Attachment D

# The Mississippi Breast and Cervical Cancer Early Detection Program

**(Strives for early detection of cancer in those women at highest risk)**

**Mississippi Breast and Cervical Cancer Program (MS-BCCP)**

## PHYSICIAN ALLOWABLE PROCEDURES

### RATE OF REIMBURSEMENT

**Contractor** agrees to accept a rate of reimbursement for approved procedures on the date of services not to exceed the current Mississippi Medicare rates. *The fee reimbursed to the provider is based on the applicable CMS Fee Schedule effective on the date of service. Rates and fee schedules are located at:*

CMS Physician fee schedule: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Carrier-Specific-Files

See the attached list of NBCCEDP Allowable Procedures and the corresponding suggested Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes for the use in the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) under these general conditions and *provided by CDC under the CDC-RFA-DP17-1701 (NBCCEDP) grant.*

*List of NBCCEDP Allowable Procedures and the corresponding suggested Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes.*

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| **ANESTHESIA** | | |
| Anesthesia (Breast) – for procedures on the integumentary system, anterior trunk, not otherwise specified.<br>If MD and CRNA both bill, each is allowed (1/2) half conversion factor unit cost<br>*Base units – 3 (Additional time may be billed in 15 minute increments = 1 unit)* | 00400 | * |
| Anesthesia (Cervical) – for virginal procedures on the integumentary system on the extremities; perineum; not otherwise specified.<br>If MD and CRNA both bill, each is allowed (1/2) half conversion factor unit cost<br>*Base units – 3 (Additional time may be billed in 15 minute increments = 1 unit)* | 00940 | * |
| **SURGERY** | | |
| Fine Needle Aspiration Biopsy without Imaging Guidance; Each Additional Lesion | 10004 | * |
| Fine Needle Aspiration Biopsy without Imaging Guidance; Each Additional Lesion (Facility) | 10004F | * |
| Fine Needle Aspiration Biopsy including Ultrasound Guidance, First Lesion | 10005 | * |
| Fine Needle Aspiration Biopsy including Ultrasound Guidance, First Lesion (Facility) | 10005F | * |
| Fine Needle Aspiration Biopsy including Ultrasound Guidance, Each Additional Lesion | 10006 | * |
| Fine Needle Aspiration Biopsy including Ultrasound Guidance, Each Additional Lesion (Facility) | 10006F | * |
| Fine Needle Aspiration Biopsy including Fluoroscopic Guidance, First Lesion | 10007 | * |
| Fine Needle Aspiration Biopsy including Fluoroscopic Guidance, First Lesion (Facility) | 10007F | * |
| Fine Needle Aspiration Biopsy including Fluoroscopic Guidance, Each Additional Lesion | 10008 | * |
| Fine Needle Aspiration Biopsy including Fluoroscopic Guidance, Each Additional Lesion (Facility) | 10008F | * |
| Fine Needle Aspiration Biopsy including CT Guidance, First Lesion | 10009 | * |
| Fine Needle Aspiration Biopsy including CT Guidance, First Lesion (Facility) | 10009F | * |
| Fine Needle Aspiration Biopsy including CT Guidance, Each additional lesion | 10010 | * |
| Fine Needle Aspiration Biopsy including CT Guidance, Each Additional Lesion (Facility) | 10010F | * |
| Fine Needle Aspiration Biopsy including MRI Guidance, First Lesion | 10011 | use rate for cpt code 10009 |
| Fine Needle Aspiration Biopsy including MRI Guidance, First Lesion (Facility) | 10011F | use rate for cpt code 10009F |
| Fine Needle Aspiration Biopsy including MRI Guidance, Each Additional Lesion | 10012 | use rate for cpt code 10010 |

