

Utah State Department of Health
 BUREAU OF HEALTH PROMOTION
 Box 142107
 Salt Lake City, Utah 84114-2107
 Telephone: (801) 538-6712 or 1-800-717-1811
 Fax: (801) 538-9495



PROVIDER AGREEMENT: SURGEON

Provider Name: _____

Medical License No: _____

Address: _____
 (street) (city) (zip) (county)

Contact Person: _____ Telephone: _____

I would like to participate in the breast and cervical cancer-screening program administered by the Utah Cancer Control Program within the Utah Department of Health (UDOH). I understand those women with abnormal clinical breast exams or abnormal screening mammograms will be referred to me. I also understand that any woman who is referred to me becomes my patient and that I am responsible for determining which of the diagnostic services listed below will be provided to her and for informing the patient of all test results.

I agree to accept reimbursement from the UDOH at the set rates for the following diagnostic procedures:

CPT code 99201 Office visit (10 min) \$32.00	CPT code 19100** Breast biopsy (needle core) \$100.00	CPT code 19290** Pre-operative localization wire, breast \$140.00
CPT code 99202 Office visit (20 min) \$59.00	CPT code 19101** Breast biopsy (incisional) \$273.00	CPT code 19295** Image guided placement metallic loc percutaneous, during br biopsy \$76.00
CPT code 99203 Office visit (30 min) \$90.00	CPT code 19102** Percutaneous, needle core, using imaging guidance \$191.00	CPT code 19291 Pre-operative placement of needle loc each additional lesion \$61.00
CPT code 99211 Established pt (5 min) \$17.00	CPT code 19103** Percutaneous, auto vacuum \$481.00	CPT code 10021 FNA without imaging guidance \$100.00
CPT code 99212 Established pt (10 min) \$35.00	CPT code 19120** Excision of cyst, fibroadenoma nipple lesion \$380.00	CPT code 10022 FNA with imaging guidance \$110.00
CPT code 99213 Established pt (15 min) \$57.00	CPT code 19125** Excision of br lesion ident. by Pre-op placement of rad marker single lesion \$400.00	
CPT code 19000 Cyst aspiration \$77.00		
CPT code 19001 Cyst aspiration (additional) \$24.00		

I understand that the UDOH will only pay for the services indicated by the CPT codes listed above and that the rates of reimbursement stated above must be accepted by me as payment in full for services rendered. I also agree to bill the patients insurance first (when applicable) before billing the UCCP for any services rendered. I understand that I could use my contracting laboratory for biopsy specimens and that the UDOH will reimburse only the pathologist's fee (CPT 88305), but not the facility.

As a participating provider, I agree to submit a completed Breast Referral Form to the UDOH for each patient referred to me within 15 days of final examination. I understand that reimbursement is contingent upon receipt of this form by the UDOH. I understand that the patients referred to me have consented that I may share information related to their medical care with the UDOH.

The service period for this agreement will be ongoing from March 1, 2010 unless terminated or extended by agreement in accordance with the terms and conditions of this Provider Agreement. This agreement may be ended at any time with 30 days written notice from either the provider or the UDOH. This agreement is contingent upon the provider's certification as a physician licensed in the state by the Utah Department of Commerce, Division of Occupational and Professional Licensing.

Physicians Signature

Date

PLEASE NOTE: All procedures noted with an asterisk need pre-approval by UCCP. Please call (801) 538-6712 or 1-800-717-1811 to obtain approval for each patient needing such services.