2024 Screening for Life Breast Cancer Screening CPT Codes

Effective January 1st 2024- December 31st 2024

Modifiers	
26	Technical Component
SG	Facility Fee (SFL modifier)
TC	Distinct Procedural Service (applies to physician charges)

CPT Code	Service Description	Reimbursement Rate	End Note
Office Visits			
99202	New patient; medically appropriate history/exam; straight forward decision- making; 15-29 minutes.	$72.07	
99203	New patient; medically appropriate history/exam; low level decision-making; 30- 44 minutes.	$111.30	
99204	New patient; medically appropriate history/exam; moderate level decision- making; 45-59 minutes.	$166.89	1
99205	New patient; medically appropriate history/exam; high level decision-making; 60- 74 minutes.	$220.11	1
99211	Established patient; evaluation and management, may not require presence of physician, presenting problems are minimal.	$23.20	
99212	Established patient; medically appropriate history/exam, straightforward decision- making; 10-19 minutes.	$56.45	
99213	Established patient; medically appropriate history/exam, low level decision- making; 20-29 minutes.	$90.74	
99214	Established Patient; medically appropriate history/exam; moderate level decision making; 30-39 minutes.	$128.02	
99385	*Initial* 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.	$111.30	2
99386	*Initial* comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunizations and lab procedures; 40 to 64 years of age.	$111.30	2
99387	*Initial* comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunizations and lab procedures; 65 years of age or older.	$111.30	2
99395	*Periodic* comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunization and lab procedures; 18 to 39 years of age.	$90.74	2
99396	*Periodic* comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunization and lab procedures; 40 to 64 years of age.	$90.74	2
99397	*Periodic* comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunization and lab procedures; 65 years of age and older.	$90.74	2
Screening & Diagnostic Services			
00400	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk, and perineum; not other specified Base units - 3 (Additional time may be billed in 15-minute increments= 1 unit).	$62.46	
38505	Needle biopsy of axillary lymph node	$84.21	
38505-SG		$172.71	
10004	Fine needle aspiration biopsy without imaging guidance, each additional lesion	$52.11	
10005	Fine needle aspiration biopsy including ultrasound guidance, first lesion	$71.92	
10005-SG		$133.67	
10006	Fine needle aspiration biopsy including ultrasound guidance, each additional lesion	$59.86	
10007	Fine needle aspiration biopsy including fluoroscopic guidance, first lesion	$88.22	
10007-SG		$301.53	
10008	Fine needle aspiration biopsy including fluoroscopic guidance, each additional lesion	$140.13	
10009	Fine needle aspiration biopsy including CT guidance, first lesion	$106.63	
10009-SG		$423.31	
10010	Fine needle aspiration biopsy including CT guidance, each additional lesion	$233.43	

10011	Fine needle aspiration biopsy including MRI guidance, first lesion	$106.63	8
10011-SG		$423.15	
10012	Fine needle aspiration biopsy including MRI guidance, each additional lesion	$233.43	8
10021	Fine needle aspiration; without imaging guidance; first lesion only	$54.21	
10021-SG		$100.77	
19000	Puncture aspiration of cyst of breast (surgical procedure only)	$41.59	
19000-SG		$99.71	
19001	Puncture aspiration: each additional cyst, *used with 19000*	$26.25	
19081	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion	$159.56	6
19081-SG		$491.75	
19082	Breast biopsy, with placement of localization device and imaging of biopsy	$377.46	6
19083	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion	$150.87	6
19083-SG		$490.00	
19084	Breast biopsy, with placement of localization device and imaging of biopsy	$371.48	6
19085	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion	$175.28	6
19085-SG		$750.18	
19086	Breast biopsy, with placement of localization device and imaging of biopsy	$579.33	6
19100	Biopsy of breast; percutaneous, needle core, not using imaging guidance (surgical procedure only)	$68.30	
19100-SG		$148.21	
19101	Biopsy of breast; open, incisional	$223.26	
19101-SG		$326.95	
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	$419.29	
19120-SG		$520.67	
19125	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion	$463.66	
19125-SG		$573.62	
19126	Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker	$158.11	
19281	Placement of breast localization device, percutaneous; mammographic guidance; first lesion	$238.96	
19282	Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion	$168.85	
19283	Placement of breast localization device, percutaneous; stereotactic guidance; first lesion	$256.08	
19284	Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion	$186.98	
19285	Placement of breast localization device, percutaneous; ultrasound guidance; first lesion	$360.98	
19286	Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion	$294.57	7
19287	Placement of breast localization device, percutaneous; magnetic resonance	$622.57	7
19288	Placement of breast localization device, percutaneous; magnetic resonance	$479.04	7
36415	Collection of venous blood by venipuncture	$8.83	
71046	Radiological examination, chest, 2 views, frontal and lateral	$33.45	
71046-TC		$23.10	
71046-26		$10.35	
76098	Radiological examination, surgical specimen	$42.40	
76098-TC		$27.39	
76098-26		$15.01	
76641	Ultrasound, complete examination of breast including axilla, unilateral	$102.05	
76641-TC		$67.68	
76641-26		$34.37	
76642	Ultrasound, limited examination of breast including axilla, unilateral	$84.52	
76642-TC		$52.49	
76642-26		$32.03	