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| Fine Needle Aspiration Biopsy including MRI Guidance, Each Additional Lesion (Facility) | 10012F | use rate for cpt code 10010F |
| Fine Needle Aspiration Biopsy without Imaging Guidance; First Lesion | 10021 | * |
| Fine Needle Aspiration Biopsy without Imaging Guidance; First Lesion (Facility) | 10021F | * |
| Placement of soft tissue localization device (eg, clip) | 10035 | * |
| Placement of soft tissue localization device (eg, clip) (Facility) | 10035F | * |
| Placement of soft tissue localization device (eg, clip), each additional lesion | 10036 | * |
| Placement of soft tissue localization device (eg, clip), each additional lesion (Facility) | 10036F | * |
| Aspiration of Cyst of Breast | 19000 | * |
| Aspiration of Cyst of Breast (Facility) | 19000F | * |
| Aspiration of Cyst of Breast, Additional | 19001 | * |
| Aspiration of Cyst of Breast, Additional (Facility) | 19001F | * |
| Incision of Breast Lesion | 19020 | * |
| Incision of Breast Lesion (Facility) | 19020F | * |
| Injection procedure only for mammary ductogram or galactogram (for diagnosis only/NOT TREATMENT) **(CHECK WITH NURSE OR DATA MANAGER BEFORE REIMBURSING)** | 19030 | * |
| Injection procedure only for mammary ductogram or galactogram (for diagnosis only/NOT TREATMENT) **(CHECK WITH NURSE OR DATA MANAGER BEFORE REIMBURSING)** | 19030F | * |
| Breast Biopsy, with Placement of Localization Device and Imaging of Biopsy Specimen, Percutaneous; Stereotactic Guidance; First Lesion | 19081 | * |
| Breast Biopsy, with Placement of Localization Device and Imaging of Biopsy Specimen, Percutaneous; Stereotactic Guidance; First Lesion, Facility | 19081F | * |
| Breast Biopsy, with Placement of Localization Device and Imaging of Biopsy specimen, Percutaneous; Stereotactic Guidance; Each Additional Lesion | 19082 | * |
| Breast Biopsy, with Placement of Localization Device and Imaging of Biopsy specimen, Percutaneous; Stereotactic Guidance; Each Additional Lesion, Facility | 19082F | * |
| Breast Biopsy, with Placement of Localization Device and Imaging of Biopsy Specimen, Percutaneous; Ultrasound Guidance; First Lesion | 19083 | * |
| Breast Biopsy, with Placement of Localization Device and Imaging of Biopsy Specimen, Percutaneous; Ultrasound Guidance; First Lesion, Facility | 19083F | * |
| Breast Biopsy, with Placement of Localization Device and Imaging of Biopsy Specimen, Percutaneous; Ultrasound Guidance; Each Additional Lesion | 19084 | * |
| Breast Biopsy, with Placement of Localization Device and Imaging of Biopsy Specimen, Percutaneous; Ultrasound Guidance; Each Additional Lesion, Facility | 19084F | * |
| Breast Biopsy, with Placement of Localization Device and Imaging of Biopsy Specimen, Percutaneous; Magnetic Resonance Guidance; First Lesion | 19085 | * |
| Breast Biopsy, with Placement of Localization Device and Imaging of Biopsy Specimen, Percutaneous; Magnetic Resonance Guidance; First Lesion, Facility | 19085F | * |
| Breast Biopsy, with Placement of Localization Device and Imaging of Biopsy Specimen, Percutaneous; Magnetic Resonance Guidance; Each Additional Lesion | 19086 | * |
| Breast Biopsy, with Placement of Localization Device and Imaging of Biopsy Specimen, Percutaneous; Magnetic Resonance Guidance; Each Additional Lesion, Facility | 19086F | * |
| Biopsy Nonexcisional | 19100 | * |
| Biopsy Nonexcisional (Facility)F | 19100 | * |
| Excisional Biopsy | 19101 | * |
| Excisional Biopsy (Facility | 19101F | * |
| Excision of Cyst, Fibroadenoma, or Other Benign or Malignant Tumor, Aberrant Breast Tissue, Duct Lesion, or Nipple Lesion | 19120 | * |
| Excision of Cyst, Fibroadenoma, or Other Benign or Malignant Tumor, Aberrant Breast Tissue, Duct Lesion, or Nipple Lesion (Facility) | 19120F | * |
| Excision of Breast Lesion Identified by Pre-Operative Placement of Radiological Marker – Single Lesion | 19125 | * |

