

**ALL WOMEN COUNT! PROGRAM
PAYMENT SCHEDULE OF ALLOWED SERVICES BY CPT CODE
EFFECTIVE February 1, 2023**

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	\$49.14
10005	Fine needle aspiration biopsy including ultrasound guidance, first lesion	\$134.26
10006	Fine needle aspiration biopsy including ultrasound guidance, each additional lesion	\$58.50
10007	Fine needle aspiration biopsy including fluoroscopic guidance, first lesion	\$297.50
10008	Fine needle aspiration biopsy including fluoroscopic guidance, each additional lesion	\$142.39
10021	Fine needle aspiration without imaging guidance	\$100.34
19000	Puncture Aspiration of Cyst of Breast	\$101.32
19001	Aspiration, each additional Cyst used in conjunction with 19000	\$25.57
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	\$507.08
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	\$394.97
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	\$507.73
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	\$389.43
19100	Biopsy of Breast; Needle Core	\$147.38
19101	Biopsy of Breast; Incisional	\$319.90
19120	Excision of Cyst, Fibroadenoma, or Other Benign or Malignant Tumor Aberrant Breast Tissue, Duct Lesion or Nipple Lesion (except 19140)	\$497.94
19125	Excision of Breast Lesion Identified by Preoperative Placement of Radiological Marker; Single Lesion	\$547.08
19126	Excision, Each Additional Lesion	\$145.45
19281	Placement of breast localization device, percutaneous; mammographic guidance; first lesion DO NOT use in conjunction with 19081-19084	\$242.14
19282	Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion DO NOT use in conjunction with 19081-19084	\$172.70
19283	Placement of breast localization device, percutaneous; stereotactic guidance; first lesion DO NOT use in conjunction with 19081-19084	\$261.37
19284	Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion DO NOT use in conjunction with 19081-19084	\$193.50
19285	Placement of breast localization device, percutaneous; ultrasound guidance; first lesion DO NOT use in conjunction with 19081-19084	\$376.67
19286	Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion DO NOT use in conjunction with 19081-19084	\$310.29

57452	Colposcopy without Biopsy	\$124.06
57454	Colposcopy with Directed Cervical Biopsy	\$164.17
57455	Colposcopy with biopsy(s) of the cervix	\$157.67
57456	Colposcopy with endocervical curettage	\$148.74
57460	Colposcopy with loop electrode biopsy(s) of the cervix	\$312.69
57461	Colposcopy with loop electrode conization of the cervix	\$347.47
57500	Biopsy, single or multiple, or local excision of lesion, with or without fulguration	\$153.48
57505	Endocervical curettage (not done as part of a dilation and curettage).	\$154.84
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage; with or without repair; cold knife or laser.	\$346.80
57522	Loop electrode excision	\$297.35
76098-YN	Radiological Examination, Surgical Specimen	\$42.05
76098-TC	Radiological Examination, Surgical Specimen	\$27.23
76098-26	Radiological Examination, Surgical Specimen	\$14.82
76641-YN	Ultrasound, complete, examination of breast including axilla, unilateral	\$104.31
76641-TC	Ultrasound, complete examination of breast including axilla, unilateral	\$69.93
76641-26	Ultrasound, complete examination of breast including axilla, unilateral	\$34.38
76642-YN	Ultrasound, limited examination of breast including axilla, unilateral	\$85.67
76642-TC	Ultrasound, limited examination of breast including axilla, unilateral	\$53.67
76642-26	Ultrasound, limited examination of breast including axilla, unilateral	\$32.01
76942-YN	Ultrasound Guidance Needle Biopsy	\$57.89
76942-TC	Ultrasound Guidance Needle Biopsy	\$28.25
76942-26	Ultrasound Guidance Needle Biopsy	\$29.64
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.	\$353.94
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.	\$255.66
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.	\$98.27
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.	\$361.18
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.	\$253.63
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.	\$107.55

