

## LADIES FIRST LIST OF APPROVED CPT CODES – 2020

Ladies First 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. Ladies First 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	57.84		
New Patient - Office Visit (20 minutes face to face)	99202	97.68		
New Patient - Office Visit (30 minutes face to face)	99203	139.69		
New Patient - Office Visit (45 minutes face to face) <i>[see note 1]</i>	99204	216.68		
New Patient - Office Visit (60 minutes face to face) <i>[see note 1]</i>	99205	275.12		
Established Patient - Office Visit (5 minutes face to face)	99211	28.54		
Established Patient - Office Visit (10 minutes face to face)	99212	57.44		
Established Patient - Office Visit (15 minutes face to face)	99213	97.19		
Established Patient - Office Visit (25 minutes face to face)	99214	142.33		
New Patient – Initial Preventive. Medicine Visit, 18-39 Years <i>[see note 2, 12]</i>	99385	140.02		
New Patient – Initial Preventive Medicine Visit, 40-64 Years <i>[see note 2, 12]</i>	99386	140.02		
New Patient – Initial Preventive Medicine Visit, 65 Years and older <i>[see note 2, 12]</i>	99387	140.02		
Established Patient–Periodic Prev. Medicine Visit, 18-39 Years <i>[see note 2, 12]</i>	99395	95.18		
Established Patient – Periodic Prev. Medicine Visit, 40-64 Years <i>[see note 2, 12]</i>	99396	95.18		
Established Patient – Periodic Prev. Medicine Visit, 65 Years and older <i>[see note 2, 12]</i>	99397	95.18		
BREAST SCREENING & DIAGNOSTIC PROCEDURES				
DESCRIPTION OF SERVICE	CPT CODE	AK RATE	PROFESSIONAL	TECHNICAL
Magnetic resonance imaging (MRI), breast, without contrast, unilateral <i>[see note 5]</i>	77046	296.91	101.79	195.12
Magnetic resonance imaging (MRI), breast, without contrast, bilateral <i>[see note 5]</i>	77047	306.24	112.33	193.91
Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, unilateral <i>[see note 5]</i>	77048	468.14	147.30	320.84
Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, bilateral <i>[see note 5]</i>	77049	481.06	161.43	319.63
Screening mammography, bilateral	77067	165.23	53.63	111.60
Diagnostic mammography, bilateral, includes CAD	77066	204.85	70.26	134.60
Diagnostic mammography, unilateral, includes CAD	77065	162.69	57.15	105.55
Screening digital breast tomosynthesis; bilateral <i>[see note 3]</i>	77063	70.32	42.07	28.24
Diagnostic digital breast tomosynthesis; unilateral or bilateral <i>[see note 4]</i>	G0279	70.32	42.07	28.24
Mammary ductogram or galactogram, single duct	77053	69.03	25.21	43.81

**LADIES FIRST LIST OF APPROVED CPT CODES – 2020**

**BREAST SCREENING & DIAGNOSTIC PROCEDURES**

DESCRIPTION OF SERVICE	CPT CODE	AK RATE	PROFESSIONAL	TECHNICAL
Radiological Exam, surgical specimen	76098	52.60	22.10	30.50
Ultrasound, complete examination of breast including axilla, unilateral	76641	131.26	51.13	80.13
Ultrasound, limited examination of breast including axilla, unilateral	76642	108.37	47.61	60.76
Ultrasonic guidance for needle placement, imaging supervision and interpretation	76942	73.94	45.06	28.89
Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), first evaluation only	88172	72.93	51.31	21.62
Cytopathology, evaluation of fine needle aspirate; <i>interpretation and report</i>	88173	194.26	101.38	92.87
Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), each separate additional evaluation episode	88177	39.52	31.45	8.07
Surgical pathology, gross and microscopic examination	88305	89.90	54.15	35.74
Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	88307	335.65	118.26	217.39
Morphometric analysis, tumor immunohistochemistry, per specimen; manual	88360	153.82	60.78	93.04
Morphometric analysis, tumor immunohistochemistry, per specimen; using computer assisted technology	88361	157.21	64.98	92.23

