

Compensation and Billing - Covered Services

Fee for Service Schedule - Effective June 30, 2026 Until notified of a change

<i>Description of Services</i>	<i>CPT Codes</i>	<i>Rate</i>
Placement of soft tissues localization device, eg clips, additional lesion, professional	10036-26	\$36.73
COVID-19 Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique	87635	\$51.31
Administration of a standardized, evidence-based Social Determinants of Health Risk Assessment, 5-15 minutes, not more often than every 6 months (prof fee)	G0136-26	\$8.02
<i>OFFICE VISITS</i>		
Specimen Handling	99000	\$46.09
New Patient, straightforward decision making; 15-29 minutes	99202	\$75.15
New Patient, straightforward decision making; 15-29 minutes. Facility Fee	99202/TC	\$41.08
New Patient, low level decision making; 30-44 minutes	99203	\$117.56
New Patient, low level decision making; 30-44 minutes Facility Fee	99203/TC	\$71.47
New Patient, moderate level decision making; 45-59 minutes	99204	\$177.34
New Patient, moderate level decision making; 45-59 minutes. Facility Fee	99204/TC	\$116.89
New Patient, high level decision making; 60-74 minutes	99205	\$236.79
New Patient, high level decision making; 60-74 minutes. Facility Fee	99205/TC	\$160.30
Established Patient, evaluation and management, may not require presence of physician; presenting problems are minimal	99211	\$24.38
Established Patient, evaluation and management, may not require presence of physician; presenting problems are minimal. Facility Fee	99211/TC	\$7.68
Established Patient; straightforward decision making; 10-19 minutes	99212	\$59.45
Established Patient; straightforward decision making; 10-19 minutes. Facility Fee	99212/TC	\$31.06
Established Patient; low level decision making; 20-29 minutes	99213	\$95.19
Established Patient; low level decision making; 20-29 minutes. Facility Fee	99213/TC	\$57.44
Established patient; moderate level decision making; 30-39 minutes.	99214	\$135.60
Established patient; moderate level decision making; 30-39 minutes. Facility Fee	99214/TC	\$84.49
INITIAL comprehensive preventive medicine evaluation & management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunizations & lab procedures. Age 18-39	99385	\$117.56
Same as 99385, but age 40-64	99386	\$117.56
Same as 99385, but age 65 and older	99387	\$117.56
PERIODIC comprehensive preventive medicine evaluation & management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunizations & lab procedures. Age 18-39	99395	\$95.19

<i>Description of Services</i>	<i>CPT Codes</i>	<i>Rate</i>
Same as 99395, but age 40-64	99396	\$95.19
Same as 99395, but age 65 or older	99397	\$95.19
Pelvic Examination, list separately, in addition to primary procedure	99459	\$17.37
Community health integration services performed by certified or trained auxiliary personnel, including a community health worker, under the direction of a physician or other practitioner; 60 minutes per calendar month	G0019	\$86.50
Community health integration services performed by certified or trained auxiliary personnel, including a community health worker, under the direction of a physician or other practitioner; 60 minutes per calendar month (Professional Fee)	G0019-26	\$44.18
Community health integration services, each additional 30 minutes per calendar month	G0022	\$54.11
Community health integration services, each additional 30 minutes per calendar month (Professional Fee)	G0022-26	\$30.73
Cervical or vaginal cancer screening; pelvic and clinical breast examination	G0101	\$39.24
Cervical or vaginal cancer screening; pelvic & clinical breast examination Facility Fee	G0101/TC	\$24.71
Administration of a standardized, evidence-based Social Determinants of Health Risk Assessment, 5-15 minutes, not more often than every 6 months	G0136	\$20.04
Obtaining Screening Pap Smear	Q0091	\$46.09
Obtaining Screening Pap Smear. Facility Fee	Q0091/TC	\$15.70

CONSCIOUS SEDATION

Moderate sedation, initial 15 minutes of intraservice time	99156	\$71.13
Moderate sedation, each additional 15 minutes of intraservice time	99157	\$54.10

