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**SUSAN G.  
KOMEN.**<sup>®</sup>  
**ORANGE COUNTY**



Where the end of breast cancer begins.™

## COMMUNITY GRANTS REQUEST FOR APPLICATIONS

APPLICATION DEADLINE: November 15, 2019 9:59 PM

PERFORMANCE PERIOD: April 1, 2020 – March 31, 2021

AWARD NOTIFICATION: February 3, 2020

**OUR MISSION: SAVE LIVES BY MEETING THE MOST CRITICAL NEEDS IN OUR COMMUNITIES AND INVESTING IN BREAKTHROUGH RESEARCH TO PREVENT AND CURE BREAST CANCER**

**OUR BOLD GOAL: REDUCE THE CURRENT NUMBER OF BREAST CANCER DEATHS BY 50% IN THE U.S. BY 2026.**

**Susan G. Komen® Orange County**  
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Komenoc.org

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## ABOUT SUSAN G KOMEN® AND KOMEN ORANGE COUNTY

Susan G. Komen is the world's largest breast cancer organization, funding more breast cancer research than any other nonprofit outside of the U.S. government while providing real-time help to those facing the disease. Komen has set a Bold Goal to reduce the current number of breast cancer deaths by 50 percent in the U.S. by 2026. Since its founding in 1982, Komen has funded more than \$956 million in research and provided more than \$2.1 billion in funding to screening, education, treatment and psychosocial support programs. Komen has worked in more than 60 countries worldwide. Komen was founded by Nancy G. Brinker, who promised her sister, Susan G. Komen, that she would end the disease that claimed Suzy's life. Komen Orange County has invested \$40.6 million in community breast health programs in Orange County and has helped contribute to the more than \$988 million invested globally in research.

### ELIGIBILITY REQUIREMENTS

- Individuals are not eligible to apply.
- Applications will only be accepted from governmental organizations under Section 170(c)(1) or nonprofit organizations under Section 501(c)(3) of the Internal Revenue Service (IRS) code. Applicants must prove tax-exempt status by providing a letter of determination from the IRS.
- Proposed projects must be specific to breast health and/or breast cancer and address the priorities identified within this RFA. If a project includes other health issues along with breast cancer, such as a breast and cervical cancer project, funding may only be requested for the breast cancer portion.
- All past and current Komen-funded projects must be in compliance with Komen requirements.
- If applicant, or any of its key employees, directors, officers or agents is convicted of fraud or a crime involving any other financial or administrative impropriety in the 12 months prior to the submission deadline for the application, then applicant is not eligible to apply for a grant until 12 months after the conviction. After such 12-month period, applicant must demonstrate in its application that appropriate remedial measures have been taken to ensure that any criminal misconduct will not recur.
- Additional Eligibility Requirements for clinics requesting additional funding for High Risk Screening and Diagnostic Breast Procedures:
  - Applications will only be accepted from U.S. non-profit clinics and hospitals, including cancer centers.
  - Applicants MUST be a California Cancer Detection Program provider and/or Family Pact provider.
  - Applicants MUST be able to enroll patients into the Breast and Cervical Cancer Treatment Program (BCCTP).
  - Healthcare facilities MUST provide board certified care for breast cancer diagnosis by a qualified healthcare team.

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- Healthcare facilities **MUST** not discriminate based upon age, gender, race, disability, religion, national origin, sexual orientation or an individual's ability to pay.

## **ELIGIBLE SERVICE AREA**

Applicants must provide services to **residents** of Orange County, California.

## **FUNDING PRIORITIES**

Komen Orange County supports breast cancer projects that address the funding priorities below, which were selected based on data from our current Community Profile Report, found on our website at [komenoc.org/our-community-need/](http://komenoc.org/our-community-need/).

The funding priority areas are listed below in no particular order:

- **Patient Navigation**

Projects that provide evidence-based patient navigation for anyone utilizing breast health services along the continuum of care paying particular attention to the priority populations listed in our current Community Profile: African American/Black women; Asian and Pacific Islander women; Hispanic/Latina women; women 65 years or older that reside in Orange County. Patient navigation must follow the individual from abnormal screening to diagnostic resolution and through treatment, if necessary.

