

South Carolina Best Chance Network (BCN)		Effective June 30, 2024		
2024 Allowable Procedures, Relevant CPT® Codes, and Medicare Reimbursement Rates	CPT Code			Global Rate
Office Visits				
<i>*Initial BCN visits (New Patient) require the three components of History, Exam, and Medical Decision Making. Re-visits (Established patient) require 2 of the 3 components.</i>				
*New Patient: Office Visit - Expanded focused history, expanded focused examination and straightforward medical decision making (e.g. either a Pap smear with a pelvic exam or a clinical breast exam). 15-29 minutes (face-to-face with patient).	99202			\$68.39
*New Patient: Office Visit - Detailed history, a detailed examination and medical decision making of low complexity (e.g. including Pap test, pelvic exam and clinical breast exam). Can also be billed in conjunction with a colposcopy, with or without biopsy. 30-44 minutes (face-to-face with patient).	99203			\$105.93
*New Patient: Office Visit - Detailed history, a detailed examination and medical decision making of low complexity (e.g. including clinical breast exam). Can also be billed in conjunction with a colposcopy, with or without biopsy. 30-44 minutes (face-to-face with patient).	99203PN	Crosswalked Code = 990PN in Med-IT		\$85.93
*New Patient: Office Visit - Detailed history, a detailed examination and medical decision making of low complexity (e.g. including Pap test, pelvic exam and clinical breast exam). Can also be billed in conjunction with a colposcopy, with or without biopsy. 45-59 minutes (face-to-face with patient).	99204			\$159.33
*Established Patient: Office Visit - Focused history, a focused examination and straightforward medical decision making. Average visit 5 minutes .	99211			\$21.76
*Established Patient: Office Visit - Focused history, focused examination and/or straightforward medical decision making (e.g. either a Pap smear with a pelvic or clinical breast exam.) Average visit 10 minutes.	99212			\$53.50
*Established Patient: Office Visit - Expanded history, expanded examination and/or medical decision making of low complexity (e.g. Pap smear and clinical breast exam). Can also be billed in conjunction with a colposcopy [with or without biopsy] procedure. Average visit 15 minutes (face-to-face with physician).	99213			\$86.41
*Established Patient: Office Visit - Expanded history, expanded examination and/or medical decision making of low complexity (e.g. clinical breast exam). Can also be billed in conjunction with a colposcopy [with or without biopsy] procedure. Average visit 15 minutes	99213PN	Crosswalked Code = 991PN in Med-IT		\$66.41
*Established Patient: Office Visit - Includes at least two of the following: A detailed history, a detailed exam and moderate complexity medical decision making. Average visit 25 minutes	99214			\$122.12

Crosswalked Codes: 99385-Initial comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunizations and lab procedures; 18-39 years of age, **99386**-same as **99385**, but 40-64 years & **99387**-same as **99385**, but 65 years of age or older-shall be reimbursed (crosswalked) at **99203**.

Crosswalked Codes: 99395-Periodic comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunizations and lab procedures; 18-39 years of age, **99396**-same as **99395**, but 40-64 years & **99397**-same as **99395**, but 65 years of age or older-shall be reimbursed (crosswalked) at **99213**.

BCN will not reimburse for cervical cancer screening in women with total hysterectomies (i.e., those without a cervix), unless the hysterectomy was performed because of cervical neoplasia (precursors to cervical cancer - HSIL/CIN2 or CIN3) or invasive cervical cancer. Please refer to **BCN Screening Policies** for more information.

