

ALL WOMEN COUNT! PROGRAM
PAYMENT SCHEDULE OF ALLOWED SERVICES BY CPT CODE
EFFECTIVE February 1, 2024

CPT CODE	SERVICE DESCRIPTION	Medicare B rates
00400	Anesthesia for procedures on the anterior trunk and perineum	Per ABU
00940	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified	Per ABU
10004	Fine needle aspiration biopsy without imaging guidance, each additional lesion	\$48.78
10005	Fine needle aspiration biopsy including ultrasound guidance, first lesion	\$128.72
10006	Fine needle aspiration biopsy including ultrasound guidance, each additional lesion	\$56.92
10007	Fine needle aspiration biopsy including fluoroscopic guidance, first lesion	\$293.85
10008	Fine needle aspiration biopsy including fluoroscopic guidance, each additional lesion	\$135.47
10021	Fine needle aspiration without imaging guidance	\$96.71
19000	Puncture Aspiration of Cyst of Breast	\$96.33
19001	Aspiration, each additional Cyst used in conjunction with 19000	\$24.86
19081	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion DO NOT use in conjunction with 19281-19286	\$479.57
19082	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion DO NOT use in conjunction with 19281-19286	\$370.17
19083	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion DO NOT use in conjunction with 19281-19286	\$477.94
19084	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion DO NOT use in conjunction with 19281-19286	\$364.48
19100	Biopsy of Breast; Needle Core	\$140.42
19101	Biopsy of Breast; Incisional	\$307.53
19120	Excision of Cyst, Fibroadenoma, or Other Benign or Malignant Tumor Aberrant Breast Tissue, Duct Lesion or Nipple Lesion (except 19140)	\$485.32
19125	Excision of Breast Lesion Identified by Preoperative Placement of Radiological Marker; Single Lesion	\$533.26
19126	Excision, Each Additional Lesion	\$141.22
19281	Placement of breast localization device, percutaneous; mammographic guidance; first lesion DO NOT use in conjunction with 19081-19084	\$232.44
19282	Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion DO NOT use in conjunction with 19081-19084	\$165.17
19283	Placement of breast localization device, percutaneous; stereotactic guidance; first lesion DO NOT use in conjunction with 19081-19084	\$248.86
19284	Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion DO NOT use in conjunction with 19081-19084	\$182.78
19285	Placement of breast localization device, percutaneous; ultrasound guidance; first lesion DO NOT use in conjunction with 19081-19084	\$353.80
19286	Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion DO NOT use in conjunction with 19081-19084	\$289.93
38505	Needle biopsy of axillary lymph node	\$167.36

57452	Colposcopy without Biopsy	\$120.55
57454	Colposcopy with Directed Cervical Biopsy	\$159.10
57455	Colposcopy with biopsy(s) of the cervix	\$153.44
57456	Colposcopy with endocervical curettage	\$144.68
57460	Colposcopy with loop electrode biopsy(s) of the cervix	\$299.92
57461	Colposcopy with loop electrode conization of the cervix	\$333.26
57500	Biopsy, single or multiple, or local excision of lesion, with or without fulguration	\$147.56
57505	Endocervical curettage (not done as part of a dilation and curettage).	\$149.52
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage; with or without repair; cold knife or laser.	\$336.85
57522	Loop electrode excision	\$288.58
76098-YN	Radiological Examination, Surgical Specimen	\$41.31
76098-TC	Radiological Examination, Surgical Specimen	\$26.98
76098-26	Radiological Examination, Surgical Specimen	\$14.33
76641-YN	Ultrasound, complete, examination of breast including axilla, unilateral	\$99.84
76641-TC	Ultrasound, complete examination of breast including axilla, unilateral	\$66.92
76641-26	Ultrasound, complete examination of breast including axilla, unilateral	\$32.92
76642-YN	Ultrasound, limited examination of breast including axilla, unilateral	\$82.49
76642-TC	Ultrasound, limited examination of breast including axilla, unilateral	\$51.86
76642-26	Ultrasound, limited examination of breast including axilla, unilateral	\$30.63
76942-YN	Ultrasound Guidance Needle Biopsy	\$56.17
76942-TC	Ultrasound Guidance Needle Biopsy	\$27.63
76942-26	Ultrasound Guidance Needle Biopsy	\$28.54
77048- YN	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, unilateral CALL PROGRAM BEFORE ORDERING / PREAUTHORIZATION PROCESS INVOLVED Used for screening high risk women only.	\$336.40
77048- TC	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, unilateral CALL PROGRAM BEFORE ORDERING / PREAUTHORIZATION PROCESS INVOLVED Used for screening high risk women only.	\$242.03
77048- 26	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, unilateral CALL PROGRAM BEFORE ORDERING / PREAUTHORIZATION PROCESS INVOLVED Used for screening high risk women only.	\$94.37
77049-YN	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, bilateral CALL PROGRAM BEFORE ORDERING / PREAUTHORIZATION PROCESS INVOLVED Used for screening high risk women only.	\$343.07
77049-TC	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, bilateral CALL PROGRAM BEFORE ORDERING / PREAUTHORIZATION PROCESS INVOLVED Used for screening high risk women only.	\$239.74
77049-26	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, bilateral CALL PROGRAM BEFORE ORDERING / PREAUTHORIZATION PROCESS INVOLVED Used for screening high risk women only.	\$103.34

