Breast & Cervical Reimbursement Rates by CPT Code

June 30, 2024 to June 29, 2025

A CPT code followed by TC indicates technical component. A CPT code followed by the number 26 indicates professional fee component. All payments are based on Missouri Medicare 01 Rates.

PATIENT NAVIGATION FORM

Patient Navigation	G9012	$	60.00	Other specified case management service not elsewhere classified. ***Must follow CDC guidelines as an individualized intervention for eligible patients. Follow SMHW guidelines for navigation in the SMHW Provider Manual, Section 12.***

SCREENING REPORT FORM

	CPT Codes	SMHW Rate		Description
Referral Fee		$	30.00	Only one per client, per year, when office visit not paid
Office Visits	99203	$	107.16	New patient – office visit – ***detailed*** history, detailed exam, decision-making; 30-44 minutes (initial)
	99202	$	69.22	New patient – office visit – ***expanded*** problem-focused history, and expanded problem-focused exam, straightforward-decision-making; 15-29 minutes, (initial-CBE only)
	99212	$	54.18	Established patient–office visit – ***expanded*** problem history and exam, straightforward decision-making; 10-19 minutes (for repeat pap test and CBE)
	99212A	$	54.18	Established patient – office visit – 10-19 minutes (CBE only annual)
	99213	$	87.28	Established patient – office visit – ***expanded*** history, exam, straightforward decision-making; 20-29 minutes (annual screening that includes CBE and pelvic exam)
Mammography	77067	$	120.97	Screening mammogram, bilateral (2 view film study of each breast with computer aided detection) (#77067TC $86.36/ #7706726 $34.60)
	77066	$	150.05	Mammography, diagnostic follow-up, bilateral with computer aided detection (#77066TC $104.77/ #7706626 $45.28)
	77065	$	118.55	Mammography, diagnostic, digital, unilateral with computer aided detection (#77065TC $81.69/ #7706526 $36.86)
Tomosynthesis	77063	$	49.61	Screening digital breast tomosynthesis, bilateral. Must be listed separately in conjunction with CPT code #77067 (#77063TC $22.44, #7706326 $27.17)

	G0279	$	45.25	Diagnostic digital breast tomosynthesis unilateral or bilateral. Must be listed separately in conjunction with either code #77065 or code #77066 (G0279TC $18.082, G027926 $27.17)
Pap Smear & HPV	88164	$	17.76	Cytopathology (conventional pap test) slides, cervical, or vaginal reported in Bethesda System, manual screening under physician supervision
	88142	$	20.26	Cytopathology (liquid-based pap test), cervical or vaginal, collected in preservative fluid, automate thin layer preparation; manual screening under physician supervision
	87624	$	35.09	Infectious agent detection by nucleic acid (DNA/RNA) Human Papilloma Virus (HPV), high risk type
	87625	$	40.55	HPV, types 16 and 18 only. Reflex test

Addendum: HPV DNA testing is a reimbursable procedure if used in conjunction with pap testing or for follow-up of an abnormal pap result or surveillance as per ASCCP guidelines.

The CDC will allow for reimbursement of Cervista HPV HR at the same rate as the Digene Hybrid-Capture 2 HPV DNA Assay. The CDC funds cannot be used for reimbursement of genotyping (e.g., Cervista HPV 16/18).

Screening MRI: High Risk* Only

An MRI *must be* authorized in advance of the procedure. Authorization is determined on an individual basis.

Breast MRI can be reimbursed by the NBCCEDP in conjunction with a screening mammogram when a client has a breast cancer gene (BRCA) mutation, a first-degree relative who is a BRCA carrier, or a lifetime risk of 20 to 25 percent or greater as defined by risk assessment models such as BRCAPRO. Breast MRI **should never be done alone** as a breast cancer screening tool. Breast MRI will not be reimbursed by the NBCCEDP to assess the extent of disease in a woman who is already diagnosed with breast cancer.

