.21**
G0202 TC	Screening Mammogram, Digital, Bilateral	**$108.91**	**$108.91**
G0204	Diagnostic Mammogram, Digital, Bilateral	**$179.12**	**$179.12**
G0204 26	Diagnostic Mammogram, Digital, Bilateral	**$47.86**	**$47.86**
G0204 TC	Diagnostic Mammogram, Digital, Bilateral	**$131.25**	**$131.25**
G0206	Diagnostic Mammogram, Digital, Unilateral	**$141.23**	**$141.23**
G0206 26	Diagnostic Mammogram, Digital, Unilateral	**$38.21**	**$38.21**
G0206 TC	Diagnostic Mammogram, Digital, Unilateral	**$103.03**	**$103.03**
G0279	Diagnostic digital breast tomosynthesis, unilateral or bilateral (List separately in addition to G0204 or G0206)	**$61.25**	**$61.25**
G0279 26	Diagnostic digital breast tomosynthesis, unilateral or bilateral (List separately in addition to G0204 or G0206)	**$33.13**	**$33.13**
G0279 TC	Diagnostic digital breast tomosynthesis, unilateral or bilateral (List separately in addition to G0204 or G0206)	**$28.11**	**$28.11**
76098	Radiological examination, surgical specimen	**$17.77**	**$17.77**
76098 26	Radiological examination, surgical specimen	**$8.87**	**$8.87**
76098 TC	Radiological examination, surgical specimen	**$8.99**	**$8.99**
76641	Ultrasound, breast(s) (unilateral), real time with image documentation **(Bilateral use Modifier 50)**	**$119.14**	**$119.14**
76641 26	Ultrasound, breast(s) (unilateral), real time with image documentation **(Bilateral use Modifier 50)**	**$40.43**	**$40.43**
76641 TC	Ultrasound, breast(s) (unilateral), real time with image documentation **(Bilateral use Modifier 50)**	**$78.71**	**$78.71**
76642	Ultrasound, limited examination of breast includng axilla, unilateral **(Bilateral use Modifier 50)**	**$97.97**	**$97.97**
76642 26	Ultrasound, limited examination of breast includng axilla, unilateral **(Bilateral use Modifier 50)**	**$37.70**	**$37.70**

76642 TC	Ultrasound, limited examination of breast includng axilla, unilateral **(Bilateral use Modifier 50)**	**$60.27**	**$60.27**
76942	Ultrasonic guidance of needle placement, biopsy of breast	**$65.93**	**$65.93**
76942 26	Ultrasonic guidance of needle placement, biopsy of breast	**$36.26**	**$36.26**
76942 TC	Ultrasonic guidance of needle placement, biopsy of breast	**$29.68**	**$29.68**
76970	Breast Ultrasound – follow-up study	**$102.33**	**$102.33**
76970 26	Breast Ultrasound – follow-up study	**$22.06**	**$22.06**
76970 TC	Breast Ultrasound – follow-up study	**$80.28**	**$80.28**
77053	Mammary ductogram or glactogram, single duct	**$63.49**	**$63.49**
77053 26	Mammary ductogram or glactogram, single duct	**$19.70**	**$19.70**
77053 TC	Mammary ductogram or glactogram, single duct	**$43.80**	**$43.80**
77055	Mammography; unilateral	**$98.10**	**$98.10**
77055 26	Mammography; unilateral	**$38.61**	**$38.61**
77055 TC	Mammography; unilateral	**$59.49**	**$59.49**
77056	Mammography; bilateral	**$126.18**	**$126.18**
77056 26	Mammography; bilateral	**$47.86**	**$47.86**
77056 TC	Mammography; bilateral	**$78.32**	**$78.32**
77057	Screening mammogram, bilateral (2-view film study of each breast)	**$89.86**	**$89.86**
77057 26	Screening mammogram, bilateral (2-view film study of each breast)	**$38.61**	**$38.61**
77057 TC	Screening mammogram, bilateral (2-view film study of each breast)	**$51.24**	**$51.24**
77058*	Magnetic Resonance Imaging, breast, with and/or without contrast, unilateral	**$593.56**	**$593.56**
77058 26	Magnetic Resonance Imaging, breast, with and/or without contrast, unilateral	**$89.87**	**$89.87**
77058 TC	Magnetic Resonance Imaging, breast, with and/or without contrast, unilateral	**$503.71**	**$503.71**
77059*	Magnetic Resonance Imaging, breast, with and/or without contrast, bilateral	**$587.29**	**$587.29**
77059 26	Magnetic Resonance Imaging, breast, with and/or without contrast, bilateral	**$89.87**	**$89.87**
77059 TC	Magnetic Resonance Imaging, breast, with and/or without contrast, bilateral	**$497.42**	**$497.42**
77063	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure i.e. G0202)	**$60.97**	**$60.97**
77063 26	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure i.e. G0202)	**$32.87**	**$32.87**
77063 TC	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure i.e. G0202)	**$28.11**	**$28.11**
80048	Basic metabolic panel	**$11.51**	**$11.51**
80053	Comprehensive metabolic panel	**$14.37**	**$14.37**
80061 **80061 QW**	Lipid panel	**$14.93**	**$14.93**
82465 **82465 QW**	Cholesterol, serum or whole blood, total	**$5.92**	**$5.92**
82947 **82947 QW**	Blood glucose, quantitative (except reagent strip)	**$5.34**	**$5.34**
82948	Blood glucose, reagent strip	**$3.47**	**$3.47**
82951 **82951 QW**	Glucose tolerance test (GTT), three specimens	**$17.52**	**$17.52**
83036 **83036 QW**	Hemoglobin assay	**$13.21**	**$13.21**
83718 **83718 QW**	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)	**$7.85**	**$7.85**
87624	Human papillomavirus, high risk type	**$35.45**	**$35.45**

