

New Hampshire Breast and Cervical Cancer Program - Reimbursement Rates

Effective July 1, 2024 - June 30, 2025

CPT	Service Description	GC	PC	TC
SURGICAL SERVICES				
10004	Fine Needle Aspiration without imaging guidance, each additional lesion	\$52.24		
10005	Fine Needle Aspiration, including ultrasound guidance, first lesion	\$136.33		
10006	Fine Needle Aspiration, including ultrasound guidance, each additional lesion	\$60.37		
10007	Fine Needle Aspiration, including fluoroscopic guidance, first lesion	\$310.52		
10008	Fine Needle Aspiration, including fluoroscopic guidance, each additional lesion	\$143.58		
10009	Fine Needle Aspiration, including CT guidance, first lesion	\$436.67		
10010	Fine Needle Aspiration, including CT guidance, each additional lesion	\$239.84		
10011	Fine Needle Aspiration, including MRI guidance, first lesion	\$436.67		
10012	Fine Needle Aspiration, including MRI guidance, each additional lesion	\$239.84		
10021	Fine Needle Aspiration without imaging guidance, first lesion	\$102.84		
19000	Puncture Aspiration of Cyst of Breast	\$102.15		
19001	Puncture Aspiration of Cyst of Breast, each additional cyst	\$26.49		
19081	Breast bx. w/plcmnt of localiz. device & imaging of bx spec, percut; stereotact. guide; 1st lesion	\$505.91		
19082	Breast bx. w/plcmnt of localiz. device & imaging of bx spec, percut; stereotact. guide; each add'l	\$390.09		
19083	Breast bx. w/plcmnt of localiz. device & imaging of bx spec, percut; u/s guide; 1st lesion	\$504.40		
19084	Breast bx. w/plcmnt of localiz. device & imaging of bx spec, percut; u/s guide; each add'l lesion	\$384.05		
19085	Breast bx. w/plcmnt of localiz. device & imaging of bx spec, percut; mri guide; 1st lesion	\$774.67		
19086	Breast bx. w/plcmnt of localiz. device & imaging of bx spec, percut; mri guide; each add'l lesion	\$600.24		
19100	Breast biopsy, percutaneous, needle core, not using imaging guidance	\$151.36		
19101	Breast biopsy, open, incisional	\$332.83		
19120	Excision of cyst, fibroadenoma, benign or malig tumor, aberrant br. tissue, duct or nipple lesion	\$528.06		
19125	Excision of breast lesion identified by pre-op placement of radiolog marker - single lesion	\$581.26		
19126	Excision of breast lesion identified by pre-op placement of radiolog marker - each add'l lesion	\$157.51		
19281	Placement of breast localization device, percutaneous; mammographic guidance; first lesion	\$245.09		
19282	Placement of breast local device, percutaneous; mammographic guidance; each add'l lesion	\$174.00		
19283	Placement of breast localization device, percutaneous; stereotactic guidance; first lesion	\$262.85		
19284	Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion	\$192.84		
19285	Placement of breast localization device, percutaneous; ultrasound guidance; first lesion	\$372.82		
19286	Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion	\$305.31		
19287	Placement of breast localization device, percutaneous; magnet resonance guidance; first lesion	\$643.84		
19288	Placement of breast local device, percutaneous; magnet resonance guidance; each add'l lesion	\$496.79		
38505	Needle biopsy of axillary lymph nodes	\$176.80		
57100	Vaginal biopsy (vaginal polyps)	\$105.47		
57452	Colposcopy of the Cervix without Biopsy	\$129.04		
57454	Colposcopy of the Cervix with Biopsy and Endocervical Curettage	\$171.14		
57455	Colposcopy of the Cervix with biopsy(s)	\$164.56		
57456	Colposcopy of the Cervix with Endocervical Curettage	\$155.18		
57460*	Colposcopy with loop electrode biopsy(s) of the cervix	\$319.93		
57461*	Colposcopy with loop electrode conization of the cervix	\$355.97		
57500*	Cervical Biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate	\$157.10		
57505	Endocervical Curettage alone	\$159.17		
57520*	Conization of cervix, w/ or w/o fulguration, dilation and curettage, repair; cold knife or laser	\$361.15		
57522*	Loop electrode excision procedure	\$309.40		
58100*	Endometrial biopsy w/ or w/o ecc, dilation, any method	\$103.05		
58110*	Endometrial biopsy in conjunction with colposcopy	\$50.51		

