Breast & Cervical Health Check is a statewide program focused on providing breast and cervical cancer screening and diagnostic services to women who meet certain age, income and insurance coverage guidelines. BCHC does not require preauthorization

OFFICE VISITS				
DESCRIPTION OF SERVICE	CPT CODE	AK RATE	PROFESSIONAL	TECHNICAL
New Patient - Office Visit (10 minutes face to face)	99201	55.45		
New Patient - Office Visit (20 minutes face to face)	99202	96.00		
New Patient - Office Visit (30 minutes face to face)	99203	139.33		
New Patient - Office Visit (45 minutes face to face)	99204	215.44		
New Patient - Office Visit (60 minutes face to face)	99205	272.62		
Established Patient - Office Visit (5 minutes face to face)	99211	25.11		
Established Patient - Office Visit (10 minutes face to face)	99212	55.19		
Established Patient - Office Visit (15 minutes face to face)	99213	94.71		
Established Patient - Office Visit (25 minutes face to face)	99214	140.37		
Established Patient - Office Visit (40 minutes face to face)	99215	190.04		
New Patient – Initial Preventive. Medicine Visit, 18-39 Years	99385	139.33		
New Patient – Initial Preventive Medicine Visit, 40-64 Years	99386	139.33		
New Patient – Initial Preventive Medicine Visit, 65 Years and older	99387	139.33		
Established Patient-Periodic Prev. Medicine Visit, 18-39 Years	99395	94.71		
Established Patient - Periodic Prev. Medicine Visit, 40-64 Years	99396	94.71		
Established Patient – Periodic Prev. Medicine Visit, 65 Years and older	99397	94.71		

BREAST SCREENING & DIAGNOSTIC PROCEDURES	OCEDURES			
DESCRIPTION OF SERVICE	CPT CODE	AK RATE	PROFESSIONAL	TECHNICAL
Screening mammography, bilateral – Reimburse at G0202	77067	163.51	51.91	111.60
Diagnostic mammography, bilateral, includes CAD - Reimburse at G0204	77066	203.28	68.13	135.14
Diagnostic mammography, unilateral, includes CAD - Reimburse at G0206	77065	160.47	54.86	105.61
Screening digital breast tomosynthesis; bilateral	77063	70.58	42.24	28.33
Diagnostic digital breast tomosynthesis; unilateral or bilateral	G0279	70.58	42.24	28.33
Screening Mammogram, Digital, Bilateral	G0202	163.51	51.91	111.60
Diagnostic Mammogram, Digital, Bilateral	G0204	203.28	68.13	135.14
Diagnostic Mammogram, Digital, Unilateral	G0206	160.47	54.86	105.61
Mammary ductogram or galactogram, single duct	77053	70.83	25.48	45.35
MRI, breast, with and/or without contrast, unilateral [see note 2]	77058	631.16	114.39	516.78
MRI, breast, with and/or without contrast, bilateral [see note 2]	77059	627.17	114.39	512.79