88141†	Cytopathology (conventional Pap test), cervical or vaginal any reporting system, requiring interpretation by physician	**$35.37**	**$35.37**
88142†	Cytopathology (liquid-based Pap test) cervical or vaginal, collected in preservative fluid, automated think layer preparation; manual screening under physician supervision	**$27.57**	**$27.57**
88143†	Cytopathology, cervical, in preservative fluid, auto. thin layer prep; manual screening- MD supervision	**$27.57**	**$27.57**
88164†	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening under physician supervision	**$14.42**	**$14.42**
88165†	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening and rescreening under physician supervision	**$14.38**	**$14.38**
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s)	**$62.00**	**$62.00**
88172 26	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s)	**$40.55**	**$40.55**
88172 TC	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s)	**$21.45**	**$21.45**
88173	Cytopathology – evaluation of fine needle aspirate: **interpretation and report**	**$160.33**	**$160.33**
88173 26	Cytopathology – evaluation of fine needle aspirate: **interpretation and report**	**$82.13**	**$82.13**
88173 TC	Cytopathology – evaluation of fine needle aspirate: **interpretation and report**	**$78.20**	**$78.20**
88174†	Cytopathology, cervical, collected in preservative fluid, automated thin layer preparation; screening by automated system, under MD supervision	**$29.15**	**$29.15**
88175†	Cytopathology, cervical, screening by automated system & manual rescreening or review, under MD supervision	**$36.05**	**$36.05**
88305	Surgical pathology, gross and microscopic examination, Level IV	**$79.64**	**$79.65**
88305 26	Surgical pathology, gross and microscopic examination, Level IV	**$42.50**	**$42.50**
88305 TC	Surgical pathology, gross and microscopic examination, Level IV	**$37.13**	**$37.13**
88307	Surgical pathology, gross and microscopic examination, Level V	**$334.96**	**$334.96**
88307 26	Surgical pathology, gross and microscopic examination, Level V	**$93.63**	**$96.63**
88307 TC	Surgical pathology, gross and microscopic examination, Level V	**$241.34**	**$241.34**
88321	Surgical pathology, consultation & report on referred slides prepared elsewhere – **REVIEW REQUIRED**	**$104.75**	**$93.77**
88331	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen – **REVIEW REQUIRED**	**$112.90**	**$112.90**
88331 26	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen – **REVIEW REQUIRED**	**$70.28**	**$70.28**
88331 TC	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen – **REVIEW REQUIRED**	**$42.62**	**$42.62**
88332	Pathology consult during surgery; each additional tissue block w/ frozen section(s)	**$49.47**	**$49.47**
88332 26	Pathology consult during surgery; each additional tissue block w/ frozen section(s)	**$34.68**	**$34.68**
88332 TC	Pathology consult during surgery; each additional tissue block w/ frozen section(s)	**$14.78**	**$14.78**
88341	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	**$73.81**	**$73.81**
88341 26	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	**$23.72**	**$23.72**
88341 TC	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	**$50.07**	**$50.07**
88342	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	**$98.87**	**$98.97**
88342 26	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	**$39.77**	**$39.77**
88342 TC	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	**$59.10**	**$59.10**