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| Excision of Breast Lesion Identified by Pre-Operative Placement of Radiological Marker - Single Lesion (Facility) | 19125F | * |
| Excision of Breast Lesion Identified by Pre-Operative Placement of Radiological Marker - Each Additional Lesion | 19126 | * |
| Excision of Breast Lesion Identified by Pre-Operative Placement of Radiological Marker - Each Additional Lesion | 19126F | * |
| Placement of Breast Localization Device, Percutaneous; Mammographic Guidance; First Lesion | 19281 | * |
| Placement of Breast Localization Device, Percutaneous; Mammographic Guidance; First Lesion, Facility | 19281F | * |
| Placement of Breast Localization Device, Percutaneous; Mammographic Guidance; Each Additional Lesion | 19282 | * |
| Placement of Breast Localization Device, Percutaneous; Mammographic Guidance; Each Additional Lesion, Facility | 19282F | * |
| Placement of Breast Localization Device, Percutaneous; Stereotactic Guidance; First Lesion | 19283 | * |
| Placement of Breast Localization Device, Percutaneous; Stereotactic Guidance; First Lesion, Facility | 19283F | * |
| Placement of Breast Localization Device, Percutaneous; Stereotactic Guidance; Each Additional Lesion | 19284 | * |
| Placement of Breast Localization Device, Percutaneous; Stereotactic Guidance; Each Additional Lesion, Facility | 19284F | * |
| Placement of Breast Localization Device, Percutaneous; Ultrasound Guidance; First Lesion | 19285 | * |
| Placement of Breast Localization Device, Percutaneous; Ultrasound Guidance; First Lesion, Facility | 19285F | * |
| Placement of Breast Localization Device, Percutaneous; Ultrasound Guidance; Each Additional Lesion | 19286 | * |
| Placement of Breast Localization Device, Percutaneous; Ultrasound Guidance; Each Additional Lesion, Facility | 19286F | * |
| Placement of Breast Localization Device, Percutaneous; Magnetic Resonance Guidance; First Lesion | 19287 | * |
| Placement of Breast Localization Device, Percutaneous; Magnetic Resonance Guidance; First Lesion, Facility | 19287F | * |
| Placement of Breast Localization Device, Percutaneous; Magnetic Resonance Guidance; Each Additional Lesion | 19288 | * |
| Placement of Breast Localization Device, Percutaneous; Magnetic Resonance Guidance; Each Additional Lesion, Facility | 19288F | * |
| Biopsy/removal lymph nodes | 38500 | * |
| Biopsy/removal lymph nodes (Facility) | 38500F | * |
| Needle biopsy lymph nodes | 38505 | * |
| Needle biopsy lymph nodes (Facility) | 38505F | * |
| Biopsy/removal lymph nodes | 38525 | * |
| Biopsy/removal lymph nodes | 38530 | * |
| Pre-operative testing; CBC, urinalysis, pregnancy test, pre-operative CXR, etc. These procedures should be medically necessary for the planned surgical procedure. (Breast / Cervical) | *Various* | *Each Individual code at 50%, up to $250* |
| Colposcopy without Biopsy of the Cervix | 57452 | * |
| Colposcopy without Biopsy of the Cervix (Facility) | 57452F | * |
| Colposcopy with Biopsy and Endocervical Curettage | 57454 | * |
| Colposcopy with Biopsy and Endocervical Curettage (Facility) | 57454F | * |
| Colposcopy with Biopsy(s) of the Cervix | 57455 | * |
| Colposcopy with biopsy(s) of the cervix (Facility) | 57455F | * |
| Colposcopy with Endocervical Curettage | 57456 | * |
| Colposcopy with Endocervical Curettage (Facility) | 57456F | * |
| Colposcopy with Loop Electrode Biopsy(s) of the Cervix | 57460 | * |
| Colposcopy with Loop Electrode Biopsy(s) of the Cervix (Facility) | 57460F | * |
| Colposcopy with Loop Electrode Conization of the Cervix | 57461 | * |
| Colposcopy with Loop Electrode Conization of the Cervix (Facility) | 57461F | * |

