New Hampshire Breast and Cervical Cancer Program 2023 Reimbursement Rates

Effective July 1, 2023

CPT	Service Description			
	SURGICAL SERVICES	GC	PC	TC
10004	Fine Needle Aspiration without imaging guidance, each additional lesion	\$51.91	10	10
	Fine Needle Aspiration, including ultrasound guidance, first lesion	\$140.36		
	Fine Needle Aspiration, including ultrasound guidance, each additional lesion	\$61.19		
	Fine Needle Aspiration, including fluoroscopic guidance, first lesion	\$309.42		
	Fine Needle Aspiration, including fluoroscopic guidance, each additional lesion	\$149.13		
	Fine Needle Aspiration, including CT guidance, first lesion	\$455.13		
	Fine Needle Aspiration, including CT guidance, each additional lesion	\$248.52		
	Fine Needle Aspiration, including MRI guidance, first lesion	\$455.13		
	Fine Needle Aspiration, including MRI guidance, each additional lesion	\$248.52		
	Fine Needle Aspiration without imaging guidance, first lesion	\$105.21		
	Puncture Aspiration of Cyst of Breast	\$105.92		
	Puncture Aspiration of Cyst of Breast, each additional cyst	\$26.70		
	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous;	\$527.43		
	stereotactic guidance; first lesion			
19082	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous;	\$410.41		
	stereotactic guidance; each additional lesion			
19083	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous;	\$527.79		
	ultrasound guidance; first lesion	40=7177		
	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous;	\$404.61		
	ultrasound guidance; each additional lesion			
19085	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous;	\$812.55		
17005	magnetic resonance guidance; first lesion	ψ012.55		
19086	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous;	\$633.53		
19000	magnetic resonance guidance; each additional lesion	\$033.33		
10100	Breast biopsy, percutaneous, needle core, not using imaging guidance	¢15652		
	Breast biopsy, open, incisional	\$156.53 \$341.31		
	Excision of cyst, fibroadenoma, benign or malig tumor, aberrant br. tissue, duct or nipple lesion	\$534.51		
	Excision of cyst, noroadenoma, benign of mang tumor, aberrant of tissue, duct of hippie resion Excision of breast lesion identified by pre-op placement of radiolog marker - single lesion	\$588.42		
	Excision of breast lesion identified by pre-op placement of radiolog marker - single lesion Excision of breast lesion identified by pre-op placement of radiolog marker - each add'l lesion	\$160.04		
	<i>V</i> 1 11			
	Placement of breast localization device, percutaneous; mammographic guidance; first lesion	\$251.65		
	Placement of breast local device, percutaneous; mammographic guidance; each add'l lesion	\$179.50		
	Placement of breast localization device, percutaneous; stereotactic guidance; first lesion	\$271.93		
	Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion	\$201.22		
	Placement of breast localization device, percutaneous; ultrasound guidance; first lesion	\$391.39		
19286	Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion	\$322.21		
19287	Placement of breast localization device, percutaneous; magnet resonance guidance; first lesion	\$675.60		
19288	Placement of breast local device, percutaneous; magnet resonance guidance; each add'l lesion	\$524.21		
57452	Colposcopy of the Cervix without Biopsy	\$131.19		
	Colposcopy of the Cervix with Biopsy and Endocervical Curettage	\$173.88		
	Colposcopy of the Cervix with biopsy(s)	\$166.49		
	Colposcopy of the Cervix with Endocervical Curettage	\$157.22		
	Colposcopy with loop electrode biopsy(s) of the cervix	\$328.76		
	Colposcopy with loop electrode conization of the cervix	\$365.85		
	Cervical Biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate	\$160.95		
	Endocervical Curettage alone	\$162.37		
	Conization of cervix, w/ or w/o fulguration, dilation and curettage, repair; cold knife or laser	\$366.30		
	Loop electrode excision procedure	\$314.17		
	Endometrial biopsy w/ or w/o ecc, dilation, any method	\$105.12		
	1 4 / / 4	\$50.85		



