

**Indiana Breast & Cervical Cancer Program Screening and Diagnostic Services  
Medicare CPT Codes and Prices as of January 25, 2024**

<b>OFFICE VISITS</b>				
<b>CPT Code</b>	<b>Service Description</b>	<b>Global</b>	<b>Prof</b>	<b>Tech</b>
99202	New patient; medically appropriate history/exam; straightforward decision making; 15-29 minutes	66.74		
99203	New patient; medically appropriate history/exam; low level decision making; 30-44 minutes	102.93		
99204	New patient; medically appropriate history/exam; moderate level decision making; 45-59 minutes	154.76		
99205	New patient; medically appropriate history/exam; high level decision making; 60-74 minutes	204.08		
99211	Established patient; evaluation and management, may not require presence of physician; presenting problems are minimal	21.45		
99212	Established patient; medically appropriate history/exam; straightforward decision-making; 10-19 minutes	52.25		
99213	Established patient; medically appropriate history/exam; low level decision making; 20-29 minutes	84.31		
99214	Established Patient, medically appropriate history/exam; moderate level decision making; 30-39 minutes	119.13		
<b>99385</b>	<i>Initial</i> comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunizations and lab procedures; 18 to 39 years of age – paid at <b>99203 rate</b>	102.93		
<b>99386</b>	Same as 99385, but 40 to 64 years of age – <b>paid at 99203 rate</b>	102.93		
<b>99387</b>	Same as 99385, but 65 years of age or older – <b>paid at 99203 rate</b>	102.93		
<b>99395</b>	<i>Periodic</i> comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunizations and lab procedures; 18 to 39 years of age – <b>paid at 99213 rate</b>	84.31		
<b>99396</b>	Same as 99395, but 40 to 64 years of age – <b>paid at 99213 rate</b>	84.31		
<b>99397</b>	Same as 99395, but 65 years of age or older – <b>paid at 99213 rate</b>	84.31		

**Note:** The type and duration of office visits should be appropriate to the level of care needed to accomplish screening and diagnostic follow-up within the NBCCEDP. Reimbursement rates should not exceed those published by Medicare. While some programs may need to use 993XX series, 993XX Preventive Medicine Evaluation visits are not appropriate for the NBCCEDP 9938X codes shall be reimbursed at or below the 99203 rate, and 9939X codes shall be reimbursed at or below the 99213 rate.

Revised 1/25/2024

**BREAST CANCER SCREENING & DIAGNOSTIC PROCEDURES**

<b>CPT Code</b>	<b>Service Description</b>	<b>Global</b>	<b>Prof</b>	<b>Tech</b>
76641	Ultrasound, complete examination of breast including axilla, unilateral	94.14	32.39	61.75
76642	Ultrasound, limited examination of breast including axilla, unilateral	78.01	30.15	47.86
77063	Screening digital breast tomosynthesis, bilateral	48.20	26.46	21.74
76098	Radiological examination, surgical specimen, global	39.01	14.09	24.92
76942	Ultrasonic guidance for needle placement, imaging supervision and interpretation	53.67	28.15	25.52
19000	Puncture aspiration of cyst of breast	91.44	38.31	38.31
19001	Puncture aspiration of cyst of breast, each additional cyst, <i>used with 19000</i>	24.21	19.08	19.08
19100	Breast biopsy, percutaneous, needle core, not using imaging guidance	134.06	61.00	61.00
19101	Breast biopsy, open, incisional	295.22	200.43	200.43
19120	Excision of cyst, fibroadenoma or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion; open; one or more lesions	468.98	376.29	376.29

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<b>CPT Code</b>	<b>Service Description</b>	<b>Global</b>	<b>Prof</b>	<b>Tech</b>
19125	Excision of breast lesion identified by preoperative placement of radiological marker; open; single lesion	516.10	415.57	415.57
19126	Excision of breast lesion identified by preoperative placement of radiological marker, open; <i>each additional lesion separately identified by a preoperative radiological marker</i>	140.90	140.90	140.90
19081	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion	452.01	148.29	148.29
19082	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion	346.25	74.24	74.24
19083	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion	450.01	139.96	139.96
19084	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion	340.71	69.90	69.90