DESCRIPTION OF SERVICE CPT CODE AK RATE PROFESSIONAL TECHNICAL Radiological Exam, surgical specimen 76098 20.70 11.26 9.43 Ultrasound, complete examination of breast including axilla, unilateral 76641 131.16 51.09 80.07 Ultrasound, limited examination of breast including axilla, unilateral 76641 131.16 51.09 80.07 Ultrasound, limited examination of breast including axilla, unilateral 76642 108.92 47.60 61.31 Ultrasonic guidance for needle biopsy, radiological supervision and interpretation 76942 77.00 45.61 31.38 Evaluation of fine needle aspirate; interpretation and report 88172 73.83 51.62 22.20 Evaluation of surgical pathology, gross and microscopic examination. 88173 191.84 101.53 90.30 Surgical pathology, gross and microscopic examination. 88305 87.43 54.45 32.98 Surgical pathology, gross and microscopic examination. 88307 88173 191.84 101.53 90.30 Surgical pathology, gross and microscopic examination. 88307 32.38	BREAST SCREENING & DIAGNOSTIC PROCEDURES	ROCEDURES			
cal Exam, surgical specimen d, complete examination of breast including axilla, unilateral d, limited examination of breast including axilla, unilateral 76641 131.16 51.09 47.60 18.92 47.60 29.10ance for needle biopsy, radiological supervision and interpretation 76642 108.92 47.60 45.61 76642 77.00 45.61 77.00 45.61 76642 77.00 45.61 77.00 45.61 77.00 45.61 77.00 45.61 76.62 88305 88307 321.38 119.34 125.74 89.57 89.57 88331 125.74 89.57 88331 125.74 89.57 88331 125.74 89.57 89.57 88331 126.74 89.57 88332 67.39 44.39 40.78 88341 10.22 40.78 88361 88361 10.22 40.78 88361 88361 10.22 40.78 88361 88361 10.22 40.78 88361 88361 10.22 40.78 88361 88361 10.22 40.78 88361 88361 10.22 40.78 88361 88361 10.22 40.78 88361 88361 10.22 40.78 88361 88361 10.22 40.78 88361 88361 10.22 40.78 88361 88361 10.22 40.78 88361 88361 10.22 40.78 88361 88361 10.22 40.78 88361 1	DESCRIPTION OF SERVICE	CPT CODE	AK RATE	PROFESSIONAL	TECHNICAL
d, complete examination of breast including axilla, unilateral 76641 131.16 51.09 d, limited examination of breast including axilla, unilateral 76642 108.92 47.60 guidance for needle biopsy, radiological supervision and interpretation 76942 77.00 45.61 of fine Needle Aspiration 76942 77.00 45.61 of fine Needle Aspiration and report 88172 73.83 51.62 rathology, gross and microscopic examination athology, gross and microscopic examination 76942 77.00 88173 191.84 101.53 rathology, gross and microscopic examination; requiring microscopic 88305 87.43 54.45 ronsultation during surgery, first tissue block, with frozen section(s), requiring microscopic 88307 321.38 119.34 ronsultation during surgery, each additional tissue block, with frozen 88331 125.74 89.57 ronsultation during surgery, each additional tissue block, with frozen 88331 125.74 89.57 ronsultation during surgery, each additional block, with frozen 88332 67.39 44.39 ristochemistry or immunocytochemistry, per specimen; each additional block, with frozen 88341 110.22 40.78 ristochemistry or immunocytochemistry, per specimen; initial single stain procedure 88342 129.84 50.96 stain procedure 88342 129.84 50.96 stain procedure 88341 ristochemistry or materials provided by the physician over and 88342 129.84 50.96 stain procedure 88342 129.	Radiological Exam, surgical specimen	76098	20.70	11.26	9.43
d, limited examination of breast including axilla, unilateral 76642 108.92 47.60 guidance for needle biopsy, radiological supervision and interpretation 76942 77.00 45.61 76.61 of Fine Needle Aspiration 88172 73.83 51.62 of Fine Needle Aspirate; interpretation and report 88173 191.84 101.53 athology, gross and microscopic examination; requiring microscopic 88305 87.43 54.45 athology, gross and microscopic examination; requiring microscopic 88305 87.43 54.45 athology, gross and microscopic examination; requiring microscopic 88307 321.38 119.34 roonsultation during surgery, first tissue block, with frozen section(s), crimen roconsultation during surgery, each additional tissue block, with frozen 88331 125.74 89.57 ronsultation during surgery, each additional tissue block, with frozen 88332 67.39 44.39 istochemistry or immunocytochemistry, per specimen; each additional blody stain procedure istochemistry, per specimen; initial single stain procedure stain procedure 88341 110.22 40.78 istochemistry per specimen; initial single 88342 129.84 50.96 stain procedure 88342 129.84 50.96 stain pr	Ultrasound, complete examination of breast including axilla, unilateral	76641	131.16	51.09	80.07