RADIOLOGICAL PROCEDURES

Radiological exam, surgical specimen (global)	76098	\$43.09
Radiological exam, surgical specimen (technical)	76098/TC	\$28.39
Radiological exam, surgical specimen (professional)	76098-26	\$14.70
Ultrasound, complete examination of breast including axilla, unilateral (global)	76641	\$100.20
Ultrasound, complete examination of breast including axilla, unilateral (technical)	76641/TC	\$66.47
Ultrasound, complete examination of breast including axilla, unilateral (professional)	76641-26	\$33.73
Ultrasound, limited examination of breast including axilla, unilateral (global)	76642	\$83.50
Ultrasound, limited examination of breast including axilla, unilateral (technical)	76642/TC	\$52.10
Ultrasound, limited examination of breast including axilla, unilateral (professional)	76642-26	\$31.39
Ultrasound guidance for needle biopsy (global)	76942	\$64.13
Ultrasound guidance for needle biopsy (technical)	76942/TC	\$32.73
Ultrasound guidance for needle biopsy (professional)	76942-26	\$31.39
Magnetic Resonance Imaging, breast, without contrast material, unilateral (global)	77046	\$213.43
Magnetic Resonance Imaging, breast, without contrast material, unilateral (technical)	77046/TC	\$142.30
Magnetic Resonance Imaging, breast, without contrast material, unilateral (professional)	77046-26	\$66.13

<i>Description of Services</i>	<i>CPT Codes</i>	<i>Rate</i>
Magnetic Resonance Imaging, breast, without contrast material, bilateral (global)	77047	\$216.77
Magnetic Resonance Imaging, breast, without contrast material, bilateral (technical)	77047/TC	\$143.62
Magnetic Resonance Imaging, breast, without contrast material, bilateral (professional)	77047-26	\$73.14
Magnetic Resonance Imaging, breast, without and with contrast material(s), including CAD when performed, unilateral (global)	77048	\$334.33
Magnetic Resonance Imaging, breast, without and with contrast material(s), including CAD when performed, unilateral (technical)	77048/TC	\$237.48
Magnetic Resonance Imaging, breast, without and with contrast material(s), including CAD when performed, unilateral (professional)	77048-26	\$96.85
Magnetic Resonance Imaging, breast, without and with contrast material(s), including CAD when performed, bilateral (global)	77049	\$340.01
Magnetic Resonance Imaging, breast, without and with contrast material(s), including CAD when performed, bilateral (technical)	77049/TC	\$234.14
Magnetic Resonance Imaging, breast, without and with contrast material(s), including CAD when performed, bilateral (professional)	77049-26	\$105.87
Mammary ductogram or galactogram, single duct (global)	77053	\$53.11
Mammary ductogram or galactogram, single duct (technical)	77053/TC	\$36.41
Mammary ductogram or galactogram, single duct (professional)	77053-26	\$16.70
Screening digital breast tomosynthesis, bilateral (global)	77063	\$51.44
Screening digital breast tomosynthesis, bilateral (technical)	77063/TC	\$23.71
Screening digital breast tomosynthesis, bilateral (professional)	77063-26	\$27.72
Diagnostic Mammography, including computer-aided detection (CAD) when performed; unilateral (global)	77065	\$123.91
Diagnostic Mammography, including computer-aided detection (CAD) when performed; unilateral (technical)	77065/TC	\$86.17
Diagnostic Mammography, including computer-aided detection (CAD) when performed; unilateral (professional)	77065-26	\$37.74
Diagnostic Mammography, including computer-aided detection (CAD) when performed; bilateral (global)	77066	\$156.98
Diagnostic Mammography, including computer-aided detection (CAD) when performed; bilateral (technical)	77066/TC	\$110.56
Diagnostic Mammography, including computer-aided detection (CAD) when performed; bilateral (professional)	77066-26	\$46.42
Screening Mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed (global)	77067	\$126.25
Screening Mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed (technical)	77067/TC	\$91.18
Screening Mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed (professional)	77067-26	\$35.07
Diagnostic digital breast tomosynthesis, Unilateral or Bilateral (global)	G0279	\$40.41
Diagnostic digital breast tomosynthesis, Unilateral or Bilateral (technical)	G0279/TC	\$16.69
Diagnostic digital breast tomosynthesis, Unilateral or Bilateral (professional)	G0279-26	\$27.72