**BREAST SCREENING & DIAGNOSTIC PROCEDURES**

DESCRIPTION OF SERVICE	CPT CODE	OFFICE	FACILITY
Fine needle aspiration without imaging guidance, each additional lesion	10004	68.93	59.65
Fine needle aspiration biopsy including ultrasound guidance, first lesion	10005	166.06	101.50
Fine needle aspiration biopsy including ultrasound guidance, each additional lesion	10006	80.89	69.60
Fine needle aspiration biopsy including fluoroscopic guidance, first lesion	10007	362.12	130.52
Fine needle aspiration biopsy including fluoroscopic guidance, each additional lesion	10008	207.56	85.30
Fine needle aspiration biopsy including CT guidance, first lesion	10009	564.97	159.87
Fine needle aspiration biopsy including CT guidance, each additional lesion	10010	343.87	116.30
Fine needle aspiration biopsy including MRI guidance, first lesion <b>[see note 8]</b>	10011		
Fine needle aspiration biopsy including MRI guidance, each additional lesion <b>[see note 8]</b>	10012		
Fine needle aspiration without imaging guidance, first lesion only	10021	125.03	76.61
Puncture aspiration of cyst of breast	19000	135.25	60.60
Puncture aspiration of cyst of breast, each additional cyst, used with 19000	19001	36.44	30.38
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion <b>[see note 6]</b>	19081	739.72	234.56
Breast biopsy, with placement of localization device and imaging of biopsy			

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**LADIES FIRST LIST OF APPROVED CPT CODES – 2020**

specimen, percutaneous; stereotactic guidance; each additional lesion <i>[see note 6]</i>	19082	584.18	117.75
<b>BREAST SCREENING &amp; DIAGNOSTIC PROCEDURES</b>			
<b>DESCRIPTION OF SERVICE</b>	<b>CPT CODE</b>	<b>OFFICE</b>	<b>FACILITY</b>
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion <i>[see note 6]</i>	19083	729.83	221.45
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion <i>[see note 6]</i>	19084	567.96	110.01
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion <i>[see note 6]</i>	19085	1101.55	258.27
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion <i>[see note 6]</i>	19086	862.59	129.06
Breast biopsy, percutaneous, needle core, not using imaging guidance	19100	190.09	94.87
Breast biopsy, open, incisional	19101	420.47	292.57
Excision of cyst, fibro adenoma or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion; open; one or more lesions	19120	644.54	542.87
Excision of breast lesion identified by preoperative placement of radiological marker; open; single lesion	19125	713.26	603.52
Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker	19126	218.01	218.01
Placement of breast localization device, percutaneous; mammographic guidance; first lesion <i>[see note 7]</i>	19281	306.16	141.94
Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion <i>[see note 7]</i>	19282	210.81	71.21
Placement of breast localization device, percutaneous; stereotactic guidance; first lesion <i>[see note 7]</i>	19283	336.73	142.66
Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion <i>[see note 7]</i>	19284	249.86	71.93
Placement of breast localization device, percutaneous; ultrasound guidance; first lesion <i>[see note 7]</i>	19285	544.52	121.26
Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion <i>[see note 7]</i>	19286	457.29	61.07
Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion <i>[see note 7]</i>	19287	923.22	181.62

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**BREAST SCREENING & DIAGNOSTIC PROCEDURES**

DESCRIPTION OF SERVICE	CPT CODE	OFFICE	FACILITY
Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion <b>[see note 7]</b>	19288	725.15	91.28
Anesthesia for procedures on the integumentary system, anterior trunk, not otherwise specified. Reimbursement Amount= \$30.89 x (Time Units + Base Units) Anesthesia for procedures on the integumentary system, anterior trunk, not otherwise specified. Medicare Base Units= 3 <b>[see note 10, 12]</b>	00400	30.89	
Pre-operative testing; complete blood count, urinalysis, pregnancy test, other procedures medically necessary for the planned surgical procedure.	Various		

**CERVICAL SCREENING & DIAGNOSTIC PROCEDURES**

DESCRIPTION OF SERVICE	CPT CODE	AK RATE	PROFESSIONAL	TECHNICAL
Cytopathology, cervical or vaginal, any reporting system, requiring interpretation by physician	88141	32.87		
Cytopathology (Liquid-based Pap test), cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	88142	25.01		
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening and rescreening under physician supervision	88143	25.01		
Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening under physician supervision	88164	14.65		
Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening and rescreening under physician supervision	88165	42.22		
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	88174	26.38		
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system and manual rescreening	88175	32.71		
Surgical pathology, gross and microscopic examination	88305	89.90	54.15	35.74
Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	88307	335.65	118.26	217.39
Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen	88331	128.08	89.11	38.97
Pathology consultation during surgery, each additional tissue block, with frozen section(s)	88332	69.94	44.28	25.66
Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	88341	112.86	40.64	72.22