guidance for needle biopsy, radiological supervision and interpretation 76942 77.00 45.61 not Fine Needle Aspiration 76942 77.00 45.61 strong fine needle Aspirate; interpretation and report 88172 73.83 51.62 not fine needle aspirate; interpretation and report 88173 191.84 101.53 athology, gross and microscopic examination requiring microscopic 88305 87.43 54.45 athology, gross and microscopic examination; requiring microscopic 88307 321.38 119.34 consultation during surgery, first tissue block, with frozen section(s), cimen consultation during surgery, each additional tissue block, with frozen 88331 125.74 89.57 cimen (stochemistry or immunocytochemistry, per specimen; each additional isochemistry or immunocytochemistry, per specimen; each additional isochemistry or immunocytochemistry, per specimen; initial single stain procedure (stain procedure stain procedure), provided by the physician over and sea usually included with the office visit or other services rendered (list 99070 12.95 40.78 bed only in conjunction with 19101, 19120, 19125, 19126, 76095	Ultrasound, limited examination of breast including axilla, unilateral	76642	108.92	47.60	61.31
nof Fine Needle Aspiration of 101.53 101.53 1191.84 119.34 125.74 89.57 istochemistry or immunocytochemistry, per specimen; each additional ibody stain procedure istochemistry or immunocytochemistry, per specimen; initial single istochemistry or immunocytochemistry, per specimen; initial single istochemistry or immunocytochemistry, per specimen; initial single stain procedure stain procedure stain procedure stain procedure stain procedure of New York National Sasat of 7.39 44.39 40.78 50.96 Sould Handing Microscopic examination; requiring microscopic 88341 110.22 40.78 50.96 50.96 Sould Handing Microscopic of Survey Associated (list 99070 12.95 of Survey Associated Assoc	Ultrasonic guidance for needle biopsy, radiological supervision and interpretation	76942	77.00	45.61	31.38
nof fine needle aspirate; interpretation and report athology, gross and microscopic examination athology, gross and microscopic examination; requiring microscopic 88305 87.43 54.45 20.19.34 119.34 119.37 20.57 20.50 20.51 20.51 20.57 20.58 20.57 20.58 20.57 20.58 20.57 20.58 20.57 20.58 20.57 20.58 20.57 20.58 20.57 20.58 20.57 20.58 20.57 20.58 20.57 20.58 20.57 20.58 20.57 20.58 20.57 20.58 20.57 20.58 20.57 20.58 20.57 20.58	Evaluation of Fine Needle Aspiration	88172	73.83	51.62	22.20
athology, gross and microscopic examination 88305 87.43 54.45 athology, gross and microscopic examination; requiring microscopic 88307 321.38 119.34 ronsultation during surgery, first tissue block, with frozen section(s), cimen ronsultation during surgery, each additional tissue block, with frozen 88331 125.74 89.57 ronsultation during surgery, each additional tissue block, with frozen 88332 67.39 44.39 ristochemistry or immunocytochemistry, per specimen; each additional blody stain procedure rocedure stain procedure sta	Evaluation of fine needle aspirate; interpretation and report	88173	191.84	101.53	90.30
athology, gross and microscopic examination; requiring microscopic 88307 321.38 119.34 of surgical margins / consultation during surgery, first tissue block, with frozen section(s), / consultation during surgery, each additional tissue block, with frozen 88331 125.74 89.57 / consultation during surgery, each additional tissue block, with frozen 88332 67.39 44.39 / istochemistry or immunocytochemistry, per specimen; each additional ibody stain procedure istochemistry or immunocytochemistry, per specimen; initial single stain procedure (list ys, supplies, or materials provided by the physician over and ys, supplies, or materials provided).	Surgical pathology, gross and microscopic examination	88305	87.43	54.45	32.98
consultation during surgery, first tissue block, with frozen section(s), cimen consultation during surgery, each additional tissue block, with frozen consultation during surgery, each additional tissue block, with frozen consultation during surgery, each additional tissue block, with frozen 88332 67.39 44.39 istochemistry or immunocytochemistry, per specimen; each additional ibody stain procedure istochemistry or immunocytochemistry, per specimen; initial single stain procedure and materials (except spectacles), provided by the physician over and see usually included with the office visit or other services rendered (list ys, supplies, or materials provided). ed only in conjunction with 19101, 19120, 19125, 19126, 76095	Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	88307	321.38	119.34	202.05
istochemistry or immunocytochemistry, per specimen; each additional libody stain procedure istochemistry or immunocytochemistry, per specimen; initial single istochemistry or immunocytochemistry or immunocytochemistry, per specimen; initial single istochemistry or immunocytochemistry, per specimen; init	Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen	88331	125.74	89.57	36.17
nal 88341 110.22 40.78 88342 129.84 50.96 Id 99070 12.95	Pathology consultation during surgery, each additional tissue block, with frozen section(s)	88332	67.39	44.39	23.00
88342 129.84 50.96 Id list 99070 12.95	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure	88341	110.22	40.78	69.44
st 99070	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	88342	129.84	50.96	78.87
	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). Reimbursed only in conjunction with 19101, 19120, 19125, 19126, 76095	99070	12.95		