97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	**$38.10**	**$35.74**
97803	Re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	**$32.74**	**$30.00**
97804	Group (2 or more individuals), each 30 minutes	**$17.48**	**$16.71**
98966 **98967** **98968**	Telephone assessment and management service provided by a qualified non-physician health professional to an established patient: 5-10 minutes of medical discussion; 11-20 minutes; 21-30 minutes of discussion	**$15.00** **$22.00** **$29.00**	**$15.00** **$22.00** **$29.00**
99070	Supplies and materials, reimbursed at manual price **– REVIEW REQUIRED**		
99201+	Office visit – new patient (Includes Risk Assessment for BRCA-Related Cancer) (10 minutes)	**$47.67**	**$28.83**
99202+	Office visit – new patient (Includes Risk Assessment for BRCA-Related Cancer) (20 minutes)	**$81.34**	**$54.28**
99203+	Office visit – new patient (Includes Risk Assessment for BRCA-Related Cancer) (30 minutes)	**$117.51**	**$83.00**
99204+	Office visit – new patient (Includes Risk Assessment for BRCA-Related Cancer) (45 minutes)	**$178.84**	**$140.78**
99205+	Office visit – new patient (Includes Risk Assessment for BRCA-Related Cancer) (60 minutes)	**$224.50**	**$182.93**
99211+	Office visit – established patient (Includes Risk Assessment for BRCA-Related Cancer) (5 minutes)	**$21.80**	**$10.04**
99212+	Office visit – established patient (Includes Risk Assessment for BRCA-Related Cancer) (10 minutes)	**$47.67**	**$27.66**
99213+	Office visit – established patient (Includes Risk Assessment for BRCA-Related Cancer) (15 minutes)	**$79.03**	**$55.40**
99214+	Office visit – established patient (Includes Risk Assessment for BRCA-Related Cancer) (25 minutes)	**$116.63**	**$85.13**
99215+	Office visit – established patient (Includes Risk Assessment for BRCA-Related Cancer) (40 minutes)	**$158.07**	**$158.07**
99401	Prev. medicine counseling and /or risk factor reduc. intervention(s) indv., 15 min	**$29.29**	**$19.17**
99402	Prev. medicine counseling and /or risk factor reduc. intervention(s) indv., 30 min	**$49.45**	**$39.62**
99403	Prev. medicine counseling and /or risk factor reduc. intervention(s) indv., 45 min	**$68.63**	**$58.80**
99404	Prev. medicine counseling and /or risk factor reduc. intervention(s) indv., 60 min	**$88.21**	**$78.38**
99406	Preventive Medicine Tobacco Use Cessation — Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	**$15.40**	**$13.44**
99407	Preventive Medicine Tobacco Use Cessation — Smoking and tobacco use cessation counseling visit; greater than 10 minutes	**$29.74**	**$27.78**
99420	Administration and interpretation of health risk assessment instrument	**$9.14**	**$8.55**
99441	Telephone evaluation and management service by a physician or other qualified health care professional; **5-10 minutes of medical discussion.**	**$15.00**	**$15.00**
99442	Telephone evaluation and management service by a physician or other qualified health care professional; **11-20 minutes of medical discussion.**	**$22.00**	**$22.00**
99443	Telephone evaluation and management service by a physician or other qualified health care professional; **21-30 minutes of medical discussion.**	**$29.00**	**$29.00**
99499	**Evaluation and Management Code - Reporting Update**	**$100.00**	**$100.00**
A0110	Non-emergency transportation and bus, intra or interstate carrier **– REVIEW REQUIRED**		
A0080	Non-emergency transportation, per mile-vehicle provided by volunteer (individual organization), with no vested interest. Hardship drivers @ $.18 per mile.	**$.57 per mile**	
A0100	Non-emergency transportation - taxi **– REVIEW REQUIRED**		
T1013	Sign Language or oral interpretive services, per 15 minutes	**$15.00**	**$15.00**
Various	Pre-operative testing; CBC, urinalysis, pregnancy test, etc. These procedures should be medically necessary for the planned surgical procedure. **– REVIEW REQUIRED**		

