



Utah State Department of Health
BUREAU OF HEALTH PROMOTION
Box 142107
Salt Lake City, Utah 84114-2107
Telephone: (801) 538-6157 or 1-800-717-1811
Fax: (801) 237-0775

PROVIDER AGREEMENT: OB/GYN

Provider Name: _____

Medical License No: _____ NPI# _____

Address: _____

Contact Person: _____

Telephone: _____ Fax: _____ Email: _____

I would like to participate in the breast and cervical cancer-screening program administered by the Utah Cancer Control Program (UCCP) within the Utah Department of Health (UDOH).

I understand and agree that:

- Women with abnormal pelvic exams or abnormal screening Pap tests will be referred to me.
- Any woman who is referred to me becomes my patient and that I am responsible for determining which of the diagnostic services listed in Attachment A will be provided to her and for informing the patient of all test results.
- The patients referred to me have consented that I may share information related to their medical care with the UDOH.
- Provide services at a maximum reimbursement rate set forth in Attachment A, and that the rate of reimbursement stated in Attachment A must be accepted by me as payment in full for services rendered. (UCCP will provide an updated Attachment A every March on an annual basis).
- Bill patient's insurance first (when applicable) before billing the UCCP for any services rendered. If the amount paid by the insurance is less than the reimbursement rates listed herein, I may bill UCCP for the difference.
- Not bill patients for any additional charges or other CPT codes during the referral visit.
- Write off patients' bills if HCFA is not received by UCCP within 1 year of initial date of service (DOS).
- Submit medical reports (diagnostic and progress notes) to the UCCP for each patient referred to me within 15 days of having her case completed. Reimbursement is contingent upon receipt of the medical report by the UDOH.

The service period for this agreement will be ongoing from the date signed unless terminated or extended by agreement in accordance with the terms and conditions of this Provider Agreement. This agreement may be terminated 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.

Physician Signature: _____ Date: _____

Attachment A
UTAH CANCER CONTROL PROGRAM
Payable
OB/GYN CPT Codes and Reimbursement rates
2021

SERVICES PROVIDED

CPT	PROCEDURES	UCCP RATE
57452	Colposcopy without biopsy (surgical procedure only)	\$120.96
57454	Colposcopy with biopsy and/or endocervical curettage (surgical procedure only)	\$163.77
57455	Colposcopy of the cervix, with biopsy	\$155.36
57456	Colposcopy with endocervical curettage	\$145.79
57500	Biopsy, single or multiple, or local excision of lesion, with or w/out fulguration (separate procedure)	\$148.46
57505	Excision, endocervical curettage (not done as part of dilation & curettage)	\$141.42
58100	Endometrial Sampling (biopsy) with or without endocervical sampling(biopsy), w/out cervical dilation	\$99.10
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy	\$49.41
99201	New patient – Office visit (10 min. face to face)	\$70.23
99202	New patient – Office visit (20 min. face to face)	\$108.43
99203	New patient – Office visit (30 min. face to face)	\$21.63
99211	Established patient – Office visit (5 min. face to face)	\$54.04
99212	Established patient – Office visit (10 min. face to face)	\$88.23
99213	Established patient – Office visit (15 min. face to face)	\$125.41
99214	Established patient – Office visit (25 min. face to face)	\$120.96

UCCP will ONLY reimburse for Diagnostic Services per ACR Guidelines. NO Treatment procedures will be reimbursed.

*57460	Colposcopy of the cervix with loop electrode biopsy of the cervix	\$301.27
*57461	Colposcopy with loop electrode conization of the cervix	\$338.79
*57520	Conization of cervix, with or w/out fulguration, with or w/out dilation and curettage, cold knife or laser	\$332.21
*57522	Loop electrode excision	\$286.23

UCCP will pay for one (1) follow-up office visit if required.

UCCP Contact Information	
Utah Cancer Control Program (UCCP)	1-800-717-1811 801-538-6157
Address: PO Box 142107, Salt Lake City Utah 84114-2107	
Email: uccpmedicalrecords@utah.gov	
Main Fax:	801-237-0775
Billing Phone:	801-538-6230
Billing Fax:	801-237-0769