BREAST SCREENING & DIAGNOSTIC PROCEDURES	OCEDURES		
DESCRIPTION OF SERVICE	CPT CODE	OFFICE	FACILITY
Fine needle aspiration without imaging guidance	10021	153.71	95.05
Fine needle aspiration with imaging guidance	10022	175.44	90.84
Puncture aspiration of cyst of breast	19000	137.82	60.39
Puncture aspiration of cyst of breast, each additional cyst, used with 19000	19001	35.86	30.27
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion [see note 3]	19081	824.27	235.63
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion [see note 3]	19082	667.15	118.41

RDEACT SCREENING & DIAGNOSTIC BROCEDIBES	COENTINEC		
DESCRIPTION OF SERVICE	CPT CODE	OFFICE	FACILITY
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion [see note 3]	19083	798.51	221.84
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion [see note 3]	19084	641.05	110.66
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion [see note 3]	19085	1200.29	259.66
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion	19086	946.77	129.45
[see note 3]			
Breast biopsy, percutaneous, needle core, not using imaging guidance	19100	184.31	94.12
Breast biopsy, open, incisional	19101	421.56	288.26
Excision of cyst, fibroadenoma or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion; open; one or more lesions	19120	624.69	536.49
Excision of breast lesion identified by preoperative placement of radiological marker; open; single lesion	19125	693.44	596.46
Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker	19126	217.62	217.62
Placement of breast localization device, percutaneous; mammographic guidance; first lesion [see note 4]	19281	297.43	142.18
Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion [see note 4]	19282	201.39	71.29
Placement of breast localization device, percutaneous; stereotactic guidance; first lesion [see note 4]	19283	332.11	142.95
Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion [see note 4]	19284	243.26	71.66
Placement of breast localization device, percutaneous; ultrasound guidance; first lesion [see note 4]	19285	606.67	121.39
Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion [see note 4]	19286	520.96	60.82
Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion [see note 4]	19287	1011.79	181.70

BREAST SCREENING & DIAGNOSTIC PROCEDURES	OCEDURES		
DESCRIPTION OF SERVICE	CPT CODE	OFFICE	FACILITY
Placement of breast localization device, percutaneous; magnetic resonance	10700	CV VO	00 07
guidance; each additional lesion [see note 4]	19200	004.42	90.67
Anesthesia: Reimbursement Amount= \$25.91 x (Time Units + Base Units)			
Anesthesia for procedures on the integumentary system, anterior trunk, not	00400		
otherwise specified. Medicare Base Units= 3			