19085	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion	688.99	163.38	163.38
19086	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion	531.29	81.46	81.46
19281	Placement of breast localization device, percutaneous; mammographic guidance; first lesion	220.20	89.78	89.78
19282	Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion	155.24	45.04	45.04
19283	Placement of breast localization device, percutaneous; stereotactic guidance; first lesion	235.47	90.26	90.26
19284	Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion	171.55	45.06	45.06
19285	Placement of breast localization device, percutaneous; ultrasound guidance; first lesion	331.28	76.48	76.48
19286	Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion	269.88	38.32	38.32
19287	Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion	571.40	114.62	114.62
19288	Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion	439.15	57.25	57.25
10021	Fine needle aspiration biopsy without imaging guidance, first lesion	92.41	49.84	49.84
10004	Fine needle aspiration biopsy without imaging guidance, each additional lesion	47.58	39.13	39.13
10005	Fine needle aspiration biopsy including ultrasound guidance, first lesion	123.11	66.65	66.65
10006	Fine needle aspiration biopsy including ultrasound guidance, each additional lesion	55.47	45.81	45.81
10007	Fine needle aspiration biopsy including fluoroscopic guidance, first lesion	276.51	81.48	81.48
10008	Fine needle aspiration biopsy including fluoroscopic guidance, each additional lesion	128.57	46.76	46.76
10009	Fine needle aspiration biopsy including CT guidance, first lesion	388.76	99.23	99.23
10010	Fine needle aspiration biopsy including CT guidance, each additional lesion	214.05	65.61	65.61
10011	Fine needle aspiration biopsy including MRI guidance, first lesion – <b>paid at 10009 rate</b>	388.76	99.23	99.23
10012	Fine needle aspiration biopsy including MRI guidance each additional lesion – <b>paid at 10010 rate</b>	214.05	65.51	65.51
38505	Needle biopsy lymph nodes	159.06	78.15	78.15
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s)	51.89	32.41	19.48
88173	Cytopathology, evaluation of fine needle aspirate; <i>interpretation and report</i>	154.39	64.25	90.14
	<b>BREAST CANCER SCREENING &amp; DIAGNOSTIC PROCEDURES</b>			
<b>CPT Code</b>	<b>Service Description</b>	<b>Global</b>	<b>Prof</b>	<b>Tech</b>
88177	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen (s), each separate additional evaluation episode	27.50	19.95	7.55
88305	Surgical pathology, gross and microscopic examination	66.54	34.38	32.16

88307	Surgical pathology, gross and microscopic examination; requiring microscopic eval. of surgical margins	263.90	75.18	188.72
77065	Diagnostic Mammogram, Digital, Unilateral, includes CAD	114.87	35.91	78.96
77066	Diagnostic Mammogram, Digital, Bilateral, includes CAD	145.26	44.11	101.15
77067	Screening Mammogram, Digital, Bilateral includes CAD	117.16	33.67	83.48
G0279	Diagnostic digital breast tomosynthesis, unilateral or bilateral	43.97	26.46	17.51
77053	Mammary ductogram or galactogram, single duct	49.40	16.03	33.37
77046	Magnetic resonance imaging (MRI), breast without contrast, unilateral	200.46	63.99	136.48
77047	Magnetic resonance imaging (MRI), breast without contrast, bilateral	206.44	70.57	135.87
77048	Magnetic resonance imaging (MRI), breast including CAD, with and without contrast, unilateral	316.13	92.85	223.28
77049	Magnetic resonance imaging (MRI), breast, including CAD with and without contrast, bilateral	322.84	101.67	221.17

<b>CERVICAL CANCER SCREENING AND DIAGNOSTIC PROCEDURES</b>				
<b>CPT Code</b>	<b>Service Description</b>	<b>Global</b>	<b>Prof</b>	<b>Tech</b>
88164	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening under physician supervision	17.76		
88165	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening and rescreeing under physician supervision	42.22		
88141	Cytopathology (conventional Pap test), cervical or vaginal, any reporting system, <i>requiring interpretation by physician</i>	22.26		
88142	Cytopathology (liquid-based Pap test) cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	20.26		
88143	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening and rescreeing under physician supervision, will be reimbursed at the 88142 rate	23.04		
87624	Human papillomavirus, high-risk types	35.09		
<b>CERVICAL CANCER SCREENING &amp; DIAGNOSTIC PROCEDURES</b>				

<b>CPT Code</b>	<b>Service Description</b>	<b>Global</b>	<b>Prof</b>	<b>Tech</b>
87625	Human papillomavirus, types 16 and 18 only	40.55		
88174	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	25.37		
88175	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system and manual rescreening, under physician supervision	26.61		
57452	Colposcopy of the cervix	116.03		
57454	Colposcopy of the cervix, with biopsy and endocervical curettage	154.34		
57455	Colposcopy of the cervix, with biopsy	147.99		
57456	Colposcopy of the cervix, with endocervical curettage	139.47		
57460	Colposcopy with loop electrode biopsy(s) of the cervix	285.80		
57461	Colposcopy with loop electrode conization of the cervix	318.51		
57500	Cervical biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	139.98		
57505	Endocervical curettage (not done as part of a dilation and curettage)	141.77		
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	324.12		
57522	Loop electrode excision procedure	278.09		
58100	Endometrial sampling (biopsy) with or without endocervical sampling, without cervical dilation, any method (separate procedure)	92.61		
58110	Endometrial sampling (biopsy) performed in conjunction with Colposcopy (list separately in addition to code for primary procedure)	45.69		
88305	Surgical pathology, gross and microscopic examination	66.54	34.38	32.16
88307	Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins (diagnostic LEEP only)	263.90	75.18	188.12
88331	Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen	94.09	56.79	37.29
88332	Pathology consultation during surgery, each additional tissue block, with frozen section(s)	50.43	27.93	22.50
88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional stain	83.40	25.74	57.66
88342	Immunohistochemistry or immunocytochemistry, per specimen; first stain	97.51	32.14	65.37

CPT Code	Pathology	Global	Prof	Tech
88360	Morphometric analysis, tumor immunohistochemistry, per specimen; manual	110.87	38.26	72.61

<b>PROCEDURES SPECIFICALLY NOT ALLOWED</b>	
Any	Treatment of breast carcinoma in situ, breast cancer, cervical intraepithelial neoplasia and cervical cancer
77061	Breast tomosynthesis, unilateral
77062	Breast tomosynthesis, bilateral
87623	Human papillomavirus, low-risk types
	ABUS; Bilateral screening breast ultrasound for dense breast