CPT Code	Quality Category II Code(s) = $40.00 each
0513F	Elevated blood pressure plan of care documented
0555F	Symptom management of care documented
0556F	Plan of care to achieve lipid control documented
2000F	Blood pressure measure x 2
2001F	Weight recorded
3008F	Body Mass Index documented
3011F	Lipid panel results document and reviewed (must include total cholesterol, HDL-C, Triglycerides and calculated LDL-C
3014F	Screening mammography results documented and reviewed
3015F	Cervical cancer screening results documented and reviewed
3044F	Most recent hemoglobin A1c (HbA1c) level less than 7.0%
3045F	Most recent hemoglobin A1c (HbA1c) 7.0-9.0%
3046F	Most recent hemoglobin A1c level greater than 9.0%
3048F	Most recent LDL-C less than 100 mg/dL
3049F	Most recent LDL-C 100-129 mg/dL
3050F	Most recent LDL-C greater than or equal to 130 mg/dL
	To report blood pressure use the corresponding systolic Codes [3074F, 3075F, 3077F] and diastolic codes [3078F, 3079F, 3080F]
3074F	Most recent systolic blood pressure less than 130 mm Hg
3075F	Most recent systolic blood pressure less than 130-139 mm Hg
3077F	Most recent systolic blood pressure greater than or equal to 140 mm Hg
3078F	Most recent diastolic blood pressure less than 80 mm Hg
3079F	Most recent diastolic blood pressure 80-89 mm hg
3080F	Most recent diastolic blood pressure greater than or equal to 90 mm Hg
3340F	Mammogram assessment category of “incomplete; need additional imaging evaluation”
3341F	Mammogram assessment category of “negative” documented
3342F	Mammogram assessment category of “benign” documented
3343F	Mammogram assessment category of “probably benign” documented
3344F	Mammogram assessment category of “suspicious” documented
3345F	Mammogram assessment category of “highly suggestive of malignancy” documented
3350F	Mammogram assessment category of “known biopsy proven malignancy,” documented
4050F	Hypertension plan of care documented as appropriate
5050F	Treatment plan communicated to provider(s) managing continuing care within 1 month of diagnosis
5060F	Findings from diagnostic mammogram communicated to practice managing patient’s on-going Care within 3 business days of exam interpretation
5062F	Findings from diagnostic mammogram communicated to the patient within 5 days of exam Interpretation
7010F	Patient information entered into a recall system that includes: target date for the next exam specified and a process to follow-up with patients regarding missed or unscheduled appointments
7020F	Mammogram assessment category (eg. Mammography Quality Standards Act MQSA, Breast Imaging Reporting and Data System [BI-RADS] entered into an internal database to allow for analysis of abnormal interpretation (recall) rate)
7025F	Patient information entered into a reminder system with a target due date for the next Mammogram

***** 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 20-25% or greater as defined by risk assessment models such as BRCAPRO that are largely dependent on family history. Breast MRI can also be used to better assess areas of concern on a mammogram or for evaluation of a client with a past 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 is already diagnosed with breast cancer.

†Ladies First ONLY covers the vaginal component of noted CPT codes under the following circumstances, "the client's complete hysterectomy was performed due to cervical neoplasia (precursors to cervical cancer) or invasive cervical cancer."

+Risk Assessment for BRCA-Related Cancer in Women: USPSTF Rating (Sept. 2005): B

Women whose family history is associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes be referred for genetic counseling and evaluation for BRCA testing.

USPSTF Draft Rating (December 2013): B

The U.S. Preventive Services Task Force (USPSTF) has proposed a B rating which recommends that primary care providers screen women who have family members with breast or ovarian cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with a positive screen should receive genetic counseling and, if indicated after counseling, BRCA testing.

Timing of Screening:

Consideration of screening for potentially harmful BRCA1 and BRCA2 mutations should begin once women have reached the age of consent (age 18 years).

PROCEDURES SPECIFICALLY NOT ALLOWED

Treatment of breast cancer, cervical intraepithelial neoplasia and cervical cancer. Refer to Vermont's Breast and Cervical Cancer Treatment Program. Call 1-800-508-2222 and ask for the nurse case manager.

Computer Aided Detection (CAD) in breast cancer screening or diagnostics

	SERVICES BILLABLE BY A NURSE CASE MANAGER/SOCIAL WORKER CASE MANAGER FOR PILOT MEDICAID PATIENTS OR LADIES FIRST MEMBERS		
G9001	Coordinated care fee-initial rate	**$40.80**	**$40.80**
G9002	Coordinated care fee-maintenance rate	**$105.47**	**$105.47**
G9007	Scheduled team conference	**$55.00**	**$55.00**
G9008	Physician coordinated care oversight services	**$11.46**	**$11.46**
T1016	Case management, each 15 minutes	**$12.50**	**$12.50**

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ICD-9-CM Codes
2015

NOTE: Do not see a code that has been used? Contact Ladies First.

