

New York State Department of Health Cancer Services Program			
Reimbursement Schedule 4/1/2018- 3/31/2019			
Breast/Cervical Procedures	Data	CPT Code(s)**	Upstate
Screening mammogram - bilateral (Full Field digital or Tomosynthesis) **	SIF	77067+77063	\$ 133.75
Screening mammogram - bilateral diagnostic (film or digital) **	SIF	G-0279 + 77063, 77066	\$ 165.96
Screening mammogram - unilateral diagnostic (film or digital) **	SIF	G0279 +77065	\$ 131.30
Assessment, education and CBE	SIF	99201	\$ 43.09
Assessment, education and pelvic exam with Pap test	SIF	99201	\$ 43.09
Repeat CBE	2	Half of 99201	\$ 21.55
Diagnostic mammogram - unilateral (special views)(film or digital) **	1	G0279+77065	\$ 128.85
Diagnostic Mammogram bilateral (special views) (film or digital)**	90	G0279 +77066 or77063	\$ 163.48
Diagnostic Breast US (unilateral or bilateral) w/image documentation	4	76641, 76642, 76942	\$ 104.65
Fine needle aspiration biopsy without image guidance	29	10021	\$ 118.19
Fine needle aspiration biopsy with image guidance (includes image guidance)	7	76942+10022	\$ 195.35
Core biopsy	8	19100	\$ 144.70
Incisional biopsy	9	19101	\$ 328.08
Pre-operative ultrasonic needle localization and wire placement	22	19285	\$ 503.85
additional US needle loc and wire placement for second lesion	85	19286	\$ 440.82
Pre-operative mammographic needle localization and wire placement	15	19281	\$ 233.95
additional mammographic needle loc and wire placement second lesion	83	19282	\$ 162.29
Excisional biopsy	10	19120	\$ 474.39
Stereotactic biopsy procedure- breast- all inclusive of placement of localization device(s), imaging of the specimen, percutaneous bx; first lesion, including stereotactic guidance	16	19081	\$ 671.12
each additional lesion, including stereotactic guidance	84	19082	\$ 554.15
US guided Vaccum-assisted biopsy breast- all inclusive of placement of localization device(s), imaging of the specimen, percutaneous bx; first lesion, including ultrasound guidance	25	19083	\$ 652.78
each additional lesion, including US guidance	86	19084	\$ 532.17
Mammary ductogram/galactogram	17	77053	\$ 56.53
Article 28 Facility Fee - Core Biopsy	23	APC 5071	\$ 572.85
Article 28 Facility Fee - Incisional/Excisional Biopsy	24	APC 5072-73	\$ 1,490.00
Cervical Procedures			
Colposcopy without biopsy	52	57452	\$ 105.12
Colposcopy with cervical biopsy and ECC	66	57454	\$ 147.05
Colposcopy with one or more cervical biopsies	53	57455	\$ 137.62
Colposcopy with ECC	67	57456	\$ 129.83
Endometrial biopsy	68	58100	\$ 104.94
High Risk HPV DNA Hybrid Capture 2 or Cervista HR or types 16/18 only	65	88164, 88165, 88141	\$ 43.33
Pap smear cytology,liquid based prep	SIF, 71	88142	\$ 25.01
Diagnostic LEEP/LEETZ	56	57461	\$ 307.55
Diagnostic Cone Biopsy- Cold knife or Laser	CKC	57520	\$ 297.18
Article 28 Facility Fee - Diagnostic LEEP/LEETZ, etc	69	APC 5414	\$ 1,931.42
Colorectal Procedures			
FIT	SIF	82274	\$ 19.64
Colonoscopy	36	45378 or G0121 or	\$ 306.82
Colonoscopy w/biopsy single or multiple	37	45380	\$ 393.61
Colonoscopy w/removal of tumor(s), polyp(s) by hot biopsy...	38	45384	\$ 436.28
Colonoscopy w/removal of tumor(s), polyp(s) by snare technique	39	45385	\$ 413.13
Sigmoidoscopy	32	45330	\$ 164.09
Sigmoidoscopy with polypectomy	33	45333	\$ 286.27
Flexible sigmoidoscopy with biopsy	34	45331	\$ 251.31
Radiological exam; colon, barium enema	35	74270	\$ 145.29
2nd Technique- Colonoscopy dir bx	50	n/a	\$ 107.52
Article 28 Facility Fee - Colonoscopy	49	APC 5312	\$ 749.11
Article 28 Facility Fee - Sigmoidoscopy	48	APC 5311	\$ 567.98
Other Procedures			
Surgical Consultation	3, 54,	99203	\$ 104.28
Anesthesiologist fee	18, 70,	n/a	\$ 160.00
Chest X-ray Pre op	19, 62,	71046	\$ 29.45
CBC - Complete Blood Count pre-operative testing	21, 64,	85025	\$ 9.59
EKG	20, 63,	93000	\$ 16.39
Fluid cytology, Breast and nipple, (Not vaginal / cervical)	1,114	88173	\$ 151.35
Surgical pathology - Level IV-Gross and microscopic	12, 59,	88305	\$ 67.30
Surgical pathology - Level IV- exam of surgical margins; some excisional, LEEP, Cone, polyps	82, 87, 88	88307	\$ 257.85
NOTES			
** NYS program reimbursement is for full field digital mammography or Tomosynthesis mammography at the same rate. No additional reimbursement			
*** These CPT codes are for reference only. Other CPT codes that fulfill the service/ procedure as listed may also be reimbursed at these rates.			