

New York State Department of Health Cancer Services Program		4/1/2016- 3/31/2017
Maximum Reimbursement Schedule		
Breast/Cervical Procedures	Guiding CPT Code(s)***	Upstate
Screening mammogram - bilateral (Full Field digital or Tomosynthesis) **	G202, 77063 (77057*)	\$ 128.60
Screening mammogram - bilateral diagnostic (film or digital) **	G204,G-0279,77062 (77056*)	\$ 157.30
Screening mammogram - unilateral diagnostic (film or digital) **	G206, 77061 (77055*)	\$ 123.53
Assessment, education and CBE	99201	\$ 42.23
Assessment, education and pelvic exam with Pap test	99201	\$ 42.23
Repeat CBE	Half of 99201	\$ 21.12
Diagnostic mammogram - unilateral (special views)(film or digital) **	G206, 77061(77055*)	\$ 123.53
Diagnostic Mammogram bilateral (special views) (film or digital)**	G204, 77062 (77056*)	\$ 157.30
Diagnostic Breast US (unilateral or bilateral) w/image documentation	76641, 76642, 76942	\$ 103.96
Fine needle aspiration biopsy without image guidance	10021	\$ 119.46
Fine needle aspiration biopsy with image guidance (includes image guidance)	76942+10022	\$ 196.16
Core biopsy	19100	\$ 145.39
Incisional biopsy	19101	\$ 330.00
Pre-operative ultrasonic needle localization and wire placement	19285	\$ 496.89
additional US needle loc and wire placement for second lesion	19286	\$ 435.52
Pre-operative mammographic needle localization and wire placement	19281	\$ 232.82
additional mammographic needle loc and wire placement second lesion	19282	\$ 162.36
Excisional biopsy	19120	\$ 479.80
Stereotactic biopsy procedure- breast- all inclusive of placement of breast localization device(s), (eg, clip, metallic pellet), imaging of the biopsy specimen, percutaneous bx; first lesion, including stereotactic guidance	19081	\$ 670.45
each additional lesion, including stereotactic guidance	19082	\$ 552.83
US guided Vaccum-assisted biopsy breast- all inclusive of placement of breast localization device(s) (eg, clip, metallic pellet)imaging of the biopsy specimen, percutaneous bx; first lesion, including ultrasound guidance	19083	\$ 648.41
each additional lesion, including US guidance	19084	\$ 531.78
Mammary ductogram/galactogram	77053	\$ 56.00
Article 28 Facility Fee - Core Biopsy	APC 5071,72,73	\$ 550.29
Article 28 Facility Fee - Incisional/Excisional Biopsy	APC 5074	\$ 1,414.28
Colposcopy without biopsy	57452	\$ 106.18
Colposcopy with cervical biopsy and ECC	57454	\$ 149.24
Colposcopy with one or more cervical biopsies	57455	\$ 138.96
Colposcopy with ECC	57456	\$ 131.03
Endometrial biopsy	58100	\$ 106.30
High Risk HPV DNA Hybrid Capture 2 or Cervista HR or types 16/18 only	87624, 87625	\$ 47.80
Pap smear cytology, conventional	88164	\$ 14.39
Pap smear cytology,liquid based prep	88142	\$ 27.60
Fluid cytology, Breast and nipple, (Not vaginal / cervical)	88173	\$ 149.25
Diagnostic LEEP/LEETZ	57461	\$ 309.44
Diagnostic Cone Biopsy- Cold knife or Laser	57520	\$ 298.89
Article 28 Facility Fee - Diagnostic LEEP/LEETZ, etc	APC 5414	\$ 1,861.08
FOBT Kit Processing	82270	\$ 4.43
FIT	82274	\$ 16.97
Colonoscopy	45378 or G0121 or G0105	\$ 367.84
Colonoscopy w/biopsy single or multiple	45380	\$ 454.31
Colonoscopy w/removal of tumor(s), polyp(s) by hot biopsy...	45384	\$ 498.37
Colonoscopy w/removal of tumor(s), polyp(s) by snare technique	45385	\$ 477.36
Sigmoidoscopy	45330	\$ 161.24
Sigmoidoscopy with polypectomy	45333	\$ 336.56
Flexible sigmoidoscopy with biopsy	45331	\$ 247.23
Radiological exam; colon, barium enema	74270	\$ 144.15
2nd Technique- Colonoscopy dir bx	n/a	\$ 108.84
Article 28 Facility Fee - Colonoscopy	APC 5312	\$ 752.76
Article 28 Facility Fee - Sigmoidoscopy	APC 5311	\$ 492.45
Surgicalconsultation	99203	\$ 104.66
Anesthesiologist fee	n/a	\$ 158.00
Chest X-ray	71020	\$ 26.69
CBC - Complete Blood Count pre-operative testing	85025	\$ 10.53
EKG	93000	\$ 16.44
Surgical pathology - Level IV-Gross and microscopic	88305	\$ 71.32
Surgical pathology - Level IV- needing examination of surgical margins; some excisional, LEEP, Cone, and some polyps	88307	\$ 297.78

***These CPT codes are for reference only. Reimbursement is not limited to these CPT codes. Other CPT codes that fulfill the service/procedure as listed may also be reimbursed at these rates.

*NYS provides reimbursement for full field digital mammography or Tomosynthesis mammography at the same rate.

No additional reimbursement for CAD