Patient navigation is a process by which a trained individual- patient navigator- guides patients through and around barriers in the complex breast cancer care system. The primary focus of a patient navigator is on the individual patient, with responsibilities centered on coordinating and improving access to timely diagnostic and treatment services tailored to individual needs. Patient navigators offer interventions that may vary from patient to patient along the continuum of care and include a combination of informational, emotional, and practical support (i.e., breast cancer education, counseling, care coordination, health system navigation, and access to transportation, language services and financial resources).

- **Reducing Barriers to Care**

Evidence-based projects that reduce barriers to quality breast cancer care experienced by uninsured and underinsured individuals residing in Orange County. Underinsured is defined as having some insurance coverage but not enough, or when one is insured yet unable to afford the out-of-pocket responsibilities not covered by his or her insurer.

Komen seeks to fund projects that provide no cost or low-cost screening/diagnostic/treatment services, mobile mammography, diagnostic/treatment co-pay and deductible assistance, transportation, interpreter services, childcare/eldercare, financial assistance for daily living expenses or medical treatment assistance for those receiving breast cancer treatment.

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- **Breast Cancer Education**

Projects that provide evidence-based and culturally relevant breast cancer education in one-on-one and group settings. Projects must be designed to result in documented age-appropriate, breast cancer action (e.g., getting a screening mammogram, obtaining recommended follow-up after an abnormal mammogram). Based on findings from the Community Profile, these projects should target African American/Black women; Asian and Pacific Islander women; Hispanic/Latina women; women 65 years or older individuals that reside in Orange County.

Breast cancer education projects should include Komen's breast self-awareness messages. Additional educational materials can be found on Komen's National website <https://ww5.komen.org/BreastCancer/KomenEducationalMaterials.html>, and utilized for supplemental education based on the need, audience and purpose of the educational project. Projects must provide evidence of linkage to local breast cancer services and include follow up with participants.

## **ALLOWABLE COSTS**

Applicants may request funding from \$10,000 up to \$60,000 (combined direct and indirect costs) for one year. All requested costs must be directly attributable to the project, provide an estimated cost calculation and include a brief justification explaining why the costs are necessary to achieve project objectives:

- **Salaries and Fringe Benefits**  
Project staff responsible for achieving project objectives with salary and fringe benefits adjusted to reflect the percentage of effort on the project.
- **Consultants/ Sub-contracts**  
Consultants are persons or organizations that offer specific expertise for achieving project objectives not provided by project staff and are usually paid by the hour or day. Subcontractors have substantive involvement with a specific portion of the project for achieving project objectives, often providing services not provided by the applicant.
- **Supplies**  
Resources needed to achieve project objectives.
- **Travel**  
Conference registration fees/travel or mileage reimbursement by project staff or volunteers necessary to achieve project objectives.
- **Patient Care**  
Costs for providing direct services for a patient to achieve project objectives.

### **Komen Fund**

Clinics may request up to an additional \$10,000 funding for the Komen Fund for high-risk screening and diagnostic procedures. The funding can also cover the patient's share of the cost to provide these procedures. Komen Fund requests should be a part of the Patient Care Budget section of the Budget tab on the application.

- **Other Direct Costs**  
Direct costs directly attributable to the project that cannot be included in existing budget sections.
- **Equipment, not to exceed \$5,000 total**  
Equipment, including software, essential to the breast health-related project to be conducted.
- **Indirect Costs, not to exceed 15 percent of direct costs**  
These include costs for supporting the project such as, allocated costs such for facilities, technology support, communication expenses and administrative support.

