

ScreenWise Breast and Cervical Services (BCCP)
CPT Code List and Provider Reimbursement Schedule
 Effective Date of Service 02/01/2016 - 12/31/2016



These CPT codes do not require prior-authorization. Contact ScreenWise if a procedure that is medically necessary is not listed in this document.

CPT Code	Description	Modifier	02/01/16 - 12/31/16	End Note
99080	BCCP Client Intake: <i>Payable when all required client data have been provided to ScreenWise Program</i>		\$ 33.45	
Office Visits				
99201	New Patient: History, exam, straightforward decision-making; 10 minutes		\$ 33.38	
99202	New Patient: <i>Expanded</i> history, exam, straightforward decision-making; 20 minutes		\$ 57.25	
99203	New Patient: <i>Detailed</i> history, exam, straightforward decision-making; 30 minutes		\$ 82.56	
99204	New Patient: <i>Comprehensive</i> history, exam, moderate complexity decision-making; 45 minutes (<i>For Cardiovascular Integrated Office Visits (formerly WISEWOMAN) or Surgical Consult only</i>)		\$ 125.86	1
99205	New Patient: <i>Comprehensive</i> history, exam, high complexity decision-making; 60 minutes (<i>For Cardiovascular Integrated Office Visits (formerly WISEWOMAN) or Surgical Consult only</i>)		\$ 157.85	1
99211	Established Patient: Evaluation and management; 5 minutes		\$ 15.23	
99212	Established Patient: History, exam, straightforward decision-making; 10 minutes		\$ 33.38	
99213	Established Patient: <i>Expanded</i> history, exam, straightforward decision-making; 15 minutes		\$ 55.73	
99214	Established Patient: <i>Detailed</i> history, exam, straightforward decision-making; 25 minutes		\$ 82.18	
99385	<i>Initial</i> comprehensive preventive medicine evaluation and management; History, examination, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc; 18-39 years of age		\$ 100.83	1
99386	<i>Initial</i> comprehensive preventive medicine evaluation and management: History, examination, counseling/guidance, risk factor reduction, ordering of lab procedures, etc; 40-64 years of age		\$ 117.17	1
99387	<i>Initial</i> comprehensive preventive medicine evaluation & management: History, examination, counseling/guidance, risk factor reduction, ordering of lab procedures, etc; 65 years and older (<i>Must NOT be Medicare Part B eligible</i>)		\$ 126.97	1
99395	<i>Periodic</i> comprehensive preventive medicine evaluation and management; History, examination, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc; 18-39 years of age		\$ 90.76	1
99396	<i>Periodic</i> comprehensive preventive medicine evaluation and management: History, examination, counseling/guidance, risk factor reduction, ordering of lab procedures, etc; 40-64 years of age		\$ 96.75	1
99397	<i>Periodic</i> comprehensive preventive medicine evaluation and management: History, examination, counseling/guidance, risk factor reduction, ordering of lab procedures, etc; 65 years and older (<i>Must NOT be Medicare Part B eligible</i>)		\$ 104.34	1

