

FRIEND TO FRIEND CPT CODES 2015-2016

CPT CODE	SERVICE DESCRIPTION	FEE	EFFECTIVE
G0101	Screening pelvic examination	\$36.69	01-Jan-16
G0202	Mammography, screening, digital, bilateral (2 view film study of each breast)	\$126.01	01-Jan-16
G0202-26	Professional Component	\$34.48	01-Jan-16
G0202-TC	Technical Component	\$81.54	01-Jan-16
G0204	Mammography, diagnostic follow-up, digital, bilateral	\$154.13	01-Jan-16
G0204-26	Professional Component	\$43.16	01-Jan-16
G0204-TC	Technical Component	\$110.97	01-Jan-16
G0206	Mammography, diagnostic follow-up, digital, unilateral	\$121.07	01-Jan-16
G0206-26	Professional Component	\$34.48	01-Jan-16
G0206-TC	Technical Component	\$86.60	01-Jan-16
G0279	Diagnostic digital breast tomosynthesis, unilateral (list separately in addition to code for primary procedure)	\$53.00	01-Jan-16
G0279-26	Professional Component	\$29.61	01-Jan-16
G0279-TC	Technical Component	\$23.39	01-Jan-16
Q0091	Pap Smear; obtaining, preparing & conveyance of cervical/vaginal smear to the lab	\$42.75	01-Jan-16
00360	Facility fees/revenue codes, operating room services. Medical surgical supplies that are used in conjunction with excisional breast biopsy (reimbursement up to \$1000.00).	\$1,000.00	
00400	Anesthesia services codes-charged at \$22.53 per unit (breast biopsy is an automatic 3 units as base plus time) (time charged as 1 unit per 15 minutes)	\$22.53	
00940	Anesthesia for Cervical Biopsy	\$200.00	
10021	Fine needle aspiration without imaging guidance	\$118.00	01-Jan-16
10022	Fine needle aspiration with imaging guidance	\$134.94	01-Jan-16
19000	Puncture aspiration of cyst of breast	\$107.76	01-Jan-16
19001	Puncture aspiration of cyst of breast, each additional cyst, used with 19000	\$26.39	01-Jan-16
19081	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance, first lesion	\$656.97	01-Jan-16
19082	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance, each additional lesion	\$540.32	01-Jan-16
19083	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance, first lesion	\$635.19	01-Jan-16
19084	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance, each additional lesion	\$519.68	01-Jan-16
19085	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance, first lesion	\$972.85	01-Jan-16
19086	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance, each additional lesion	\$768.16	01-Jan-16
19100	Breast biopsy, percutaneous, needle core, not using imaging guidance	\$143.60	01-Jan-16
19101	Breast biopsy, open, incisional	\$326.50	01-Jan-16
19110	Nipple exploration	\$463.60	01-Jan-16
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	\$476.83	01-Jan-16
19125	Excision of breast lesion identified by preoperative placement of radiological marker; open; single lesion	\$529.02	01-Jan-16

19126	Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker	\$160.10	01-Jan-16
19281	Placement of breast localization device, percutaneous; mammographic guidance; first lesion	\$229.09	01-Jan-16
19282	Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion	\$159.31	01-Jan-16
19283	Placement of breast localization device, percutaneous; stereotactic guidance; first lesion	\$256.98	01-Jan-16
19284	Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion	\$192.51	01-Jan-16
19285	Placement of breast localization device, percutaneous; ultrasound guidance; first lesion	\$485.86	01-Jan-16
19286	Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion	\$425.07	01-Jan-16
19287	Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion	\$811.48	01-Jan-16
19288	Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion	\$652.53	01-Jan-16
20206*	Biopsy of the muscle with percutaneous needle (*Prior authorization required before performing procedure and for reimbursement)	\$223.84	01-Jan-16
21550*	Biopsy of soft tissue of the neck or thorax (*Prior authorization required before performing procedure and for reimbursement)	\$252.63	01-Jan-16
38505*	Biopsy or excision of lymph nodes by needle, superficial (e.g., cervical, inguinal, axillary) (*Prior authorization required before performing procedure and for reimbursement)	\$122.12	01-Jan-16
38525*	Biopsy or excision of lymph node(s) open, deep axillary node(s) (*Prior authorization required before performing procedure and for reimbursement)	\$429.01	01-Jan-16
38530	Sentinel Lymph Node Biopsy	\$540.99	01-Jan-16
57420	Colposcopy of the entire vagina, with cervix if present	\$113.73	01-Jan-16
57421	Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix	\$152.68	01-Jan-16
57452	Colposcopy of the cervix (without biopsy)	\$105.38	01-Jan-16
57454	Colposcopy of the cervix, with biopsy and endocervical curettage	\$148.32	01-Jan-16
57455	Colposcopy of the cervix, with biopsy	\$137.90	01-Jan-16
57456	Colposcopy of the cervix, with endocervical curettage	\$129.99	01-Jan-16
57460*	Endoscopy with loop electrode biopsy(s) of the cervix (Diagnostic only) (*Prior authorization required before performing procedure and for reimbursement)	\$270.07	01-Jan-16
57461*	Endoscopy with loop electrode conization of the cervix (Diagnostic only) (*Prior authorization required before performing procedure and for reimbursement)	\$305.76	01-Jan-16
57500	Biopsy of the cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure) (For cervical diagnostic providers only)	\$121.82	01-Jan-16
57505	Endocervical curettage (not done as part of a dilation and curettage)	\$98.04	01-Jan-16
57520*	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser (Diagnostic only) (*Prior authorization required before performing procedure and for reimbursement)	\$296.61	01-Jan-16
57522*	Loop electrode excision procedure (LEEP) (Diagnostic only) (*Prior authorization required before performing procedure and for reimbursement)	\$254.27	01-Jan-16