Breast Screening & Diagnostic	CPT Code	Professional Component Rate (-26)	Technical Component Rate (-TC)	Global
Screening Mammogram, Bilateral (2 view film study of each breast)	77067	\$34.59	\$84.15	\$118.75
Mammography, Diagnostic Follow-up; Unilateral	77065	\$36.86	\$79.59	\$116.46
Mammography, Diagnostic Follow-up; Bilateral	77066	\$45.28	\$102.05	\$147.34
Breast tomosynthesis, Bilateral (3D mammography) - Screening, <i>use with 77067 only.</i>	77063	\$27.17	\$21.88	\$49.05
Tomosynthesis, mammo - Diagnostic, <i>use with 77065 or 77066.</i>	G0279	\$27.17	\$17.63	\$44.80
Radiological examination, surgical specimen	76098	\$14.51	\$25.19	\$39.70
3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality	76377	\$36.17	\$37.01	\$73.18
Ultrasound, breast(s), complete examination of breasts including axilla, unilateral	76641	\$33.29	\$62.27	\$95.56
Ultrasound, limited examination of breast including axilla, unilateral	76642	\$31.02	\$48.29	\$79.31
Ultrasonic guidance for needle placement, imaging supervision and interpretation	76942	\$28.89	\$25.80	\$54.69
Ultrasound, elastography; first target lesion	76982	\$27.14	\$59.54	\$86.68
Ultrasound, elastography; each additional target lesion	76983	\$23.84	\$33.70	\$57.54
Puncture aspiration of cyst of breast	19000			\$40.07
Puncture aspiration of cyst of breast, each additional cyst, <i>used with 19000</i>	19001			\$19.90
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion	19081			\$154.05
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion	19082			\$77.18
Breast biopsy, with placement of localization device and imaging of biopsy specimen; percutaneous; ultrasound guidance; first lesion	19083			\$145.60
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion	19084			\$72.66
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion	19085			\$169.35
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion	19086			\$84.39
Codes 19081-19086 are to be used for breast biopsies that include image guidance, placement of a localization device and imaging of specimen. These codes should not be used in conjunction with codes 19281-19288 .				
Breast biopsy, percutaneous, needle core, not using imaging guidance	19100			\$65.29
Breast biopsy, open, incisional	19101			\$211.67
Nipple exploration w or w/o excision of duct	19110			\$334.40

Breast Screening & Diagnostic (continued)	CPT Code	Professional Component Rate (-26)	Technical Component Rate (-TC)	Global
Excision of cyst, fibroadenoma or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion; open; one or more lesions	19120			\$397.20
Excision of breast lesion identified by preoperative placement of radiological marker; open; single lesion	19125			\$439.46
Excision of breast lesion identified by preoperative placement of radiological marker, open: <i>each additional lesion separately identified by a preoperative radiological marker</i>	19126			\$151.09
Placement of breast localization device, percutaneous; mammographic guidance; first lesion	19281			\$93.05
Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion	19282			\$46.68
Placement of breast localization device, percutaneous; stereotactic guidance; first lesion	19283			\$93.86
Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion	19284			\$46.92
Placement of breast localization device, percutaneous; ultrasound guidance; first lesion	19285			\$79.45
Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion	19286			\$39.86
Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion	19287			\$118.79
Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion	19288			\$59.28
Codes 19281-19288 are for image guidance placement of localization device without image-guided biopsy. These codes should not be used in conjunction with codes 19081-19086 .				
Fine needle aspiration biopsy without imaging guidance, first lesion	10021			\$52.07
Fine needle aspiration biopsy without imaging guidance, each additional lesion	10004			\$41.11
Fine needle aspiration biopsy including ultrasound guidance, first lesion	10005			\$69.36
Fine needle aspiration biopsy including ultrasound guidance, each additional lesion	10006			\$47.56
Fine needle aspiration biopsy including flourosopic guidance, first lesion	10007			\$85.08
Fine needle aspiration biopsy including flourosopic guidance, each additional lesion	10008			\$49.13
Fine needle aspiration biopsy including CT guidance, first lesion	10009			\$103.10
Fine needle aspiration biopsy including CT guidance, each additional lesion	10010			\$68.84
Fine needle aspiration biopsy including MRI guidance, first lesion	10011			\$103.10
Fine needle aspiration biopsy including MRI guidance, each additional lesion	10012			\$68.84
Biopsy or excision of lymph node(s)	38500			\$242.11
Biopsy or excision of lymph node(s)	38505			\$80.98
Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), first evaluation episode	88172	\$32.97	\$19.72	\$52.69
Cytopathology, evaluation of fine needle aspirate; interpretation and report	88173	\$65.35	\$91.08	\$156.43
Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), each separate additional evaluation episode	88177	\$20.33	\$7.60	\$27.93
Surgical pathology, gross and microscopic examination	88305	\$34.96	\$32.49	\$67.45