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Breast & Cervical Screening & Diagnostic Procedures					
G0202	Screening Mammogram, Digital: Bilateral (2 view film study of each breast)	26	\$ 24.76	2	
		TC	\$ 68.92		
G0204	Diagnostic Bilateral Mammogram, Digital	26	\$ 31.01	2	
		TC	\$ 83.32		
G0206	Diagnostic Unilateral Mammogram, Digital	26	\$ 24.76	2	
		TC	\$ 65.20		
G0279	3D Diagnostic Mammography	26	\$ 21.29	8	
		TC	\$ 17.62		
00400	Anesthesiologist Services: For breast procedures; in 15 min units (up to qty of 8 max (\$171.68 max))		\$ 21.46	13	
10021	Fine Needle Aspiration (FNA): <u>Without</u> imaging (palpable lump)		\$ 86.55		
10022	Fine Needle Aspiration (FNA): <u>With</u> imaging (non-palpable)		\$ 99.98		
19000	Puncture Aspiration of Breast Cyst: Surgical procedure only		\$ 79.48		
19001	<i>Each Additional Cyst: Use in conjunction with 19000</i>		\$ 19.05		
CPT Code	Description	Place of Service	Facility Type	02/01/16 - 12/31/16	End Note
19081	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion	(11) Office	Physician	\$ 379.32	3,5
		(22) Hospital (24) ASC	Physician	\$ 120.89	4,5
		(22) Hospital (24) ASC	Facility	\$ 421.39	
19082	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion	(11) Office	Physician	\$ 403.09	3,5
		(22) Hospital (24) ASC	Physician	\$ 60.61	4,5
		(22) Hospital (24) ASC	Facility	\$ 0.00	
19083	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion	(11) Office	Physician	\$ 471.96	3,5
		(22) Hospital (24) ASC	Physician	\$ 113.84	4,5
		(22) Hospital (24) ASC	Facility	\$ 421.39	
19084	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion	(11) Office	Physician	\$ 387.77	3,5
		(22) Hospital (24) ASC	Physician	\$ 56.71	4,5
		(22) Hospital (24) ASC	Facility	\$ 0.00	
19085	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion	(11) Office	Physician	\$ 724.62	9, 3, 10
		(22) Hospital (24) ASC	Physician	\$ 133.47	9, 4, 10
		(22) Hospital (24) ASC	Facility	\$ 632.68	

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19086	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion	(11) Office	Physician	\$ 574.08	9, 3, 10
		(22) Hospital (24) ASC	Physician	\$ 66.32	9, 4, 10
		(22) Hospital (24) ASC	Facility	\$ 0.00	
19100	Biopsy of Breast: NO imaging; percutaneous, needle core, not using imaging guidance (separate procedure). <i>Surgical procedure only</i>			\$ 105.09	3
19101	Breast biopsy, open, incisional	(11) Office	Physician	\$ 238.53	3
		(22) Hospital (24) ASC	Physician	\$ 155.14	4
		(22) Hospital (24) ASC	Facility	\$ 978.78	
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	(11) Office	Physician	\$ 345.22	3
		(22) Hospital (24) ASC	Physician	\$ 290.12	4
		(22) Hospital (24) ASC	Facility	\$ 978.78	
19125	Excision of breast lesion identified by preoperative placement of radiological marker; open; single lesion	(11) Office	Physician	\$ 382.52	3
		(22) Hospital (24) ASC	Physician	\$ 321.97	4
		(22) Hospital (24) ASC	Facility	\$ 978.78	
19126	Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker	(11) Office	Physician	\$ 113.77	3
		(22) Hospital (24) ASC	Physician	\$ 113.77	4
		(22) Hospital (24) ASC	Facility	\$ 0.00	
19281	Placement of breast localization device, percutaneous; mammographic guidance; first lesion	(11) Office	Physician	\$ 168.37	3,6, 11
		(22) Hospital (24) ASC	Physician	\$ 72.57	4,6, 11
		(22) Hospital (24) ASC	Facility	\$ 0.00	
19282	Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion	(11) Office	Physician	\$ 117.87	3,6, 11
		(22) Hospital (24) ASC	Physician	\$ 36.47	4,6, 11
		(22) Hospital (24) ASC	Facility	\$ 0.00	
19283	Placement of breast localization device, percutaneous; stereotactic guidance; first lesion	(11) Office	Physician	\$ 189.51	3,6, 11
		(22) Hospital (24) ASC	Physician	\$ 73.11	4,6, 11
		(22) Hospital (24) ASC	Facility	\$ 0.00	

