

**ALL WOMEN COUNT! PROGRAM**  
**PAYMENT SCHEDULE OF ALLOWED SERVICES BY CPT CODE**  
**EFFECTIVE February 1, 2025**

CPT CODE	SERVICE DESCRIPTION	Medicare B rates
00400	Anesthesia for procedures on the anterior trunk and perineum	Per ABU
00940	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified	Per ABU
10004	Fine needle aspiration biopsy without imaging guidance, each additional lesion	\$49.16
10005	Fine needle aspiration biopsy including ultrasound guidance, first lesion	\$125.86
10006	Fine needle aspiration biopsy including ultrasound guidance, each additional lesion	\$56.22
10007	Fine needle aspiration biopsy including fluoroscopic guidance, first lesion	\$289.43
10008	Fine needle aspiration biopsy including fluoroscopic guidance, each additional lesion	\$134.27
10021	Fine needle aspiration without imaging guidance	\$94.69
19000	Puncture Aspiration of Cyst of Breast	\$91.73
19001	Aspiration, each additional Cyst used in conjunction with 19000	\$24.43
19081	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion DO NOT use in conjunction with 19281-19286	\$464.37
19082	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion DO NOT use in conjunction with 19281-19286	\$355.20
19083	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion DO NOT use in conjunction with 19281-19286	\$459.79
19084	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion DO NOT use in conjunction with 19281-19286	\$348.41
19100	Biopsy of Breast; Needle Core	\$135.88
19101	Biopsy of Breast; Incisional	\$294.21
19120	Excision of Cyst, Fibroadenoma, or Other Benign or Malignant Tumor Aberrant Breast Tissue, Duct Lesion or Nipple Lesion (except 19140)	\$481.24
19125	Excision of Breast Lesion Identified by Preoperative Placement of Radiological Marker; Single Lesion	\$529.05
19126	Excision, Each Additional Lesion	\$140.22
19281	Placement of breast localization device, percutaneous; mammographic guidance; first lesion DO NOT use in conjunction with 19081-19084	\$228.53
19282	Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion DO NOT use in conjunction with 19081-19084	\$161.10
19283	Placement of breast localization device, percutaneous; stereotactic guidance; first lesion DO NOT use in conjunction with 19081-19084	\$243.13
19284	Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion DO NOT use in conjunction with 19081-19084	\$175.91
19285	Placement of breast localization device, percutaneous; ultrasound guidance; first lesion DO NOT use in conjunction with 19081-19084	\$339.67
19286	Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion DO NOT use in conjunction with 19081-19084	\$276.58
38505	Needle biopsy of axillary lymph node	\$163.39

57452	Colposcopy without Biopsy	\$118.12
57454	Colposcopy with Directed Cervical Biopsy	\$156.20
57455	Colposcopy with biopsy(s) of the cervix	\$150.41
57456	Colposcopy with endocervical curettage	\$141.38
57460	Colposcopy with loop electrode biopsy(s) of the cervix	\$289.09
57461	Colposcopy with loop electrode conization of the cervix	\$322.87
57500	Biopsy, single or multiple, or local excision of lesion, with or without fulguration	\$142.21
57505	Endocervical curettage (not done as part of a dilation and curettage).	\$144.47
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage; with or without repair; cold knife or laser.	\$329.73
57522	Loop electrode excision	\$282.16
76098-YN	Radiological Examination, Surgical Specimen	\$41.13
76098-TC	Radiological Examination, Surgical Specimen	\$26.97
76098-26	Radiological Examination, Surgical Specimen	\$14.16
76641-YN	Ultrasound, complete, examination of breast including axilla, unilateral	\$97.98
76641-TC	Ultrasound, complete examination of breast including axilla, unilateral	\$65.14
76641-26	Ultrasound, complete examination of breast including axilla, unilateral	\$32.84
76642-YN	Ultrasound, limited examination of breast including axilla, unilateral	\$81.16
76642-TC	Ultrasound, limited examination of breast including axilla, unilateral	\$50.58
76642-26	Ultrasound, limited examination of breast including axilla, unilateral	\$30.58
76942-YN	Ultrasound Guidance Needle Biopsy	\$56.45
76942-TC	Ultrasound Guidance Needle Biopsy	\$27.94
76942-26	Ultrasound Guidance Needle Biopsy	\$28.51
77048- YN	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, unilateral CALL PROGRAM BEFORE ORDERING / PREAUTHORIZATION PROCESS INVOLVED Used for screening high risk women only.	\$327.58
77048- TC	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, unilateral CALL PROGRAM BEFORE ORDERING / PREAUTHORIZATION PROCESS INVOLVED Used for screening high risk women only.	\$233.59
77048- 26	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, unilateral CALL PROGRAM BEFORE ORDERING / PREAUTHORIZATION PROCESS INVOLVED Used for screening high risk women only.	\$93.99
77049-YN	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, bilateral CALL PROGRAM BEFORE ORDERING / PREAUTHORIZATION PROCESS INVOLVED Used for screening high risk women only.	\$333.53
77049-TC	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, bilateral CALL PROGRAM BEFORE ORDERING / PREAUTHORIZATION PROCESS INVOLVED Used for screening high risk women only.	\$230.68
77049-26	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, bilateral CALL PROGRAM BEFORE ORDERING / PREAUTHORIZATION PROCESS INVOLVED Used for screening high risk women only.	\$102.85