Breast Screening & Diagnostic (continued)	CPT Code	Professional Component Rate (-26)	Technical Component Rate (-TC)	Global
Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	88307	\$76.54	\$190.43	\$266.96
Morphometric analysis, tumor immunohistochemistry, per specimen; manual	88360	\$38.90	\$73.21	\$112.11
Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology	88361	\$41.01	\$70.48	\$111.49
Morphometric analysis, in situ hybridization, computer-assisted, per specimen, initial single probe stain procedure	88367	\$31.26	\$72.60	\$103.86
Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each additional probe stain procedure	88373	\$23.87	\$39.48	\$63.34
Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each multiplex stain procedure	88374	\$39.74	\$225.17	\$264.91
Morphometric analysis, in situ hybridization, manual, per specimen, initial single probe stain procedure	88368	\$39.59	\$97.80	\$137.39
Morphometric analysis, in situ hybridization, manual, per specimen, each additional probe stain procedure	88369	\$31.48	\$87.50	\$118.97
Morphometric analysis, in situ hybridization, manual, per specimen, each multiplex stain procedure	88377	\$60.25	\$304.12	\$364.37
Anesthesia for procedures on the integumentary system, anterior trunk, not otherwise specified. Medicare Base Units = 3 (Each additional base unit = \$19.91)	00400			\$59.73
Moderate anesthesia, 10-22 minutes	99156			\$71.70
Moderate anesthesia for each additional 15 minutes	99157			\$56.76
Mammary ductogram or galactogram; single duct	77053	\$16.48	\$33.70	\$50.18
Magnetic Resonance Imaging, breast, without contrast; unilateral	77046	\$65.67	\$137.61	\$203.28
Magnetic Resonance Imaging, breast, without contrast; bilateral	77047	\$72.46	\$137.00	\$209.46
Magnetic Resonance Imaging, breast, including CAD, with/without contrast; unilateral	77048	\$95.39	\$225.11	\$320.49
Magnetic Resonance Imaging, breast, including CAD, with/without contrast; bilateral	77049	\$104.44	\$222.98	\$327.42
Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	C8908	\$104.44	\$222.98	\$327.42
Codes 77048 & 77049 are reimbursed in conjunction with a mammogram when a client has a BRCA gene mutation, a first degree relative who is a BRCA carrier, or a lifetime risk of 20% or greater as defined by risk assessment (e.g. BRCAPRO), when assessing areas of concern on a mammogram, or to evaluate a client with a history of breast cancer after completing treatment. Please refer to BCN Screening Policies for more information.				
Cervical Screening & Diagnostic	CPT Code	Professional Component Rate (-26)	Technical Component Rate (-TC)	Global
Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening under physician supervision	88164			\$17.76
Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening and rescreening under physician supervision	88165			\$42.22
Cytopathology (conventional Pap test), cervical or vaginal, any reporting system, <i>requiring interpretation by physician</i>	88141			\$22.60
Cytopathology (liquid-based Pap test) cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	88142			\$20.26

Cervical Screening & Diagnostic (continued)	CPT Code	Professional Component Rate (-26)	Technical Component Rate (-TC)	Global
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening and rescreening under physician supervision	88143			\$23.04
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system under physician supervision	88174			\$25.37
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system, and manual rescreening, under physician supervision	88175			\$26.61
Smear, primary source with interpretation	87210			\$5.82
Human Papillomavirus, high-risk types	87624			\$35.09
Human Papillomavirus, types 16 and 18 only	87625			\$40.55
87624 & 87625 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.				
Colposcopy of the cervix (Do not report in addition to 57454-57461)	57452			\$119.98
Colposcopy of the cervix, with biopsy and endocervical curettage	57454			\$160.50
Colposcopy of the cervix, with biopsy	57455			\$153.32
Colposcopy of the cervix, with endocervical curettage	57456			\$144.47
Endoscopy with loop electrode biopsy(s) of the cervix	57460			\$293.89
Endoscopy with loop electrode conization of the cervix	57461			\$328.13
Biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	57500			\$143.55
Endocervical curettage (Do not report in addition to 57454 or 57456)	57505			\$145.34
Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	57520			\$335.46
Loop electrode excision procedure <i>LEEP</i>	57522			\$287.98
Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	58100			\$95.86
Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)	58110			\$47.71
Surgical pathology, gross and microscopic examination	88305	\$34.96	\$32.49	\$67.45
Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	88307	\$76.54	\$190.43	\$266.96
Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen	88331	\$57.78	\$37.65	\$95.44
Pathology consultation during surgery, each additional tissue block, with frozen section(s)	88332	\$28.42	\$22.76	\$51.18
Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	88342	\$32.69	\$65.92	\$98.61
Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	88341	\$26.21	\$58.05	\$84.26
In situ hybridization (eg,FISH), per specimen; initial single probe stain procedure	88365	\$40.20	\$123.93	\$164.14
In situ hybridization (eg,FISH), per specimen; each additional single probe stain procedure	88364	\$31.78	\$91.75	\$123.53