## NON-ALLOWABLE COSTS

- Research, defined as any project activity with the primary goal of gathering and analyzing data or information.
  - Specific examples include, but are not limited to, projects or programs designed to:
    - Understand the biology and/or causes of breast cancer
    - Improve existing or develop new screening or diagnostic methods
    - Identify approaches to breast cancer prevention or risk reduction
    - Improve existing or develop new treatments for breast cancer or to overcome treatment resistance, or to understand post-treatment effects
    - Investigate or validate methods or tools
- Education regarding breast self-exams/use of breast models. According to studies, teaching breast self-exam (BSE) has not been shown to be effective at reducing mortality from breast cancer
- Development of educational materials or resources that either duplicate existing Komen materials or for which there is not a demonstrated need. Applicants can view, download and print all of Komen's educational materials by visiting <http://ww5.komen.org/BreastCancer/KomenEducationalMaterials.html>. If an applicant intends to use supplemental materials, they should be consistent with Komen messages.
- Education via mass media (e.g., television, radio, newspapers, billboards), health fairs and material distribution. Evidence-based methods such as one on one and group sessions should be used to educate the community and providers.
- Construction or renovation of facilities/ land acquisition
- Political campaigns or lobbying
- General operating funds (in excess of allowable indirect costs)
- Debt reduction
- Fundraising (e.g., endowments, annual campaigns, capital campaigns, employee matching gifts, events)
- Event sponsorships
- Projects completed before the date of grant approval
- Project-related investments/loans
- Scholarships
- Thermography
- Equipment over \$5,000 total
- Projects or portions of projects not specifically addressing breast cancer

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## BREAST CANCER EDUCATION

To reduce confusion and reinforce learning, Komen will only fund projects that use approved educational messages and materials that are consistent with Komen messages. Please be sure that your organization can agree to promote the messages listed here:

<http://ww5.komen.org/BreastCancer/BreastSelfAwareness.html>.

If an applicant wants to develop educational resources, they must discuss with Komen prior to application submission and provide evidence of need for the resource.

Komen has developed breast cancer education toolkits for Black and African-American communities and Hispanic/Latino communities. They are designed for health educators and organizations to meet the needs of their communities. The Hispanic/Latino toolkit is available in both English and Spanish. To access these toolkits, please visit <http://komentoolkits.org/>.

## PROJECT OBJECTIVES

All applicants are required to develop project objective(s) to:

**Reduce breast cancer mortality by addressing disparities, increasing access to quality and timely care, and/or improving outcomes through patient navigation.**

All projects must have at least one **Specific Measurable Attainable Realistic Time-bound** (SMART) objective that will be accomplished with Komen funding and can be evaluated including an estimated timeline and the anticipated number of individuals to be served.

Guidance on crafting SMART objectives is located here:

<https://ww5.komen.org/WritingSMARTObjectives.html>.

## PROJECT NARRATIVE

### Statement of Need

- Describe the need for the project and explain the target population (including age, race, ethnicity, geographic location) to be served using demographic and breast cancer mortality statistics.
- Explain how project objectives will address the stated funding priorities.

### Project Design

- Describe what will be accomplished with project funding and the strategy to reduce breast cancer mortality and increase the percentage of people who enter, stay in or progress through the continuum of care.
- Explain how the project incorporates evidence-based practices providing citations for all references.
- Explain how the requested budget and budget justification support the project objectives.
- Explain how project staff are best suited to accomplish project objectives.

### Partners and Sustaining the Project

- Explain how collaboration strengthens the project.

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- Describe past accomplishments with breast cancer projects that address our funding priorities. If the proposed project is new, describe success with other breast cancer projects.
  - Describe the resources to be used to implement the project.

### **Impact and Evaluation**

- Describe how the project objectives will reduce breast cancer mortality by addressing disparities, increasing access to quality and timely care, and/or improving outcomes through patient navigation.
- Describe how specific project outcomes will be evaluated.
- Describe the resources and expertise that will be used for monitoring and evaluation during the performance period.

## **REVIEW PROCESS**

Each grant application will be reviewed by at least three reviewers from the community, who will consider each of the following criteria:

### **Statement of Need 10%:**

- How well has the applicant identified the need for the project and explained the target population to be served?
- To what extent do project objectives address the stated funding priorities?

