

7 Billing Procedures and Payment

7.1. Procedures for Reimbursement

BCCHP will produce a monthly invoice and mail to each contractor. Contractors need to review the invoice and if there are no corrections, sign and return to BCCHP. King County Finance requires an original signed invoice. Copies and faxes will not be accepted. Keep a copy of the invoice with the billing reports to match up to the check when it arrives, since King County check stubs will not provide backup detail listing payment amount.

Depending on the contract, the invoice may include:

1. **Fee-For-Service Billing Reports** - Reimbursement will be made based on receipt of completed BCCHP clinical forms - (1) Men's or Women's Health Examination and Reimbursement Form; (2) Radiology - Breast Evaluation Reporting Form; (3) Breast Diagnostic and Reimbursement Form; (4) Cervical Diagnostic and Reimbursement Form. The BCCHP staff will enter the data and compile a billing report detailing current fee-for-service charges. This amount is entered on the "Clinical Services (fee-for-service)" line on the invoice under "Current Expense" column on the invoice.
2. **Client Coordination and Tracking** - Contractors (clinics) who enroll women in BCCHP, track and coordinate service and provide Client Coordination for clients with abnormal test results receive these funds. They are reimbursed on a per client basis; that is, the number of clients screened multiplied by the current Client Coordination and Tracking fee.
3. **Outreach and Recruitment** - Subcontractors who provide these services are required to turn in the Outreach Monthly Activity Report on a monthly basis. Fill in the "Public Education/Outreach" line under the "Current Expense" column on the invoice.

CPT	Modifier	Procedure Code Description	Professional Non-Facility (office) Fee	Professional Facility Fee	Hospital Outpatient	Ambulatory Surgery Center	Lab
10021	Global	FNA w/o image	\$ 133.13	\$ 65.82	\$ 70.68	\$ 62.88	
10022	Global	FNA w/image	\$ 136.92	\$ 65.31	\$ 312.20	\$ 196.37	
19000	Global	Drainage of breast lesion	\$ 108.28	\$ 44.50	\$ 312.20	\$ 75.72	
19001	Global	Drain breast lesion add-on	\$ 26.55	\$ 22.25	\$ 80.07	\$ 10.20	
19030	Global	Injection for breast x-ray	\$ 165.47	\$ 80.55	Bundled*		
19100	Global	Bx breast percut w/o image	\$ 131.52	\$ 65.00	\$ 312.20	\$ 225.47	
19101	Global	Biopsy of breast, open	\$ 298.75	\$ 198.96	\$ 1,489.32	\$ 708.17	
19102	Global	Bx breast percut w/image	\$ 216.80	\$ 105.27	\$ 513.33	\$ 289.46	
19103	Global	Bx breast percut w/device	\$ 550.35	\$ 193.07	\$ 979.55	\$ 506.63	
19120	Global	Removal of breast lesion	\$ 426.65	\$ 363.26	\$ 1,489.32	\$ 742.12	
19125	Global	Excision, breast lesion	\$ 471.91	\$ 402.64	\$ 1,489.32	\$ 742.12	
19126	Global	Excision, addl breast lesion	\$ 150.59	\$ 150.59	\$ 1,489.32	\$ 742.12	
19290	Global	Place needle wire, breast	\$ 161.32	\$ 66.62	Bundled*		
19291	Global	Place needle wire, addl breast lesion	\$ 69.45	\$ 33.06	Bundled*		
19295	Global	Place breast clip, percut	\$ 92.22	\$ 92.22	Bundled*		
57452	Global	Exam of cervix w/scope	\$ 106.79	\$ 89.18	\$ 175.00	\$ 47.47	
57454	Global	Bx/curett of cervix w/scope	\$ 150.26	\$ 132.65	\$ 199.02	\$ 58.06	
57455	Global	Biopsy of cervix w/scope	\$ 140.33	\$ 107.85	\$ 199.02	\$ 61.59	
57456	Global	Endocerv curettage w/scope	\$ 132.74	\$ 100.65	\$ 199.02	\$ 59.63	
57460	Global	Bx of cervix w/scope, LEEP	\$ 294.90	\$ 159.11	\$ 1,372.33	\$ 183.21	
57461	Global	Conz of cervix w/scope, LEEP	\$ 329.98	\$ 183.23	\$ 1,372.33	\$ 194.59	
57500	Global	Biopsy of cervix	\$ 130.68	\$ 72.38	\$ 438.56	\$ 83.95	
57505	Global	Endocervical curettage	\$ 99.21	\$ 88.25	\$ 438.56	\$ 53.35	
57520	Global	Conization of cervix	\$ 299.49	\$ 264.27	\$ 1,372.33	\$ 670.83	
57522	Global	Conization of cervix, LEEP	\$ 255.92	\$ 234.40	\$ 1,372.33	\$ 670.83	
58100	Global	Biopsy of uterus lining	\$ 107.50	\$ 85.19	\$ 97.55	\$ 47.08	
58110	Global	Bx done w/colposcopy add-on	\$ 47.67	\$ 40.23	\$ 97.55		
76098	Global	X-ray exam, breast specimen	\$ 20.70	\$ 20.70	\$ 50.17		
76098TC	TC	X-ray exam, breast specimen	\$ 12.25	\$ 12.25		\$ 11.77	
7609826	Prof	X-ray exam, breast specimen	\$ 8.45	\$ 8.45			
76645	Global	Ultrasound exam, breast(s)	\$ 94.96	\$ 94.96	\$ 69.05		
76645TC	TC	Ultrasound exam, breast(s)	\$ 66.88	\$ 66.88		\$ 41.54	
7664526	Prof	Ultrasound exam, breast(s)	\$ 28.08	\$ 28.08			