174.0	Malignant neoplasm of the female breast – Nipple and areola
174.1	Malignant neoplasm of the female breast – Central Portion
174.2	Malignant neoplasm of the female breast – Upper-inner quadrant
174.3	Malignant neoplasm of the female breast – Lower-inner quadrant
174.4	Malignant neoplasm of the female breast – Upper-outer quadrant
174.5	Malignant neoplasm of the female breast – Lower-outer quadrant
174.6	Malignant neoplasm of the female breast – Axillary tail
180.0	Malignant neoplasm of cervix uteri — endocervix
180.1	Malignant neoplasm of cervix uteri — exocervix
180.8	Malignant neoplasm of cervix uteri — other specified sites of cervix
198.81	Secondary malignant neoplasm of other specified sites — breast
198.82	Secondary malignant neoplasm of other specified sites — genital organs
216.5	Benign neoplasm of skin — breast
217	Benign neoplasm of breast
219.0	Benign neoplasm of cervix uteri
233.0	Carcinoma in situ of breast and genitourinary system – Breast
233.1	Carcinoma in situ of breast and genitourinary system – Cervix uteri
239.3	Neoplasm of unspecified nature – breast
250.00	Diabetes mellitus without complication type 2 or unspecified type not stated as uncontrolled
250.01	Diabetes mellitus without complication type 1 not stated as uncontrolled
250.02	Diabetes mellitus without complication type 2 or unspecified type uncontrolled
250.03	Diabetes mellitus without complication type 1 uncontrolled
250.10	Diabetes mellitus with ketoacidosis type 2 or unspecified type not stated as uncontrolled
250.11	Diabetes mellitus with ketoacidosis type 1 not stated as uncontrolled
250.12	Diabetes mellitus with ketoacidosis type 2 or unspecified type uncontrolled
250.13	Diabetes mellitus with ketoacidosis type 1 uncontrolled
250.90	Diabetes mellitus with unspecified complication type 2 or unspecified type not stated as uncontrolled
272.0	Pure hypercholesterolemia
272.1	Pure hyperglyceridemia
272.2	Mixed hyperlipidemia
272.3	Hyperchylomicronemia
272.4	Other and unspecified hyperlipidemia
272.5	Lipoprotein deficiencies
272.6	Lipodystrophy
272.7	Lipidoses
272.8	Other disorders of lipoid metabolism
272.9	Unspecified disorder of lipoid metabolism
278.00	Obesity, unspecified – BMI between 30.0 and 38.9
278.01	Morbid obesity – BMI of 39 or greater
278.02	Overweight — BMI between 25.0 and 29.9
401.0	Malignant essential hypertension
401.1	Benign essential hypertension
401.9	Unspecified essential hypertension

Billable breast, cervical or Cardiovascular codes

Billable breast cancer screening & diagnostic codes

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Billable Cardiovascular disease screening codes

402.00	Hypertensive heart disease malignant without heart failure
402.01	Hypertensive heart disease malignant with heart failure
402.10	Hypertensive heart disease benign without heart failure
402.11	Hypertensive heart disease benign with heart failure
402.90	Hypertensive heart disease unspecified without heart failure
402.91	Hypertensive heart disease with heart failure
405.01	Secondary hypertension, malignant, renovascular
405.09	Secondary hypertension, malignant – other
405.11	Secondary hypertension, benign, renovascular
405.19	Secondary hypertension, benign – other
405.91	Secondary hypertension, unspecified, renovascular
405.99	Secondary hypertension, unspecified – other
429.2	Cardiovascular disease, unspecified
610.0	Benign mammary dysplasia – Solitary cyst of breast
610.1	Benign mammary dysplasia – Diffuse cystic mastopathy
610.2	Benign mammary dysplasia – Fibroadenosis of breast
610.3	Benign mammary dysplasia – Fibrosclerosis of breast
610.4	Benign mammary dysplasia – Mammary duct ectasia
610.8	Benign mammary dysplasia – Other specified benign mammary dysplasia
611.0	Other disorders of breast – Inflammatory disease of breast
611.1	Other disorders of breast – Hypertrophy of breast
611.2	Other disorders of breast – Fissure of nipple
611.3	Other disorders of breast – Fat necrosis of breast
611.5	Other disorders of breast – Galactocele
611.6	Other disorders of breast – Galactorrhea not associated with childbirth
611.71	Other disorders of breast – Mastodynia
611.72	Other disorders of breast – Lump or mass in breast
611.79	Other disorders of breast – Other signs & symptoms in breast
611.89	Other specified disorders of the breast
611.9	Unspecified disorders of the breast
616.0	Cervicitis and endocervicitis
616.10	Vaginitis and vulvovaginitis, unspecified
616.11	Vaginitis and vulvovaginitis in diseases classfied elsewhere
622.10	Unspecified dysplasia of cervix
622.11	Mild dysplasia of cervix
622.12	Moderate dysplasia of cervix
622.7	Mucous polyp of cervix
757.6	Disorders of skin, breast
790.21	Impaired fasting glucose
790.29	Other abnormal glucose
793.81	Mammographic microcalcification
793.82	Inconclusive mammogram
793.89	Other abnormal findings on radiological examination of breast
795.00	Abnormal glandular Papanicolaou smear of cervix
795.01	Papanicolaou smear of cervix with atypical squamous cells of undetermined significance **[ASC-US]**
795.02	Papanicolaou smear of cervix with atypical squamous cells cannot exclude high-grade squamous intraepithelial lesion **[ASC-H]**
795.03	Papanicolaou smear of cervix with low-grade squamous intraepithelial lesion **[LGSIL]**
795.04	Papanicolaou smear of cervix with high-grade squamous intraepithelial lesion **[HGSIL]**
795.05	Cervical high-risk human papillomavirus **(HPV) DNA test positive**
795.08	Unsatisfactory smear