58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	\$105.50	01-Jan-16
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)	\$46.69	01-Jan-16
58558	Diagnostic Hysteroscopy with Endometrial Biopsy	\$388.34	01-Jan-16
76098	Radiological examination, surgical specimen	\$15.87	01-Jan-16
76098-26	Professional Component	\$8.00	01-Jan-16
76098-TC	Technical Component	\$7.87	01-Jan-16
76604*	Ultrasound of the chest (*Prior authorization required before performing procedure and for reimbursement)	\$83.46	01-Jan-16
76604-26*	Ultrasound of the chest - Professional Component (*Prior authorization required before performing procedure and for reimbursement)	\$26.83	01-Jan-16
76604-TC*	Ultrasound of the chest - Technical Component (*Prior authorization required before performing procedure and for reimbursement)	\$56.62	01-Jan-16
76641	Ultrasound, complete examination of breast including axilla, unilateral	\$102.05	01-Jan-16
76641-26	Ultrasound, complete examination of breast including axilla, unilateral - Professional Component	\$36.21	01-Jan-16
76641-TC	Ultrasound, complete examination of breast including axilla, unilateral - Technical Component	\$65.84	01-Jan-16
76642	Ultrasound, limited examination of breast including axilla, unilateral	\$84.12	01-Jan-16
76642-26	Ultrasound, limited examination of breast including axilla, unilateral - Professional Component	\$33.76	01-Jan-16
76642-TC	Ultrasound, limited examination of breast including axilla, unilateral - Technical Component	\$50.36	01-Jan-16
76830	Transvaginal non-obstetric ultrasound	\$115.77	01-Jan-16
76830-26	Professional Component	\$34.45	01-Jan-16
76830-TC	Technical Component	\$81.33	01-Jan-16
76831	Hysterosonography	\$112.53	01-Jan-16
76831-26	Professional Component	\$36.47	01-Jan-16
76831-TC	Technical Component	\$76.06	01-Jan-16
76856	Pelvic US Complete	\$104.24	01-Jan-16
76856-26	Professional Component	\$34.12	01-Jan-16
76856-TC	Technical Component	\$70.13	01-Jan-16
76942	Ultrasonic guidance for needle placement, imaging supervision and interpretation	\$58.40	01-Jan-16
76942-26	Professional Component	\$33.07	01-Jan-16
76942-TC	Technical Component	\$25.33	01-Jan-16
77051	Computer aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of radiographic images; diagnostic mammography.	\$7.75	01-Jan-16
77051-26	Professional Component	\$2.81	01-Jan-16
77051-TC	Technical Component	\$4.94	01-Jan-16
77052	Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of radiographic images; screening mammography.	\$7.75	01-Jan-16
77052-26	Professional Component	\$2.81	01-Jan-16
77052-TC	Technical Component	\$4.94	01-Jan-16
77053*	Mammary ductogram or galactogram, single duct (*Prior authorization required before performing procedure and for reimbursement)	\$54.95	01-Jan-16