Cervical Screening & Diagnostic (continued)	CPT Code	Professional Component Rate (-26)	Technical Component Rate (-TC)	Global
In situ hybridization (eg,FISH), per specimen; each multiplex probe stain procedure	88366	\$57.62	\$193.53	\$251.15
Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium). Medicare Base Units = 3 (Each additional base unit = \$19.91)	00940			\$59.73
Moderate anesthesia, 10-22 minutes	99156			\$71.70
Moderate anesthesia for each additional 15 minutes	99157			\$56.76
Facility Fee	CPT Code			Global
Supplies and materials (except spectacles), provided by the physician over and above those usually included in the office visit or other services rendered (list drugs, trays, supplies, or materials provided)	99070			\$200.00
Pre-Operative Codes	CPT Code	Professional Component Rate (-26)	Technical Component Rate (-TC)	Global
Basic Metabolic Panel (Chem 6)	80048			\$8.46
Comp Metabolic Panel (Chem 12)	80053			\$10.56
CBC, auto with differential	85025			\$7.77
CBC, automated	85027			\$6.47
Fibrinogen	85384			\$9.72
<u>Pro Thrombin</u>	85610			\$4.29
Thromboplastin	85730			\$6.01
Radiologic Exam, Chest - 2 Views	71045	\$8.09	\$15.77	\$23.86
Radiologic Exam, Chest - 2 Views	71046	\$10.03	\$21.24	\$31.27
Pregnancy Test	81025			\$8.61
ECG	93000			\$13.50
Telehealth Visits	CPT Code			Global
<i>*Initial BCN visits (New Patients) and Revisits (Established Patients) require the two components of History and Medical Decision Making.</i>				
*Established Patient: Telehealth Visit - Focused history and straightforward medical decision making. Average visit 5 minutes.	99211			\$21.76
*Established Patient: Telehealth Visit - Includes at least two of the following: A detailed history and moderate complexity medical decision making. Average visit 25 minutes.	99214			\$122.12
BCN will not reimburse for cervical cancer screening in women with total hysterectomies (i.e., those without a cervix), unless the hysterectomy was performed because of cervical neoplasia (precursors to cervical cancer - HSIL/CIN2 or CIN3) or invasive cervical cancer. Please refer to BCN Screening Policies for more information.				
Breast Diagnostic Telehealth Visit	CPT Code			Global
*Established Patient: Diagnostic Telehealth Visit - Straightforward medical decision making about diagnostic or surgical results. Average visit 5 minutes.	99211			\$21.76
*Established Patient: Diagnostic Telehealth Visit - Moderate complexity medical decision making about diagnostic or surgical results. Average visit 25 minutes.	99214			\$122.12

Cervical Diagnostic Telehealth Visit	CPT Code			Global
*Established Patient: Diagnostic Telehealth Visit - Straightforward medical decision making about diagnostic or surgical results. Average visit 5 minutes.	99211			\$21.76
*Established Patient: Diagnostic Telehealth Visit - Moderate complexity medical decision making about diagnostic or surgical results. Average visit 25 minutes.	99214			\$122.12
COVID-19 Antigen Testing	CPT Code			Global
COVID-19 infectious agent antigen detection by immunoassay technique; qualitative or semiquantitative	87635			\$51.31