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795.09	Other abnormal Papanicolau smear of cervix and cervical HPV
795.10	Other and nonspecific cytological test findings — abnormal glandular Papanicolaou smear of vagina
796.2	Elevated blood pressure reading without diagnosis of hypertension
V10.3	Potential health hazard related to person or family history, breast
V10.40	Personal history of malignant neoplasm, femaile genital organ, unspecified
V10.41	Potential health hazard related to person or family history, cervix uteri
V10.43	Personal history of malignant neoplasm — ovary
V13.22	Personal history of other diseases — dysplasia, cervical
V15.82	History of tobacco use
V16.3	Family history of malignant neoplasm, breast
V16.41	Family history of malignant neoplasm — ovary
V17.3	Family history of ischemic heart disease
V17.41	Family history of sudden cardiac death
V17.49	Family history of other cardiovascular diseases
V60.2	Inadequate material resources (Economic Problem/Poverty)
V65.3	Dietary surveillance and counseling
V67.01	Follow-up examination — follow-up vaginal Pap smear
V70.0	Routine general medical examination at health care facility
V71.1	Observation for suspected malignant neoplasm
V72.31	Routine gynecological exam
V72.32	Encounter for Pap, smear to confirm findings
V72.6	Special investigations and exams, lab exams
V72.62	Laboratory examination ordered as part of a routine general medical exam
V76.10	Screening for malignant neoplasm, breast
V76.11	Screening mammography, high risk patient
V76.12	Other screening mammogram
V76.19	Other screening breast exam
V76.2	Screening for malignant neoplasm of cervix
V77.1	Diabetes mellitus
V77.91	Screening for lipid disorders
V81.2	Special screening for cardiovascular condition, unspecified
V84.01	Genetic susceptibility to malignant neoplasm of breast
V26.3	Genetic counseling and testing
V85.41	Body Mass Index 40.0-44.9, adult
V85.42	Body Mass Index 45.0-49.9, adult
V85.43	Body Mass Index 50.0-59.9, adult
V85.44	Body Mass Index 60.0-69.9, adult
V85.45	Body Mass Indext 70, and over, adult

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Billable Cardiovascular disease screening codes

Ladies First
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VERMONT DEPARTMENT OF HEALTH

ICD-10-CM Codes

2015 (Effective 1/1/2015)

NOTE: Do not see a code that has been used? Contact Ladies First.