CERVICAL SCREENING & DIAGNOSTIC PROCEDURES	Sadiluacoda	The second second		
DESCRIPTION OF SERVICE	CPT CODE	AK RATE	PROFESSIONAL	TECHNICAL
Cytopathology, cervical or vaginal, any reporting system, requiring interpretation by physician	88141	42.28		
Liquid-based Pap test, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	88142	27.79		
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening and rescreening under physician supervision	88143	27.79		
Conventional Pap test, slides cervical or vaginal reported in Bethesda System, manual screening under physician supervision	88164	14.49	•	
Conventional Pap test, slides cervical or vaginal reported in Bethesda System, manual screening and rescreening under physician supervision	88165	14.49		
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	88174	29.31		
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system and manual rescreening	88175	36.34		
Surgical pathology, gross and microscopic examination	88305	87.43	54.45	32.98
Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	88307	321.38	119.34	202.05
Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen	88331	125.74	89.57	36.17
Pathology consultation during surgery, each additional tissue block, with frozen section(s)	88332	67.39	44.39	23.00
Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	88341	110.22	40.78	69.44

CERVICAL SCREENING & DIAGNOSTIC PROCEDURES	ROCEDURES			
DESCRIPTION OF SERVICE	CPT CODE	AK RATE	PROFESSIONAL	TECHNICAL
Immunohistochemistry or immunocytochemistry, per specimen; initial single	88347	179 84	50 OF	78 87
antibody stain procedure	21.000	150.07	20:20	, 0.0,
Human Papillomavirus, high-risk types	87624	48.14		
Human Papillomavirus, types 16 and 18 only	87625	48.14		
Colposcopy of the cervix	57452	141.72		
Colposcopy of the cervix, with biopsy and endocervical curettage	57454	201.61		
Colposcopy of the cervix, with biopsy	57455	185.73		
Colposcopy of the cervix, with endocervical curettage	57456	174.89		
Colposcopy with loop electrode biopsy(s) of the cervix	57460	353.77		
Colposcopy with loop electrode conization of the cervix	57461	403.13		
Cervical biopsy, single or multiple, or local excision of lesion, with or without	57500	159.01		
fulguration (separate procedure)				
Endocervical curettage (not done as part of a dilation and curettage)	57505	130.00		
Conization of cervix, with or without fulguration, with or without dilation and	57520	397.77	,	
curettage, with or without repair; cold knife or laser				
Loop electrode excision procedure	57522	342.84		
Endometrial sampling (biopsy) with or without endocervical sampling (biopsy),	58100	142.28		
without cervical dilation, any method (separate procedure)				
Endometrial sampling (biopsy) performed in conjunction with colposcopy (List	58110	63.70		
separately in addition to code for primary procedure)				
Supplies and materials (except spectacles), provided by the physician over and				
above those usually included with the office visit or other services rendered (list	99070	12.95		
drugs, trays, supplies, or materials provided)			7	

	PROCEDURES SPECIFICALLY NOT ALLOWED
Any	Treatment of breast cancer, cervical intraepithelial neoplasia and cervical cancer.
77061	Breast Tomosynthesis, unilateral (please see available codes 77063 and G0279).
77062	Breast Tomosynthesis, bilateral (please see available codes 77063 and G0279).
87623	Human papillomavirus, low-risk types (please see available codes 87624 and 87625 High Risk Types).

Note	Detail
בן	Appropriate for use of breast risk assessment tools during an office visit. The modifier -25 should be added to the appropriate office
	visit CPT to indicate a separate service done on same day.
2	Breast MRI can be reimbursed by the NBCCEDP in conjunction with a mammogram when a client has a BRCA mutation, a first-degree
	relative who is a BRCA carrier, or a lifetime risk of 20-25% or greater as defined by risk assessment models such as BRCAPRO that are
	largely dependent on family history. Breast MRI can also be used to better assess areas of concern on a mammogram or for evaluation
	of a client with a past history of breast cancer after completing treatment. Breast MRI should never be done alone as a breast cancer
	screening tool. Breast MRI cannot be reimbursed for by the NBCCEDP to assess the extent of disease in a women who is already
	diagnosed with breast cancer.
ω	Codes 19081-19086 are to be used for breast biopsies that include image guidance, placement of localization device, and imaging of
	specimen. These codes should not be used in conjunction with 19281-19288.
4	Codes 19281-19288 are for image guidance placement of localization device without image-guided biopsy. These codes should not be
	used in conjunction with 19081-19086.