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Health Screening Program of Washington Fee Schedule

July 1, 2009 – June 30, 2010

Date: June 24, 2009




CPT	Modifier	Procedure Code Description	Professional Non-Facility (office) Fee	Professional Facility Fee	Hospital Outpatient	Ambulatory Surgery Center	Lab
76942	Global	Echo guide for biopsy	\$ 196.08	\$ 196.08	Bundled*		
76942TC	TC	Echo guide for biopsy	\$ 161.03	\$ 161.03			
7694226	Prof	Echo guide for biopsy	\$ 35.05	\$ 35.05			
77031	Global	Stereotactic guide for breast bx	\$ 200.95	\$ 200.95	Bundled*		
77031TC	TC	Stereotactic guide for breast bx	\$ 118.21	\$ 118.21			
7703126	Prof	Stereotactic guide for breast bx	\$ 82.75	\$ 82.75			
77032	Global	Guidance for needle, breast	\$ 62.30	\$ 62.30	Bundled*		
77032TC	TC	Guidance for needle, breast	\$ 33.09	\$ 33.09			
7703226	Prof	Guidance for needle, breast	\$ 29.21	\$ 29.21			
77053	Global	X-ray of mammary duct	\$ 80.24	\$ 80.24	\$ 193.64		
77053TC	TC	X-ray of mammary duct	\$ 61.48	\$ 61.48			
7705326	Prof	X-ray of mammary duct	\$ 18.76	\$ 18.76			
77054	Global	X-ray of mammary ducts	\$ 108.29	\$ 108.29	\$ 193.64		
77054TC	TC	X-ray of mammary ducts	\$ 84.67	\$ 84.67			
7705426	Prof	X-ray of mammary ducts	\$ 23.62	\$ 23.62			
77055	Global	Mammogram, one breast	\$ 88.94	\$ 88.94	\$ 52.40		
77055TC	TC	Mammogram, one breast	\$ 52.40	\$ 52.40			
7705526	Prof	Mammogram, one breast	\$ 36.54	\$ 36.54			
77056	Global	Mammogram, both breasts	\$ 112.88	\$ 112.88	\$ 67.52		
77056TC	TC	Mammogram, both breasts	\$ 67.52	\$ 67.52			
7705626	Prof	Mammogram, both breasts	\$ 45.36	\$ 45.36			
77057	Global	Mammogram, screening	\$ 85.28	\$ 85.28	\$ 48.74		
77057TC	TC	Mammogram, screening	\$ 48.74	\$ 48.74			
7705726	Prof	Mammogram, screening	\$ 36.54	\$ 36.54			
G0202	Global	Screening mammogram digital	\$ 137.72	\$ 137.72	\$ 101.96		
G0202TC	TC	Screening mammogram digital	\$ 101.96	\$ 101.96			
G020226	Prof	Screening mammogram digital	\$ 35.76	\$ 35.76			
G0204	Global	Dx mammogram digital, both breasts	\$ 161.80	\$ 161.80	\$ 117.61		
G0204TC	TC	Dx mammogram digital, both breasts	\$ 117.61	\$ 117.61			
G020426	Prof	Dx mammogram digital, both breasts	\$ 44.18	\$ 44.18			
G0206	Global	Dx mammogram digital, one breast	\$ 128.46	\$ 128.46	\$ 92.71		
G0206TC	TC	Dx mammogram digital, one breast	\$ 92.71	\$ 92.71			
0	Prof	Dx mammogram digital, one breast	\$ 35.76	\$ 35.76			

