

New York State Department of Health Cancer Services Program			
Reimbursement Schedule 4/1/2019-3/31/2020	CSP	Guiding	Upstate
Breast/Cervical Procedures	Codes	CPT Code(s)***	Rates
Screening mammogram - bilateral (Full Field digital or Tomosynthesis) **	SIF	77067+77063	\$ 132.20
Screening mammogram - bilateral diagnostic (film or digital) **	SIF	G-0279 + 77063,	\$ 164.22
Screening mammogram - unilateral diagnostic (film or digital) **	SIF	G0279 +77065	\$ 129.77
Assessment, education and CBE	SIF	99201	\$ 44.39
Assessment, education and pelvic exam with Pap test	SIF, 73	99201	\$ 44.39
Repeat CBE	2	Half of 99201	\$ 22.20
Diagnostic mammogram - unilateral (special views)(film or digital) **	1	G0279+77065	\$ 129.77
Diagnostic Mammogram bilateral (special views) (film or digital)**	90	G0279 +77066	\$ 164.22
Diagnostic Breast US (unilateral or bilateral) w/image documentation	4	76641, 76642, 76942	\$ 104.07
Fine needle aspiration biopsy without image guidance	29	10021, 19000	\$ 95.21
Fine needle aspiration biopsy with image guidance (includes image guidance)	7	76942+10021	\$ 151.03
Core biopsy	8	19100	\$ 146.35
Incisional biopsy	9	19101	\$ 326.53
Pre-operative ultrasonic needle localization and wire placement	22	19285	\$ 473.02
additional US needle loc and wire placement for second lesion	85	19286	\$ 408.14
Pre-operative mammographic needle localization and wire placement	15	19281	\$ 237.54
additional mammographic needle loc and wire placement second lesion	83	19282	\$ 165.67
Excisional biopsy	10	19120	\$ 482.60
Stereotactic biopsy procedure- breast- <b>all inclusive</b> of placement of breast localization device(s), imaging of specimen, percutaneous bx; first lesion, including stereotactic	16	19081	\$ 631.97
each additional lesion, including stereotactic guidance	84	19082	\$ 515.25
US guided Vaccum-assisted biopsy breast- <b>all inclusive</b> of placement of breast localization device(s), imaging of the biopsy specimen, percutaneous bx; first lesion, including ultrasound	25	19083	\$ 618.87
each additional lesion, including US guidance	86	19084	\$ 496.84
Mammary ductogram/galactogram	17	77053	\$ 55.73
Article 28 Facility Fee - Core Biopsy	23	APC 5071	\$ 579.34
Article 28 Facility Fee - Incisional/Excisional Biopsy	24	APC 5072-73	\$ 1,375.50
<b>Cervical Procedures</b>			
Colposcopy without biopsy	52	57452	\$ 111.29
Colposcopy with cervical biopsy and ECC	66	57454	\$ 153.10
Colposcopy with one or more cervical biopsies	53	57455	\$ 144.18
Colposcopy with ECC	67	57456	\$ 135.63
Endometrial biopsy	68	58100, 58110	\$ 90.65
High Risk HPV DNA Hybrid Capture 2 or Cervista HR or genotypes 16/18/45	SIF, 65,	87624, 87625	\$ 39.77
Pap smear cytology,liquid based prep	SIF, 71	88142, 88143,	\$ 22.51
Diagnostic LEEP/LEETZ	56	57461, 57522	\$ 320.58
Diagnostic Cone Biopsy- Cold knife or Laser	57, 58	57520	\$ 313.34
Article 28 Facility Fee - Diagnostic LEEP/LEETZ, etc	69	APC 5414	\$ 2,361.27
<b>Colorectal Procedures</b>			
FIT	SIF	82274	\$ 17.67
Colonoscopy	36	45378, G0121,	\$ 314.29
Colonoscopy w/biopsy single or multiple	37	45380	\$ 404.06
Colonoscopy w/removal of tumor(s), polyp(s) by hot biopsy...	38	45384	\$ 448.94
Colonoscopy w/removal of tumor(s), polyp(s) by snare technique	39	45385	\$ 424.29
Sigmoidoscopy	32	45330	\$ 167.06
Sigmoidoscopy with polypectomy	33	45333	\$ 296.56
Flexible sigmoidoscopy with biopsy	34	45331	\$ 260.34
Radiological exam; colon, barium enema	35	74270	\$ 156.04
2nd Technique- Colonoscopy dir bx	50	n/a	\$ 111.47
Article 28 Facility Fee - Colonoscopy	49	APC 5312	\$ 979.79
Article 28 Facility Fee - Sigmoidoscopy	48	APC 5311	\$ 744.89
<b>Other Procedures</b>			
Surgical Consultation	3, 54, 43	99203	\$ 105.19
Anesthesiologist fee	18, 70,	n/a	\$ 160.00
Chest X-ray Pre op	19, 62,	71046	\$ 30.61
CBC - Complete Blood Count pre-operative testing	21, 64,	85025	\$ 8.63
EKG	20, 63,	93000	\$ 16.48
Fluid cytology, Breast and nipple, (Not vaginal / cervical)	1,114	88173	\$ 149.77
Surgical pathology - Level IV-Gross and microscopic	12, 59,	88305, 88331, 88332	\$ 67.73
Surgical pathology - Level IV- needing examination of surgical margins;	82, 87, 88	88307	\$ 261.96
<b>NOTES</b>			
** NYS program reimbursement is for full field digital mammography including Tomosynthesis and CAD inclusive.			
*** These CPT codes are for reference only. Other CPT codes that fulfill the service/procedure as listed may also be reimbursed at these rates.			