76942	Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), imaging supervision and interpretation	$57.78	
76942-TC		$28.05	
76942-26		$29.73	
77046	Magnetic resonance imaging (MRI), breast, without contrast, unilateral	$217.31	5
77046-TC		$149.56	
77046-26		$67.75	
77047	Magnetic resonance imaging (MRI), breast, without contrast, bilateral	$223.66	5
77047-TC		$148.90	
77047-26		$74.76	
77048	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, unilateral	$343.09	5
77048-TC		$244.64	
77048-26		$98.44	
77049	Magnetic resonance imaging (MRI}, breast, including CAD, with and without contrast, bilateral	$350.12	5
77049-TC		$242.33	
77049-26		$107.79	
77053	Mammary ductogram or galactogram, single duct	$53.66	
77053-TC		$36.64	
77053-26		$17.02	
77063	Screening digital breast tomosynthesis, bilateral	$51.81	3
77063-TC		$23.78	
77063-26		$28.03	
77065	Diagnostic mammography, unilateral, includes CAD	$124.55	
77065-TC		$86.50	
77065-26		$38.05	
77066	Diagnostic mammography, bilateral, includes CAD	$157.65	
77066-TC		$110.92	
77066-26		$46.72	
77067	Screening mammography, bilateral, includes CAD	$127.16	
77067-TC		$91.45	
77067-26		$35.71	
G0279	Tomosynthesis, mammograph	$47.19	4
G0279-TC		$28.03	4
G0279-26		$19.15	4
	Pathology		
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistological study to determine adequacy for diagnosis, first evaluation episode, each site	$55.51	
88172-TC		$21.45	
88172-26		$34.06	
88173	Cytopathology, evaluation of fine needle aspirate; interpretation and report	$166.48	
88173-TC		$99.02	
88173-26		$67.46	
88177	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen{s), each separate additional evaluation episode	$29.28	
88177-TC		$8.26	
88177-26		$21.03	
88305	Surgical pathology, gross and microscopic examination; breast, biopsy, without microscopic assessment of surgical margins; Level IV	$71.39	
88305-TC		$35.32	
88305-26		$36.07	
88307	Surgical pathology, gross and microscopic examination; Breast, excision of lesion, requiring microscopic evaluation of surgical margins; Level V	$286.10	
88307-TC		$206.99	
88307-26		$79.12	
88331	Pathology consultation during surgery, first tissue block, with frozen section(s), single	$100.69	

88331-TC	Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen	$40.93	
88331-26		$59.75	
88332	Pathology consultation during surgery, each additional tissue block, with frozen section(s)	$54.13	
88332-TC		$24.75	
88332-26		$29.38	
88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	$90.12	
88341-TC		$63.07	
88341-26		$27.05	
88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	$105.38	
88342-TC		$71.64	
88342-26		$33.73	
88360	Morphometric analysis, tumor immunohistochemistry, per specimen, manual	$119.66	
88360-TC		$79.57	
88360-26		$40.09	
88361	Morphometric analysis, tumor immunohistochemistry, per specimen, using computer assisted technology	$118.73	
88361-TC		$76.60	
88361-26		$42.13	
88364	In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure	$132.45	
88364-TC		$99.71	
88364-26		$32.74	
88365	In situ hybridization {eg, FISH), per specimen; initial single probe strain procedure	$176.13	
88365-TC		$134.70	
88365-26		$41.43	
88366	In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure	$269.77	
88366-TC		$210.32	
88366-26		$59.45	
88367	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, initial single probe strain procedure	$111.01	
88367-TC		$78.91	
88367-26		$32.10	
88368	Morphometric analysis, in situ hybridization, manual, per specimen, initial single probe stain procedure	$147.07	
88368-TC		$106.30	
88368-26		$40.77	
88369	Morphometric analysis, in situ hybridization, manual, per specimen, each additional probe stain procedure	$127.50	
88369-TC		$95.09	
88369-26		$32.41	
88373	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each additional probe stain procedure.	$67.35	
88373-TC		$42.91	
88373-26		$24.43	
88374	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each multiplex stain procedure	$285.47	
88374-TC		$244.67	
88374-26		$40.80	
88377	Morphometric analysis, in situ hybridization, manual, per specimen, each multiplex stain procedure	$392.37	
88377-TC		$330.50	
88377-26		$61.87	
93000	Electrocardiogram, routine ECG with at least 12 leads: with interpretation and report	$14.27	
93005	Electrocardiogram, routine ECG with at least 12 leads: without interpretation and report	$6.26	
93010	Electrocardiogram, routine ECG with at least 12 leads: interpretation and report only	$8.01	
99070	Supplies and materials (except spectacles), provided by the physician over and above those usually Included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)	40% of charges	