LABORATORY AND PATHOLOGY

<i>Description of Services</i>	<i>CPT Codes</i>	<i>Rate</i>
Human Papillomavirus (HPV) High Risk types	87624	\$35.09
Human Papillomavirus (HPV) types 16 and 18 only	87625	\$40.55
Human Papillomavirus, reported high-risk types separately and pooled	87626	\$70.20
Cytopathology, fluids, washings or brushings, except vaginal or cervical (global)	88104	\$84.17
Cytopathology, fluids, washings or brushings, except vaginal or cervical (technical)	88104/TC	\$57.45
Cytopathology, fluids, washings or brushings, except vaginal or cervical (prof)	88104-26	\$26.72
Cytopathology, cervical or vaginal, requiring interpretation by a physician.	88141	\$24.38
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	88142	\$20.26
Cytopathology with manual screening and re-screening under physician supervision.	88143	\$23.04
Cytopathology with automated screening and manual re-screening under physician supervision.	88148	\$18.54
Cytopathology, slides, cervical or vaginal, (Bethesda System) manual screening under physician supervision	88164	\$18.54
Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening and rescreening under physician supervision	88165	\$42.22
Evaluation of fine needle aspirate, immediate cytohistologic study to determine adequacy of specimen(s), first evaluation episode, each site (global)	88172	\$54.44
Evaluation of fine needle aspirate, immediate cytohistologic study to determine adequacy of specimen(s), first evaluation episode, each site (technical)	88172/TC	\$21.38
Evaluation of fine needle aspirate, immediate cytohistologic study to determine adequacy of specimen(s), first evaluation episode, each site (professional)	88172-26	\$33.07
Evaluation of fine needle aspirate, interpretation (global)	88173	\$166.22
Evaluation of fine needle aspirate, interpretation (technical)	88173/TC	\$101.20
Evaluation of fine needle aspirate, interpretation (professional)	88173-26	\$65.46
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	88174	\$25.37
Cytopathology with automated screening and re-screening under physician supervision.	88175	\$26.61
Evaluation of fine needle aspirate, immediate cytohistologic study to determine adequacy of specimen(s), each separate additional evaluation episode, same site. (Use with 88172) (global)	88177	\$29.09
Evaluation of fine needle aspirate, immediate cytohistologic study to determine adequacy of specimen(s), each separate additional evaluation episode, same site. (Use with 88172) (technical)	88177/TC	\$8.41
Evaluation of fine needle aspirate, immediate cytohistologic study to determine adequacy of specimen(s), each separate additional evaluation episode, same site. (Use with 88172) (professional)	88177-26	\$20.37
Surgical pathology/biopsy lab. Breast or Cervical specimens only (global)	88305	\$70.14
Surgical pathology/biopsy lab. Breast or Cervical specimens only (technical)	88305/TC	\$35.07
Surgical pathology/biopsy lab. Breast or Cervical specimens only (professional)	88305-26	\$35.07
Surgical pathology. Level V. Breast or Cervical specimens only (global)	88307	\$277.89
Surgical pathology. Level V. Breast or Cervical specimens only (technical)	88307/TC	\$201.40
Surgical pathology. Level V. Breast or Cervical specimens only (professional)	88307-26	\$76.49

