2019 NBCCEDP Allowable Procedures, Relevant CPT® Codes, and Medicare Reimbursement Rates	CPT Code	Professional Component (-26)	Technical Component (-TC)	Total Amount
Office Visits				
New Patient: Single Exam - Problem focused history, a problem focused examination and straightforward medical decision making. Average visit 10 minutes (face-to-face with physician).	**99201**			$ 45.40
New Patient: Single Exam - Expanded focused history, expanded focused examination and straightforward medical decision making (e.g. either a Pap smear with a pelvic exam or a clinical breast exam). Average visit 20 minutes (face-to-face with physician).	**99202**			$ 75.81
New Patient: Single Exam - Detailed history, a detailed examination and medical decision making of low complexity (e.g. including Pap test, pelvic exam and clinical breast exam). Can also be billed in conjunction with a colposcopy, with or without biopsy. Average visit 30 minutes (face-to-face with physician).	**99203**			$ 107.52
New Patient: Single Exam - Comprehensive history, examination and medical decision making of moderate complexity. Can be used for providers who spend extra time to take detailed history for a risk assessment. Average visit 45 minutes (face-to-face with physician).	**99204**			$ 163.52
New Patient: Single Exam - Comprehensive history, examination and medical decision making of high complexity. Can be used for providers who spend extra time to take detailed history for a risk assessment. Average visit 60 minutes (face-to-face with physician).	**99205**			$ 205.64
Established Patients: Single or Repeat Exam - Problem focused history, a problem focused examination and straightforward medical decision making. Average visit 5 minutes (face-to-face with physician).	**99211**			$ 22.53
Established Patient: Single or Repeat Exam - Focused history, focused examination and/or straightforward medical decision making (e.g. either a Pap smear with a pelvic or clinical breast exam.) Average visit 10 minutes (face-to-face with physician).	**99212**			$ 44.75
Established Patient: Single or Repeat Exam - Expanded history, expanded examination and/or medical decision making of low complexity (e.g. Pap smear, pelvic exam and clinical breast exam). Can also be billed in conjunction with a colposcopy [with or without biopsy] procedure. Average visit 15 minutes (face-to-face with physician).	**99213**			$ 73.81
Established Patient: Single or Repeat Exam - Includes at least two of the following: A detailed history, a detailed exam and moderate complexity medical decision making. Average visit 25 minutes (face-to-face with physician).	**99214**			$ 108.16
New Patient: Initial Preventive Medicine Visit; Age 18 – 39 years. Pap smear, pelvic exam and clinical breast exam. Reimburse at 99203 rate. If CBE or Pap test only, reimburse at 99202 rate. Average visit 30 minutes (face-to-face with physician).	**99385**			$ 107.52
Same as 99385, but 40-64 years of age.	**99386**			$ 107.52
Same as 99385, but 65 years and older.	**99387**			$ 107.52

Office visits should only be billed for face-to-face interactions between patient/family and a licensed, qualified provider, i.e. MD, DO, ARPN or PA