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| Biopsy (cervical), Single or Multiple, or Local Excision of Lesion, with or without Fulguration, Separate Procedure (cervical) | 57500 | * |
| Biopsy (cervical), single or multiple, or local excision of lesion, with or without fulguration, separate procedure (Facility) | 57500F | * |
| Endocervical Curettage (not done as part of a dilation and curettage (D&C)) | 57505 | * |
| Endocervical Curettage (not done as part of a dilation and curettage (D&C)) (Facility) | 57505F | * |
| Cauterization of Cervix | 57510 | * |
| Cauterization of Cervix (Facility) | 57510F | * |
| Other Biopsy-Not Colposcopy | 57511 | * |
| Other Biopsy-Not Colposcopy (Facility) | 57511F | * |
| Conization of Cervix, with/without Fulguration, Dilation and Curettage, Repair; Cold Knife or Laser | 57520 | * |
| Conization of Cervix, with/without Fulguration, Dilation and Curettage, Repair; Cold Knife or Laser (Facility) | 57520F | * |
| Loop Electrode Excision; Conization of Cervix, with/without Fulguration, Dilation and Curettage, Repair | 57522 | * |
| Loop Electrode Excision; Conization of Cervix, with/without Fulguration, Dilation and Curettage, Repair (Facility) | 57522F | * |
| Endometrial Sampling (Biopsy) with or without Endocervical Sampling (Biopsy), without Cervical Dilation, any Method | 58100 | * |
| Endometrial Sampling (Biopsy) with or without Endocervical Sampling (Biopsy), without Cervical Dilation, any Method (Facility) | 58100F | * |
| Endometrial Sampling (Biopsy) Performed in Conjunction with Colposcopy (List Separately in addition to code for primary procedure) | 58110 | * |
| Endometrial Sampling (Biopsy) Performed in Conjunction with Colposcopy (List Separately in addition to code for primary procedure), Facility | 58110F | * |
| Hysteroscopy biopsy w/sampling of endometrium and /or polypectomy, w/wo D&C **(ONLY BY PRIOR APPROVAL FROM PROGRAM)** | 58558 | * |
| Hysteroscopy biopsy w/sampling of endometrium and/or polypectomy, w/wo D&C (Facility) **(ONLY BY PRIOR APPROVAL FROM PROGRAM)** | 58558F | * |

## RADIOLOGY

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| X-ray Exam Chest 1 View, Global | 71045 | * |
| X-ray Exam Chest 1 View, Professional | 71045-TC | * |
| X-ray Exam Chest 1 View, Technical | 71045-26 | * |
| X-ray Exam Chest 2 Views, Global | 71046 | * |
| X-ray Exam Chest 2 Views, Technical | 71046-TC | * |
| X-ray Exam Chest 2 Views, Technical | 71046-26 | * |
| Radiological Examination, Surgical Specimen, Global | 76098 | * |
| Radiological Examination, Surgical Specimen, Technical | 76098-TC | * |
| Radiological Examination, Surgical Specimen, Professional | 76098-26 | * |
| Ultrasound, Complete Examination of Breast Including Axilla, Unilateral, Global | 76641 | * |
| Ultrasound, Complete Examination of Breast Including Axilla, Unilateral, Technical | 76641-TC | * |
| Ultrasound, Complete Examination of Breast Including Axilla, Unilateral, Professional | 76641-26 | * |
| Ultrasound, Complete Examination of Breast Including Axilla, Bilateral | 76641BL | * |
| Ultrasound, Complete Examination of Breast Including Axilla, Bilateral, Technical | 76641BL-TC | * |
| Ultrasound, Complete Examination of Breast Including Axilla, Bilateral, Professional | 76641BL-26 | * |
| Ultrasound, Limited Examination of Breast Including Axilla, Unilateral, Global | 76642 | * |
| Ultrasound, Limited Examination of Breast Including Axilla, Unilateral, Technical | 76642-TC | * |
| Ultrasound, Limited Examination of Breast Including Axilla, Unilateral, Professional | 76642-26 | * |
| Ultrasound, Limited Examination of Breast Including Axilla, Bilateral, Global | 76642BL | * |
| Ultrasound, Limited Examination of Breast Including Axilla, Bilateral, Technical | 76642BL-TC | * |
| Ultrasound, Limited Examination of Breast Including Axilla, Bilateral, Professional | 76642BL-26 | * |