<i>Description of Services</i>	<i>CPT Codes</i>	<i>Rate</i>
Surgical pathology. Level VI. Breast or Cervical specimens only (global)	88309	\$413.50
Surgical pathology. Level VI. Breast or Cervical specimens only (technical)	88309/TC	\$278.89
Surgical pathology. Level VI. Breast or Cervical specimens only (professional)	88309-26	\$134.60
Consultation, comprehensive, with review of records and specimens, with report on referred material.	88325	\$153.30
Pathology consultation during surgery	88329	\$52.10
First tissue block with frozen sections, single specimen (global)	88331	\$97.19
First tissue block with frozen sections, single specimen (technical)	88331/TC	\$39.41
First tissue block with frozen sections, single specimen (professional)	88331-26	\$57.78
Each additional tissue block with frozen sections (global)	88332	\$53.44
Each additional tissue block with frozen sections (technical)	88332/TC	\$24.38
Each additional tissue block with frozen sections (professional)	88332-26	\$29.06
Pathology: Immunohistochemistry or immunocytochemistry, per specimen, each additional single antibody stain procedure (global)	88341	\$94.19
Pathology: Immunohistochemistry or immunocytochemistry, per specimen, each additional single antibody stain procedure (technical)	88341/TC	\$67.47
Pathology: Immunohistochemistry or immunocytochemistry, per specimen, each additional single antibody stain procedure (professional)	88341-26	\$26.72
Pathology: Immunohistochemistry or immunocytochemistry, per specimen, initial single antibody stain procedure (global)	88342	\$110.22
Pathology: Immunohistochemistry or immunocytochemistry, per specimen, initial single antibody stain procedure (technical)	88342/TC	\$77.49
Pathology: Immunohistochemistry or immunocytochemistry, per specimen, initial single antibody stain procedure (professional)	88342-26	\$32.73
Morphometric analysis, tumor immunohistochemistry, quantitative or semiquantitative, per specimen, each single antibody stain procedure; manual (global)	88360	\$120.58
Morphometric analysis, tumor immunohistochemistry, quantitative or semiquantitative, per specimen, each single antibody stain procedure; manual (technical)	88360/TC	\$81.50
Morphometric analysis, tumor immunohistochemistry, quantitative or semiquantitative, per specimen, each single antibody stain procedure; manual (professional)	88360-26	\$39.08
Morphometric analysis, tumor immunohistochemistry, quantitative or semiquantitative, per specimen, each single antibody stain procedure; using computer assisted technology (global)	88361	\$114.90
Morphometric analysis, tumor immunohistochemistry, quantitative or semiquantitative, per specimen, each single antibody stain procedure; using computer assisted technology (technical)	88361/TC	\$74.48
Morphometric analysis, tumor immunohistochemistry, quantitative or semiquantitative, per specimen, each single antibody stain procedure; using computer assisted technology (professional)	88361-26	\$40.41
In situ hybridization (e.g. FISH) per specimen, each additional single probe stain procedure (global)	88364	\$126.92
In situ hybridization (e.g. FISH) per specimen, each additional single probe stain procedure (technical)	88364/TC	\$95.19

<i>Description of Services</i>	<i>CPT Codes</i>	<i>Rate</i>
In situ hybridization (e.g. FISH) per specimen, each additional single probe stain procedure (professional)	88364-26	\$31.73
In situ hybridization (e.g. FISH) per specimen, initial single probe stain procedure (global)	88365	\$169.01
In situ hybridization (e.g. FISH) per specimen, initial single probe stain procedure (technical)	88365/TC	\$128.59
In situ hybridization (e.g. FISH) per specimen, initial single probe stain procedure (professional)	88365-26	\$40.10
In situ hybridization (e.g. FISH) per specimen, each multiplex probe stain procedure (global)	88366	\$265.20
In situ hybridization (e.g. FISH) per specimen, each multiplex probe stain procedure (technical)	88366/TC	\$207.42
In situ hybridization (e.g. FISH) per specimen, each multiplex probe stain procedure (professional)	88366-26	\$57.28
Morphometric analysis, in situ hybridization, computer-assisted, per specimen, initial single probe stain procedure (global)	88367	\$105.21
Morphometric analysis, in situ hybridization, computer-assisted, per specimen, initial single probe stain procedure (technical)	88367/TC	\$74.15
Morphometric analysis, in situ hybridization, computer-assisted, per specimen, initial single probe stain procedure (professional)	88367-26	\$31.06
Morphometric analysis, in situ hybridization, manual, per specimen, initial single probe stain procedure (global)	88368	\$145.96
Morphometric analysis, in situ hybridization, manual, per specimen, initial single probe stain procedure (technical)	88368/TC	\$105.88
Morphometric analysis, in situ hybridization, manual, per specimen, initial single probe stain procedure (professional)	88368-26	\$40.08
Morphometric analysis, in situ hybridization, manual, per specimen, each additional probe stain procedure (global)	88369	\$129.26
Morphometric analysis, in situ hybridization, manual, per specimen, each additional probe stain procedure (technical)	88369/TC	\$97.20
Morphometric analysis, in situ hybridization, manual, per specimen, each additional probe stain procedure (professional)	88369-26	\$32.06
Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each additional probe stain procedure (global)	88373	\$63.46
Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each additional probe stain procedure (technical)	88373/TC	\$39.75
Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each additional probe stain procedure (professional)	88373-26	\$23.71
Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each multiplex stain procedure (global)	88374	\$266.54
Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each multiplex stain procedure (technical)	88374/TC	\$227.13
Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each multiplex stain procedure (professional)	88374-26	\$39.41
Morphometric analysis, in situ hybridization, manual, per specimen, each multiplex stain procedure (global)	88377	\$384.44
Morphometric analysis, in situ hybridization, manual, per specimen, each multiplex stain procedure (technical)	88377/TC	\$323.65
Morphometric analysis, in situ hybridization, manual, per specimen, each multiplex stain procedure (professional)	88377-26	\$60.79