C50.011	Malignant neoplasm of nipple and areola, right female breast
C50.012	Malignant neoplasm of nipple and areola, left female breast
C50.111	Malignant neoplasm of central portion of right female breast
C50.112	Malignant neoplasm of central portion of left female breast
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast
C50.611	Malignant neoplasm of axillary tail of right female breast
C50.612	Malignant neoplasm of axillary tail of left female breast
C50.811	Malignant neoplasm of overlapping sites of right female breast
C50.812	Malignant neoplasm of overlapping sites of left female breast
C50.911	Malignant neoplasm of unspecified site of right female breast
C50.912	Malignant neoplasm of unspecified site of left female breast
C53.0	Malignant neoplasm of endocervix
C53.1	Malignant neoplasm of exocervix
C53.8	Malignant neoplasm of overlapping sites of cervix uteri
C79.81	Secondary malignant neoplasm of breast
C79.82	Secodary malignant neoplasm of genital organs
D05.01	Lobular carcinoma in situ of right breast
D05.02	Lobular carcinoma in situ of left breast
D05.11	Intraductal carcinoma in situ of right breast
D05.12	Intraductal carcinoma in situ of left breast
D05.81	Other specified type of carcinoma in situ of right breast
D05.82	Other specified type of carcinoma in situ of left breast
D05.91	Unspecified type of carcinoma in situ of right breast
D05.92	Unspecified type of carcinoma in situ of left breast
D06.0	Carcinoma in situ of endocervix - **AIS, CIN III, Severe Dysplasia**
D06.1	Carcinoma in situ of exocervix - **AIS, CIN III, Severe Dysplasia**
D06.7	Carcinoma in situ of other parts of cervix
D23.5	Other benign neoplasm of skin of breast
D24.1	Benign neoplasm of right breast
D24.2	Benign neoplasm of left breast (soft, connective and fibroadenoma)
D26.0	Other benign neoplasm of cervix uteri
D48.61	Neoplasm of uncertain behavior of right breast
D48.62	Neoplasm of uncertain behavior of left breast
D49.3	Neoplasm of unspecified behavior of breast
E10.10	Type 1 diabetes mellitus with ketoacidosis without complications coma
E10.65	Type 1 diabetes mellitus with hyperglycemia
E10.9	Type 1 diabetes mellitus without complications
E11.65	Type 2 diabetes mellitus with hyperglycemia
E11.69	Type 2 diabetes mellitus with other specified complication
E11.8	Type 2 diabetes mellitus with unspecified complications
E11.9	Type 2 diabetes mellitus without complications
E13.8	Other specified diabetes mellitus with unspecified complications
E13.9	Other specified diabetes mellitus with unspecified complications

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E13.10	Other specified diabetes mellitus with ketoacidosis
E66.01	Morbid (severe) obesity due to excess calories
E66.09	Other obesity due to excess calories
E66.1	Drug-induced obesity
E66.3	Overweight
E66.8	Other obesity
E66.9	Obesity, unspecified
E75.21	Fabry (-Anderson) disease
E75.22	Gaucher disease
E75.240	Niemann-Pick disease type A
E75.241	Niemann-Pick disease type B
E75.242	Niemann-Pick disease type C
E75.243	Niemann-Pick disease type D
E75.248	Other Niemann-Pick disease
E75.3	Sphingolipidosis, undspecified
E77.0	Defects of post-translational modification of lysosomal enzymes
E77.1	Defects in glycoprotein degradation
E77.8	Other disorders of glycoprotein metabolism
E77.9	Disorder of glycoprotein metabolism, unspecified
E78.0	Pure hypercholesterolemia
E78.1	Pure hyperglyceridemia
E78.2	Mixed Hyperlipidemia
E78.3	Hyperchylomicronemia
E78.4	Other hyperlipidemia
E78.5	Hyperlipidemia, unspecified
E78.6	Lipoprotein deficiency
E78.7	Disorders of bile acid and cholesterol metabolism
E78.8	Other disorders of lipoprotein metabolism
E78.9	Disorder of lipoprotein metabolism, unspecified
E88.1	Lipodystrophy, not elsewhere classified
I10.0	Essential (primary) hypertension
I11.0	Hypertensive heart disease with heart failure
I11.9	Hypertensive heart disease without heart failure
I15.0	Renovascular hypertension
I15.1	Hypertension secondary to other renal disorders
I15.2	Hypertension secondary to endocrine disorders
I15.8	Other secondary hypertension
I25.10	Artherosclerotic heart disease of native coronary artery with agnina pectoris
N60.01	Solitary cyst of right breast
N60.02	Solitary cyst of left breast
N60.11	Diffuse cystic mastopathy of right breast
N60.12	Diffuse cystic mastopathy of left breast
N60.21	Fibroadenosis of right breast
N60.22	Fibroadenosis of left breast
N60.31	Fibrosclerosis of right breast
N60.32	Fibrosclerosis of left breast
N60.41	Mammary duct ectasia of right breast
N60.42	Mammary duct of ectasia of left breast
N60.81	Other benign mammary dysplasias of right breast
N60.82	Other benign mammary dysplasias of left breast
N61	Inflammatory disorders of the breast
N62	Hypertrophy of breast
N63	Unspecified lump in breast
N64.0	Fissure and fistula of nipple
N64.1	Fat necrosis of breast
N64.3	Galactorrhea not associated with childbirth
N64.4	Mastodynia