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**LADIES FIRST LIST OF APPROVED CPT CODES – 2020**

CERVICAL SCREENING & DIAGNOSTIC PROCEDURES				
DESCRIPTION OF SERVICE	CPT CODE	AK RATE	PROFESSIONAL	TECHNICAL
Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	88342	129.15	50.64	78.51
Human Papillomavirus, high-risk types <i>[see note 9, 12]</i>	87624	43.33		
Human Papillomavirus, types 16 and 18 only <i>[see note 9, 12]</i>	87625	43.33		
Colposcopy of the cervix	57452	155.92		
Colposcopy of the cervix, with biopsy and endocervical curettage	57454	216.06		
Colposcopy of the cervix, with biopsy	57455	201.47		
Colposcopy of the cervix, with endocervical curettage	57456	189.14		
Colposcopy with loop electrode biopsy(s) of the cervix	57460	386.02		
Colposcopy with loop electrode conization of the cervix	57461	435.81		
Cervical biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	57500	179.24		
Endocervical curettage (not done as part of a dilation and curettage)	57505	162.32		
Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	57520	433.21		
Loop electrode excision procedure	57522	374.07		
Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	58100	126.52		
Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)	58110	67.54		
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) <i>[see note 12]</i>	99070	12.95		
Pre-operative testing; complete blood count, urinalysis, pregnancy test, or other procedures medically necessary for the planned surgical procedure.	Various			

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### ANESTHESIA

#### CPT Code

99156 Moderate anesthesia, 10–22 minutes for individuals 5 years or older

99157 Moderate anesthesia for each additional 15 minutes *[see note 11]*

00400 Anesthesia for procedures on the integumentary system, anterior trunk, not otherwise specified

### PROCEDURES SPECIFICALLY NOT ALLOWED

Any Treatment of breast carcinoma in situ, breast cancer, cervical intraepithelial neoplasia and cervical cancer.

77061 Breast Tomosynthesis, unilateral *[see note 10]*

77062 Breast Tomosynthesis, bilateral *[see note 10]*

87623 Human papillomavirus, low-risk types

#### End Note

#### Description

1 All consultations should be billed through the standard “new patient” office visit CPT codes 99201–99205. Consultations billed as 99204 or 99205 must meet the criteria for these codes. These codes (99204 99205) are typically not appropriate for NBCCEDP screening visits, but may be used when provider spends extra time to do a detailed risk assessment.

2 The type and duration of office visits should be appropriate to the level of care needed to accomplish screening and diagnostic follow-up within the NBCCEDP. Reimbursement rates should not exceed those published by Medicare. While some programs may need to use 993XX-series codes, Preventive Medicine Evaluation visits are not appropriate for the NBCCEDP. 9938X codes may be used to cover combined NBCCEDP and WISEWOMAN office visits. These codes may be reimbursed at their normal rates.

3 List separately in addition to code for primary procedure 77067.

4 List separately in addition to 77065 or 77066.

5 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% or greater as defined by risk assessment models such as BRCAPRO that depend largely on family history. Breast MRI can also be used to assess areas of concern on a mammogram, or to evaluate a client with a 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 has just been newly diagnosed with breast cancer in order to determine treatment.

6 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.

7 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.

8 For CPT 10011 use the reimbursement rate for CPT code 10009. For CPT 10012 use the reimbursement rate for CPT code 10010.

9 HPV DNA testing is not a reimbursable procedure if used as an adjunctive screening test to the Pap for women under 30 years of age.

10 These procedures have not been approved for coverage by Medicare.

11 Medicare’s methodology for the payment of anesthesia services are outlined in chapter 12 of the Medicare Claims Processing Manual at [www.cms.hhs.gov/manuals/downloads/clm104c12.pdf](http://www.cms.hhs.gov/manuals/downloads/clm104c12.pdf). The carrier-specific Medicare anesthesia conversion rates are available at [www.cms.hhs.gov/center/anesth.asp](http://www.cms.hhs.gov/center/anesth.asp).  
Example: If procedure is 50 minutes, code 99156 + (99157 x 2).  
No separate charge is allowed if procedure <10 minutes.

12 The current Physician Fee Schedule for 2020 (on the CMS website), does not price the requested code.