77053-26*	Mammary ductogram or galactogram, single duct - Professional Component (*Prior authorization required before performing procedure and for reimbursement)	\$17.76	01-Jan-16
77053-TC*	Mammary ductogram or galactogram, single duct - Technical Component (*Prior authorization required before performing procedure and for reimbursement)	\$37.19	01-Jan-16
77055	Mammography, diagnostic follow-up, conventional, unilateral	\$84.84	01-Jan-16
77055-26	Professional Component	\$34.80	01-Jan-16
77055-TC	Technical Component	\$50.03	01-Jan-16
77056	Mammography, diagnostic follow-up, conventional, bilateral	\$109.01	01-Jan-16
77056-26	Professional Component	\$43.16	01-Jan-16
77056-TC	Technical Component	\$65.84	01-Jan-16
77057	Mammography, screening, conventional, bilateral (2 view film study of each breast)	\$77.92	01-Jan-16
77057-26	Professional Component	\$34.80	01-Jan-16
77057-TC	Technical Component	\$43.12	01-Jan-16
77058*	Magnetic resonance imaging (MRI), breast, with and/or without contrast, unilateral (*Prior authorization required before performing procedure and for reimbursement)	\$502.96	01-Jan-16
77058-26*	Magnetic resonance imaging (MRI), breast, with and/or without contrast, unilateral - Professional Component (*Prior authorization required before performing procedure and for reimbursement)	\$80.77	01-Jan-16
77058-TC*	Magnetic resonance imaging (MRI), breast, with and/or without contrast, unilateral - Technical Component (*Prior authorization required before performing procedure and for reimbursement)	\$422.18	01-Jan-16
77059*	Magnetic resonance imaging (MRI), breast, with and/or without contrast, bilateral (*Prior authorization required before performing procedure and for reimbursement)	\$500.32	01-Jan-16
77059-26*	Magnetic resonance imaging (MRI), breast, with and/or without contrast, bilateral - Professional Component (*Prior authorization required before performing procedure and for reimbursement)	\$80.77	01-Jan-16
77059-TC*	Magnetic resonance imaging (MRI), breast, with and/or without contrast, bilateral - Technical Component (*Prior authorization required before performing procedure and for reimbursement)	\$419.55	01-Jan-16
77063	Screening digital breast tomosynthesis, bilateral (list separately in addition to code for primary procedure)	\$53.00	01-Jan-16
77063-26	Professional Component	29.61	01-Jan-16
77063-TC	Technical Component	23.39	01-Jan-16
87624	Papillomavirus, Human, high-risk types (specify the high-risk HPV DNA panel only) (Hybrid Capture II from Digene-HPV Test [High Risk Typing, only]; Cervista HPV HR can be reimbursed at the same rate as the Digene Hybrid Capture II HPV DNA Assay, but funds cannot be used for genotyping (e.g., Cervista HPV 16/18))	\$47.76	
88108	Cytopathology, evaluation	\$68.39	01-Jan-16
88108-26	Professional Component	\$22.97	01-Jan-16
88108-TC	Technical Component	\$45.42	01-Jan-16
88141	Cytopathology (conventional Pap test), cervical or vaginal, any reporting system, requiring interpretation by physician	\$31.44	01-Jan-16
88142	Cytopathology (liquid-based pap test), cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	\$20.55	

88143	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening and rescreening under physician supervision	\$18.72	
88164	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening under physician supervision	\$14.38	
88165	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening and rescreening under physician supervision	\$14.38	
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimens(s)	\$55.23	01-Jan-16
88172-26	Professional Component	\$36.82	01-Jan-16
88172-TC	Technical Component	\$18.41	01-Jan-16
88173	Cytopathology, evaluation of fine needle aspirate; interpretation and report	\$146.77	01-Jan-16
88173-26	Professional Component	\$72.06	01-Jan-16
88173-TC	Technical Component	\$74.70	01-Jan-16
88174	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	\$19.86	
88175	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system and manual rescreening, under physician supervision	\$25.04	
88305	Surgical pathology, gross and microscopic examination (per biopsy w/maximum of 4 per colposcopy, or maximum of 3 w/ECC [57505] or EMB [58110])	\$70.23	01-Jan-16
88305-26	Professional Component	\$38.64	01-Jan-16
88305-TC	Technical Component	\$31.59	01-Jan-16
88307	Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	\$291.58	01-Jan-16
88307-26	Professional Component	\$84.79	01-Jan-16
88307-TC	Technical Component	\$206.79	01-Jan-16
88309	Surgical pathology, gross and microscopic examination	\$443.79	01-Jan-16
88313	Special stain	\$64.19	01-Jan-16
88313-26	Professional Component	\$12.18	01-Jan-16
88313-TC	Technical Component	\$52.01	01-Jan-16
88331	Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen.	\$92.54	01-Jan-16
88331-26	Professional Component	\$63.58	01-Jan-16
88331-TC	Technical Component	\$28.95	01-Jan-16
88332	Pathology consultation during surgery, first tissue block, with frozen section(s), each additional specimen.	\$48.72	01-Jan-16
88332-26	Professional Component	\$31.30	01-Jan-16
88332-TC	Technical Component	\$17.42	01-Jan-16
88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (list separately in addition to code for primary procedure)	\$84.49	01-Jan-16
88341-26	Professional Component	\$27.18	01-Jan-16
88341-TC	Technical Component	\$57.32	01-Jan-16
88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	\$100.72	01-Jan-16
88342-26	Professional Component	\$36.19	01-Jan-16
88342-TC	Technical Component	\$64.53	01-Jan-16