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N64.51	Induration of breast
N64.52	Nipple discharge
N72	Inflammatory disease of cervix uteri
N76.0	Other inflammation of vagina and vulva
N76.1	Subacute and chronic vaginitis
N76.2	Acute vulvitis
N76.3	Subacute and chronic vulvitis
N77.1	Vaginitis, vulvitis and vulvovaginitis in diseases classified elsewhere
N87.9	Dysplasia of cervix uteri, unspecified (Anaplasia of cervix, cervical atypism or cervical dysplasia NOS)
Q83.0	Congenital absence of breast with absent nipple
Q83.1	Accessory breast
Q83.2	Absent nipple
Q83.3	Accessory nipple
Q83.8	Other congenital malformations of breast
Q83.9	Congenital malformation of breast, unspecified
R03.0	Elevated blood-pressure reading, without diagnosis of hypertension
R73.01	Impaired fasting glucose
R73.09	Other abnormal glucose
R87.619	Unspecified abnormal cytological findings in specimen from cervix uteri (Atypical endocervical cells of cervix NOS, atypical endometrial cells of cervix NOS or atypical glandular cells of cervix NOS)
R87.620	Atypical squamous cells of undetermined significance on cytologic smear of **vagina [ASC-US]**
R87.621	Atypical squamous cells cannot exclude high grade squamous intraepithelial lesion on cytologic smear of **vagina [ASC-H]**
R87.622	Low grade squamous intraepithelial lesion on cytologic smear of **vagina [LGSIL]**
R87.623	High grade squamous intraepithelial lesion on cytologic smear of **vagina [HGSIL]**
R87.624	Cytologic evidence of malignancy on smear of **vagina**
R87.625	Unsatisfactory cytologic smear of vagina
R87.810	Cervical high risk human papillomavirus **(HPV) DNA test positive**
Z00.00	Encounter for general adult medical exam
Z00.01	Encounter for general adult medical exam with abnormal findings
Z01.411	Encounter for gynecological examination (general) (routine) with abnormal findings
Z01.419	Encounter for gynecological examination (general) (routine) without abnormal findings
Z01.42	Encounter for cervical smear to confirm findings of recent normal smear following initial abnormal smear
Z01.812	Encounter for preprocedural laboratory examination
Z08	Encounter for follow-up examination after completed treatment for malignant neoplasm
Z09	Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm
Z11.51	Encounter for screening for human papillomavirus (HPV)
Z12.31	Encounter for screening mammogram for malignant neoplasm of breast
Z12.39	Encounter for other screening for malignant neoplasm of breast
Z12.4	Encounter for screening for malignant neoplasm of cervix uteri
Z13.1	Encounter for screening for diabetes mellitus
Z13.220	Encounter for screening for lipoid disorders
Z13.6	Encounter for screening for cardiovascular disorders
Z15.01	Genetic susceptibility to malignant neoplasm of breast
Z15.02	Genetic susceptibility to malignant neoplasm of ovary
Z59.6	Low Income
Z71.3	Dietary counseling and surveillance
Z80.3	Family history of malignant neoplasm of breast
Z80.41	Family history of malignant neoplasm of ovary
Z82.41	Family history of sudden cardiac death
Z82.49	Family history of ischemic heart disease & other diseases of the circulatory system
Z85.3	Personal history of malignant neoplasm of breast

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Ladies First
Keeping Vermont Women Healthy
VERMONT DEPARTMENT OF HEALTH

2015 Revenue Codes

For use with UB-04 Claim Form only

Must be associated with CPT Codes listed on Ladies First Fee Schedule.

Paid at the Medicare-B rate listed on the current Ladies First Fee Schedule.

Do not see a code that has been used? Contact Ladies First.

0280	Oncology
0300	Lab General
0310	Lab Pathology, General
0311	Lab Pathology, Cytology
0320	Radiology, General
0360	Operating Room Services, Minor Surgery
0361	OR Services, Minor Surgery
0370	Anesthesia
0371	Anesthesia
0372	Anesthesia
0401	Other Imaging Services, Mammography
0402	Other, Ultrasound
0403	Screening Mammography
0450	ER General
0490	General Classification Ambulatory Surgery
0510	Clinical, General
0610	General Classification - MRI

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BY REVIEW – Reimbursed per itemized review

0250	Pharmacy
0258	IV Solutions
0260	IV Therapy, General
0262	IV Therapy – Solutions
0264	IV Therapy, Supplies
0270	Supplies- Devices, General
0271	Non-Sterile Supplies
0272	Sterile Supplies
0621	Supplies Medical-Surgical Incident to Radiology
0710	Recovery, General
0761	Treatment Room
0988	Professional Fees, Consultation