Office Visits (Continued)				
Established Patient: Preventive Medicine visit; Age 18 - 39 years. Pap smear, pelvic exam, and clinical breast exam. Reimburse at 99213 rate. If CBE or Pap test only, reimburse at 99212 rate. Average visit 15 minutes (face-to-face with physician).	**99395**			$ 73.81
Same as 99395, but 40-64 years of age.	**99396**			$ 73.81
Same as 99395, but 65 years and older.	**99397**			$ 73.81
Office visits should only be billed for face-to-face interactions between patient/family and a licensed, qualified provider, i.e. MD, DO, ARPN or PA				
Breast Screening & Diagnostic	**CPT Code**	**(-26)**	**(-TC)**	**Non-Facility**
Screening Mammogram, Bilateral (2 view film study of each breast)	**77067**	$ 38.39	$ 96.53	$ 134.92
Mammography, Diagnostic Follow-up; Unilateral	**77065**	$ 41.19	$ 91.28	$ 132.48
Mammography, Diagnostic Follow-up; Bilateral	**77066**	$ 50.79	$ 116.83	$ 167.62
Breast tomosynthesis, Bilateral (3D mammography) - Screening, *use with 77067 only.*	**77063**	$ 30.22	$ 24.50	$ 54.72
Tomosynthesis, mammo - Diagnostic, *use with 77065 or 77066.*	**G0279**	$ 30.22	$ 24.50	$ 54.72
Radiological examination, surgical specimen	**76098**	$ 8.17	$ 8.35	$ 16.52
Ultrasound, breast(s), complete examination of breasts including axilla, unilateral	**76641**	$ 36.96	$ 69.24	$ 106.20
Ultrasound, limited examination of breast including axilla, unilateral	**76642**	$ 34.46	$ 52.44	$ 86.90
Ultrasonic guidance for needle placement, imaging supervision and interpretation	**76942**	$ 32.40	$ 24.45	$ 56.84
Puncture aspiration of cyst of breast	**19000**			$ 109.52
Puncture aspiration of cyst of breast, each additional cyst, *used with 19000*	**19001**			$ 27.14
Codes 19081-19086 are to be used for breast biopsies including image guidance, placement of localization device and imaging of specimen. Not to be used in conjunction with 19281-19288.				
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion	**19081**			$ 646.25
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion	**19082**			$ 526.80
Breast biopsy, with placement of localization device and imaging of biopsy specimen; percutaneous; ultrasound guidance; first lesion	**19083**			$ 632.85
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion	**19084**			$ 507.89
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion	**19085**			$ 960.71
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion	**19086**			$ 769.93
Codes 19081-19086 are to be used for breast biopsies including image guidance, placement of localization device and imaging of specimen. Not to be used in conjunction with 19281-19288.				

Breast Screening & Diagnostic (Continued)	CPT Code	(-26)	(-TC)	Non-Facility
Breast biopsy, percutaneous, needle core, not using imaging guidance	**19100**			$ 151.02
Breast biopsy, open, incisional	**19101**			$ 337.11
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**			$ 499.79
Excision of breast lesion identified by preoperative placement of radiological marker; open; single lesion	**19125**			$ 553.40
Excision of breast lesion identified by preoperative placement of radiological marker, open: *each additional lesion separately identified by a preoperative radiological marker*	**19126**			$ 163.38
Codes 19281-19288 are for image guidance placement of localization device with image-guided biopsy. These codes should not be used in conjunction with 19081-19086.				
Placement of breast localization device, percutaneous; mammographic guidance; first lesion	**19281**			$ 242.66
Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion	**19282**			$ 169.27
Placement of breast localization device, percutaneous; stereotactic guidance; first lesion	**19283**			$ 271.56
Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion	**19284**			$ 205.82
Placement of breast localization device, percutaneous; ultrasound guidance; first lesion	**19285**			$ 483.50
Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion	**19286**			$ 417.22
Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion	**19287**			$ 816.89
Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion	**19288**			$ 653.78
Codes 19281-19288 are for image guidance placement of localization device with image-guided biopsy. These codes should not be used in conjunction with 19081-19086.				
Fine needle aspiration biopsy without imaging guidance, first lesion	**10021**			$ 97.67
Fine needle aspiration biopsy without imaging guidance, each additional lesion	**10004**			$ 52.43
Fine needle aspiration biopsy including ultrasound guidance, first lesion	**10005**			$ 126.41
Fine needle aspiration biopsy including ultrasound guidance, each additional lesion	**10006**			$ 60.39
Fine needle aspiration biopsy including flouroscopic guidance, first lesion	**10007**			$ 284.05
Fine needle aspiration biopsy including flouroscopic guidance, each additional lesion	**10008**			$ 160.21
Fine needle aspiration biopsy including CT guidance, first lesion	**10009**			$ 464.60
Fine needle aspiration biopsy including CT guidance, each additional lesion	**10010**			$ 280.19
Fine needle aspiration biopsy including MRI guidance, first lesion	**10011**			$ 464.60
Fine needle aspiration biopsy including MRI guidance, each additional lesion	**10012**			$ 280.19
Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), first evaluation episode	**88172**	$ 37.37	$ 19.20	$ 56.56
Cytopathology, evaluation of fine needle aspirate; interpretation and report	**88173**	$ 73.04	$ 79.34	$ 152.38