99156	Moderate anesthesia, 10-22 minutes for individuals 5 years and older	$74.00	
99157	Moderate anesthesia for each additional 15 minutes	$58.67	10
J1100	Dexamethasone sodium phosphate 1 mg injection	$0.12	
J1200	Diphenhydramine hcl injection up to 50 mg	$0.62	
J2175	Meperidine hydrochloride per 100 mg	$9.59	
J2250	Midazolam hydrochloride injection per 1 mg	$0.12	
J2405	Ondansetron hydrochloride injection per 1 mg	$0.09	
J3010	Fentanyl citrate injection 0.1 mg	$0.07	
J7120	Ringers Lactate Infusion up to 1,000 cc	$1.82	
Procedures Specifically Not Allowed			
Any	Treatment of breast carcinoma in situ, breast cancer, cervical intraepithelial neoplasia and cervical cancer.	Non-Funded	
77061	Breast tomosynthesis, unilateral	Non-Funded	11
77062	Breast tomosynthesis, bilateral	Non-Funded	11
	End Notes		
1	All consultations should be billed through the standard “new patient” office visit CPT codes 99201–99205. Consultations billed as 99204 or 99205 must meet the criteria for these codes. These codes (99204–99205) are typically not appropriate for NBCCEDP screening visits. However, they may be used when provider spends extra time to do a detailed risk assessment.		
2	The 9938X codes shall be reimbursed at or below the 99203 rate, and 9939X codes shall be reimbursed at or below the 99213 rate. 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. While some programs may need to use 993XX-series codes, Preventive Medicine Evaluation visits are not covered by Medicare and not appropriate for the NBCCEDP.		
3	List separately in addition to code for primary procedure 77067.		
4	List separately in addition to 77065 or 77066.		
5	Breast MRI can be reimbursed by the NBCCEDP in conjunction with a mammogram when a client has a BRCA gene mutation, a first-degree relative who is a BRCA carrier, or a lifetime risk of 20% or greater as defined by risk assessment models, such as BRCAPRO, that depend largely on family history. Breast MRI also can be used to assess areas of concern on a mammogram, or to evaluate a client with a history of breast cancer after completing treatment. Breast MRI should never be done alone as a breast cancer screening tool. Breast MRI cannot be reimbursed for by the NBCCEDP to assess the extent of disease in a woman who has just been newly diagnosed with breast cancer in order to determine treatment plan.		
6	Codes 19081–19086 are to be used for breast biopsies that include image guidance, placement of a localization device, and imaging of specimen. They should not be used in conjunction with 19281–19288.		
7	Codes 19281–19288 are for image guidance placement of a localization device without image-guided biopsy. These codes should not be used in conjunction with 19081–19086.		
8	For CPT 10011 use the reimbursement rate for CPT code 10009. For CPT 10012 use the reimbursement rate for CPT code 10010.		
9	HPV DNA testing is not a reimbursable test for women under 30 years of age.		
10	Example: If procedure is 50 minutes, code 99156 + (99157 x 2). No separate charge allowed if procedure <10 minutes.		
11	These procedures have not been approved for coverage by Medicare.		

2024 Screening for Life Lung Cancer Screening CPT Codes

Effective January 1st 2024- December 31st 2024

Modifier	
26	Technical Component
SG	Facility Fee (SFL modifier)
TC	Distinct Procedural Service (applies to physician charges)

CPT Code	Service Description	Reimbursement Rate	End Note
Office Visits			
99202	New patient; medically appropriate history/exam; straight forward decision-making; 15-29 minutes	$72.07	
99203	New patient; medically appropriate history/exam; low level decision- making; 30-44 minutes	$111.30	
99204	New patient; medically appropriate history/exam; moderate level decision-making; 45-59 minutes	$166.89	1
99205	New patient; medically appropriate history/exam; high level decision- making; 60-74 minutes	$220.11	1
99211	Established patient; evaluation and management, may not require presence of physician, presenting problems are minimal	$23.20	
99212	Established patient; medically appropriate history/exam, straightforward decision-making; 10-19 minutes	$56.45	
99213	Established patient; medically appropriate history/exam, low level decision-making; 20-29 minutes	$90.74	
99214	Established Patient; medically appropriate history/exam; moderate level decision making; 30-39 minutes	$128.02	
99385	**Initial** 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	$111.30	2
99386	Initial comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunizations and lab procedures; 40 to 64 years of age	$111.30	2
99387	*Initial* comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunizations and lab procedures; 65 years of age or older	$111.30	2
99395	Periodic comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunization and lab procedures; 18 to 39 years of age	$90.74	2
99396	**Periodic** comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunization and lab procedures; 40 to 64 years of age	$90.74	2
99397	Periodic comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunization and lab procedures; 65 years of age and older	$90.74	2
Screening and Diagnostic Services			
31628	Bx w/transbronchial lung bx, single lobe	$171.62	
31628-SG		$368.43	
31629	Bx w/transbronchial needle asp bx, trachea, main stem and/or lobar Bronchus/bronchi.	$182.23	
31629-SG		$448.05	
31632	Bx w/transbronchial lung bx, each addtl lobe	$64.19	
31633	**Bx** w/transbronchial needle asp bx, each addtl lobe	$79.81	
32096	Thoracotomy, with diag bx of lung infiltrates, unilateral	$786.28	
32097	Thoracotomy, with diag bx of lung nodules or masses, unilateral	$787.60	
32607	Thoracoscopy, w/diag bx of lung infiltrates, unilateral	$300.73	
32608	Thoracoscopy, w/diag bx of lung nodules or masses, unilateral	$369.65	
32200	Incision, cyst, Pneumonostomy, w/open drainage of abscess or cyst	$1,123.08	

