

New York State Department of Health Cancer Services

Reimbursement Schedule 4/1/2024-3/31/2025

CSP Data Use	Procedure	Guiding CPT Codes*	Rates
	<b>Breast Screening and Diagnostic Procedures</b>		<b>Upstate</b>
SIF	Assessment, Education and Clinical Breast Examination (CBE)	99202, 99211	\$ 44.80
SIF	Bilateral Screening Mammogram (full field digital or tomosynthesis)**	77067, 77063	\$ 120.24
SIF 01	Unilateral Diagnostic Mammogram**	G0279, 77065	\$ 117.84
SIF 90	Bilateral Diag. Mammogram (Special Views Only)**	G0279, 77066, 77063	\$ 149.09
02	Repeat Clinical Breast Exam	1/2 of 99202	\$ 22.40
03	Breast Surgical Consult/Second Opinion	99203	\$ 105.63
04	Diagnostic Breast US (unilateral or bilateral) w/image documentation	76641, 76642, 76942	\$ 96.57
07	Fine needle asp. biopsy with ANY image guidance	10005, 10006, 76942, 10021	\$ 181.43
29	Fine needle asp. biopsy without image guidance	10021, 10004, 19000	\$ 95.19
11	Cytology Breast Fluids	88173	\$ 157.96
12	Surgical Pathology/Histology - Level IV-Gross and microscopic	88305, 88331, 88332	\$ 67.92
82	Surgical Path Level IV-exam of surgical margins +excisional	88307	\$ 270.64
14	Cytology Nipple Smear	88173, 88172	\$ 157.96
17	Mammary Ductogram/Galactogram	77053	\$ 50.73
08	Core Biopsy	19100, 38505	\$ 139.13
09	Incisional Breast Biopsy	19101	\$ 306.79
10	Excisional Breast Biopsy	19120, 19125***, 19126***	\$ 488.24
16	Stereotactic biopsy all inclusive of placement of breast localization device, (eg clip, pellet) imaging of specimen, percutaneous bx, first lesion, including stereotactic guidance	19081, 19283, 76098	\$ 464.60
84	Each additional lesion, using stereotactic guidance	19082, 19284, 76098	\$ 356.11
25	Ultrasound guided core using vacuum assist biopsy device, all inclusive of placement of breast localization device, (eg clip, pellet) imaging of specimen, percutaneous bx, first lesion	19083, 19085***, 19086***	\$ 462.73
86	Each additional lesion, US guided vacuum assist biopsy	19084	\$ 350.42
23	Article 28 Facility Fee for Core/Stereo Biopsy	APC 5071	\$ 671.05
24	Article 28 Fac Fee for Incisional bx/Excisional bx	APC 5072, APC 5073	\$ 1,546.35
15	Preop Mammo. needle loc. & wire placement	19281, 19287***	\$ 226.11
83	Each additional lesion, mammo needle loc and wire	19282	\$ 159.51
22	Preop Ultrasonic needle loc. & wire placement	19285, 19288***	\$ 340.65
85	Each additional lesion, US needle loc and wire	19286	\$ 277.65
19	Pre-operative Chest X-Ray	71046	\$ 31.61
20	Pre-Operative Electrocardiogram (EKG/ECG)	93000	\$ 13.50
21	Pre-Operative Complete Blood Count (CBC)	G0306, 85025	\$ 7.77
18	Anesthesiologist Services	00400, 99156, 99157, 00940	\$ 168.00
	<b>Cervical Screening and Diagnostic Procedures</b>		<b>Upstate</b>
SIF 73	Assessment, Education and pelvic exam with Pap Smear	99202, 99211	\$ 44.80
71	Pap Smear Cytology, Liquid based	88142, 88143, 88174, 88175, 88141	\$ 20.26
SIF 65	HR HPV DNA test	87624	\$ 35.09

72	HPV 16/18/45 Genotyping	87625	\$ 40.55
54	Gynecological Consultation (Cervical)	99203	\$ 105.63
52	Colposcopy without Biopsy	57452	\$ 119.81
53	Colposcopy Directed Cervical Biopsy, one or more	57455	\$ 152.93
66	Colposcopy with Cervical Biopsy and ECC	57454, 57500, 57505	\$ 159.60
67	Colposcopy with ECC	57456	\$ 144.14
68	Endometrial Biopsy	58100, 58110	\$ 95.69
56	Diagnostic LEEP or LEETZ Biopsy	57460, 57461, 57522	\$ 295.04
57	Diagnostic Cold Knife Cone Biopsy	57520	\$ 335.01
58	Diagnostic Laser Cone Biopsy	57520	\$ 335.01
69	Article 28 Fac Fee for Dx LEEP/LEETZ, Laser Cn, Cld Knf Bx	APC 5414	\$ 1,490.94
59	GYN Surgical Pathology Tissue-Level IV Gross and Microscopic	88305, 88331, 88332, 88141	\$ 95.93
88	Surgical Path Level IV- exam of surgical margins	88307	\$ 270.64
62	Pre-operative Chest X-Ray	71046	\$ 31.61
63	Pre-operative Electrocardiogram (EKG/ECG)	93000	\$ 13.50
64	Pre-Operative Complete Blood Count (CBC)	G0306, 85025	\$ 7.77
70	Anesthesiologist Services	99156, 99157, 00400, 00940	\$ 168.00
<b>Colorectal Screening and Diagnostic Procedures</b>			<b>Upstate</b>
SIF	FIT Test	G0328, 82274	\$ 15.92
43	Surgical Consult	99203	\$ 105.63
32	Sigmoidoscopy	45330	\$ 174.26
33	Sigmoidoscopy with Polypectomy	45333	\$ 306.34
34	Flexible Sigmoidoscopy with biopsy	45331	\$ 267.46
48	Article 28 Facility Fee - Sigmoidoscopy	APC 5311	\$ 871.11
35	Radiologic exam; colon, barium enema	74270	\$ 144.25
36	Colonoscopy	45378, G0121, G0105	\$ 319.11
37	Colonoscopy with biopsy single or multiple	45380	\$ 406.47
38	Colonoscopy, by hot biopsy forceps	45384	\$ 456.70
39	Colonoscopy, by snare technique	45385	\$ 426.26
50	Second Technique-Colonoscopy biopsy	n/a	\$ 143.27
49	Article 28 Facility Fee - Colonoscopy	APC 5312	\$ 1,125.53
42	Surgical pathology, gross & microscopic exam	88305, 88331, 88332	\$ 51.49
87	Surgical Path Level IV- exam of surgical margins	88307	\$ 270.64
45	Pre-operative Chest X-Ray	71046	\$ 31.61
46	Pre-Operative Electrocardiogram(EKG/ECG)	93000	\$ 13.50
47	Pre-Operative Complete Blood Count(CBC)	G0306, 85025, 85027	\$ 7.77
41	Anesthesiologist Services	99156, 99157, 00400, 00940	\$ 168.00

\* Guiding CPT codes for reference only. Other CPT codes that fulfill the service as listed may also reimburse at these rates.

\*\* Program reimbursement includes tomosynthesis and CAD within the rate. There is no additional reimbursement for CAD or tomo.

\*\*\* Being considered for future reimbursement, contact office for case review.