RADIOLOGICAL SERVICES				
76098	Radiological examination, surgical specimen	\$43.57	\$15.05	\$28.52
76641	Ultrasound, complete examination of breast including axilla, unilateral	\$104.96	\$34.45	\$70.51
76642	Ultrasound, limited examination of breast including axilla, unilateral	\$86.77	\$32.09	\$54.68
76882	Ultrasound, limited, joint or focal eval of other nonvascular extremity structure - axilla	\$64.39	\$32.42	\$31.97
76942	Ultrasonic guidance for needle biopsy, radiological supervision and interpretation	\$58.95	\$29.74	\$29.21
77046*	Magnetic resonance imaging (MRI), breast, without contrast, unilateral	\$223.74	\$67.91	\$155.83
77047*	Magnetic resonance imaging (MRI), breast, without contrast, bilateral	\$230.07	\$74.93	\$155.14
77048*	Magnetic resonance imaging (MRI), breast, including CAD, with & without contrast, unilateral	\$353.57	\$98.66	\$254.91
77049*	Magnetic resonance imaging (MRI), breast, including CAD, with & without contrast, bilateral	\$360.53	\$108.03	\$252.50
77053*	Mammary ductogram or galactogram, single duct	\$55.22	\$17.06	\$38.16
77063	Screening digital breast tomosynthesis; bilateral	\$52.88	\$28.10	\$24.78
77065	Diagnostic Mammogram, Unilateral, includes CAD	\$128.27	\$38.14	\$90.13
77066	Diagnostic Mammogram, Bilateral, includes CAD	\$162.39	\$46.83	\$115.56
77067	Screening Mammogram, includes CAD	\$131.08	\$35.79	\$95.30
G0279	Diagnostic digital breast tomosynthesis, unilateral or bilateral	\$48.06	\$28.10	\$19.96
PATHOLOGY AND LABORATORY SERVICES				
87624	Human Papillomavirus, high-risk types	\$35.09		
87625	Human Papillomavirus, types 16 and 18 only	\$40.55		
88141	Cytopathology, cervical or vaginal (any reporting system) requiring interpretation by physician	\$24.44		
88142	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 rescreening under physician supervision	\$23.04		
88164	Cytopathology (conventional Pap test), manual screening under supervision of physician	\$17.76		
88165	Cytopathology (conven Pap), manual screening and rescreening under supervision of physician	\$42.22		
88172	Cytopathology, Evaluation of Fine Needle Aspiration	\$56.61	\$34.28	\$22.33
88173	Cytopathology, Interpretation of Fine Needle Aspiration, interpret & report	\$170.99	\$67.86	\$103.12
88174	Cytopathology, cervical or vaginal, automated thin layer preparation; screening by automated system, under physician supervision	\$25.37		
88175	Cytopathology, cervical or vaginal, automated thin layer preparation; screening by automated system and manual rescreening, under physician supervision	\$26.61		
88177	Cytopathology, evaluation of FNA; immediate cytohistologic to determine adequacy of specimen(s), each separate additional evaluation episode	\$29.77	\$21.16	\$8.61
88305	Surgical pathology, gross and microscopic examination	\$73.06	\$36.28	\$36.78
88307	Surgical path, gross & microscopic exam require microscopic eval of surgical margins	\$295.27	\$79.64	\$215.63
88331	Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen	\$102.81	\$60.17	\$42.64
88332	Pathology consultation during surgery, each additional tissue block, with frozen section(s)	\$55.35	\$29.58	\$25.77
88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	\$92.94	\$27.20	\$65.74
88342	Immunohistochemistry or immunocytochemistry, per specimen, initial single antibody stain	\$108.57	\$33.93	\$74.65
88360	Morphometric analysis, tumor immunohistochemistry, per specimen; manual	\$123.20	\$40.30	\$82.91
88361	Morphometric analysis, tumor immunohistochem, per specimen; computer-assisted tech	\$122.06	\$42.25	\$79.81
88364	In situ hybrid (e.g. FISH), per specimen; each add'l single probe stain procedure	\$136.79	\$32.89	\$103.90
88365	In situ hybrid (e.g. FISH), per specimen; initial single probe stain procedure	\$181.98	\$41.64	\$140.34
88366	In situ hybridization (e.g. FISH), per specimen; each multiplex probe stain procedure	\$278.93	\$59.77	\$219.16
88367	Morphometric analysis, in situ hybrid, computer-assist, per spec, initial single probe stain proc	\$114.39	\$32.17	\$82.22
88368	Morphometric analysis, in situ hybrid, manual, per specimen, initial single probe stain proc	\$151.69	\$40.95	\$110.74
88369	Morphometric analysis, in situ hybrid, manual, per spec, each add'l probe stain procedure	\$131.63	\$32.55	\$99.08
88373	Morphometric analysis, in situ hybrid., computer-assist, per spec, each add'l probe stain proc	\$69.17	\$24.47	\$44.70
88374	Morphometric analysis, in situ hybrid., computer-assist, per spec, each multiplex stain proc	\$295.90	\$40.89	\$255.00
88377	Morphometric analysis, in situ hybrid., manual, per specimen, each multiplex stain procedure	\$406.45	\$62.05	\$344.40

EVALUATION AND MANAGEMENT SERVICES			
99202	New Patient - med approp hx/exam; straightforward decision making; 15-29 minutes	\$73.28	
99203	New Patient - med approp hx/exam; low level decision making; 30-44 minutes	\$112.77	
99204	New Patient - med approp hx/exam; moderate level decision making; 45-59 minutes	\$168.76	
99205	New Patient - med appropr hx/exam; high level decision making; 60-74 minutes	\$222.40	
99211	Established Patient - Eval & Mgt, may not req presence of phys; presenting problem minimal	\$23.85	
99212	Established Patient - med approp hx/exam; straightforward decision making; 10-19 minutes	\$57.45	
99213	Established Patient - med approp hx/exam; low level decision making; 20-29 minutes	\$92.04	
99214	Established Patient - med approp hx/exam; moderate level decision making; 30-39 minutes	\$129.71	
99385	Initial comprehensive prev med eval & mgt - 18 to 39 yrs (pay at 99203 rate)	\$112.77	
99386	Initial comprehensive prev med eval & mgt - 40 to 64 yrs (pay at 99203 rate)	\$112.77	
99387	Initial comprehensive prev med eval & mgt - 65 yrs of age or older (pay at 99203 rate)	\$112.77	
99395	Periodic comprehensive prev med eval & mgt - 18 to 39 yrs (pay at 99213 rate)	\$92.04	
99396	Periodic comprehsnive prev med eval & mgt - 40 to 64 yrs (pay at 99213 rate)	\$92.04	
99397	Periodic comprehensive prev med eval & mgt - 65 yrs of age or older (pay at 99213 rate)	\$92.04	
BCCP does not cover facility charges			
* Prior authorization required - verify with referring Case Manager before submitting for reimbursement			
You can find our updated CPT Codes/Reimbursement Rates at https://www.dhhs.nh.gov/programs-services/disease-prevention/breast-cervical-cancer-program			

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