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Health Screening Program of Washington
Fee Schedule
July 1, 2009 – June 30, 2010
 Date: June 24, 2009


CPT	Modifier	Procedure Code Description	Professional Non-Facility (office) Fee	Professional Facility Fee	Hospital Outpatient	Ambulatory Surgery Center	Lab
87621	Global	HPV, DNA, amp probe			\$ 51.25		\$ 51.25
88108	Global	Cytopath, concentrate tech	\$ 75.50	\$ 75.50	\$ 37.10		
88108TC	TC	Cytopath, concentrate tech	\$ 47.47	\$ 47.47			
8810826	Prof	Cytopath, concentrate tech	\$ 28.03	\$ 28.03			
88112	Global	Cytopath, selective cell enhance tech	\$ 105.61	\$ 105.61			
88112TC	TC	Cytopath, selective cell enhance tech	\$ 48.25	\$ 48.25			
8811226	Prof	Cytopath, selective cell enhance tech	\$ 57.36	\$ 57.36			
88141	Global	Cytopath, c/v, interpret	\$ 28.00	\$ 28.00			
88142	Global	Cytopath, c/v, thin layer			\$ 29.58		\$ 29.58
88143	Global	Cytopath c/v, thin layer redo			\$ 29.58		\$ 29.58
88147	Global	Cytopath, c/v, automated			\$ 16.62		\$ 16.62
88148	Global	Cytopath, c/v, auto rescreen			\$ 22.19		\$ 22.19
88164	Global	Cytopath tbs, c/v, manual			\$ 15.42		\$ 15.42
88165	Global	Cytopath tbs, c/v, redo			\$ 15.42		\$ 15.42
88166	Global	Cytopath tbs, c/v, auto redo			\$ 15.42		\$ 15.42
88167	Global	Cytopath tbs, c/v, select			\$ 15.42		\$ 15.42
88172	Global	Cytopathology eval of FNA	\$ 54.27	\$ 54.27	\$ 37.10		
88172TC	TC	Cytopathology eval of FNA	\$ 23.99	\$ 23.99			
8817226	Prof	Cytopathology eval of FNA	\$ 30.28	\$ 30.28			
88173	Global	Cytopath eval, FNA, report	\$ 138.32	\$ 138.32	\$ 37.10		
88173TC	TC	Cytopath eval, FNA, report	\$ 68.60	\$ 68.60			
8817326	Prof	Cytopath eval, FNA, report	\$ 69.72	\$ 69.72			
88174	Global	Cytopath, c/v auto, in fluid			\$ 31.19		\$ 31.19
88175	Global	Cytopath, c/v auto, in fluid redo			\$ 38.68		\$ 38.68
88305	Global	Tissue exam by pathologist	\$ 109.82	\$ 109.82	\$ 37.10		
88305TC	TC	Tissue exam by pathologist	\$ 71.85	\$ 71.85			
8830526	Prof	Tissue exam by pathologist	\$ 37.98	\$ 37.98			
88307	Global	Tissue exam by pathologist	\$ 219.69	\$ 219.69	\$ 58.93		
88307TC	TC	Tissue exam by pathologist	\$ 138.88	\$ 138.88			
8830726	Prof	Tissue exam by pathologist	\$ 80.81	\$ 80.81			
88331	Global	Path consult intraop, 1 bloc	\$ 92.12	\$ 92.12	\$ 37.10		
88331TC	TC	Path consult intraop, 1 bloc	\$ 31.15	\$ 31.15			
8833126	Prof	Path consult intraop, 1 bloc	\$ 60.97	\$ 60.97			

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Washington State Department of Health

Health Screening Program of Washington
Fee Schedule
July 1, 2009 – June 30, 2010
 Date: June 24, 2009