88360	Morphometric analysis, tumor immunohistochemistry (e.g., Her2neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody, manual	\$115.04	01-Jan-16
88360-26	Professional Component	\$55.13	01-Jan-16
88360-TC	Technical Component	\$59.92	01-Jan-16
88361	Morphometric analysis, tumor immunohistochemistry (e.g., Her2neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody, computer assisted	\$140.93	01-Jan-16
88361-26	Professional Component	\$59.27	01-Jan-16
88361-TC	Technical Component	\$81.66	01-Jan-16
92215	Office or other outpatient visit, established patient. Comprehensive (or repeat breast exam, pelvic exam, or pap)	\$70.36	
99201	New patient; history, exam, straightforward decision-making; 10 minutes (add appropriate Pap test CPT code when Pap test is also performed)	\$41.72	01-Jan-16
99202	New patient; expanded history, exam, straightforward decision-making; 20 minutes (add appropriate Pap test CPT code when Pap test is also performed)	\$71.56	01-Jan-16
99203	New patient; detailed history, exam, straightforward decision-making; 30 minutes (add appropriate Pap test CPT code when Pap test is also performed)	\$103.68	01-Jan-16
99204	New Patient; comprehensive history, exam, moderate complexity decision-making; 45 minutes (i.e. surgical consult, not screening visit)	\$159.03	01-Jan-16
99205	New Patient; comprehensive history, exam, high complexity decision-making; 60 minutes (i.e. surgical consult, not screening visit)	\$199.77	01-Jan-16
99211	Established patient; evaluation and management, may not require presence of physician; 5 minutes (add appropriate Pap test CPT code when Pap test is also performed)	\$18.93	01-Jan-16
99212	Established patient; history, exam, straightforward decision-making; 10 minutes (add appropriate Pap test CPT code when Pap test is also performed)	\$41.42	01-Jan-16
99213	Established patient; expanded history, exam, straightforward decision-making; 15 minutes (add appropriate Pap test CPT code when Pap test is also performed)	\$70.06	01-Jan-16
99214	Established Patient; detailed history, detailed exam, decision-making of moderate complexity; 25 minutes.	\$103.42	01-Jan-16
99243	Office or other outpatient visit, established patient. Comprehensive (or repeat breast exam, pelvic exam, or pap)	\$108.76	
99385	New patient; 18-39 years of age, initial comprehensive preventive medicine evaluation and management, including history and examination (add appropriate Pap test CPT code when Pap test is also performed). (Approved by the CDC at the same reimbursement rate as CPT code 99203.)	\$103.68	01-Jan-16
99386	New patient; 40-64 years of age, initial comprehensive preventive medicine evaluation and management, including history, examination and clinical breast exam (add appropriate Pap test CPT code when Pap test is also performed). (Approved by the CDC at the same reimbursement rate as CPT code 99203.)	\$103.68	01-Jan-16
99387	New patient; 65 years of age and older, initial comprehensive preventive medicine evaluation and management, including history and examination (add appropriate Pap test CPT code when Pap test is also performed). (Approved by the CDC at the same reimbursement rate as CPT code 99203.)	\$103.68	01-Jan-16

99395	Established patient, 18-39 years of age, initial comprehensive preventive medicine evaluation and management, including history and examination (add appropriate Pap test CPT code when Pap test is also performed). (Approved by the CDC at the same reimbursement rate as CPT code 99213.)	\$70.06	01-Jan-16
99396	Established patient; 40-64 years of age, initial comprehensive preventive medicine evaluation and management, including history, examination and clinical breast exam (add appropriate Pap test CPT code when Pap test is also performed). (Approved by the CDC at the same reimbursement rate as CPT code 99213.)	\$70.06	01-Jan-16
99397	Established patient; 65 years of age and older, initial comprehensive preventive medicine evaluation and management, including history, examination and clinical breast exam (add appropriate Pap test CPT code when Pap test is also performed). (Approved by the CDC at the same reimbursement rate as CPT code 99213.)	\$70.06	01-Jan-16
99499	Case management assessment	\$30.00	
99499-21	Case management plan	\$90.00	

Last Reviewed: 22 January 2016