32140	Incision, w/cyst removal, includes pleural procedure when performed	$974.70	
32408	Core needle biopsy, lung, or mediastinum, percutaneous, including imaging guidance, when performed	$148.62	
32408-SG		$832.82	
77012	CT guidance for biopsy procedures	$138.40	
77012-TC		$69.99	
77012-26		$68.41	
71045	Radiologic examination, chest; single view	$25.50	
71045-TC		$17.16	
71045-26		$8.34	
71046	Radiologic examination, chest, 2 views	$33.45	
71046-TC		$23.10	
71046-26		$10.35	
71047	Radiologic examination, chest, 3 views	$42.06	
71047-TC		$29.04	
71047-26		$13.02	
71048	Radiologic examination, chest, 4 or more views	$45.39	
71048-TC		$31.03	
71048-26		$14.36	
71250	Computed tomography thorax, w/o contrast	$135.57	
71250-TC		$84.85	
71250-26		$50.72	
71260	Computed tomography thorax, with contrast	$170.27	
71260-TC		$115.55	
71260-26		$54.73	
71270	Computed tomography thorax, w/o contrast, followed by contrast material and further sections	$200.04	
71270-TC		$141.63	
71270-26		$58.41	
71550	MRI chest	$345.08	
71550-TC		$276.68	
71550-26		$68.41	
71551	MRI chest, with contrast material	$381.54	
71551-TC		$300.45	
71551-26		$81.09	
71552	MRI chest, w/o contrast material	$481.51	
71552-TC		$375.72	
71552-26		$105.78	
78811	Position emission tomography (PET) imaging, limited area (chest)	$1,434.21	
78811-TC		$1,364.42	
78811-26		$69.79	
78814	Position emission tomography (PET) with concurrently acquired CT for attenuation correction and anatomical localization imaging	$1,602.95	
78814-TC		$1,503.11	
78814-26		$99.84	
76380	Computed tomography, limited, or localized follow-up study	$133.20	
76380-TC		$88.48	
76380-26		$44.72	
76604	Ultrasound, chest, real time with image documentation	$56.74	
76604-TC		$30.04	
76604-26		$26.71	

G0296	Counseling visit to discuss need for lung cancer screening using low dose CT scan (LDCT)	$27.66	
71271	Computed Tomography, thorax, low dose for lung cancer screening, without contrast materials	$140.18	
71271-TC		$89.46	
71271-26		$50.72	

End Notes

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2	The 9938X codes shall be reimbursed at or below the 99203 rate, and 9939X codes shall be reimbursed at or below the 99213 rate. 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. While some programs may need to use 993XX-series codes, Preventive Medicine Evaluation visits are not covered by Medicare and not appropriate for the NBCCEDP.

2024 Screning for Life Cervical Cancer Screening CPT Codes

Effective January 1st 2024- December 31st 2024

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SG	Facility Fee (SFL modifier)
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99213	Established patient; medically appropriate history/exam, low level decision-making; 20-29 minutes	$90.74	
99214	Established Patient; medically appropriate history/exam; moderate level decision making; 30-39 minutes	$128.02	
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99386	*Initial* comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunizations and lab procedures; 40 to 64 years of age	$111.30	2
99387	*Initial* comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunizations and lab procedures. 65 years of age or older	$111.30	2
99395	*Periodic* comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunization and lab procedures; 18 to 39 years of age	$90.74	2
99396	*Periodic* comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunization and lab procedures; 40 to 64 years of age	$90.74	2
99397	*Periodic* comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunization and lab procedures; 65 years of age and older	$90.74	2
Screening & Diagnostic Services			
00940	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium}; not otherwise specified. Base units - 6 (Additional time may be billed in 15-minute increments= 1 unit)	$124.92	
57452	Colposcopy of the cervix including upper/adjacent vagina	$90.65	
57452-SG		$126.98	
57454	Colposcopy of the cervix including upper/adjacent vagina with biopsy of the cervix and endocervical curettage	$133.18	
57454-SG		$169.17	

57455	Colposcopy of the cervix including upper/adjacent vagina with biopsy(s) of the cervix	$107.97	
57455-SG		$162.13	
57456	Colposcopy of the cervix including upper/adjacent vagina with endocervical curettage	$100.66	
57456-SG		$152.83	
57460	Colposcopy of the cervix including upper/adjacent vagina with loop electrode biopsy(s) of the cervix	$158.77	
57460-SG		$312.98	
57461	Colposcopy with loop electrode conization of the cervix	$181.75	
57461-SG		$348.84	
57500	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulgurations (separate procedure)	$75.02	
57500-SG		$153.28	
57505	Endocervical curettage (not done as part of a dilation and curettage)	$110.02	
57505-SG		$155.26	
57520	Conization of cervix with or without fulguration, with or without dilation and curettage, with or without repair; Cold Knife Cone, or laser	$298.51	
57520-SG		$355.31	
57522	Conization of cervix, with or without fulguration with or without dilation and curettage, with or without repair; cold knife cone or laser; Loop	$256.79	
57522-SG		$304.67	
58100	Endometrial sampling biopsy with or without endocervical sampling (biopsy) without cervical dilation any method (separate procedure)	$62.81	
58100-SG		$101.44	
58110	Endometrial sampling (biopsy) performed in conjunction with	$50.11	
76830	Ultrasound, transvaginal (non-obstetric)	$118.54	
76830-TC		$86.16	
76830-26		$32.38	
76856	Ultrasound, pelvic (non-obstetric), real time with image documentation; complete	$104.68	
76856-TC		$72.63	
76856-26		$32.05	
Pathology			
87624	Human Papillomavirus, high-risk types	$35.19	3
87625	Human Papillomavirus, types 16 and 18 only	$40.55	3
88141	Cytopathology, cervical or vaginal, any reporting system, *requiring interpretation by physician*	$23.91	
88142	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation, manual screening under physician supervision	$20.26	
88143	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening and re-screening under physician supervision	$23.04	
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 rescreening under physician supervision	$42.22	
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohisto1ogic study to determine adequacy of specimen{s), first evaluation episode	$55.51	
88172-TC		$21.45	
88172-26		$34.06	
88173	Cytopathology, evaluation affine needle aspirate; interpretation and report	$166.48	
88173-TC		$99.02	
88173-26		$67.46	
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 vagina!, collected in preservative fluid, automated thin layer preparation; screening by automated system and manual rescreening, under physician supervision.	$26.61	
88177	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), each separate additional evaluation episode	$29.28	
88177-TC		$8.26	
88177-26		$21.03	