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| Ultrasonic Guidance for Needle Biopsy, Radiological Supervision, and Interpretation, Global | 76942 | * |
| Ultrasonic Guidance for Needle Biopsy, Radiological Supervision, and Interpretation, Technical | 76942-TC | * |
| Ultrasonic Guidance for Needle Biopsy, Radiological Supervision, and Interpretation, Professional | 76942-26 | * |
| Magnetic Resonance Imaging (MRI), Breast, without Contrast, Unilateral, Global | 77046 | * |
| Magnetic Resonance Imaging (MRI), Breast, without Contrast, Unilateral, Technical | 77046-TC | * |
| Magnetic Resonance Imaging (MRI), Breast, without Contrast, Unilateral, Professional | 77046-26 | * |
| Magnetic Resonance Imaging (MRI), Breast, without Contrast, Bilateral | 77047 | * |
| Magnetic Resonance Imaging (MRI), Breast, without Contrast, Bilateral, Technical | 77047-TC | * |
| Magnetic Resonance Imaging (MRI), Breast, without Contrast, Bilateral, Professional | 77047-26 | * |
| Magnetic Resonance Imaging (MRI), Breast, Including CAD, with and without Contrast, Unilateral, Global | 77048 | * |
| Magnetic Resonance Imaging (MRI), Breast, Including CAD, with and without Contrast, Unilateral, Technical | 77048-TC | * |
| Magnetic Resonance Imaging (MRI), Breast, Including CAD, with and without Contrast, Unilateral, Professional | 77048-26 | * |
| Magnetic Resonance Imaging (MRI), Breast, Including CAD, with and without Contrast, Bilateral, Global | 77049 | * |
| Magnetic Resonance Imaging (MRI), Breast, Including CAD, with and without Contrast, Bilateral, Technical | 77049-TC | * |
| Magnetic Resonance Imaging (MRI), Breast, Including CAD, with and without Contrast, Bilateral, Professional | 77049-26 | * |
| Mammary Ductogram or Galactogram, Single Duct, Global | 77053 | * |
| Mammary Ductogram or Galactogram, Single Duct, Technical | 77053-TC | * |
| Mammary Ductogram or Galactogram, Single Duct, Professional | 77053-26 | * |
| Screening Digital Breast Tomosynthesis, Bilateral, Global | 77063 | * |
| Screening Digital Breast Tomosynthesis, Bilateral, Technical | 77063-TC | * |
| Screening Digital Breast Tomosynthesis, Bilateral, Professional | 77063-26 | * |
| Diagnostic Mammography, Unilateral, Includes CAD, Global | 77065 | * |
| Diagnostic Mammography, Unilateral, Includes CAD, Technical | 77065-TC | * |
| Diagnostic Mammography, Unilateral, Includes CAD, Professional | 77065-26 | * |
| Diagnostic Mammography, Bilateral, Includes CAD, Global | 77066 | * |
| Diagnostic Mammography, Bilateral, Includes CAD, Technical | 77066-TC | * |
| Diagnostic Mammography, Bilateral, Includes CAD, Professional | 77066-26 | * |
| Screening Mammography, Bilateral, Global | 77067 | * |
| Screening Mammography, Bilateral, Technical | 77067-TC | * |
| Screening Mammography, Bilateral, Professional | 77067-26 | * |
| COVID-19 Antigen Testing - Infectious Agent Detection by Nuclei Acid DNA or RNA; Amplified Probe Technique | 87426 | * |
| Human Papillomavirus, High-Risk Types | 87624 | * |
| Human Papillomavirus, Types 16 & 18 Only | 87625 | * |
| Human Papillomavirus, reported high-risk types separately and pooled (Self-collected HPV sample in clinical setting) | 87626 | * |
| **PATHOLOGY AND LABORATORY** | | |
| COVID-19 Antigen Testing - Infectious Agent Antigen Detection by Immunoassay Technique; Qualitative or Semiquantitative | 87635 | * |
| Cytopathology, Smears, Cervical, Technician | 88141 | * |
| Cytopathology, (Liquid-Based Pap Test), Cervical, Automated Thin Layer Preparation; Manual Screening under Physician Supervision | 88142 | * |
| Cytopathology, Cervical or Vaginal, Collected in Preservative fluid, Automated Thin Layer Preparation; Manual Screening and Rescreening Under Physician Supervision | 88143 | * |
| Cytopathology, Smears, Any Other Source (i.e., Nipple Discharge on a Slide), Screening and Interpretation, Global | 88160 | * |