Health Screening Program
 of Washington
Saving Lives through Early Detection

CPT	Modifier	Procedure Code Description	Professional Non-Facility (office) Fee	Professional Facility Fee	Hospital Outpatient	Ambulatory Surgery Center	Lab
88332	Global	Path consult intraop, additional	\$ 40.99	\$ 40.99	\$ 17.29		
88332TC	TC	Path consult intraop, additional	\$ 11.07	\$ 11.07			
8833226	Prof	Path consult intraop, additional	\$ 29.91	\$ 29.91			
88342	Global	Immunohistochemistry	\$ 103.58	\$ 103.58	\$ 37.10		
88342TC	TC	Immunohistochemistry	\$ 61.56	\$ 61.56			
8834226	Prof	Immunohistochemistry	\$ 42.02	\$ 42.02			
99201	Global	Office/outpatient visit, new	\$ 38.35				
99202	Global	Office/outpatient visit, new	\$ 65.94				
99203	Global	Office/outpatient visit, new	\$ 95.13				
99211	Global	Office/outpatient visit, est	\$ 19.78				
99212	Global	Office/outpatient visit, est	\$ 38.74				
99213	Global	Office/outpatient visit, est	\$ 63.76				
99241	Global	Office consultation	\$ 50.51				
99242	Global	Office consultation	\$ 93.81				
99243	Global	Office consultation	\$ 128.81				
99386	Global	Prev visit, new, age 40-64	\$ 95.13				
99387	Global	Init pm e/m, new pat 65+ yrs	\$ 95.13				
99396	Global	Prev visit, est, age 40-64	\$ 63.76				
99397	Global	Per pm reeval est pat 65+ yr	\$ 63.76				
bccov	--	Brst, cervical, colon office visit-add on	\$ 15.00				
evgcm	--	Vag est cream (maximum \$150) Note: actual amount should be entered into claim billed amount			\$ 150.00		\$ 150.00
00400	3 base + # time units*	Anesthesia, anterior trunk proced		\$ 20.90/unit (HSPW limit \$200)			
00940	3 base + # time units*	Anesthesia, vaginal proced		\$ 20.90/unit (HSPW limit \$200)			

*Notes: TC=technical; Prof=professional; bundled=this code should not be used for hospital/outpatient settings since it should be included/bundled in another CPT code; time units=15 minute intervals
 The Health Screening Program of Washington's Fee Schedule uses a limited set of the federal Healthcare Common Procedure Coding System (HCPCS) codes for identifying procedures and services performed by providers. The HSPW Fee Schedule and payment policies do not contain

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		<p align="center"> Health Screening Program of Washington Fee Schedule July 1, 2009 – June 30, 2010 Date: June 24, 2009 </p>					
CPT	Modifier	Procedure Code Description	Professional Non-Facility (office) Fee	Professional Facility Fee	Hospital Outpatient	Ambulatory Surgery Center	Lab
full text descriptions of Current Procedural Terminology (CPT®) or HCPCS codes and modifiers. Providers must bill according to the full text descriptions published in the CPT® and HCPCS books, which can be purchased from private sources.							

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Effective July 1, 2009

**Health Screening Program of Washington
Colon Health Program Fee Schedule
July 1, 2009 – June 30, 2010
June 24, 2009**



**Health Screening Program
of Washington**
Saving Lives through Early Detection

CPT	Modifier	Procedure Code Description	Prof Office Fee	Prof Facility Fee	Hospital Outpatient	Amb Surgery Center	Lab
45330	Global	Diagnostic sigmoidoscopy	\$ 132.24	\$ 60.63	\$ 367.77	\$ 95.33	
45331	Global	Sigmoidoscopy and biopsy	\$ 168.40	\$ 73.70	\$ 367.77	\$ 281.91	
45333	Global	Sigmoidoscopy & polypectomy	\$ 278.64	\$ 106.85	\$ 627.94	\$ 377.08	
45334	Global	Sigmoidoscopy for bleeding	\$ 162.07	\$ 162.07	\$ 627.94	\$ 377.08	
45335	Global	Sigmoidoscopy w/submuc inj	\$ 238.55	\$ 89.46	\$ 367.77	\$ 281.91	
45338	Global	Sigmoidoscopy w/tumr remove	\$ 309.95	\$ 138.94	\$ 627.94	\$ 377.08	
45339	Global	Sigmoidoscopy w/ablate tumr	\$ 319.46	\$ 183.68	\$ 627.94	\$ 377.08	
45378	Global	Diagnostic colonoscopy	\$ 386.77	\$ 212.24	\$ 638.43	\$ 433.85	
45380	Global	Colonoscopy and biopsy	\$ 464.42	\$ 255.84	\$ 638.43	\$ 433.85	
45381	Global	Colonoscopy, submucous inj	\$ 452.41	\$ 242.27	\$ 638.43	\$ 433.85	
45382	Global	Colonoscopy/control bleeding	\$ 612.62	\$ 326.95	\$ 638.43	\$ 433.85	
45383	Global	Lesion removal colonoscopy	\$ 550.94	\$ 328.28	\$ 638.43	\$ 433.85	
45384	Global	Lesion remove colonoscopy	\$ 455.12	\$ 265.33	\$ 638.43	\$ 433.85	
45385	Global	Lesion removal colonoscopy	\$ 522.67	\$ 303.53	\$ 638.43	\$ 433.85	
74270	Global	Contrast x-ray exam of colon	\$ 130.43	\$ 130.43	\$ 99.81		
74270TC	TC	Contrast x-ray exam of colon	\$ 94.25	\$ 94.25			
7427026	26	Contrast x-ray exam of colon	\$ 36.17	\$ 36.17			
74280	Global	Contrast x-ray exam of colon	\$ 204.89	\$ 204.89	\$ 160.34		
74280TC	TC	Contrast x-ray exam of colon	\$ 153.19	\$ 153.19			
7428026	26	Contrast x-ray exam of colon	\$ 51.70	\$ 51.70			
82270	Global	Occult blood, feces (FOBT)			\$ 4.75	\$ 4.75	
82274	Global	Assay test for blood, fecal (FIT)			\$ 23.22	\$ 23.22	
cprep	--	Colon Prep Kit (maximum \$100) Note: actual amount should be entered into claim billed amount			\$ 100.00	\$ 100.00	\$ 100.00
stamp	--	Stamped envelope for FOBT/FIT			\$ 1.46	\$ 1.46	\$ 1.46
88300	Global	Surgical path, gross	\$ 24.57	\$ 24.57	\$ 17.29		
88300TC	TC	Surgical path, gross	\$ 20.21	\$ 20.21			
8830026	26	Surgical path, gross	\$ 4.35	\$ 4.35			
88302	Global	Tissue exam by pathologist	\$ 51.69	\$ 51.69	\$ 17.29		
88302TC	TC	Tissue exam by pathologist	\$ 45.12	\$ 45.12			
8830226	26	Tissue exam by pathologist	\$ 6.57	\$ 6.57			