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19284	Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion	(11) Office	Physician	\$ 142.80	3,6,11
		(22) Hospital (24) ASC	Physician	\$ 36.83	4,6
		(22) Hospital (24) ASC	Facility	\$ 0.00	
19285	Placement of breast localization device, percutaneous; ultrasound guidance; first lesion	(11) Office	Physician	\$ 362.06	3,6,11
		(22) Hospital (24) ASC	Physician	\$ 62.02	4,6,11
		(22) Hospital (24) ASC	Facility	\$ 0.00	11
19286	Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion	(11) Office	Physician	\$ 317.87	3,6
		(22) Hospital (24) ASC	Physician	\$ 30.98	4,6,11
		(22) Hospital (24) ASC	Facility	\$ 0.00	11
19287	Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion	(11) Office	Physician	\$ 605.23	9,3,12
		(22) Hospital (24) ASC	Physician	\$ 93.24	9,3,10
		(22) Hospital (24) ASC	Facility	\$ 0.00	10
19288	Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion	(11) Office	Physician	\$ 488.01	9,3,10
		(22) Hospital (24) ASC	Physician	\$ 46.51	9,3,10
		(22) Hospital (24) ASC	Facility	\$ 0.00	10
CPT Code	Description	Modifier	02/01/16 - 12/31/16	End Note	
57452	Colposcopy: Vaginoscopy including upper/adjacent vagina		\$ 76.57		
57454	Colposcopy: With biopsy of the cervix and/or endocervical curettage; <i>surgical procedure only</i>		\$ 107.35		
57455	Colposcopy: With biopsy of the cervix		\$ 100.13		
57456	Colposcopy: With endocervical curettage		\$ 94.47		
57460	Colposcopy: With loop electrode biopsy(s) of the cervix		\$ 198.04	7	
57461	Colposcopy: With loop electrode conization of the cervix		\$ 223.96	12	
57500	Cervical biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)		\$ 89.62		
57505	Endocervical curettage (not done as part of a dilation and curettage)		\$ 71.67		
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser		\$ 215.13	12	
57522	Loop electrode excision procedure (LEEP)		\$ 184.20	12	

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58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)		\$ 76.65	
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)		\$ 33.83	
76098	Radiological Examination: Of surgical specimen	26	\$ 5.75	2
		TC	\$ 5.89	
76641	Ultrasound, complete examination of breast including axilla, unilateral (To bill more than one unilateral ultrasound, use a quantity of 2. For a bilateral ultrasound, use the modifier combination that includes modifier 50.)	26	\$ 26.02	2
		TC	\$ 49.57	
		26 50	\$ 39.03	
		TC 50	\$ 74.36	
76642	Ultrasound, limited examination of breast including axilla (To bill more than one unilateral ultrasound, use a quantity of 2. For a bilateral ultrasound, use the modifier combination that includes modifier 50.)	26	\$ 24.25	2
		TC	\$ 37.90	
		26 50	\$ 36.38	
		TC 50	\$ 56.85	
76942	Ultrasonic Guidance for Needle Placement: Imaging supervision & interpretation (e.g., biopsy, aspiration, injection, localization device)	26	\$ 23.75	2
		TC	\$ 19.29	
77053	Mammary ductogram or galactogram, single duct	26	\$ 12.76	2
		TC	\$ 27.98	
77055	Diagnostic, Unilateral Mammogram, Film	26	\$ 25.01	2
		TC	\$ 37.90	
77056	Diagnostic, Follow-up Bilateral Mammogram, Film	26	\$ 31.01	2
		TC	\$ 49.82	
77057	Screening Mammogram, Film: Bilateral (2 view film study of each breast)	26	\$ 25.01	2
		TC	\$ 32.69	
77058	Magnetic Resonance Imaging, breast, with and/or without contrast, unilateral	26	\$ 58.05	2, 9
		TC	\$ 316.96	
77059	Magnetic Resonance Imaging, breast, with and/or without contrast, bilateral	26	\$ 58.05	2, 9
		TC	\$ 315.23	
77063	Screening Mammogram, 3D	26	\$ 21.29	14
		TC	\$ 17.80	
87624	Human Papillomavirus, high-risk types		\$ 33.46	7
88141	Pap Test read by Pathologist: Cytopathology, cervical or vaginal - any reporting system; requiring interpretation by physician		\$ 22.73	
88142	Cytopathology (liquid-based Pap test) cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision		\$ 19.32	
88143	Cytopathology cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision		\$ 19.32	
88164	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening under physician supervision		\$ 10.07	
88165	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening & rescreening under physician supervision		\$ 10.07	