Magnetic Resonance Imaging (MRI)	77048	$ 326.44	MRI, breast, with and/or without contrast, unilateral (Reimbursement for breast MRI only in conjunction with a mammogram when a client meets the criteria.) See criteria listed below. ***Must be preauthorized on an individual basis in advance of the procedure.*** (#77048TC $231.03/ #7704826 $95.41)
	77049	$ 333.31	MRI, breast, with and/or without contrast, bilateral (Reimbursement for breast MRI only in conjunction with a mammogram when a client meets the criteria.) See criteria listed below. ***Must be preauthorized on an individual basis in advance of the procedure.*** (#77049TC $228.85/ #7704926 $104.47)

BREAST FORM

	CPT Codes	SMHW Rate	Description
Referral Fee		$ 30.00	Only once per client, per year, when office visit not paid (Can be on any form – but one time, per client, per year)
Mammography	77065	$ 118.55	Mammography, diagnostic, digital, unilateral with computer aided detection (#77065TC $81.69/ #7706526 $36.86)
	77066	$ 150.05	Mammography, diagnostic follow-up, bilateral with computer aided detection (#77066TC $104.77/ #7706626 $45.28)
Tomosynthesis	G0279	$ 45.25	Diagnostic digital breast tomosynthesis unilateral or bilateral. Must be listed separately in conjunction with either code #77065 or code #77066 (G0279TC $18.08, G027926 $27.17)
Ultrasound	76641	$ 97.23	Ultrasound, complete examination of breast including axilla unilateral (#76641TC $63.92/ #7664126 $33.31)
	76642	$ 80.63	Ultrasound, limited examination of breast including axilla unilateral (76642TC $49.58/ #7664226 $31.05)
Ductogram	77053	$ 51.11	Mammary ductogram or galactogram, single duct (#77053TC $34.62/ #7705326 $16.49)
Specialist Consultation	99204	$ 160.90	Specialist consultation for breast; (New patient: ***detailed*** history, exam, straightforward decision-making; 45-59 minutes)
Fine Needle Aspiration	10021	$ 96.58	Fine needle aspiration biopsy without imaging guidance first lesion
	10005	$ 128.14	Fine needle aspiration biopsy with Ultrasound guidance first lesion
	10007	$ 287.13	Fine needle aspiration biopsy with Fluoroscopic guidance first lesion
	10009	$ 402.55	Fine needle aspiration biopsy with CT guidance first lesion
	10011	$ 402.55	Fine needle aspiration biopsy with MRI guidance first lesion
	10004	$ 50.38	Fine needle aspiration biopsy without guidance each additional lesion
	10006	$ 57.62	Fine needle aspiration biopsy with Ultrasound guidance each additional lesion
	10008	$ 133.92	Fine needle aspiration biopsy Fluoroscopic guidance each additional lesion
	10010	$ 222.65	Fine needle aspiration biopsy with CT guidance each additional lesion

	10012	$	222.65	Fine needle aspiration biopsy with MRI guidance each additional lesions
	88172	$	53.17	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s) (#88172TC $20.28/ #8817226 $32.89
	88173	$	158.74	Cytopathology, evaluation of fine needle aspirate; interpretation and report (#88173TC $93.56/ #8817326 $65.18)
Percutaneous Biopsy (Core Needle & Stereotactic)	19100	$	142.08	Breast biopsy, percutaneous, needle core, not using imaging guidance
	19100	$	66.64	Outpatient facility setting
	19081	$	468.54	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion
	19081	$	154.94	Outpatient facility setting
	19082	$	358.51	Breast biopsy, with placement of localization device and image of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion
	19082	$	77.64	Outpatient facility setting
	19083	$	466.68	Breast biopsy, with placement of localization device and image of biopsy specimen, percutaneous; ultrasound guidance; first lesion
	19083	$	146.54	Outpatient facility setting
	19084	$	352.72	Breast biopsy, with placement of localization device and image of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion
	19084	$	73.11	Outpatient facility setting
	88305	$	68.23	Surgical pathology, gross and microscopic examination (#88305TC $33.37/ #8830526 $34.86)
		$	525.00*	Facility fee, core needle biopsy when done in an outpatient facility setting
		$	735.00*	Facility fee, stereotactic breast biopsy when done in an outpatient facility setting
		$	735.00*	Facility fee, ultrasound guided breast biopsy when done in an outpatient facility setting
Incisional Breast Biopsy	19101	$	314.15	Breast biopsy, open, incisional (no guidance)
	19101	$	216.27	Outpatient facility setting
	76098	$	40.43	Radiological examination, surgical specimen (#76098TC $25.89/ #7609826 $14.54)