### **Project Design 30%:**

- How successful was the applicant at describing the strategy to reduce breast cancer mortality?
- How well has the applicant described what will be accomplished with project funding?
- To what extent does the project include evidence-based practices?
- How well does the budget and budget justification support project objectives?
- To what extent does project staff have the expertise to effectively implement and provide fiscal oversight of the project?

### **Partners and Sustaining the Project 30%:**

- How well does the applicant explain the roles, responsibilities and qualifications of project partners?
- How well has the applicant demonstrated evidence of success in delivering services consistent with the stated funding priorities?
- How well has the applicant described the resources to implement the project?
- Does the applicant have the capacity to manage the project?

### **Impact and Evaluation 30%:**

- To what extent do project objectives reduce breast cancer mortality by addressing disparities, increasing access to quality and timely care, and/or improving outcomes through patient navigation?



- To what extent does the evaluation plan aim to collect the relevant required metrics?
- To what extent are the applicant's monitoring and evaluation resources likely to adequately evaluate project success?

## **REQUIRED REPORTING METRICS**

If awarded project funding, grantees will be required to report on the Demographics in addition to the metrics related to approved objectives listed below. For example, if the project has screening and diagnostic services objectives, the grantee will report on the Demographics, Screening Services and Diagnostic Services metrics.

### **Demographics**

State of residence; County of residence; Age; Gender; Race; Ethnicity; Special Populations.

### **Education & Training**

Type of session; Number of individuals reached by topic area; Follow-up completed; Action taken; If health care provider training, total number of providers trained in each session and number by provider type.

### **Screening Services**

First time to facility; Number of years since last screening; Screening facility accreditation; Count of screening services provided; Screening result; Referred to diagnostics; Staging of breast cancer diagnosed resulting from screening services.

### **Diagnostic Services**

Time from screening to diagnosis; Diagnostic facility accreditation; Count of diagnostic services provided; Staging of breast cancer diagnosed resulting from diagnostic services; Referred to treatment.

### **Treatment Services**

Time from diagnosis to beginning treatment; Treatment facility accreditation; Count of treatment services provided; Count of patients enrolled in a clinical trial.

### **Treatment Support**

Count of treatment support services provided: system management, individual or group psychosocial support, complementary and integrative therapies, palliative care, durable medical equipment.

### **Barrier Reduction**

Count of barrier reduction assistance services provided: transportation, interpretation/translation services, co-pay/deductible assistance, daily living expenses, childcare.

### **Patient Navigation, Care Coordination & Case Management**

Time from referral to screening; Accreditation of screening facility navigated to; Time from abnormal screening to diagnostic resolution; Accreditation of diagnostic facility navigated to; Staging of breast cancer diagnosed resulting from community or patient navigation; Time from diagnostic resolution to beginning treatment; Accreditation of treatment facility navigated to;

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Patient enrolled in a clinical trial; Individual completed physician recommended treatment; Survivorship care plan provided.

### **ADDITIONAL Required Reporting Metrics**

- Grantees will be required to report on the insurance status of clients utilizing their services similar to other demographic questions. Clients should know this is anonymously reported to Komen and helps us understand the needs of the population being served. The wording below represents the categories required to be reported. Amend surveys, questionnaires, intake forms, etc. if necessary, to delineate and capture this information.

CHECK ALL THAT APPLY

-Private Insurance (employer sponsored or purchased on the insurance exchange)

-MediCal/Medicare

-Breast and Cervical Cancer Early Detection Program Coverage ONLY (Every Woman Counts and BCCTP in California)

-Uninsured

-Underinsured [defined as having some insurance coverage but not enough, or when one is insured yet unable to afford the out-of-pocket responsibilities not covered by his or her insurer.]

-Do not wish to disclose

- Clinics awarded additional funding for High Risk Screening and Diagnostic Breast Procedures will be required to complete an additional excel tracking sheet of procedures utilized per client.

### **SUBMISSION REQUIREMENTS**

All applications must be submitted online through the Komen Grants Portal at [komen.smartsimple.com](http://komen.smartsimple.com) before the application deadline to be considered.