<i>Description of Services</i>	<i>CPT Codes</i>	<i>Rate</i>
BREAST SURGERIES		
Anesthesia, anterior trunk (baseline= 3 units@ 15 minutes each)	00400	\$20.49
Fine needle aspiration, without imaging guidance, each additional lesion. (Use with 10021)	10004	\$53.10
Fine needle aspiration, without imaging guidance, each additional lesion. (Use with 10021) Physicians Fee if performed in facility	10004-26	\$36.23
Fine needle aspiration biopsy, including ultrasound guidance, first lesion.	10005	\$132.26
Fine needle aspiration biopsy, including ultrasound guidance, first lesion. Physician fee if performed in facility	10005-26	\$62.45
Fine needle aspiration biopsy, including ultrasound guidance, each additional lesion.	10006	\$60.11
Fine needle aspiration biopsy, including ultrasound guidance, each additional lesion. Physician fee if performed in facility.	10006-26	\$43.08
Fine needle aspiration biopsy, including fluoroscopic guidance, first lesion	10007	\$344.35
Fine needle aspiration biopsy, including fluoroscopic guidance, first lesion. Physician fee if performed in facility.	10007-26	\$80.14
Fine needle aspiration biopsy, including fluoroscopic guidance, each additional lesion.	10008	\$141.28
Fine needle aspiration biopsy, including fluoroscopic guidance, each additional lesion. Physician fee if performed in facility.	10008-26	\$47.09
Fine needle aspiration biopsy, including CT guidance, first lesion	10009	\$412.82
Fine needle aspiration biopsy, including CT guidance, first lesion. Physician fee if performed in facility.	10009-26	\$93.17
Fine needle aspiration biopsy, including CT guidance, each additional lesion.	10010	\$235.13
Fine needle aspiration biopsy, including CT guidance, each additional lesion. Physician fee if performed in facility.	10010-26	\$65.79
Fine needle aspiration biopsy, including MR guidance, first lesion	10011	\$412.82
Fine needle aspiration biopsy, including MR guidance, first lesion. Physician fee if performed in facility.	10011-26	\$93.17
Fine needle aspiration biopsy, including MR guidance, each additional lesion	10012	\$235.13
Fine needle aspiration biopsy, including MR guidance, each additional lesion. Physician fee if performed in facility.	10012-26	\$65.79
Fine needle aspiration, without imaging guidance, first lesion	10021	\$101.20
Fine needle aspiration, without imaging guidance, first lesion. Physicians Fee if performed in facility	10021-26	\$46.08
	10035	\$345.69
Placement of soft tissues localization device, eg clip	10035	\$345.69
Placement of soft tissues localization device, eg clips - professional	10035-26	\$71.13
Placement of soft tissues localization device, eg clips, additional lesion	10036	\$290.58
Puncture aspiration of cyst of breast	19000	\$96.19
Puncture aspiration of cyst of breast, Physician fee if performed in facility	19000-26	\$36.40
Puncture aspiration of cyst of breast, each additional	19001	\$26.38