88305	Surgical pathology, gross and microscopic examination, not requiring microscopic evaluation of surgical margins, Level IV	$71.39	
88305-TC		$35.32	
88305-26		$36.07	
88307	Cervix-surgical pathology, gross and microscopic examination, cervix conization, Level V	$286.10	
88307-TC		$206.99	
88307-26		$79.12	
88331	Pathology consultation during surgery; first tissue block, with frozen section(s) single specimen	$100.69	
88331-TC		$40.93	
88331-26		$59.75	
88332	Pathology consultation during surgery; each additional tissue block with frozen section{s)	$54.13	
88332-TC		$24.75	
88332-26		$29.38	
88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional antibody strain procedure (List separately in addition to code for primary procedure)	$90.12	
88341-TC		$63.07	
88341-26		$27.05	
88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	$105.38	
88342-TC		$71.64	
88342-26		$33.73	
88360	Morphometric analysis, tumor immunohistochemistry, per specimen; manual	$119.66	
88360-TC		$79.57	
88360-26		$40.09	
88361	Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology	$118.73	
88361-TC		$76.60	
88361-26		$42.13	
88364	In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure	$132.45	
88364-TC		$99.71	
88364-26		$32.74	
88365	In situ hybridization (eg, FISH), per specimen; initial single probe strain procedure	$176.13	
88365-TC		$134.70	
88365-26		$41.43	
88366	In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure	$269.77	
88366-TC		$210.32	
88366-26		$59.45	
88367	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, initial single probe stain procedure single probe strain procedure	$111.01	
88367-TC		$78.91	
88367-26		$32.10	
88368	Morphometric analysis, in situ hybridization, manual, per specimen, initial single probe stain procedure	$147.07	
88368-TC		$106.30	
88368-26		$40.77	
88369	Morphometric analysis, in situ hybridization, manual, per specimen, each additional probe stain procedure	$127.50	
88369-TC		$95.09	
88369-26		$32.41	
88373	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each additional probe stain procedure.	$67.35	
88373-TC		$42.91	
88373-26		$24.43	
88374	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each multiplex stain procedure.	$285.47	
88374-TC		$244.67	
88374-26		$40.80	

88377	Morphometric analysis, in situ hybridization, manual, per specimen, each multiplex stain procedure.	$392.37	
88377-TC		$330.50	
88377-26		$61.87	
93000	Electrocardiogram, routine ECG with at least 12 leads: with interpretation and report	$14.27	
93005	Electrocardiogram, routine ECG with at least 12 leads: without interpretation and report	$6.26	
93010	Electrocardiogram, routine ECG with at least 12 leads: interpretation and report only	$8.01	
99156	Moderate anesthesia, 10-22 minutes for individuals 5 years or older	$74.00	
99157	Moderate anesthesia for each additional 15 minutes	$58.67	4
99070	Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)	40% of charges	
Procedures Specifically Not Allowed			
Any	Treatment of breast carcinoma in situ, breast cancer, cervical intraepithelial neoplasia and cervical cancer.	Non-funded	
87623	Human papillomavirus, low-risk types	$34.39	
Notes:	**a)** Prior to the diagnostic LEEP or cone biopsy, you must request o pre-authorization form; **b)** Contact Nurse Consultant at (302) 744-1040; **c)** Complete farm and fax to SFL at (302)739-2545; **d)** Nurse Consultant will verify procedure and return within 3 business days.		
End Notes			
1	All consultations should be billed through the standard “new patient” office visit CPT codes 99201–99205. Consultations billed as 99204 or 99205 must meet the criteria for these codes. These codes (99204–99205) are typically not appropriate for NBCCEDP screening visits. However, they may be used when provider spends extra time to do a detailed risk assessment.		
2	The 9938X codes shall be reimbursed at or below the 99203 rate, and 9939X codes shall be reimbursed at or below the 99213 rate. 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. While some programs may need to use 993XX-series codes, Preventive Medicine Evaluation visits are not covered by Medicare and not appropriate for the NBCCEDP.		
3	HPV DNA testing is not a reimbursable test for women under 30 years of age		
4	Example if procedure is 50 minutes, code 99156 + (99157 x 2). No separate charge allowed if procedure <10 minutes.		