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| Cytopathology, Smears, Any Other Source (i.e., Nipple Discharge on a Slide), Screening and Interpretation, Technical | 88160-TC | * |
| Cytopathology, Smears, Any Other Source (i.e., Nipple Discharge on a Slide), Screening and Interpretation, Professional | 88160-26 | * |
| Cytopathology (Conventional Pap Test), Slides, Cervical, Reported in Bethesda System, Manual Screening under Physician Supervision | 88164 | * |
| Cytopathology (Conventional Pap Test), Slides, Cervical, Reported in Bethesda System, Manual Screening and Rescreening Under Physician Supervision | 88165 | * |
| Evaluation of Fine Needle Aspiration, Global | 88172 | * |
| Evaluation of Fine Needle Aspiration, Technical | 88172-TC | * |
| Evaluation of Fine Needle Aspiration, Professional | 88172-26 | * |
| Interpretation and Report of Fine Needle Aspiration, Global | 88173 | * |
| Interpretation and Report of Fine Needle Aspiration, Technical | 88173-TC | * |
| Interpretation and Report of Fine Needle Aspiration, Professional | 88173-26 | * |
| Cytopathology, Cervical or Vaginal, Collected in Preservative Fluid, Automated Thin Layer Preparation; Screening by Automated System, Under Physician Supervision | 88174 | * |
| Cytopathology, Cervical or Vaginal, Collected in Preservative Fluid, Automated Thin Layer Preparation; Screening by Automated System and Manual Rescreening, Under Physician Supervision | 88175 | * |
| Cytopathology, Evaluation of Fine Needle Aspirate; Immediate Cytohistologic Study to Determine Adequacy of Specimen(s), Each Separate Additional Evaluation Episode, Global | 88177 | * |
| Cytopathology, Evaluation of Fine Needle Aspirate; Immediate Cytohistologic Study to Determine Adequacy of Specimen(s), Each Separate Additional Evaluation Episode, Technical | 88177-TC | * |
| Cytopathology, Evaluation of Fine Needle Aspirate; Immediate Cytohistologic Study to Determine Adequacy of Specimen(s), Each Separate Additional Evaluation Episode, Professional | 88177-26 | * |
| Level III – Surgical Pathology, Global | 88304 | * |
| Level III – Surgical Pathology, Technical | 88304-TC | * |
| Level III – Surgical Pathology, Professional | 88304-26 | * |
| Level IV – Surgical Pathology, Gross and Microscopic Examination | 88305 | * |
| Level IV – Surgical Pathology, Gross and Microscopic Examination, Technical | 88305-TC | * |
| Level IV – Surgical Pathology, Gross and Microscopic Examination, Professional | 88305-26 | * |
| Level V – Surgical Pathology, Gross and Microscopic Examination; Requiring Microscopic Evaluation of Surgical Margins, Global | 88307 | * |
| Level V – Surgical Pathology, Gross and Microscopic Examination; Requiring Microscopic Evaluation of Surgical Margins, Technical | 88307-TC | * |
| Level V – Surgical Pathology, Gross and Microscopic Examination; Requiring Microscopic Evaluation of Surgical Margins, Professional | 88307-26 | * |
| Surgical Pathology, Group II, Special Stain with Interpretation and Report | 88313 | * |
| Surgical Pathology, Group II, Special Stain with Interpretation and Report, Technical | 88313-TC | * |
| Surgical Pathology, Group II, Special Stain with Interpretation and Report, Professional | 88313-26 | * |
| Pathology Consultation During Surgery | 88329 | * |
| Pathology Consultation During Surgery, (Facility) | 88329F | * |
| First Tissue Block with Frozen Sections, Pathology Consultation During Surgery, Single Specimen | 88331 | * |
| First Tissue Block with Frozen Sections, Pathology Consultation During Surgery, Single Specimen, Technical | 88331-TC | * |
| First Tissue Block with Frozen Sections, Pathology Consultation During Surgery, Single Specimen, Professional | 88331-26 | * |
| Each Additional Tissue Block with Frozen Sections, Pathology Consultation During Surgery, Global | 88332 | * |
| Each Additional Tissue Block with Frozen Sections, Pathology Consultation During Surgery, Technical | 88332-TC | * |
| Each Additional Tissue Block with Frozen Sections, Pathology Consultation During Surgery, Professional | 88332-26 | * |
| Immunohistochemistry or Immunocytochemistry, Per Specimen; each Additional Single Antibody Stain Procedure (List Separately in Addition to Code for Primary Procedure), Global | 88341 | * |