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88172	Evaluation of FNA: Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s)	26	\$ 26.63	2
		TC	\$ 13.83	
88173	Interpretation of FNA and Report: Cytopathology, interpretation and report	26	\$ 52.09	2,7
		TC	\$ 56.20	
88174	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision		\$ 20.38	
88175	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system and manual rescreening, under physician supervision		\$ 25.26	
88305	Breast or Cervical Biopsy Interpretation: Level IV Surgical pathology, gross & microscopic examination not requiring microscopic examination of margins	26	\$ 27.91	2,7
		TC	\$ 23.76	
88307	Breast Biopsy Interpretation: Excision of Lesion Level V Surgical pathology, gross & microscopic examination requiring microscopic evaluation of surgical margins	26	\$ 61.34	2
		TC	\$ 155.47	
88331	Pathology Consultation During Surgery: With frozen section(s), single specimen	26	\$ 46.00	2
		TC	\$ 21.77	
88332	Pathology Consultation During Surgery: Each additional tissue block with frozen section(s)	26	\$ 22.66	2
		TC	\$ 13.09	
88342	Immunohistochemistry (including tissue immunoperoxidase), each antibody	26	\$ 26.14	2
		TC	\$ 48.57	2

End Notes	
1	The type and duration of office visits should be appropriate to the level of care necessary for accomplishing screening and diagnostic follow-up for breast and cervical cancer related services.
2	Billing the global fee requires billing for the Technical (TC) and Professional (26) components separately.
3	Performed in a physician office.
4	These amounts apply when a physician performs the service in a facility setting.
5	Codes 19081-19084 are to be used for breast biopsies that include image guidance, placement of localization device, and imaging of specimen. These codes should not be used in conjunction with 19281-19286.
6	Codes 19281-19286 are for image guidance placement of localization device without image-guided biopsy. These codes should not be used in conjunction with 19081-19084.
7	<p><u>HPV DNA testing is a reimbursable procedure when used in conjunction with a screening Pap test, or follow-up of an abnormal Pap result, or surveillance as per ASCCP guidelines.</u></p> <p><u>HPV DNA testing is NOT reimbursable as a primary screening test.</u></p> <p>Providers should specify the high-risk HPV DNA panel only. Reimbursement of screening for low-risk HPV types is not permitted.</p> <p>ScreenWise will allow for reimbursement of Cervista HPV HR at the same rate as the Digene Hybrid-Capture 2 HPV DNA Assay. ScreenWise will not reimburse for genotyping (e.g., Cervista HPV 16/18).</p>

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End Notes CONTINUED	
8	CPT Code G0279 (3D Mammography) to be reported in conjunction with codes G0204 and G0206.
9	Breast MRI can be reimbursed by ScreenWise 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. ScreenWise will not reimburse for a Breast MRI to assess the extent of disease in a woman who is already diagnosed with breast cancer.
10	Codes 19085-19086 are to be used for breast biopsies that include image guidance, placement of localization device, and imaging of specimen. These codes should not be used in conjunction with 19281-19288.
11	Codes 19281-19286 are for image guidance placement of localization device without image-guided biopsy. These codes should not be used in conjunction with 19081-19086.
12	A LEEP or conization of the cervix, as a diagnostic procedure, may be reimbursed based on the American Society for Colposcopy and Cervical Pathology (ASCCP) recommendations.
13	ScreenWise will only reimburse anesthesiology services accompanying a surgical procedure. Rates will be reimbursed at the rate of: <ul style="list-style-type: none"> • 3 base units (\$64.38) plus \$21.46 per 15-minute unit • The maximum allowed is \$171.68
14	CPT Code 77063 (digital breast tomosynthesis technology, DBT) to be reported in conjunction with code 77057.