	88305	$	68.23	Surgical pathology, gross and microscopic examination (#88305TC $33.37/ #8830526 $34.86)
		$	288.75	General anesthesia (loss of ability to perceive pain associated with loss of consciousness produced by intravenous or inhalation anesthetic agents)
		$	1,155.00*	Facility fee, incisional breast biopsy, when done in an outpatient facility setting
Excisional Breast Biopsy	19120	$	501.67	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	$	405.97	Outpatient facility setting
	19125	$	553.06	Excision of breast lesion identified by preoperative placement of radiological marker; open; single lesion
	19125	$	449.25	Outpatient facility setting
	19126	$	154.32	Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion, separately identified by a preoperative radiological marker
	19281	$	228.14	Placement of breast localization device, percutaneous; mammographic guidance; first lesion
	19281	$	93.48	Outpatient facility setting
	19282	$	160.68	Placement of a breast localization device, percutaneous; mammographic guidance; each additional lesion
	19282	$	46.90	Outpatient facility setting
	19283	$	244.40	Placement of breast localization device, percutaneous; stereotactic guidance; first lesion
	19283	$	94.46	Outpatient facility setting
	19284	$	177.85	Placement of a breast localization device; percutaneous; stereotactic guidance; each additional lesion
	19284	$	47.23	Outpatient facility setting
	19285	$	343.00	Placement of breast localization device, percutaneous; ultrasound guidance; first lesion
	19285	$	79.90	Outpatient facility setting
	19286	$	279.21	Placement of a breasts localization device, percutaneous; ultrasound guidance; each additional lesion
	19286	$	40.11	Outpatient facility setting
	76098	$	40.43	Radiological examination, surgical specimen (#76098TC $25.89/ #7609826 $14.54)
	88307	$	271.93	Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins (#88307TC $195.51/ #8830726 $76.42)

		$ 288.75	General anesthesia (loss of ability to perceive pain associated with loss of consciousness produced by intravenous or inhalation anesthetic agents)
		$ 1,732.50*	Facility fee, excisional breast biopsy, when done in an outpatient facility setting
	88341	$ 85.68	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (#88341TC $59.54/ #8834126 $ 26.14)
	88342	$ 100.26	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure. (#88342TC $67.66/#8834226 $32.60)

NOTE:

Facility fees include $125.00 for supplies and miscellaneous costs.

* This amount applies when performed service is in an outpatient facility setting and an additional facility fee is charged.

CERVICAL FORM

	CPT Codes	SMHW Rate	Description
Referral Fee		$ 30.00	Only once per client, per year, when office visit not paid (Can be on any form – but one time per client per year)
Specialist Consultation	99204	$ 160.90	Specialist consultation for cervix; (New patient: ***detailed*** history, exam, straightforward decision-making; 45-59 minutes)
Colposcopy without Biopsy	57452	$ 122.08	Colposcopy of the cervix
Colposcopy	57454	$ 163.18	Colposcopy of cervix, with biopsy and endocervical curettage (Endometrial biopsy can only be paid as pathology.)
Polypectomy	57500	$ 146.49	Cervical biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)
	88305	$ 68.23	Surgical pathology, gross and microscopic examination (#88305TC $33.37/ #8830526 $34.86)

LEEP	57522	$	293.08	Loop electrode excision procedure (may be reimbursed as a diagnostic procedure, based upon ASCCP recommendations.) ***Must be preauthorized on an individual basis in advance of the procedure.***
	88305	$	68.23	Surgical pathology, gross and microscopic examination (#88305TC $33.37/ #8830526 $34.86)
	88307	$	271.93	Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins (#88307TC $195.51/ #8830726 $76.42)
Cold Knife	57461	$	334.42	Colposcopy with loop electrode conization of the cervix (may be reimbursed as a diagnostic procedure, based upon ASCCP recommendations.) ***Must be preauthorized on an individual basis in advance of the procedure.***
	88305	$	68.23	Surgical pathology, gross and microscopic examination (#88305TC $33.37/ #8830526 $34.86)
	88307	$	271.93	Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins (#88307TC $195.51/ #8830726 $76.42)
Endocervical Curettage	57505	$	148.34	Endocervical curettage (not done as part of dilation and curettage)
	88305	$	68.23	Surgical pathology, gross and microscopic examination (#88305TC $33.37/ #8830526 $34.86)
	88307	$	271.93	Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins (#88307TC $195.51/ #8830726 $76.42)
	88341	$	85.68	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (#88341TC $59.54/ #8834126 $ 26.14)
	88342	$	100.26	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure. (#88342TC $67.66/#8834226 $32.60)

Note:

Facility fees include $125.00 for supplies and miscellaneous costs.

* This amount applies when performed service is in an outpatient facility setting and an additional facility fee is charged.