**Extensions to the submission deadline will not be granted, with the rare exception made for severe extenuating circumstances at the sole discretion of Komen.**

The application process is competitive, regardless of whether or not an organization has received a grant in the past. Funding in subsequent years is never guaranteed.

### **CHECKLIST FOR APPLICATION COMPLETION**

- **Eligibility Requirements** – Applicant meets all eligibility requirements as stated in the Komen Grants Portal and in this Request for Applications.
- **Allowable Costs** – All proposed costs are directly attributable to the project, provide an estimated cost calculation and include a brief justification explaining why the costs are necessary to achieve project objectives.

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- **Non-Allowable Costs** – non-allowable costs are not included in the application.
  - **Breast Cancer Education** – Applicant can agree to promote Komen’s education messages listed here: <http://ww5.komen.org/BreastCancer/BreastSelfAwareness.html>
  - **Project Narrative** – Applicant has addressed each question in the Statement of Need, Project Design, Partners and Sustaining the Project, and Impact and Evaluation sections.
  - **Project Objectives** – Proposed objectives are SMART, will be accomplished with Komen funding, and aim to reduce breast cancer mortality by addressing disparities, increasing access to quality and timely care, and/or improving outcomes through patient navigation.
  - **Proof of Tax-Exempt Status** – To document the applicant’s **federal tax-exempt status**, provide a letter of determination from the Internal Revenue Service. Evidence of state or local exemption will not be accepted. Please do not provide a Federal tax return.
  - **Resume/Job Description** – For key personnel that are currently employed by the applicant organization, provide a resume or *curriculum vitae* that includes education level achieved and licenses/certifications obtained. For new or vacant positions, provide a job description (*Two-page limit per individual*).
  - **Letters of Support / Memoranda of Understanding** – From project partners identified in the Project Narrative / Partners and Sustaining the Project section.
  - **Assurances** – Applicant assures compliance with the following policies if awarded project funding:
    - Recipients of services must reside in the Affiliate Service Area.
    - The effective date of the grant agreement is the date on which Komen fully executes the grant agreement and shall serve as the start date of the project. No expenses may be accrued against the project until the grant agreement is fully executed. The contracting process can take up to six weeks from the date of the award notification letter.
    - Any unspent funds over \$1.00 must be returned to Komen.
    - Grant payments will be made in installments pending acceptance of and compliance with terms and conditions of a fully executed grant agreement.
    - Grantee will be required to submit a minimum of one semi-annual progress report and one final report that will include, among other things, an accounting of expenditures and a description of project achievements. Additional reports may be requested.
    - At the discretion of Komen, the grantee may request one no-cost extension of no more than six months per project. Requests must be made by grantee no later than 30 days prior to the end date of the project.
    - Certain insurance coverage must be demonstrated through a certificate of insurance at the execution of the grant agreement, if awarded. Grantee is required at minimum to hold:

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- Commercial general liability insurance with combined limits of not less than \$1,000,000 per occurrence and \$2,000,000 in the aggregate for bodily injury, including death, property damage and advertising injury;
  - Workers' compensation insurance in the amount required by the law in the state(s) in which its workers are located and employers' liability insurance with limits of not less than \$1,000,000; and
  - Excess/umbrella insurance with a limit of not less than \$5,000,000.
  - To the extent any transportation services are provided, \$1,000,000 combined single limit of automobile liability coverage will be required.
  - To the extent medical services are provided, medical malpractice coverage with combined limits of not less than \$1,000,000 per occurrence and \$3,000,000 in the aggregate will be required.
  - Grantees are also required to provide Komen with a certificate of insurance with Susan G. Komen Breast Cancer Foundation, Inc., Susan G. Komen Orange County, its officers, employees and agents named as Additional Insured on the above policies solely with respect to the project and any additional policies and riders entered into by grantee in connection with the project.