77063-YN	Screening Breast Tomosynthesis Bilateral (List Separately in addition to code for primary procedure G0202 or 77057)	\$50.47
77063-TC	Screening Breast Tomosynthesis Bilateral (List Separately in addition to code for primary procedure G0202 or 77057)	\$23.58
77063-26	Screening Breast Tomosynthesis Bilateral (List Separately in addition to code for primary procedure G0202 or 77057)	\$26.90
77065-YN	Diagnostic Mammogram, including CAD when performed, Unilateral	\$122.11
77065-TC	Diagnostic Mammogram, including CAD when performed, Unilateral (Technical/Facility Only)	\$85.59
77065-26	Diagnostic Mammogram, including CAD when performed, Unilateral (Professional Only)	\$36.52
77066-YN	Diagnostic Mammogram, including CAD when performed, Bilateral	\$154.45
77066-TC	Diagnostic Mammogram, including CAD when performed, Bilateral (Technical/Facility Only)	\$109.62
77066-26	Diagnostic Mammogram, including CAD when performed, Bilateral (Professional Only)	\$44.83
77067-YN	Screening Mammogram, including CAD when performed, Bilateral (Professional Only)	\$124.73
77067-TC	Screening Mammogram, including CAD when performed, Bilateral (Technical/Facility Only)	\$90.50
77067-26	Screening Mammogram, including CAD when performed, Bilateral (Professional Only)	\$34.23
G0279-YN	Diagnostic Breast Tomosynthesis (List Separately in addition to code for primary procedure 77065 or 77066)	\$45.89
G0279-TC	Diagnostic Breast Tomosynthesis (List Separately in addition to code for primary procedure 77065 or 77066)	\$18.99
G0279-26	Diagnostic Breast Tomosynthesis (List Separately in addition to code for primary procedure 77065 or 77066)	\$26.90
87624	Human Papillomavirus, High Risk Types	\$35.09
87625	Human Papillomavirus, Genotyping High Risk 16 and 18 only: reimbursable if used for screening in conjunction with Pap testing or for follow-up of an abnormal Pap result or surveillance as per ASCCP guidelines.	\$40.55
88141	PAP- Cytopathology Smear, Cervical or Vaginal Requiring Interpretation by a Physician	\$23.37
88142	PAP -Cytopathology, cervical or vaginal collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	\$20.26
88143	PAP- Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening and rescreening under physician supervision	\$23.04
88164	PAP- Cytopathology Smear, Cervical or Vaginal, TBS, Technician	\$17.76
88165	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening and rescreening under physician supervision	\$17.76
88172-YN	Evaluation of Fine Needle Aspiration with or without Preparation of Smears - Immediate Cytohistologic Study	\$54.28
88172-TC	Evaluation of Fine Needle Aspiration (Technical/Facility Only)	\$21.08
88172-26	Evaluation of Fine Needle Aspiration (Professional Only)	\$33.20
88173-YN	Interpretation and Report of Fine Needle Aspiration	\$163.36
88173-TC	Interpretation and Report of Fine Needle Aspiration (Technical/Facility Only)	\$97.63
88173-26	Interpretation and Report of Fine Needle (professional only)	\$65.74
88174	PAP- Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	\$25.37
88175	PAP- Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system and manual rescreening, under physician supervision.	\$26.61