2024 Screening for Life Colorectal Cancer Screening CPT Codes

Effective January 1st 2024- December 31st 2024

Modifiers	
26	Technical Component
SG	Facility Fee (SFL modifier)
TC	Distinct Procedural Service (applies to physician charges)

CPT Code	Service Description	Reimbursement Rate	End Note
	Office Visits		
99202	New patient; medically appropriate history/exam; straight forward decision-making; 15-29 minutes	$72.07	
99203	New patient; medically appropriate history/exam; low level decision-making. 30-44 minutes	$111.30	
99204	New patient; medically appropriate history/exam; moderate level decision- making; 45-59 minutes	$166.89	
99205	New patient; medically appropriate history/exam; high level decision-making. 60-74 minutes	$220.11	
99211	Established patient; evaluation and management, may not require presence of physician, presenting problems are minimal	$23.20	
99212	Established patient; medically appropriate history/exam, straightforward decision-making;10-19 minutes	$56.45	
99213	Established patient; medically appropriate history/exam, low level decision- making; 20-29 minutes	$90.74	
99214	Established Patient; medically appropriate history/exam; moderate level decision making; 30-39 minutes	$128.02	
99385	Initial 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	$111.30	1
99386	Initial comprehensive preventive medicine evaluation and management, history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunizations and lab procedures; 40 to 64 years of age	$111.30	1
99387	Initial comprehensive preventive medicine evaluation and management, history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunizations and lab procedures; 65 years of age or older	$111.30	1
99395	Periodic comprehensive preventive medicine evaluation and management, history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunization and lab procedures; 18 to 39 years of age	$90.74	1
99396	Periodic comprehensive preventive medicine evaluation and management, history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunization and lab procedures; 40 to 64 years of age	$90.74	1
99397	Periodic comprehensive preventive medicine evaluation and management, history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunization and lab procedures; 65 years of age and older	$90.74	1
	Screening and Diagnostic Services		
00810	Anesthesia for lower intestinal endoscopy procedures, endoscope introduced distal to duodenum	$20.82	
00811	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified; Base units – 5 (Additional time may be billed in 15-minute increments = 1 unit)	$104.10	
00812	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy; Base units – 5; (Additional time may be billed in 15-minute increments= 1 unit) Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy, not otherwise specified; Base units – 6 (Additional time may be billed in 15-minute increments = 1 unit) Collection of venous blood by venipuncture	$104.10	
00840	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy, not otherwise specified; Base units -6 (Additional time may be billed in 15-minute increments = 1 unit)	$124.92	

36415	Collection of venous blood by venipuncture	$8.83	
45300	Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	$47.82	
45300-SG		$127.40	
45330	Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	$56.11	
45330-SG		$184.89	
45331	Flexible sigmoidoscopy with biopsy single or multiple.	$71.43	
45331-SG		$283.75	
45333	Sigmoidoscopy, diagnostic flexible; with removal of tumor(s), polyp(s), other lesion(s), by hot biopsy forceps or bipolar cautery	$92.99	
45333-SG		$325.13	
45334	Sigmoidoscopy, diagnostic flexible; with control of bleeding - any method	$115.70	
45334-SG		$485.54	
45335	Sigmoidoscopy, diagnostic flexible; diagnostic, with directed submucosal injection(s) any substance	$66.10	
45335-SG		$288.00	
45338	Sigmoidoscopy, diagnostic flexible; with removal of tumor(s), polyp(s), other lesion(s), by snare technique	$118.34	
45338-SG		$296.99	
45346	Sigmoidoscopy, with ablation of tumor(s), polyp(s), other lesion(s) (Includes pre- and post-dilation and guide wire passage, when performed.)	$157.61	
45346-SG		$2,241.25	
45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression	$181.21	
45378-SG		$337.73	
45380	Colonoscopy flexible, proximal to splenic flexure, diagnostic with biopsy single or multiple	$196.87	
45380-SG		$430.33	
45381	Colonoscopy, flexible, proximal to splenic flexure, diagnostic with directed submucosal injection (s), any substance	$196.54	
45381-SG		$439.25	
45382	Colonoscopy, flexible, proximal to splenic flexure, diagnostic with control of bleeding any method	$253.47	
45382-SG		$657.65	
45384	Colonoscopy, flexible, proximal to splenic flexure, diagnostic with removal of tumor(s), polyp(s), or other lesion(s) by hot forceps or bipolar cautery	$223.98	
45384-SG		$484.19	
45385	Colonoscopy flexible, proximal to splenic flexure, diagnostic with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	$249.11	
45385-SG		$450.87	
45388	Colonoscopy with ablation of tumor(s), polyp(s), or other lesion(s). Includes pre- and post-dilation and guide wire passage when performed.	$265.04	
45388-SG		$2,395.90	
45390	Colonoscopy, flexible; with endoscopic mucosa! resection	$325.67	
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contract material(s)	$422.49	
74261-TC		$310.36	
74261-26		$112.14	
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contract material(s), including non-contrast images if performed.	$475.37	
74262-TC		$358.24	
74262-26		$117.13	
74270	Radiological examination, colon; barium enema, with or without KUB barium enema	$152.40	
74270-TC		$104.00	
74270-26		$48.40	
74280	Radiological examination, colon; air contrast with specific high-density barium, with or without glucagon's	$218.19	
74280-TC		$159.13	
74280-26		$59.06	
80048	Basic metabolic panel (Calcium Total)	$8.46	
80053	Comprehensive metabolic panel	$10.56	
81001	Urinalysis, automated with microscopy for bilirubin, glucose, hemoglobin, ketone, leukocytes, nitrate, pH, protein, specific gravity, urobilinogen, any number of these constituents	$3.17	