ScreenWise Breast and Cervical Services (BCCP)

Accepted ICD-10 Code List

Effective Date of Service 2/1/2016 - 12/31/2016

All Claims Must Have an Acceptable ICD-10 Code As the Primary Diagnosis Code To Be Reimbursable	
ICD-10 Code	Description
B97.7	Papillomavirus as the cause of diseases classified elsewhere
C50	Malignant neoplasm of breast
C50.0	Malignant neoplasm of nipple and areola
C50.01	Malignant neoplasm of nipple and areola, female
C50.011	Malignant neoplasm of nipple and areola, right female breast
C50.012	Malignant neoplasm of nipple and areola, left female breast
C50.019	Malignant neoplasm of nipple and areola, unsp female breast
C50.1	Malignant neoplasm of central portion of breast
C50.11	Malignant neoplasm of central portion of breast, female
C50.111	Malignant neoplasm of central portion of right female breast
C50.112	Malignant neoplasm of central portion of left female breast
C50.119	Malignant neoplasm of central portion of unsp female breast
C50.2	Malignant neoplasm of upper-inner quadrant of breast
C50.21	Malignant neoplasm of upper-inner quadrant of breast, female
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast
C50.212	Malig neoplasm of upper-inner quadrant of left female breast
C50.219	Malig neoplasm of upper-inner quadrant of unsp female breast
C50.3	Malignant neoplasm of lower-inner quadrant of breast
C50.31	Malignant neoplasm of lower-inner quadrant of breast, female
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast
C50.319	Malignant neoplasm of lower-inner quadrant of unsp female breast
C50.4	Malignant neoplasm of upper-outer quadrant of breast
C50.41	Malignant neoplasm of upper-outer quadrant of breast, female
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast
C50.419	Malignant neoplasm of upper-outer quadrant of unsp female breast
C50.5	Malignant neoplasm of lower-outer quadrant of breast
C50.51	Malignant neoplasm of lower-outer quadrant of breast, female
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast
C50.519	Malignant neoplasm of lower-outer quadrant of unsp female breast
C50.6	Malignant neoplasm of axillary tail of breast
C50.61	Malignant neoplasm of axillary tail of breast, female
C50.611	Malignant neoplasm of axillary tail of right female breast
C50.612	Malignant neoplasm of axillary tail of left female breast
C50.619	Malignant neoplasm of axillary tail of unsp female breast
C50.8	Malignant neoplasm of overlapping sites of breast
C50.81	Malignant neoplasm of overlapping sites of breast, female
C50.811	Malignant neoplasm of ovrlp sites of right female breast
C50.812	Malignant neoplasm of ovrlp sites of left female breast
C50.819	Malignant neoplasm of ovrlp sites of unsp female breast

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ICD-10 Code	Description
C50.9	Malignant neoplasm of breast of unspecified site
C50.91	Malignant neoplasm of breast of unspecified site, female
C50.911	Malignant neoplasm of unsp site of right female breast
C50.912	Malignant neoplasm of unspecified site of left female breast
C50.919	Malignant neoplasm of unsp site of unspecified female breast
C53	Malignant neoplasm of cervix uteri
C53.0	Malignant neoplasm of endocervix
C53.1	Malignant neoplasm of exocervix
C53.8	Malignant neoplasm of overlapping sites of cervix uteri
C53.9	Malignant neoplasm of cervix uteri, unspecified
D05	Carcinoma in situ of breast
D05.0	Lobular carcinoma in situ of breast
D05.00	Lobular carcinoma in situ of unspecified breast
D05.01	Lobular carcinoma in situ of right breast
D05.02	Lobular carcinoma in situ of left breast
D05.1	Intraductal carcinoma in situ of breast
D05.10	Intraductal carcinoma in situ of unspecified breast
D05.11	Intraductal carcinoma in situ of right breast
D05.12	Intraductal carcinoma in situ of left breast
D05.8	Other specified type of carcinoma in situ of breast
D05.80	Other type of carcinoma in situ of unspecified 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
D05.9	Unspecified type of carcinoma in situ of breast
D05.90	Unspecified type of carcinoma in situ of unspecified breast
D05.91	Unspecified type of carcinoma in situ of right breast
D05.92	Unspecified type of carcinoma in situ of left breast
D06	Carcinoma in situ of cervix uteri
D06.0	Carcinoma in situ of endocervix
D06.1	Carcinoma in situ of exocervix
D06.7	Carcinoma in situ of other parts of cervix
D06.9	Carcinoma in situ of cervix, unspecified
D24	Benign neoplasm of breast
D24.1	Benign neoplasm of right breast
D24.2	Benign neoplasm of left breast
D24.9	Benign neoplasm of unspecified breast
D26.0	Other benign neoplasm of cervix uteri
D48.60	Neoplasm of uncertain behavior of unspecified breast
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
N60	Benign mammary dysplasia