	RADIOLOGICAL SERVICES			
76098	Radiological examination, surgical specimen	\$43.73	\$15.33	\$28.40
	Ultrasound, complete examination of breast including axilla, unilateral	\$108.07	\$35.45	\$72.62
	Ultrasound, limited examination of breast including axilla, unilateral	\$88.83	\$33.05	\$55.78
	Ultrasonic guidance for needle biopsy, radiological supervision and interpretation	\$60.05	\$30.60	\$29.45
	Magnetic resonance imaging (MRI), breast, without contrast, unilateral	\$230.60	\$69.55	\$161.05
	Magnetic resonance imaging (MRI), breast, without contrast, bilateral	\$238.80	\$77.04	\$161.76
	Magnetic resonance imaging (MRI), breast, including CAD, with & without contrast, unilateral	\$366.81	\$101.22	\$265.59
77049*	Magnetic resonance imaging (MRI), breast, including CAD, with & without contrast, bilateral	\$374.25	\$110.77	\$263.48
	Mammary ductogram or galactogram, single duct	\$55.60	\$17.38	\$38.22
	Screening digital breast tomosynthesis; bilateral	\$54.56	\$29.28	\$25.28
77065	Diagnostic Mammogram, Unilateral, includes CAD	\$130.80	\$38.86	\$91.94
77066	Diagnostic Mammogram, Bilateral, includes CAD	\$164.97	\$47.76	\$117.21
	Screening Mammogram, includes CAD	\$134.02	\$36.81	\$97.21
G0279	Diagnostic digital breast tomosynthesis, unilateral or bilateral	\$54.56	\$29.28	\$25.28
	PATHOLOGY AND LABORATORY SERVICES			
87624	Human Papillomavirus, high-risk types	\$35.09		
	Human Papillomavirus, types 16 and 18 only	\$40.55		
	Cytopathology, cervical or vaginal (any reporting system) requiring interpretation by physician	\$23.51		
	Cytopathology cervical or vaginal, automated thin layer preparation; manual screening under	\$20.26		
88143	Cytopathology, cervical or vaginal, automated thin layer preparation; manual screening and	\$23.04		
	rescreening under physician supervision			
88164	Cytopathology (conventional Pap test), manual screening under supervision of physician	\$17.31		
	Cytopathology (conven Pap), manual screening and rescreening under supervision of physician	\$42.22		
88172	Cytopathology, Evaluation of Fine Needle Aspiration	\$57.00	\$35.28	\$21.72
	Cytopathology, Interpretation of Fine Needle Aspiration, interpret & report	\$166.91	\$69.48	\$97.43
88174	Cytopathology, cervical or vaginal, automated thin layer preparation; screening by automated system,	\$25.37		
	under physician supervision			
	Cytopathology, cervical or vaginal, automated thin layer preparation; screening by automated system	\$26.61		
	and manual rescreening, under physician supervision	¢20.00	021.56	¢0.42
	Cytopathology, evaluation of FNA; immediate cytohistologic to determine adequacy of specimen(s),	\$29.99	\$21.56	\$8.43
	each separate additional evaluation espisode Surgical pathology, gross and microscopic examination	\$73.43	\$36.96	\$36.47
	Surgical path, gross & microscopic exam requrire microscopic eval of surgical margins	\$301.04	\$81.79	\$219.25
	Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen	\$104.79	\$61.65	\$43.14
	Pathology consultation during surgery, each additional tissue block, with frozen section(s)	\$56.42	\$30.48	\$25.94
	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain	\$89.50	\$28.06	\$61.44
	procedure (List separately in addition to code for primary procedure)	ψ07.50	Ψ20.00	φοι.τι
	Immunohistochemistry or immunocytochemistry, per specimen, initial single antibody stain	\$103.68	\$34.56	\$69.12
	Morphometric analysis, tumor immunohistochemistry, per specimen; manual	\$122.45	\$41.40	\$81.05
	Morphometric analysis, tumor immunohistochem, per specimen; computer-assisted tech	\$122.33	\$43.38	\$78.95
	In situ hybrid (e.g. FISH), per specimen; each add'l single probe stain procedure	\$141.95	\$33.86	\$108.09
	In situ hybrid (e.g. FISH), per specimen; initial single probe stain procedure	\$187.67	\$42.77	\$144.90
	In situ hybridization (e.g. FISH), per specimen; each multiplex probe stain procedure	\$290.05	\$61.59	\$228.46
	Morphometric analysis, in situ hybrid, computer-assist, per spec, initial single probe stain proc	\$118.04	\$33.12	\$84.92
	Morphometric analysis, in situ hybrid, manual, per specimen, initial single probe stain proc	\$147.65	\$41.36	\$106.29
	Morphometric analysis, in situ hybrid, manual, per spec, each add'l probe stain procedure	\$126.85	\$32.81	\$94.04
	Morphometric analysis, in situ hybrid., computer-assist, per spec, each add'l probe stain proc	\$70.91	\$24.92	\$45.99
		¢21615	\$42.36	\$273.79
88374	Morphometric analysis, in situ hybrid., computer-assist, per spec, each multiplex stain proc	\$316.15	ψ 12.50	
	Morphometric analysis, in situ hybrid., computer-assist, per spec, each multiplex stain proc Morphometric analysis, in situ hybrid., manual, per specimen, each multiplex stain procedure	\$412.78	\$63.20	\$349.58
88377	Morphometric analysis, in situ hybrid., manual, per specimen, each multiplex stain procedure			
99202	Morphometric analysis, in situ hybrid., manual, per specimen, each multiplex stain procedure EVALUATION AND MANAGEMENT SERVICES	\$412.78		
99202 99203	Morphometric analysis, in situ hybrid., manual, per specimen, each multiplex stain procedure EVALUATION AND MANAGEMENT SERVICES New Patient - med approp hx/exam; straightforward decision making; 15-29 minutes	\$412.78 \$74.00		



	EVALUATION AND MANAGEMENT SERVICES, CONTINUED				
99211	Established Patient - Eval & Mgt, may not req presence of phys; presenting problem minimal	\$23.96			
99212	Established Patient - med approp hx/exam; straightforward decision making; 10-19 minutes	\$57.86			
99213	Established Patient - med approp hx/exam; low level decision making; 20-29 minutes	\$92.06			
99214	Established Patient - med approp hx/exam; moderate level decision making; 30-39 minutes	\$130.10			
99385	Initial comprehensive prev med eval & mgt - 18 to 39 yrs (pay at 99203 rate)	\$114.21			
99386	Initial comprehensive prev med eval & mgt - 40 to 64 yrs (pay at 99203 rate)	\$114.21			
99387	Initial comprehensive prev med eval & mgt - 65 yrs of age or older (pay at 99203 rate)	\$114.21			
99395	Periodic comprehensive prev med eval & mgt - 18 to 39 yrs (pay at 99213 rate)	\$92.06			
99396	Periodic comprehsnive prev med eval & mgt - 40 to 64 yrs (pay at 99213 rate)	\$92.06			
99397	Periodic comprehensive prev med eval & mgt - 65 yrs of age or older (pay at 99213 rate)	\$92.06			
	BCCP does not cover facility charges				
	* Prior authorization required - verify with referring Case Manager before submitting for reimbursement				
	n find our updated CPT Codes/Reimbursement Rates at https://www.dhhs.nh.gov/programs-se	ervices/disease-pre	evention/breast-		
cervica	-cancer-program				

Updated 7.1.2023