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| Immunohistochemistry or Immunocytochemistry, Per Specimen; each Additional Single Antibody Stain Procedure (List Separately in Addition to Code for Primary Procedure), Technical | 88341-TC | * |
| Immunohistochemistry or Immunocytochemistry, Per Specimen; each Additional Single Antibody Stain Procedure (List Separately in Addition to Code for Primary Procedure), Professional | 88341-26 | * |
| Immunohistochemistry or Immunocytochemistry, Per Specimen; Initial Single Antibody Stain Procedure, Global | 88342 | * |
| Immunohistochemistry or Immunocytochemistry, Per Specimen; Initial Single Antibody Stain Procedure, Technical | 88342-TC | * |
| Immunohistochemistry or Immunocytochemistry, Per Specimen; Initial Single Antibody Stain Procedure, Professional | 88342-26 | * |
| Tumor; Morphometric Analysis, Global | 88358 | * |
| Tumor; Morphometric Analysis Technical | 88358-TC | * |
| Tumor; Morphometric Analysis Professional | 88358-26 | * |
| Morphometric Analysis, Tumor Immunocytochemistry, Per Specimen; Manual, Global | 88360 | * |
| Morphometric Analysis, Tumor Immunocytochemistry, Per Specimen; Manual, Technical | 88360-TC | * |
| Morphometric Analysis, Tumor Immunocytochemistry, Per Specimen; Manual, Professional | 88360-26 | * |
| Morphometric Analysis, Tumor Immunocytochemistry, Per Specimen; Using Computer-Assisted Technology, Global | 88361 | * |
| Morphometric Analysis, Tumor Immunocytochemistry, Per Specimen; Using Computer-Assisted Technology, Technical | 88361-TC | * |
| Morphometric Analysis, Tumor Immunocytochemistry, Per Specimen; Using Computer-Assisted Technology, Professional | 88361-26 | * |
| In Situ Hybridization (eg,FISH), Per Specimen; Each Additional Single Probe Stain Procedure, Global | 88364 | * |
| In Situ Hybridization (eg,FISH), Per Specimen; Each Additional Single Probe Stain Procedure, Technical | 88364-26 | * |
| In Situ Hybridization (eg,FISH), Per Specimen; Each Additional Single Probe Stain Procedure, Professional | 88364-TC | * |
| In Situ Hybridization (eg,FISH), Per Specimen; Initial Single Probe Stain Procedure, Global | 88365 | * |
| In Situ Hybridization (eg,FISH), Per Specimen; Initial Single Probe Stain Procedure, Technical | 88365-26 | * |
| In Situ Hybridization (eg,FISH), Per Specimen; Initial Single Probe Stain Procedure, Professional | 88365-TC | * |
| In Situ Hybridization (eg,FISH), Per Specimen; Each Multiplex Probe Stain Procedure, Global | 88366 | * |
| In Situ Hybridization (eg,FISH), Per Specimen; Each Multiplex Probe Stain Procedure, Technical | 88366-26 | * |
| In Situ Hybridization (eg,FISH), Per Specimen; Each Multiplex Probe Stain Procedure, Professional | 88366-TC | * |
| Morphometric Analysis, In Situ Hybridization, Computer-Assisted, Per Specimen, Initial Single Probe Stain Procedure, Global | 88367 | * |
| Morphometric Analysis, In Situ Hybridization, Computer-Assisted, Per Specimen, Initial Single Probe Stain Procedure, Technical | 88367-26 | * |
| Morphometric Analysis, In Situ Hybridization, Computer-Assisted, Per Specimen, Initial Single Probe Stain Procedure, Professional | 88367-TC | * |
| Morphometric Analysis, in Situ Hybridization, Manual, Per Specimen, Initial Single Probe Stain Procedure, Global | 88368 | * |
| Morphometric Analysis, in Situ Hybridization, Manual, Per Specimen, Initial Single Probe Stain Procedure, Technical | 88368-26 | * |
| Morphometric Analysis, in Situ Hybridization, Manual, Per Specimen, Initial Single Probe Stain Procedure, Professional | 88368-TC | * |
| Morphometric Analysis, In Situ Hybridization, Manual, Per Specimen, Each Additional Probe Stain Procedure, Global | 88369 | * |
| Morphometric Analysis, In Situ Hybridization, Manual, Per Specimen, Each Additional Probe Stain Procedure, Technical | 88369-26 | * |
| Morphometric Analysis, In Situ Hybridization, Manual, Per Specimen, Each Additional Probe Stain Procedure, Professional | 88369-TC | * |
| Morphometric Analysis, In Situ Hybridization, Computer-Assisted, Per Specimen, Each Additional Probe Stain Procedure, Global | 88373 | * |