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ICD-10 Code	Description
N60.0	Solitary cyst of breast
N60.01	Solitary cyst of right breast
N60.02	Solitary cyst of left breast
N60.09	Solitary cyst of unspecified breast
N60.1	Diffuse cystic mastopathy
N60.11	Diffuse cystic mastopathy of right breast
N60.12	Diffuse cystic mastopathy of left breast
N60.19	Diffuse cystic mastopathy of unspecified breast
N60.2	Fibroadenosis of breast
N60.21	Fibroadenosis of right breast
N60.22	Fibroadenosis of left breast
N60.29	Fibroadenosis of unspecified breast
N60.3	Fibrosclerosis of breast
N60.31	Fibrosclerosis of right breast
N60.32	Fibrosclerosis of left breast
N60.39	Fibrosclerosis of unspecified breast
N60.4	Mammary duct ectasia
N60.41	Mammary duct ectasia of right breast
N60.42	Mammary duct ectasia of left breast
N60.49	Mammary duct ectasia of unspecified breast
N60.8	Other benign mammary dysplasias
N60.81	Other benign mammary dysplasias of right breast
N60.82	Other benign mammary dysplasias of left breast
N60.89	Other benign mammary dysplasias of unspecified breast
N60.9	Unspecified benign mammary dysplasia
N60.91	Unspecified benign mammary dysplasia of right breast
N60.92	Unspecified benign mammary dysplasia of left breast
N60.99	Unspecified benign mammary dysplasia of unspecified breast
N61	Inflammatory disorders of breast
N63	Unspecified lump in breast
N64.0	Fissure and fistula of nipple
N64.1	Fat necrosis of breast
N64.2	Atrophy of breast
N64.3	Galactorrhea not associated with childbirth
N64.4	Mastodynia
N64.51	Induration of breast
N64.52	Nipple discharge
N64.53	Retraction of nipple
N64.59	Other signs and symptoms in breast
N64.89	Other specified disorders of breast
N64.9	Disorder of breast, unspecified
N72	Inflammatory disease of cervix uteri