CPT	Modifier	Procedure Code Description	Prof Office Fee	Prof Facility Fee	Hospital Outpatient	Amb Surgery Center	Lab
88304	Global	Tissue exam by pathologist	\$ 65.55	\$ 65.55	\$ 37.10		
88304TC	TC	Tissue exam by pathologist	\$ 54.51	\$ 54.51			
8830426	26	Tissue exam by pathologist	\$ 11.04	\$ 11.04			
88305	Global	Tissue exam by pathologist	\$ 109.82	\$ 109.82	\$ 37.10		
88305TC	TC	Tissue exam by pathologist	\$ 71.85	\$ 71.85			
8830526	26	Tissue exam by pathologist	\$ 37.98	\$ 37.98			
88307	Global	Tissue exam by pathologist	\$ 219.69	\$ 219.69	\$ 58.93		
88307TC	TC	Tissue exam by pathologist	\$ 138.88	\$ 138.88			
8830726	26	Tissue exam by pathologist	\$ 80.81	\$ 80.81			
88309	Global	Tissue exam by pathologist	\$ 329.80	\$ 329.80	\$ 58.93		
88309TC	TC	Tissue exam by pathologist	\$ 190.54	\$ 190.54			
8830926	26	Tissue exam by pathologist	\$ 139.27	\$ 139.27			
88312	Global	Special stains	\$ 104.26	\$ 104.26	\$ 17.29		
88312TC	TC	Special stains	\$ 77.35	\$ 77.35			
8831226	26	Special stains	\$ 26.91	\$ 26.91			
88342	Global	Immunohistochemistry	\$ 103.58	\$ 103.58	\$ 37.10		
88342TC	TC	Immunohistochemistry	\$ 61.56	\$ 61.56			
8834226	26	Immunohistochemistry	\$ 42.02	\$ 42.02			
99201	Global	Office/outpatient visit, new	\$ 38.35				
99202	Global	Office/outpatient visit, new	\$ 65.94				
99203	Global	Office/outpatient visit, new	\$ 95.13				
99211	Global	Office/outpatient visit, est	\$ 19.78				
99212	Global	Office/outpatient visit, est	\$ 38.74				
99213	Global	Office/outpatient visit, est	\$ 63.76				
99241	Global	Office consultation	\$ 50.51				
99242	Global	Office consultation	\$ 93.81				
99243	Global	Office consultation	\$ 128.81				
99386	Global	Prev visit, new, age 40-64	\$ 95.13				
99396	Global	Prev visit, est, age 40-64	\$ 63.76				
00810	3 base + rate x (# time	Anesthesia, lower GI (\$200 HSPW maximum)		\$20.90/unit			

*Notes: TC=technical; 26=professional; bundled=this code should not be used for hospital/outpatient settings since it should be included/bundled in another CPT code; time units=15 minute intervals

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