<i>Description of Services</i>	<i>CPT Codes</i>	<i>Rate</i>
Puncture aspiration of cyst of breast, each additional, Physician fee if performed in facility	19001-26	\$18.03
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion	19081	\$478.61
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion. Physician Fee if performed in facility.	19081-26	\$138.26
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion	19082	\$363.72
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion. Physician Fee if performed in facility.	19082-26	\$69.46
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion	19083	\$475.94
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion. Physician Fee if performed in facility.	19083-26	\$130.57
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion.	19084	\$357.38
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion. Physician Fee if performed in facility.	19084-26	\$65.12
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion.	19085	\$719.43
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion. Physician Fee if performed in facility.	19085-26	\$151.28
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion.	19086	\$553.44
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion. Physician Fee if performed in facility.	19086-26	\$75.42
Biopsy of breast, percutaneous, needle core, not using imaging guidance	19100	\$163.31
Biopsy of breast, percutaneous, needle core, not using imaging guidance, Physician fee if performed in facility	19100-26	\$61.77
Biopsy of breast, open, incisional	19101	\$350.32
Biopsy of breast, open, incisional, Physician fee if performed in facility	19101-26	\$216.39
Nipple Exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct	19110	\$534.34
Nipple Exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct, Physician fee if performed in facility	19110-26	\$355.98
Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion, open, one or more lesions.	19120	\$573.06
Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion, open, one or more lesions, Physician fee if performed in facility	19120-26	\$407.73
Excision of breast lesion identified by preoperative placement of radiological marker, single lesion.	19125	\$634.84
Excision of breast lesion identified by preoperative placement of radiological marker, single lesion, Physician fee if performed in facility	19125-26	\$452.47

<i>Description of Services</i>	<i>CPT Codes</i>	<i>Rate</i>
Excision of breast lesion separately identified by preoperative placement of radiological marker, each additional lesion.	19126	\$143.91
Placement of breast localization device, percutaneous; mammographic guidance; first lesion.	19281	\$234.80
Placement of breast localization device, percutaneous; mammographic guidance; first lesion. Physician Fee if performed in facility.	19281-26	\$83.16
Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion.	19282	\$164.66
Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion. Physician Fee if performed in facility.	19282-26	\$41.41
Placement of breast localization device, percutaneous; stereotactic guidance; first lesion.	19283	\$250.49
Placement of breast localization device, percutaneous; stereotactic guidance; first lesion. Physician Fee if performed in facility.	19283-26	\$84.16
Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion.	19284	\$181.69
Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion. Physician Fee if performed in facility.	19284-26	\$42.41
Placement of breast localization device, percutaneous; ultrasound guidance; first lesion	19285	\$350.36
Placement of breast localization device, percutaneous; ultrasound guidance; first lesion. Physician Fee if performed in facility.	19285-26	\$71.80
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion.	19286	\$286.91
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion. Physician Fee if performed in facility.	19286-26	\$36.07
Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion	19287	\$599.86
Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion. Physician Fee if performed in facility.	19287-26	\$105.87
Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion	19288	\$457.25
Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion. Physician Fee if performed in facility.	19288-26	\$53.43
Needle biopsy of axillary lymph node	38505	\$170.33
Biopsy of Lymph Nodes, by needle, superficial, axillary	38505	\$170.33
Needle biopsy of axillary lymph node, Physician Fee if performed in facility.	38505-26	\$74.81
Biopsy of Lymph Nodes, by needle, superficial, axillary. Physician Fee if performed in facility	38505-26	\$74.81
<i>CERVICAL SURGERIES</i>		
Colposcopy of the cervix including upper/adjacent vagina. Facility fee.	57452	\$125.57
Colposcopy of the cervix including upper/adjacent vagina, Physician fee if performed in facility	57452-26	\$82.48
Colposcopy with biopsy(s) of the cervix and endocervical curettage. Facility fee.	57454	\$166.31