77063-YN	Screening Breast Tomosynthesis Bilateral (List Separately in addition to code for primary procedure G0202 or 77057)	\$50.18
77063-TC	Screening Breast Tomosynthesis Bilateral (List Separately in addition to code for primary procedure G0202 or 77057)	\$23.29
77063-26	Screening Breast Tomosynthesis Bilateral (List Separately in addition to code for primary procedure G0202 or 77057)	\$26.89
77065-YN	Diagnostic Mammogram, including CAD when performed, Unilateral	\$120.75
77065-TC	Diagnostic Mammogram, including CAD when performed, Unilateral (Technical/Facility Only)	\$84.67
77065-26	Diagnostic Mammogram, including CAD when performed, Unilateral (Professional Only)	\$36.08
77066-YN	Diagnostic Mammogram, including CAD when performed, Bilateral	\$152.45
77066-TC	Diagnostic Mammogram, including CAD when performed, Bilateral (Technical/Facility Only)	\$107.96
77066-26	Diagnostic Mammogram, including CAD when performed, Bilateral (Professional Only)	\$44.49
77067-YN	Screening Mammogram, including CAD when performed, Bilateral	\$123.53
77067-TC	Screening Mammogram, including CAD when performed, Bilateral (Technical/Facility Only)	\$89.40
77067-26	Screening Mammogram, including CAD when performed, Bilateral (Professional Only)	\$34.13
G0279-YN	Diagnostic Breast Tomosynthesis (List Separately in addition to code for primary procedure 77065 or 77066)	\$42.10
G0279-TC	Diagnostic Breast Tomosynthesis (List Separately in addition to code for primary procedure 77065 or 77066)	\$15.20
G0279-26	Diagnostic Breast Tomosynthesis (List Separately in addition to code for primary procedure 77065 or 77066)	\$26.89
87624	Human Papillomavirus, High Risk Types	\$35.09
87625	Human Papillomavirus, Genotyping High Risk 16 and 18 only: reimbursable if used for screening in conjunction with Pap testing or for follow-up of an abnormal Pap result or surveillance as per ASCCP guidelines.	\$40.55
<b>87626</b>	<b>Human Papillomavirus, reported high-risk types separately and pooled (DO NOT use in conjunction with 87624 or 87625)</b>	<b>\$70.20</b>
88141	PAP- Cytopathology Smear, Cervical or Vaginal Requiring Interpretation by a Physician	\$24.06
88142	PAP -Cytopathology, cervical or vaginal collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	\$20.26
88143	PAP- Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening and rescreening under physician supervision	\$23.04
88164	PAP- Cytopathology Smear, Cervical or Vaginal, TBS, Technician	\$18.19
88165	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening and rescreening under physician supervision	\$42.22
88172-YN	Evaluation of Fine Needle Aspiration with or without Preparation of Smears - Immediate Cytohistologic Study	\$54.27
88172-TC	Evaluation of Fine Needle Aspiration (Technical/Facility Only)	\$21.15
88172-26	Evaluation of Fine Needle Aspiration (Professional Only)	\$33.12
88173-YN	Interpretation and Report of Fine Needle Aspiration	\$165.06
88173-TC	Interpretation and Report of Fine Needle Aspiration (Technical/Facility Only)	\$100.12
88173-26	Interpretation and Report of Fine Needle (professional only)	\$64.94
88174	PAP- Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	\$25.37
88175	PAP- Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system and manual rescreening, under physician supervision.	\$26.61

