

Reimbursement Schedule 4/1/2017- 3/31/2018		
New York State Department of Health Cancer Services Program	Guiding	Upstate
Breast Procedures	CPT Code(s)***	13282-99
Screening mammogram - bilateral (Full Field digital or Tomosynthesis) **	G0202, or	\$ 131.92
Screening mammogram - bilateral diagnostic (film or digital) **	G0204, G-0279,	\$ 163.48
Screening mammogram - unilateral diagnostic (film or digital) **	G0206, 77061	\$ 128.85
Assessment, education and CBE	99201	\$ 42.60
Assessment, education and pelvic exam with Pap test	99201	\$ 42.60
Repeat CBE	Half of 99201	\$ 21.30
Diagnostic mammogram - unilateral (special views)(film or digital) **	G0206,	\$ 128.85
Diagnostic Mammogram bilateral (special views) (film or digital)**	G0204, 77062	\$ 163.48
Diagnostic Breast US (unilateral or bilateral) w/image documentation	76641, 76642,	\$ 104.65
Fine needle aspiration biopsy without image guidance	10021	\$ 118.78
Fine needle aspiration biopsy with image guidance (includes image guidance)	76942+10022	\$ 223.38
Core biopsy	19100	\$ 145.18
Incisional biopsy	19101	\$ 328.97
Pre-operative ultrasonic needle localization and wire placement	19285	\$ 500.64
additional US needle loc and wire placement for second lesion	19286	\$ 435.86
Pre-operative mammographic needle localization and wire placement	19281	\$ 234.02
additional mammographic needle loc and wire placement second lesion	19282	\$ 161.92
Excisional biopsy	19120	\$ 476.96
Stereotactic biopsy procedure- breast- all inclusive of placement of localization device(s), imaging of the biopsy specimen, percutaneous bx; first lesion, including stereotactic	19081	\$ 670.76
each additional lesion, including stereotactic guidance	19082	\$ 552.74
US guided Vacuum-assisted biopsy breast- all inclusive of placement of breast localization device(s), imaging of the biopsy specimen, percutaneous bx; first lesion,	19083	\$ 650.62
each additional lesion, including US guidance	19084	\$ 531.44
Mammary ductogram/galactogram	77053	\$ 56.86
Article 28 Facility Fee - Core Biopsy	APC 5071,72,73	\$ 559.64
Article 28 Facility Fee - Incisional/Excisional Biopsy	APC 5074	\$ 1,438.32
Cervical Procedures		
Colposcopy without biopsy	57452	\$ 106.33
Colposcopy with cervical biopsy and ECC	57454	\$ 149.29
Colposcopy with one or more cervical biopsies	57455	\$ 139.08
Colposcopy with ECC	57456	\$ 131.19
Endometrial biopsy	58100	\$ 106.48
High Risk HPV DNA Hybrid Capture 2 or Cervista HR or types 16/18 only	87624, 87625	\$ 48.14
Pap smear cytology, conventional	88164	\$ 14.49
Pap smear cytology, liquid based prep	88142	\$ 27.79
Diagnostic LEEP/LEETZ	57461	\$ 310.48
Diagnostic Cone Biopsy- Cold knife or Laser	57520	\$ 299.55
Article 28 Facility Fee - Diagnostic LEEP/LEETZ, etc	APC 5414	\$ 1,892.72
Colorectal Procedures		
FOBT Kit Processing	82270	\$ 4.46
FIT	82274	\$ 17.09
Colonoscopy	45378 or G0121	\$ 307.39
Colonoscopy w/biopsy single or multiple	45380	\$ 393.25
Colonoscopy w/removal of tumor(s), polyp(s) by hot biopsy...	45384	\$ 435.71
Colonoscopy w/removal of tumor(s), polyp(s) by snare technique	45385	\$ 413.95
Sigmoidoscopy	45330	\$ 161.67
Sigmoidoscopy with polypectomy	45333	\$ 283.97
Flexible sigmoidoscopy with biopsy	45331	\$ 248.02
Radiological exam; colon, barium enema	74270	\$ 144.72
2nd Technique- Colonoscopy dir bx	n/a	\$ 106.91
Article 28 Facility Fee - Colonoscopy	APC 5312	\$ 765.56
Article 28 Facility Fee - Sigmoidoscopy	APC 5311	\$ 500.82
Other Procedures		
Surgical Consultation	99203	\$ 104.97
Anesthesiologist fee	n/a	\$ 160.00
Chest X-ray	71020	\$ 27.09
CBC - Complete Blood Count pre-operative testing	85025	\$ 10.60
EKG	93000	\$ 16.45
Fluid cytology, Breast and nipple, (Not vaginal / cervical)	88173	\$ 149.77
Surgical pathology - Level IV-Gross and microscopic	88305	\$ 67.11
Surgical pathology - Level IV- needing examination of surgical margins;	88307	\$ 258.23
NOTES		
*Film Mammography will be reimbursed at the maximum allowed partial rate below:		
Screening mammogram- Bilateral FILM	77067 (77057*)	\$ 81.79
Diagnostic mammogram- bilateral FILM	77066 (77055*)	\$ 115.25
Diagnostic mammogram- unilateral FILM	77065 (77056*)	\$ 90.19
** NYS program reimbursement is for full field digital mammography or Tomosynthesis		
*** These CPT codes are for reference only. Reimbursement is not limited to these CPT		