<i>Description of Services</i>	<i>CPT Codes</i>	<i>Rate</i>
Colposcopy with biopsy(s) of the cervix and endocervical curettage, Physician fee if performed in facility	57454-26	\$118.88
Colposcopy with biopsy(s) of the cervix. Facility fee.	57455	\$160.97
Colposcopy with biopsy(s) of the cervix, Physician fee if performed in facility	57455-26	\$96.50
Colposcopy with endocervical curettage. Facility fee.	57456	\$150.62
Colposcopy with endocervical curettage, Physician fee if performed in facility	57456-26	\$89.16
Colposcopy with Loop Electrode biopsy(s) of the cervix. Facility fee.	57460	\$309.26
Colposcopy with Loop Electrode biopsy(s) of the cervix, Physician fee if performed in facility	57460-26	\$141.59
Colposcopy with Loop Electrode conization of the cervix	57461	\$349.33
Colposcopy with Loop Electrode conization of the cervix, Physician fee if performed in facility	57461-26	\$161.62
Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration.	57500	\$151.63
Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration. Physician fee if performed in facility	57500-26	\$68.46
Endocervical Curettage	57505	\$148.95
Endocervical Curettage, Physician fee if performed in facility	57505-26	\$99.52
Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair, cold knife or laser	57520	\$360.01
Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair, cold knife or laser, Physician fee if performed in facility	57520-26	\$273.17
Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair, loop electrode excision	57522	\$300.57
Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair, loop electrode excision, Physician fee if performed in facility	57522-26	\$231.43
Endometrial Biopsy	58100	\$98.18
Endometrial Biopsy, Physician fee if performed in facility	58100-26	\$55.10
Endometrial sampling (biopsy) performed in conjunction with colposcopy	58110	\$51.09
Endometrial sampling (biopsy) performed in conjunction with colposcopy. Physician fee if performed in facility	58110-26	\$35.40

PRIOR APPROVAL CODES

Anesthesia, Vaginal Procedures	00940	\$20.49
Biopsy of vaginal mucosa, simple	57100	\$105.20
Biopsy of vaginal mucosa, simple. Physician Fee if performed in facility	57100-26	\$58.44
Biopsy of vaginal mucosa, extensive, requiring suture	57105	\$175.33
Biopsy of vaginal mucosa, extensive, requiring suture. Physician Fee if performed in facility	57105-26	\$135.59
Colposcopy of entire vagina, with cervix if present.	57420	\$137.59
Colposcopy of entire vagina, with cervix if present. Physician Fee if performed in facility	57420-26	\$81.14

<i>Description of Services</i>	<i>CPT Codes</i>	<i>Rate</i>
Colposcopy of entire vagina, with cervix if present, with biopsy of vagina/cervix	57421	\$182.01
Colposcopy of entire vagina, with cervix if present, with biopsy of vagina/cervix. Physician Fee if performed in facility	57421-26	\$109.19
Ultrasound, transvaginal. Non obstetric (global)	76830	\$117.57
Ultrasound, transvaginal. Non obstetric (technical)	76830/TC	\$85.17
Ultrasound, transvaginal. Non obstetric (professional)	76830-26	\$32.40

☐ Surgical facility reimbursement is paid for outpatient surgery only. Claim lines containing allowable codes will be paid at the MCCP rate. Reimbursement for the remaining claim lines which are related to allowable procedures will be at 50% of the billed amount.

☐ Per instruction from the CDC, codes 99385-99387 are to be reimbursed at or below the 99203 rate, and codes 99395-99397 are to be reimbursed at or below the 99213 rate.

☐ Colorectal screening services are not covered by the MCCP after 6/29/2015 due to the end of the federal grant.

☐ In order for a claim to be paid, it must be received within 365 days of the date of service.

☐ These rates may be subject to change if Medicare Participating rates change during the year.