## APPENDIX A: IMPORTANT GRANTING POLICIES FOR CLINICS APPLYING FOR HIGH RISK SCREENING AND DIAGNOSTIC BREAST HEALTH PROCEDURES

- Applications selected to be awarded will only be allowed to utilize grant funds for high risk screening and diagnostic breast health procedures including the patient's share of cost up to the allowable cost of the procedure.
- With the expansion of health care coverage through the Affordable Care Act, many women and men who were previously uninsured are now insured but unable to afford the patient's share of cost associated with receiving high risk screening or diagnostic care. In an effort to remove the financial barrier to seeking high risk screening or diagnostic care, grant funds can also be used as a payment of last resort towards the patient's share of cost for high risk screening or diagnostic procedures (up to the allowable cost of the procedure) for insured women and men who are economically stressed. **See Appendix B** for specific details on approved procedures and maximum amounts allowable under the Komen Fund for Breast Health Care.
- If awarded, it is the sole responsibility of the applicant-organization to establish a partnership with imaging centers and/or entities that will provide high risk screening and diagnostic breast health services prior to the execution of the grant contract.
  - The partnership(s) **MUST** be demonstrated by a Memorandum of Understanding (MOU) signed by all parties involved, such as the applicant-organization, radiologist and/or pathologist.
- If the agreed upon reimbursement rates exceed Komen's allowable amounts **as listed in Appendix B**, it is the responsibility of the applicant organization to find other sources of funding to cover the remaining balance for all high-risk screening and diagnostic breast health procedures.
- High Risk is defined as lifetime risk calculated by validated risk model >20%, known genetic mutation predisposing to breast cancer, history of chest radiation therapy between ages 10-30, personal history of breast cancer or high-risk lesion.
- Documentation of Komen Fund utilization is required as part of grant reporting from awarded clinics. Awarded clinics should use spreadsheet provided by Komen Orange County for tracking of procedures and costs.

**If awarded, grantees will be required to follow the patient/individual eligibility criteria and health services protocol set forth in the RFA.**

### **THE INDIVIDUAL ELIGIBILITY CRITERIA:**

1. Male or Female
2. Resident of Orange County
3. Uninsured or underinsured (including the inability to pay patient's share of cost)
4. No age restriction
5. Self-declared annual income at or below 300% FPL
6. Immigration status is irrelevant
7. All other sources of funds or coverage must be exhausted before using the Komen Fund. (For example: Every Women Counts and MediCal/Medicare)

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## **ADDITIONAL GRANTING POLICIES AND EXPECTATIONS:**

Grantee must provide breast health services in a timely manner in accordance with California's Cancer Detection Program policies and procedures:

1. Diagnostic consultation services are provided to eligible individuals within 30 days of initial request.
2. Individuals are notified of negative results within 30 days of service.
3. Individuals are notified of abnormal test results within 10 working days of the receipt of test results.
4. The maximum elapsed time between initial service and diagnosis is 60 days.
5. The maximum elapsed time between a diagnosis of cancer and a referral for treatment is 10 working days.
6. Individuals are notified of a diagnosis of cancer within three to five working days of receipt of test result.
7. The maximum elapsed time between a diagnosis of cancer and initiation of treatment is 60 days.
8. The provider must assist individuals with a diagnosis of cancer to secure treatment.
9. Individuals return for annual follow-up, ONLY if individual is not eligible for other available programs.
10. A provider must document three unsuccessful attempts to contact the individual before designating lost to follow-up. The third attempt must be certified mail.

## APPENDIX B: KOMEN APPROVED LIST OF SCREENING AND DIAGNOSTIC PROCEDURES FOR HIGH RISK INDIVIDUALS AND DIAGNOSTIC BREAST PROCEDURES

- Approved screening procedures are allowable as needed for individuals who are considered high risk\* and are deemed to be the appropriate screening modality for that individual. Diagnostic procedures can also be used on high risk patients. The addition of screening mammograms to the Komen Fund approved procedures list is for the utilization of high-risk individuals and not for average risk individuals as an alternate path to screening services. \*See definition of high risk in **Appendix A**.
- The Komen Fund may be used to cover up to \$200 for genetic counseling/consultation(s) and up to \$250 for prescribed genetic testing per high risk individual as deemed necessary and recommend by the provider. (maximum allowable of \$450 for genetic counsel/testing per individual).