88305-YN	Surgical Pathology/Biopsy Lab	\$70.00
88305-TC	Surgical Pathology/Biopsy Lab (Technical/Facility Only)	\$34.83
88305-26	Surgical Pathology/Biopsy Lab (Professional Only)	\$35.16
88307-YN	Surgical Pathology, gross and microscopic examination requiring microscopic evaluation of surgical margins	\$281.49
88307-TC	Surgical Pathology, gross and microscopic examination requiring microscopic evaluation of surgical margins (Technical/Facility Only)	\$204.50
88307-26	Surgical Pathology, gross and microscopic examination requiring microscopic evaluation of surgical margins (Professional Only)	\$77.00
88331-YN	Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen.	\$98.61
88331-TC	Pathology consultation, (Technical/Facility Only)	\$40.40
88331-26	Pathology consultation, (Professional Only)	\$58.21
88332-YN	Pathology consultation during surgery, each additional tissue block with frozen section(s)	\$52.97
88332-TC	Pathology consultation during surgery, each additional tissue block with frozen section(s) (Technical/Facility Only)	\$24.36
88332-26	Pathology consultation during surgery, each additional tissue block with frozen section(s) (Professional Only)	\$28.61
88341-YN	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	\$88.86
88341-TC	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure (Technical/Facility Only)	\$62.54
88341-26	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure (Professional Only)	\$26.32
88342-YN	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	\$103.72
88342-TC	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	\$70.85
88342-26	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	\$32.87
88360-YN	Morphometric analysis, tumor immunohistochemistry, per specimen; manual	\$117.80
88360-TC	Morphometric analysis, tumor immunohistochemistry, per specimen; manual	\$78.71
88360-26	Morphometric analysis, tumor immunohistochemistry, per specimen; manual	\$39.09
88361-YN	Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology	\$116.82
88361-TC	Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology	\$75.76
88361-26	Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology	\$41.06
99156	Conscious sedation anesthesia 10-20 minutes for individuals 5 years or older	\$69.25
99157	Conscious sedation anesthesia for each additional 15 minutes	\$55.40
99202	OFFICE VISIT- New Patient; expanded history, exam, straightforward decision-making; 15-29 minutes	\$69.44
99203	OFFICE VISIT- New Patient; detailed history, exam, straightforward decision-making; 30-44 minutes	\$106.46

99204	Office / Outpatient Visit/ decision making moderate complexity 45-59 minutes New SURGICAL CONSULT ONLY	\$159.52
99205	Office / Outpatient Visit / decision making high complexity 60-74 minutes New SURGICAL CONSULT ONLY	\$210.09
99211	OFFICE VISIT- Established Patient; evaluation and management, may not require presence of physician; presenting problems are minimal	\$22.72
99212	OFFICE VISIT- Established Patient; history, exam, straightforward decision making 10-19 minutes	\$54.45
99213	OFFICE VISIT- Established Patient; expanded history, exam, straightforward decision- making; 20-29 minutes	\$87.37
99214	OFFICE VISIT- Established Patient; detailed history, exam, moderately complex decision making; 30-39 minutes	\$123.23
99385	OFFICE VISIT-New Patient; initial comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction; ordering appropriate immunization, lab procedures, etc.; 30-39 years	\$106.46
99386	OFFICE VISIT- Same as 99385, but 40-64 years of age	\$106.46
99395	OFFICE VISIT- Periodic comprehensive preventive medicine evaluation and management; history, examination, counseling/guidance; risk factor reduction; ordering appropriate immunization, lab procedures, etc.; 30-39 years	\$87.37
99396	OFFICE VISIT- Same as 99395, but 40-64 years of age	\$87.37
99397	OFFICE VISIT- Same as 99395, but 65+ years of age (ONLY IF NO MEDICARE B)	\$87.37