81528	Oncology (colorectal) screening, quantitative real time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal hemoglobin , utilizing stool, algorithm reported as positive or negative result (FIT-DNA).	$508.87	
82270	Blood, occult, by peroxide activity (eg. Guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening(i.e., patient was provided 3 cards or single triple card or consecutive collection)	$4.38	2
82274	Blood, occult, by Fecal hemoglobin determination by immunoassay, qualitive, feces, 1-3 simultaneous determinations	$15.92	2
85025	Complete CBC automated (Hgb, Hct, RBC, WBC, and platelet count) and automated differential WBC count	$7.77	
85027	Complete CBC automated (Hgb, Hct, RBC, WBC, and platelet count)	$6.47	
85610	Prothrombin time	$4.29	
85730	Thromboplastin time, partial (PTT); plasma or whole blood	$6.01	
Pathology			
88300	Surgical Pathology, gross examination only (surgical specimen)	$16.20	
88300-TC		$11.87	
88300-26		$4.32	
88302	Level II - Surgical pathology, gross and microscopic examination	$33.07	
88302-TC		$26.40	
88302-26		$6.66	
88304	Level III- surgical pathology, gross and microscopic examination	$42.69	
88304-TC		$31.69	
88304-26		$11.01	
88305	Level IV - Surgical pathology, gross and microscopic examination colon, colorectal polyp biopsy	$71.39	
88305-TC		$35.32	
88305-26		$36.07	
88307	Level - V - Surgical pathology, gross and microscopic examination requiring microscopic evaluation of surgical margins, segmental resection, other than for tumor	$286.10	
88307-TC		$206.99	
88307-26		$79.12	
88309	Level VI - Surgical pathology, gross and microscopic examination, colon, segmental resection for tumor or total resection	$430.07	
88309-TC		$290.53	
88309-26		$139.54	
88341	Pathology: immunohistochemistry or immunocytochemistry, per specimen, each additional single antibody stain procedure (list separately in addition to code for primary procedure)	$90.12	
88341-TC		$63.07	
88341-26		$27.05	
88342	Pathology: immunohistochemistry or immunocytochemistry, per specimen, initial single antibody stain procedure	$105.38	
88342-TC		$71.64	
88342-26		$33.73	
93000	Electrocardiogram, routine ECG with at least 12 leads: with interpretation and report	$14.27	
93005	Electrocardiogram, routine ECG with at least 12 leads: without interpretation and report	$6.26	
93010	Electrocardiogram, routine ECG with at least 12 leads: interpretation and report only	$8.01	
99070	Supplies and materials, provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided) - colorectal procedures.	40% of charges	
G0104	Colorectal cancer screening flexible sigmoidoscopy	$56.11	
G0104-SG		$184.89	
G0105	Colorectal cancer screening colonoscopy on individual at high risk	$181.21	3
G0105-SG		$337.73	3

G0121	Colorectal cancer screening: colonoscopy on average risk individual not meeting criteria for high risk	$181.53	
G0121-SG		$338.05	
G0328	Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous	$18.05	
G0500	Moderate sedation services provided by the same physician or other qualified health care professional performing a gastrointestinal endoscopic service that sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intra-service time; patient age 5 years or older (additional time may be reported with 99153 as appropriate).	$56.81	4
99152	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intra-service time, patient age 5 years	$49.96	4
99153	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intra-service time (List separately in addition to code for primary service).	$11.53	4
99156	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of interservice time, patient age 5 years or older	$74.00	4
99157	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of interservice time (List separately in addition to code for primary service).	$58.67	4
J1100	Dexamethasone sodium phosphate (1 mg) injection	$0.12	
J1200	Diphenhydramine hcl injection up to (50 mg)	$0.62	
J2175	Meperidine hydrochloride per (100 mg)	$9.59	
J2250	Midazolam hydrochloride injection per (1 mg)	$0.12	
J2405	Ondansetron hydrochloride injection per (1 mg)	$0.09	
J3010	Fentanyl citrate injection (0.1 mg)	$0.07	
J7120	Ringers Lactate Infusion up to (1,000 cc)	$1.82	

End Notes

1	The type and duration of office visits should be appropriate to the level of care necessary for accomplishing screening. Reimbursement rates should not exceed those published by Medicare. Codes 9938X shall be reimbursed at or below the 99203 rate, and 9939X codes shall be reimbursed at or below the 99213 rate.
2	Codes 82270 (other sources) and 82274 (performed for other than colorectal neoplasm screening) are not included as they do not adhere to guideline-recommended screening.
3	G0105 may be used for screening colonoscopy on clients considered to be at increased risk for CRC due to a family history of CRC or adenomatous polyps. The Medicare definition of high risk includes both those considered to be a increased risk (personal or family history of CRC or adenomatous polyps) or high risk (family history of FAP or Lynch Syndrome or personal history of inflammatory bowel disease).
4	If the client fails standard moderate sedation, anesthesia may be used to complete the endoscopic procedure. Documentation should be provided to support the use of anesthesia on a case-by-case basis. Propofol may be approved for routine program use if its use is standard in the programs service area and contracted providers cannot perform moderate sedation.
5	Surgery or surgical staging may be required to provide a histological diagnosis of cancer. All surgery for diagnostic purposes must be approved in advance by the program's MAB.