Procedure CPT-4 code	Maximum Allowable Cost
10021 – Fine needle aspiration; without imaging guidance	\$118.92
19000 – Puncture aspiration of cyst of breast	\$135.94
19001 – With 19000; each additional cyst	\$32.05
19081 – Biopsy of breast, with localization device placement and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion	\$816.55
19082 – With 19081; each additional lesion	\$673.62
19083 – Biopsy of breast, with localization device placement and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion	\$800.52
19084 – With 19083; each additional lesion	\$649.87
19085 - Bx breast 1st lesion mr imag	\$1,224.50
19086 - Bx breast add lesion mr imag	\$989.59
19100 – Needle Core biopsy of breast; without imaging guidance	\$184.93
19101 – Biopsy of breast, open, incisional	\$409.52
19120 – Excisional Biopsy, open	\$596.21
19125 – Excision of breast lesion, identified by preoperative placement of radiological marker; single lesion	\$658.41
19126 – With 19125; each additional lesion	\$185.44
19281 – Localization device placement, percutaneous; mammographic guidance; first lesion	\$301.12
19282 – With 19281; each additional lesion	\$213.03
19283 – Localization device placement, percutaneous; stereotactic guidance; first lesion	\$338.40
19284 – With 19283; each additional lesion	\$260.16

<b>19285</b> – Localization device placement, percutaneous; ultrasound guidance; first lesion	\$617.01
<b>19286</b> – With 19285; each additional lesion	\$537.09
<b>19287</b> - Perq dev breast 1st mr guide	\$1,045.22
<b>19288</b> - Perq dev breast add mr guide	\$842.33
<b>76098</b> – Radiological examination, surgical specimen	\$20.24
<b>76641</b> – Ultrasound, unilateral, include axilla; complete	\$133.07
<b>76642</b> – Ultrasound, unilateral, include axilla; limited	\$108.24
<b>76942</b> – Ultrasonic guidance for needle placement; imaging supervision & interpretation	\$69.26
<b>77021</b> - MRI guidance ndl plmt rs&i	\$603.56
<b>77046</b> - MRI breast c- unilateral	\$311.06
<b>77047</b> - MRI breast c- bilateral	\$318.78
<b>77048</b> - MRI breast c-+ w/cad uni	\$495.16
<b>77049</b> - MRI breast c-+ w/cad bi	\$504.90
<b>77053</b> - X-ray of mammary duct	\$71.49
<b>77054</b> - X-ray of mammary ducts	\$93.64
<b>77065</b> – Diagnostic mammography; unilateral, includes CAD	\$166.68
<b>77066</b> – Diagnostic mammography; bilateral, includes CAD	\$211.12
<b>77067</b> – Screening mammogram, bilateral	\$170.31
<b>88172</b> – Cytopathology evaluation of fine needle aspirate; to determine adequacy of specimen	\$68.90
<b>88173</b> – Interpretation and report for evaluation of fine needle aspirate	\$189.00
<b>88305</b> – Level IV Surgical pathology examination	\$84.55
<b>88307</b> – Level V Surgical pathology examination	\$336.91
<b>88341</b> – Immunohistochemistry, each additional single a/b stain	\$116.44
<b>88342</b> – Immunohistochemistry	\$133.14
<b>88360</b> – Morphometric analysis, tumor immunohistochemistry; manual	\$159.28
<b>99201</b> - Office/outpatient visit new 10 minutes	\$55.45
<b>99202</b> – Office visit; new patient 20 minutes	\$91.83
<b>99203</b> - Office/outpatient visit new 30 minutes	\$129.25
<b>99204</b> - Office/outpatient visit new 45 minutes	\$194.87
<b>99205</b> - Office/outpatient visit new 60 minutes	\$244.25
<b>99212</b> – Office visit; established patient 10 minutes	\$54.73
<b>99213</b> – Office visit; established patient 15 minutes	\$89.07