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| Morphometric Analysis, In Situ Hybridization, Computer-Assisted, Per Specimen, Each Additional Probe Stain Procedure, Technical | 88373-26 | * |
| Morphometric Analysis, In Situ Hybridization, Computer-Assisted, Per Specimen, Each Additional Probe Stain Procedure, Professional | 88373-TC | * |
| Morphometric Analysis, In Situ Hybridization, Computer-Assisted, Per Specimen, Each Multiplex Stain Procedure, Global | 88374 | * |
| Morphometric Analysis, In Situ Hybridization, Computer-Assisted, Per Specimen, Each Multiplex Stain Procedure, Technical | 88374-26 | * |
| Morphometric Analysis, In Situ Hybridization, Computer-Assisted, Per Specimen, Each Multiplex Stain Procedure, Professional | 88374-TC | * |
| Morphometric Analysis, In Situ Hybridization, Manual, Per specimen, Each Multiplex Stain Procedure, Global | 88377 | * |
| Morphometric Analysis, In Situ Hybridization, Manual, Per specimen, Each Multiplex Stain Procedure, Technical | 88377-26 | * |
| Morphometric Analysis, In Situ Hybridization, Manual, Per Specimen, Each Multiplex Stain Procedure, Professional | 88377-TC | * |
| **MEDICINE** | | |
| Electrocardiogram Complete | 93000 | * |
| Electrocardiogram Tracing | 93005 | * |
| Electrocardiogram, Interpretation and Report Only | 93010 | * |
| Administration of Patient-Focused Health Risk Assessment Instrument (eg, Health Hazard Appraisal) with Scoring and Documentation, Per Standardized Instrument | 96160 | * |
| 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 | 99070 | *Each Individual code at 50%, up to $250* |
| Moderate Conscious Sedation Anesthesia, for Individuals 5 years or older, Initial 15 minutes; Total Intra-Service Time 10-22 minutes. | 99156 | * |
| Moderate Conscious Sedation Anesthesia, for Individuals 5 years or older; each Additional 15 minutes. | 99157 | * |
| **EVALUATION AND MANAGEMENT** | | |
| Office Visit – New Patient; e*xpanded, problem-focused medically appropriate history/exam; straightforward decision making; 15-29 minutes* | 99202 | * |
| Office Visit (Facility) | 99202F | * |
| Office Visit, Initial – New Patient; *detailed medically appropriate history/exam; low level decision making; 30-44 minutes* | 99203 | * |
| Office Visit, Initial (Facility) | 99203F | * |
| Office Visit-Consultation – New Patient; *comprehensive medically appropriate history/exam; moderate level decision making; 45-59 minute* | 99204 | * |
| Office Visit-Consultation (Facility) | 99204F | * |
| Office Visit-Consultation – New Patient; *comprehensive medically appropriate history/exam; high level decision making; 60-74 minutes* | 99205 | * |
| Office Visit-Consultation (Facility) | 99205F | * |
| Office Visit – Established Patient; *evaluation and management may not require presence of physician; presenting problems are minimal* | 99211 | * |
| Office Visit (Facility) | 99211F | * |
| Office Visit - Established Patient; *problem-focused medically appropriate history/exam; straightforward decision making; 10-19 minutes* | 99212 | * |
| Office Visit (Facility) | 99212F | * |
| Office Visit/Follow-Up – Establish Patient*; expanded problem-focused medically appropriate history/exam; low level decision making; 20-29 minutes* | 99213 | * |
| Office Visit/Follow-Up (Facility) | 99213F | * |

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|---|---|---|
| Established Patient*; detailed medically appropriate history, exam, moderately complex level decision-making; 30-39 minutes* | 99214 | * |
| Established Patient; detailed history, exam, moderately complex decision-making; 30-39 minutes (Facility) | 99214F | * |
| Pelvic examination (List separately, in addition to primary procedure) | 99459 | * |
| Pelvic examination (List separately, in addition to primary procedure) (Facility) | 99459F | * |
| Diagnostic Digital Breast Tomosynthesis, Unilateral or Bilateral, Global | G0279 | * |
| Diagnostic Digital Breast Tomosynthesis, Unilateral or Bilateral, Technical | G0279-TC | * |
| Diagnostic Digital Breast Tomosynthesis, Unilateral or Bilateral, Professional | G0279-26 | * |