88305-YN	Surgical Pathology/Biopsy Lab	\$69.15
88305-TC	Surgical Pathology/Biopsy Lab (Technical/Facility Only)	\$34.41
88305-26	Surgical Pathology/Biopsy Lab (Professional Only)	\$34.73
88307-YN	Surgical Pathology, gross and microscopic examination requiring microscopic evaluation of surgical margins	\$276.78
88307-TC	Surgical Pathology, gross and microscopic examination requiring microscopic evaluation of surgical margins (Technical/Facility Only)	\$200.72
88307-26	Surgical Pathology, gross and microscopic examination requiring microscopic evaluation of surgical margins (Professional Only)	\$76.06
88331-YN	Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen.	\$97.09
88331-TC	Pathology consultation, (Technical/Facility Only)	\$39.26
88331-26	Pathology consultation, (Professional Only)	\$57.82
88332-YN	Pathology consultation during surgery, each additional tissue block with frozen section(s)	\$52.65
88332-TC	Pathology consultation during surgery, each additional tissue block with frozen section(s) (Technical/Facility Only)	\$24.06
88332-26	Pathology consultation during surgery, each additional tissue block with frozen section(s) (Professional Only)	\$28.59
88341-YN	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	\$93.28
88341-TC	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure (Technical/Facility Only)	\$66.96
88341-26	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure (Professional Only)	\$26.32
88342-YN	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	\$108.61
88342-TC	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	\$76.14
88342-26	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	\$32.47
88360-YN	Morphometric analysis, tumor immunohistochemistry, per specimen; manual	\$115.08
88360-TC	Morphometric analysis, tumor immunohistochemistry, per specimen; manual	\$76.46
88360-26	Morphometric analysis, tumor immunohistochemistry, per specimen; manual	\$38.62
88361-YN	Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology	\$111.84
88361-TC	Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology	\$71.61
88361-26	Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology	\$40.23
99156	Conscious sedation anesthesia 10-20 minutes for individuals 5 years or older	\$67.96
99157	Conscious sedation anesthesia for each additional 15 minutes	\$52.71
99202	OFFICE VISIT- New Patient; expanded history, exam, straightforward decision-making; 15-29 minutes	\$68.47
99203	OFFICE VISIT- New Patient; detailed history, exam, straightforward decision-making; 30-44 minutes	\$105.81

99204	Office / Outpatient Visit/ decision making moderate complexity 45-59 minutes New SURGICAL CONSULT ONLY	\$158.55
99205	Office / Outpatient Visit / decision making high complexity 60-74 minutes New SURGICAL CONSULT ONLY	\$208.95
99211	OFFICE VISIT- Established Patient; evaluation and management, may not require presence of physician; presenting problems are minimal	\$22.44
99212	OFFICE VISIT- Established Patient; history, exam, straightforward decision making 10-19 minutes	\$53.99
99213	OFFICE VISIT- Established Patient; expanded history, exam, straightforward decision- making; 20- 29 minutes	\$86.95
99214	OFFICE VISIT- Established Patient; detailed history, exam, moderately complex decision making; 30-39 minutes	\$122.18
99385	OFFICE VISIT-New Patient; initial comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction; ordering appropriate immunization, lab procedures, etc.; 30-39 years	\$86.95
99386	OFFICE VISIT- Same as 99385, but 40-64 years of age	\$86.95
99395	OFFICE VISIT- Periodic comprehensive preventive medicine evaluation and management; history, examination, counseling/guidance; risk factor reduction; ordering appropriate immunization, lab procedures, etc.; 30-39 years	\$86.95
99396	OFFICE VISIT- Same as 99395, but 40-64 years of age	\$86.95
99397	OFFICE VISIT- Same as 99395, but 65+ years of age (ONLY IF NO MEDICARE B)	\$86.95