Breast Screening & Diagnostic (Continued)	CPT Code	(-26)	(-TC)	Non-Facility
Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), each separate additional evaluation episode	**88177**	$ 22.79	$ 7.00	$ 29.78
Surgical pathology, gross and microscopic examination	**88305**	$ 39.18	$ 29.70	$ 68.87
Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	**88307**	$ 85.80	$ 181.17	$ 266.97
Morphometric analysis, tumor immunohistochemistry, per specimen; manual	**88360**	$ 43.83	$ 82.89	$ 126.72
Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology	**88361**	$ 47.09	$ 83.94	$ 131.02
Screening Mammogram, Digital; Bilateral **(Use 77067)**	**G0202**	**X**	**X**	**X**
Diagnostic Mammogram, Digital; Bilateral **(Use 77066)**	**G0204**	**X**	**X**	**X**
Diagnostic Mammogram, Digital; Unilateral **(Use 77065)**	**G0206**	**X**	**X**	**X**
Anesthesia for procedures on the integumentary system, anterior trunk, not otherwise specified. Medicare Base Units = 3 (Each additional base unit = $21.95)	**00400**			$ 65.85
Mammary ductogram or galactogram; single duct	**77053**	$18.10	$ 39.80	$ 57.90
Magnetic Resonance Imaging, breast, without contrast; unilateral	**77046**	$73.21	$ 173.52	$ 246.73
Magnetic Resonance Imaging, breast, without contrast; bilateral	**77047**	$81.01	$ 172.47	$ 253.48
Magnetic Resonance Imaging, breast, including CAD, with/without contrast; unilateral	**77048**	$105.88	$ 285.80	$ 391.69
Magnetic Resonance Imaging, breast, including CAD, with/without contrast; bilateral	**77049**	$115.84	$ 284.40	$ 400.24
PROCEDURES SPECIFICALLY NOT ALLOWED				
(Any) Treatment of breast cancer, cervical intraepithelial neoplasia cervical cancer.				
Breast tomosynthesis; unilateral	**77061**	**X**	**X**	**X**
Breast tomosynthesis; bilateral	**77062**	**X**	**X**	**X**
Human Papillomavirus; low-risk types	**87623**	**X**	**X**	**X**
CONSCIOUS SEDATION ANESTHESIA				
10-22 minutes for individuals 5 years or older	**99156**			$ 79.37
For each additional 15 minutes	**99157**			$ 64.50

Cervical Screening & Diagnostic	CPT Code	(-26)	(-TC)	Non-Facility
Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening under physician supervision	**88164**			$ 14.99
Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening and rescreening under physician supervision	**88165**			$ 42.22
Cytopathology (conventional Pap test), cervical or vaginal, any reporting system, *requiring interpretation by physician*	**88141**			$ 31.83
Cytopathology (liquid-based Pap test) cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	**88142**			$ 22.51
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening and rescreening under physician supervision	**88143**			$ 23.04
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system under physician supervision	**88174**			$ 25.37
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system, and manual rescreening, under physician supervision	**88175**			$ 29.44
Human Papillomavirus, high-risk types	**87624**			$ 38.99
Human Papillomavirus, types 16 and 18 only	**87625**			$ 40.55
Colposcopy of the cervix *(Do not report in addition to 57454-57461)*	**57452**			$ 114.26
Colposcopy of the cervix, with biopsy and endocervical curettage	**57454**			$ 156.83
Colposcopy of the cervix, with biopsy	**57455**			$ 147.82
Colposcopy of the cervix, with endocervical curettage	**57456**			$ 139.02
Endoscopy with loop electrode biopsy(s) of the cervix	**57460**			$ 291.68
Endoscopy with loop electrode conization of the cervix	**57461**			$ 328.35
Biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	**57500**			$ 133.49
Endocervical curettage (*Do not report in addition to 57454 or 57456*)	**57505**			$ 112.08
Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	**57520**			$ 321.88
Loop electrode excision procedure *LEEP*	**57522**			$ 274.17
Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	**58100**			$ 92.91
Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)	**58110**			$ 50.70
Surgical pathology, gross and microscopic examination	**88305**	$ 39.18	$ 29.70	$ 68.87
Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	**88307**	$ 85.80	$ 181.17	$ 266.97
Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen	**88331**	$ 64.78	$ 32.50	$ 97.28
Pathology consultation during surgery, each additional tissue block, with frozen section(s)	**88332**	$ 32.06	$ 21.30	$ 53.36
Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	**88342**	$ 36.68	$ 69.24	$ 105.92
Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	**88341**	$ 29.58	$ 62.64	$ 92.22