2024 Screening for Life Prostate Cancer Screening CPT Codes

Effective January 1st 2024- December 31st 2024

Modifiers	
26	Technical Component
SG	Facility Fee (SFL modifier)
TC	Distinct Procedural Service (applies to physician charges)

CPT Code	Service Description	Reimbursement Rate	End Note
	Office Visits		
99202	**New** patient; medically appropriate history/exam; straight forward decision- making; 15-29 minutes	$72.07	
99203	New patient; medically appropriate history/exam; low level decision-making; 30- 44 minutes	$111.30	
99204	New patient; medically appropriate history/exam; moderate level decision- making; 45-59 minutes	$166.89	1
99205	New patient; medically appropriate history/exam; high level decision-making; 60- 74 minutes	$220.11	1
99211	Established patient; evaluation and management, may not require presence of physician, presenting problems are minimal	$23.20	
99212	Established patient; medically appropriate history/exam, straightforward decision- making; 10-19 minutes	$56.45	
99213	Established patient; medically appropriate history/exam, low level decision- making; 20-29 minutes	$90.74	
99214	Established Patient; medially appropriate history/exam; moderate level decision making; 30-39 minutes	$128.02	
99385	Initial 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	$111.30	2
99386	Initial comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunizations and lab procedures; 40 to 64 years of age	$111.30	2
99387	Initial comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunizations and lab procedures; 65 years of age or older	$111.30	2
99395	Periodic comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunization and lab procedures; 18 to 39 years of age	$90.74	2
99396	Periodic comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunization and lab procedures; 40 to 64 years of age	$90.74	2
99397	*Periodic* comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunization and lab procedures; 65 years of age and older	$90.74	2
	Screening & Diagnostic Services		
00902	Anesthesia for; anorectal procedure Base units - 5 (Additional time might be billing in 15-minute increments = 1 unit)	$104.10	
00910	Anesthesia for; transurethral procedures (including urethrocystoscopy); not otherwise specified; Base units- 3 (Additional time may be billing in 15-minute increments = 1 unit)	$62.46	
52000	Cystourethroscopy (separate procedure)	$79.18	
52000-SG		$238.02	
55700	Biopsy, prostate; needle or punch, single or multiple, any approach	$128.43	
55700-SG		$239.71	
36415	Collection of venous blood by venipuncture	$8.83	
64450	Injection, anesthetic agent, other peripheral nerve or branch	$41.57	
64450-SG		$74.92	

71046	Radiological examination, chest, 2 views	$33.45	
71046-TC		$23.10	
71046-26		$10.35	
76098	Radiological examination, surgical specimen	$42.40	
76098-TC		$27.39	
76098-26		$15.01	
76872	Ultrasound, transrectal	$199.78	
76872-TC		$167.72	
76872-26		$32.06	
80048	Basic metabolic panel	$8.46	
80053	Comprehensive metabolic panel	$10.56	
81001	Urinalysis, automated with microscopy for bilirubin, glucose, hemoglobin, ketone, leukocytes, nitrate, pH, protein, specific gravity, urobilinogen, any number of these constituents	$3.17	
G0103	Prostate specific antigen test (PSA)	$19.31	
84152	Prostate specific antigen test (PSA); measurement, complexed	$18.39	
84153	Prostate specific antigen test (PSA); measurement, total	$18.39	
84154	Prostate specific antigen test (PSA); measurement, free	$18.39	
85025	Complete blood cell count (CBC - red cells, white blood cell, platelets), automated	$7.77	
85027	Complete blood cell count (CBC - red cells, white blood cell, platelets), automated	$6.47	
85610	Prothrombin time (PT)	$4.29	
85730	Thromboplastin time (PTT), partial	$6.01	
88300	Level I - surgical pathology, gross examination only	$16.20	
88300-TC		$11.87	
88300-26		$4.32	
88305	Level IV - Surgical pathology, gross, microscopic examination, prostate needle biopsy, Transurethral Resection of Bladder Tumor (TUR or TURBT)	$71.39	
88305-TC		$35.32	
88305-26		$36.07	
88307	Level V - Surgical pathology, gross and microscopic examination prostate, except radical resection.	$286.10	
88307-TC		$206.99	
88307-26		$79.12	
88309	Level VI - Surgical pathology, prostate, radical resection.	$430.07	
88309-TC		$290.53	
88309-26		$139.54	
88342	Pathology, Immunocytochemistry including tissue immunoperoxidase, each antibody	$105.38	
88342-TC		$71.64	
88342-26		$33.73	
93000	Electrocardiogram, routine ECG with at least 12 leads: with interpretation and report	$14.27	
93005	Electrocardiogram, routine ECG with at least 12 leads: without interpretation and report	$6.26	
93010	Electrocardiogram, routine ECG with at least 12 leads: interpretation and report only	$8.01	
99070	Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)	40% of charges	
J1100	Dexamethasone sodium phosphate 1 mg injection	$0.12	
J1200	Diphenhydramine hcl injection up to 50 mg	$0.62	
J2175	Meperidine hydrochloride per 100 mg	$9.59	
J2250	Midazolam hydrochloride injection per 1 mg	$0.12	
J2405	Ondansetron hydrochloride injection per 1 mg	$0.09	
J3010	Fentanyl citrate injection 0.1 mg	$0.07	

J7120	Ringers Lactate Infusion up to 1,000cc	$1.82	

End Notes

1	All consultations should be billed through the standard “new patient” office visit CPT codes 99201–99205. Consultations billed as 99204 or 99205 must meet the criteria for these codes. These codes (99204–99205) are typically not appropriate for NBCCEDP screening visits. However, they may be used when provider spends extra time to do a detailed risk assessment.
2	The 9938X codes shall be reimbursed at or below the 99203 rate, and 9939X codes shall be reimbursed at or below the 99213 rate. 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. While some programs may need to use 993XX-series codes, Preventive Medicine Evaluation visits are not covered by Medicare and not appropriate for the NBCCEDP.