77063-YN	Screening Breast Tomosynthesis Bilateral (List Separately in addition to code for primary procedure G0202 or 77057)	\$52.68
77063-TC	Screening Breast Tomosynthesis Bilateral (List Separately in addition to code for primary procedure G0202 or 77057)	\$24.40
77063-26	Screening Breast Tomosynthesis Bilateral (List Separately in addition to code for primary procedure G0202 or 77057)	\$28.28
77065-YN	Diagnostic Mammogram, including CAD when performed, Unilateral	\$126.34
77065-TC	Diagnostic Mammogram, including CAD when performed, Unilateral (Technical/Facility Only)	\$88.57
77065-26	Diagnostic Mammogram, including CAD when performed, Unilateral (Professional Only)	\$37.77
77066-YN	Diagnostic Mammogram, including CAD when performed, Bilateral	\$159.55
77066-TC	Diagnostic Mammogram, including CAD when performed, Bilateral (Technical/Facility Only)	\$112.97
77066-26	Diagnostic Mammogram, including CAD when performed, Bilateral (Professional Only)	\$46.58
77067-YN	Screening Mammogram, including CAD when performed, Bilateral (Professional Only)	\$129.39
77067-TC	Screening Mammogram, including CAD when performed, Bilateral (Technical/Facility Only)	\$93.65
77067-26	Screening Mammogram, including CAD when performed, Bilateral (Professional Only)	\$35.74
G0279-YN	Diagnostic Breast Tomosynthesis (List Separately in addition to code for primary procedure 77065 or 77066)	\$52.68
G0279-TC	Diagnostic Breast Tomosynthesis (List Separately in addition to code for primary procedure 77065 or 77066)	\$24.40
G0279-26	Diagnostic Breast Tomosynthesis (List Separately in addition to code for primary procedure 77065 or 77066)	\$28.28
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	\$22.83
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	\$17.31
88165	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening and rescreening under physician supervision	\$15.92
88172-YN	Evaluation of Fine Needle Aspiration with or without Preparation of Smears - Immediate Cytohistologic Study	\$55.48
88172-TC	Evaluation of Fine Needle Aspiration (Technical/Facility Only)	\$20.80
88172-26	Evaluation of Fine Needle Aspiration (Professional Only)	\$34.69
88173-YN	Interpretation and Report of Fine Needle Aspiration	\$161.70
88173-TC	Interpretation and Report of Fine Needle Aspiration (Technical/Facility Only)	\$93.34
88173-26	Interpretation and Report of Fine Needle (professional only)	\$68.36
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	\$71.41
88305-TC	Surgical Pathology/Biopsy Lab (Technical/Facility Only)	\$35.03
88305-26	Surgical Pathology/Biopsy Lab (Professional Only)	\$36.38
88307-YN	Surgical Pathology, gross and microscopic examination requiring microscopic evaluation of surgical margins	\$291.06
88307-TC	Surgical Pathology, gross and microscopic examination requiring microscopic evaluation of surgical margins (Technical/Facility Only)	\$210.93
88307-26	Surgical Pathology, gross and microscopic examination requiring microscopic evaluation of surgical margins (Professional Only)	\$80.13
88331-YN	Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen.	\$102.03
88331-TC	Pathology consultation, (Technical/Facility Only)	\$41.47
88331-26	Pathology consultation, (Professional Only)	\$60.57
88332-YN	Pathology consultation during surgery, each additional tissue block with frozen section(s)	\$54.81
88332-TC	Pathology consultation during surgery, each additional tissue block with frozen section(s) (Technical/Facility Only)	\$24.86
88332-26	Pathology consultation during surgery, each additional tissue block with frozen section(s) (Professional Only)	\$29.94
88341-YN	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	\$86.88
88341-TC	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure (Technical/Facility Only)	\$59.30
88341-26	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure (Professional Only)	\$27.57
88342-YN	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	\$100.55
88342-TC	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	\$66.54
88342-26	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	\$34.01
88360-YN	Morphometric analysis, tumor immunohistochemistry, per specimen; manual	\$118.85
88360-TC	Morphometric analysis, tumor immunohistochemistry, per specimen; manual	\$78.06
88360-26	Morphometric analysis, tumor immunohistochemistry, per specimen; manual	\$40.79
88361-YN	Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology	\$118.85
88361-TC	Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology	\$76.03
88361-26	Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology	\$42.82
99156	Conscious sedation anesthesia 10-20 minutes for individuals 5 years or older	\$72.03
99157	Conscious sedation anesthesia for each additional 15 minutes	\$59.64
99202	OFFICE VISIT- New Patient; expanded history, exam, straightforward decision-making; 15-29 minutes	\$71.13
99203	OFFICE VISIT- New Patient; detailed history, exam, straightforward decision-making; 30-44 minutes	\$109.18

99204	Office / Outpatient Visit/ decision making moderate complexity 45-59 minutes New SURGICAL CONSULT ONLY	\$162.45
99205	Office / Outpatient Visit / decision making high complexity 60-74 minutes New SURGICAL CONSULT ONLY	\$214.26
99211	OFFICE VISIT- Established Patient; evaluation and management, may not require presence of physician; presenting problems are minimal	\$23.17
99212	OFFICE VISIT- Established Patient; history, exam, straightforward decision making 10-19 minutes	\$55.64
99213	OFFICE VISIT- Established Patient; expanded history, exam, straightforward decision- making; 20-29 minutes	\$88.66
99214	OFFICE VISIT- Established Patient; detailed history, exam, moderately complex decision making; 30-39 minutes	\$125.42
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	\$109.18
99386	OFFICE VISIT- Same as 99385, but 40-64 years of age	\$109.18
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	\$88.66
99396	OFFICE VISIT- Same as 99395, but 40-64 years of age	\$88.66
99397	OFFICE VISIT- Same as 99395, but 65+ years of age (ONLY IF NO MEDICARE B)	\$88.66