Cervical Screening & Diagnostic (Continued)	CPT Code	(-26)	(-TC)	Non-Facility
Supplies and materials (except spectacles), provided by the physician over and above those usually included in the office visit or other services rendered (list drugs, trays, supplies, or materials provided)	99070			

ASC Rates with Relevant CPT Codes	CPT Code	Facility Price (for Provider)	Facility Fee
Drainage of breast lesion	19000	$ 44.43	$ 109.52
Breast biopsy; percutaneous; stereotactic; 1st lesion	19081	$ 171.38	$ 646.25
Breast biopsy; percutaneous; US guidance; 1st lesion	19083	$ 161.48	$ 632.85
Breast biopsy; percutaneous; US guidance; each add'l lesion	19084	$ 80.62	$ 507.89
Breast biopsy, percutaneous; MRI guidance; 1st lesion	19085	$ 187.69	$ 960.71
Biopsy of breast; percutaneous w/o image	19100	$ 70.88	$ 151.02
Biopsy of breast - open	19101	$ 223.38	$ 337.11
Removal of breast lesion	19120	$ 416.50	$ 499.79
Excision of breast lesion	19125	$ 462.06	$ 553.40

Transportation Services (AHCCCS Rates)	HCPS Code	Amount
Non-emergency transportation, per mile, volunteer	A0080	$0.44
Non-emergency transportation, per mile, case worker	A0160	$0.44
Taxicab, base rate, per client	A0100	$1.04
ÞTaxicab, rate/ per mile, urban	S0215	$1.28
Taxicab, base rate, per client	A0100	$1.04
ÞTaxicab, rate/ per mile, rural	S0215	$1.53
Ambulatory Van, urban base rate per client	A0120	$6.64
ÞAmbulatory Van, urban rate/ per mile	S0215	$1.28
Ambulatory Van, rural base rate per client	A0120	$7.27
ÞAmbulatory Van, rural rate/ per mile	S0215	$1.53
Wheelchair Van, urban base rate per client	A0130	$11.15
ÞWheelchair Van, urban rate/ per mile	S0209	$1.54
Wheelchair Van, rural base rate per client	A0130	$9.30
ÞWheelchair Van, rural rate/ per mile	S0209	$1.66

Approved Pre-Operative Codes (ADHS Use Only)	CPT/HCPS Code	(-26)	(-TC)	Non-Facility
Lab Draw	36415			$ 3.00
Basic Metabolic Panel	80048			$ 10.44
Blood Count	85025			$ 9.59
Pro Thrombin	85610			$ 4.85
Thromboplastin	85730			$ 7.42
Urinalysis	81003			$ 2.77
Radiologic Exam, Chest - 2 Views	71046	$ 11.03	$ 20.25	$ 31.28
EKG	93005			$ 8.35
Pregnancy Test	81025			$ 8.61
Pre-operative testing: CBC, urinalysis, pregnancy test, etc. These procedures should be medically necessary.	Various			

Note: Anesthesia rates can be found at https://www.cms.gov/Center/Provider-Type/Anesthesiologists-Center.html.