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ICD-10 Code	Description
N73.9	Female pelvic inflammatory disease, unspecified
N84.1	Polyp of cervix uteri
N86	Erosion and ectropion of cervix uteri
N87.0	Mild cervical dysplasia
N87.1	Moderate cervical dysplasia
N87.9	Dysplasia of cervix uteri, unspecified
N88	Other noninflammatory of cervix uteri
N88.0	Leukoplakia of cervix uteri
N88.1	Old laceration of cervix uteri
N88.2	Stricture and stenosis of cervix uteri
N88.3	Incompetence of cervix uteri
N88.4	Hypertrophic elongation of cervix uteri
N88.8	Other specified noninflammatory disorders of cervix uteri
N88.9	Noninflammatory disorder of cervix uteri, unspecified
N91.1	Secondary amenorrhea
N91.2	Amenorrhea, unspecified
N91.3	Primary oligomenorrhea
N91.4	Secondary oligomenorrhea
N91.5	Oligomenorrhea, unspecified
N92.6	Irregular menstruation, unspecified
N95.0	Postmenopausal bleeding
R87.6	Abn cytolog findings in specmn from female genital organs
R87.61	Abnormal cytological findings in specimens from cervix uteri
R87.610	Atypical squamous cells of undetermined significance on cytologic smear of cervix (ASC-US)
R87.611	Atypical squamous cells cannot exclude high grade squamous intraepithelial lesion on cytologic smear of cervix (ASC-H)
R87.612	Low grade squamous intraepithelial lesion on cytologic smear of cervix (LGSIL)
R87.613	High grade squamous intraepithelial lesion on cytologic smear of cervix (HGSIL)
R87.614	Cytologic evidence of malignancy on smear of cervix
R87.615	Unsatisfactory cytologic smear of cervix
R87.616	Satisfactory cervical smear but lacking transformation zone
R87.618	Other abnormal cytolog findings on specimens from cervix uteri
R87.619	Unspecified abnormal cytological findings in specimens from cervix uteri
R87.624	Cytologic evidence of malignancy on smear of vagina
R87.628	Other abnormal cytological findings on specimens from vagina
R87.810	Cervical high risk HPV DNA test positive
R87.811	Vaginal high risk HPV DNA test positive
R87.820	Cervical low risk HPV DNA test positive
R87.821	Vaginal low risk HPV DNA test positive
R92	Abnormal and inconclusive findings on dx imaging of breast
R92.0	Mammographic microcalcification found on dx imaging of brst
R92.1	Mammographic calcifcn found on diagnostic imaging of breast

ScreenWise Breast and Cervical Services (BCCP)

Accepted ICD-10 Code List

Effective Date of Service 2/1/2016 - 12/31/2016

All Claims Must Have an Acceptable ICD-10 Code As the Primary Diagnosis Code To Be Reimbursable	
ICD-10 Code	Description
R92.2	Inconclusive mammogram
R92.8	Other abn and inconclusive findings on dx imaging of breast
Z01.411	Encounter for gyn exam (general) (routine) w abnormal findings
Z01.419	Encntr for gyn exam (general) (routine) without abnormal findings
Z01.42	Encounter for cervical smear to confirm findings of recent normal smear following initial abnormal smear
Z11.51	Encounter for screening for human papillomavirus (HPV)
Z12.3	Encounter for screening for malignant neoplasm of breast
Z12.31	Encounter screen 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
Z80.3	Family history of malignant neoplasm of breast
Z80.4	Family history of malignant neoplasm of genital organs
Z80.41	Family history of malignant neoplasm of ovary
Z80.49	Family history of malignant neoplasm of other genital organs
Z80.5	Family history of malignant neoplasm of urinary tract
Z85.3	Personal history of malignant neoplasm of breast
Z85.4	Personal history of malignant neoplasm of genital organs
Z85.40	Personal history of malign neoplasm of unsp female genital organ
Z85.41	Personal history of malignant neoplasm of cervix uteri
Z85.42	Personal history of malignant neoplasm of other parts of uterus
Z85.43	Personal history of malignant neoplasm of ovary
Z85.44	Personal history of malign neoplasm of female genital organs

DUAL DIAGNOSIS CODES

The following unspecified codes require a secondary diagnosis code from the list above to define breast, cervical or cardiovascular screening.

ICD-10 Code	Description
Z00.00	Encounter for general adult medical examination without abnormal findings
Z00.01	Encounter for general adult medical examination with abnormal findings
Z01.8	Encounter for other specified special examinations
Z01.84	Encounter for antibody response examination (encounter for immunity status testing)
Z03.89	Encounter for other specified special examinations
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
Z76.89	Persons encountering health services in other specified circumstances
Z80	Family history of primary malignant neoplasm
Z80.9	Family history of malignant neoplasm, unspecified