| New York State Department of Health Cancer Services | | | |
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| **Reimbursement Schedule 4/1/2026-3/31/2027** | | | |
| **Data Code** | **Diagnostic Procedure** | **Guiding CPT Codes*** | **13282-99** |
| | **Breast Screening and Diagnostic Procedures** | | Upstate |
| CBE | Clinical Breast Examination | SIF 99202, 99211 | $ 40.00 |
| BSMAM | BSMAM-Bilateral Screening Mammogram | SIF 77067 | $ 120.77 |
| UDMAM | UDMAM-Unilateral Diagnostic Mammogram | SIF 77065, G0279 | $ 118.55 |
| BSMRI | BSMRI-Bilateral Screening MRI | SIF 77049 | $ 325.12 |
| USMRI | USMRI-Unilateral Screening MRI | SIF 77048 | $ 319.49 |
| 01 | Unilateral Diag. Mammogram (Special Views Only) | 77065, G0279 | $ 118.55 |
| 90/BDMAM | Bilateral Diag. Mammogram (Special Views Only) | SIF, 77066, 77063, G0279 | $ 150.11 |
| 02 | Repeat Breast Exam | 1/2 of 99202 | $ 20.00 |
| 03 | Breast Surgical Consult/Second Opinion | 99203 | $ 113.04 |
| 04 | Diagnostic Breast US (unilateral or bilateral) | 76641, 76642, 76942 | $ 95.97 |
| 26 | Magnetic Resonance Imaging (MRI)-Bilateral** | 77049 | $ 325.12 |
| 89 | Magnetic Resonance Imaging (MRI)-Unilateral** | 77048 | $ 319.49 |
| 07 | Fine needle asp. biopsy with ANY image guidance | 10005, 10006, 76942, 10021 | $ 126.62 |
| 29 | Fine needle asp. biopsy without image guidance | 10021, 10004, 19000 | $ 96.34 |
| 11 | Cytology Breast Fluids | 88173 | $ 160.20 |
| 14 | Cytology Nipple Smear | 88173, 88172 | $ 160.20 |
| 17 | Ductogram/Galactogram | 77053 | $ 50.79 |
| 08 | Core Biopsy | 19100, 38505 | $ 154.76 |
| 09 | Incisional Breast Biopsy | 19101 | $ 331.60 |
| 10 | Excisional Breast Biopsy | 19120, 19125, 19126 | $ 542.18 |
| 16 | Stereotactic biopsy w/ all inclusive | 19081, 19283, 76098 | $ 456.86 |
| 84 | Each additional lesion, using stereo guidance | 19082, 19284, 76098 | $ 346.52 |
| 25 | Ultrasound guided core using vac asst biopsy device | 19083, 19085, 19086 | $ 454.09 |
| 86 | Each additional lesion, US guided vacuum biopsy | 19084 | $ 340.72 |
| 23 | Article 28 Facility Fee for Core/Stereo Biopsy | APC 5071 | $ 723.47 |
| 24 | Article 28 Fac Fee for Incisional bx/Excisional bx | APC 5072, APC 5073 | $ 1,687.37 |
| 12 | Histology/Breast Tissue | 88305, 88331, 88332 | $ 67.69 |
| 15 | Preop Mammo. needle loc. & wire placement | 19281, 19287 | $ 224.76 |
| 83 | Each additional lesion, mammo needle loc and wire | 19282 | $ 157.41 |
| 22 | Preop Ultrasonic needle loc. & wire placement | 19285, 19288 | $ 334.14 |
| 85 | Each additional lesion, US needle loc and wire | 19286 | $ 272.89 |
| 19 | Chest X-Ray | 71046 | $ 31.60 |
| 20 | Electrocardiogram (EKG/ECG) | 93000 | $ 14.72 |
| 21 | Complete Blood Count (CBC) | 85025, G0306 | $ 7.77 |
| 18 | Anesthesiologist Services | 99156, 99157, 00400 | $ 173.45 |
| Data Code | Diagnostic Procedure | Guiding CPT Codes* | 13282-99 |
| | **Cervical Screening and Diagnostic Procedures** | | Upstate |
| 73/PAP | PAP-Pap Smear Examination | SIF 99202, 99211, 99459 | $ 40.00 |
| 61/PC | Conventional cytology | SIF 88164, 88165 | $ 18.54 |
| 71 | Liquid based cytology | 88142, 88143, 88174/75, 88141 | $ 20.26 |
| 65/HPVT | HR HPV DNA test | SIF 87624, 87626 | $ 35.09 |
| 72 | HPV 16/18 Genotyping | 87625, 87626 | $ 40.55 |
| 54 | Gynecological Consultation (Cervical) | 99203, 99459 | $ 113.04 |
| 52 | Colposcopy without Biopsy | 57452 | $ 119.60 |
| 53 | Colposcopy Directed Cervical Biopsy | 57455 | $ 153.21 |
| 66 | Colposcopy with Cervical Biopsy and ECC | 57454, 57500, 57505 | $ 158.19 |
| 67 | Colposcopy with ECC | 57456 | $ 143.39 |
| 68 | Endometrial Biopsy | 58100 | $ 93.53 |
| 56 | Diagnostic LEEP or LEETZ Biopsy | 57460, 57461, 57522 | $ 294.16 |

| New York State Department of Health Cancer Services | | | |
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| Reimbursement Schedule 4/1/2026-3/31/2027 | | | |
| | **Cervical Procedures (continued)** | | Upstate |
| 58 | Diagnostic Laser Cone Biopsy | 57520 | $ 342.56 |
| 69 | Article 28 Fac Fee for Dx LP, Laser Cn, Cld Knf Bx | APC 5414 | $3,307.24 |
| 59 | GYN Surgical Pathology Tissue | 88305, 88331, 88332, 88141 | $ 94.03 |
| 87 | Surgical Path Level IV- exam of surgical margins | 88307 | $ 266.01 |
| 62 | Chest X-Ray | 71046 | $ 31.60 |
| 63 | Electrocardiogram (EKG/ECG) | 93000 | $ 14.72 |
| 64 | Complete Blood Count (CBC) | 85025, G0306 | $ 7.77 |
| 70 | Anesthesiologist Services | 99156, 99157, 00940 | $ 173.45 |
| Data Code | Diagnostic Procedure | Guiding CPT Codes* | 13282-99 |
| | **Colorectal Screening and Diagnostic Procedures** | | Upstate |
| FOB | FOBT Test | SIF 82270 | $ 4.38 |
| FIT | FIT Test | SIF G0328, 82274 | $ 15.92 |
| 43 | Surgical Consult | 99203 | $ 113.04 |
| 32 | Sigmoidoscopy | 45330 | $ 204.73 |
| 33 | Sigmoidoscopy with Polypectomy | 45333 | $ 350.38 |
| 34 | Flexible Sigmoidoscopy with biopsy | 45331 | $ 307.54 |
| 48 | Article 28 Facility Fee - Sigmoidoscopy | APC 5311 | $950.10 |
| 35 | Dx CT Colonography** | 74262 | $ 439.29 |
| 36 | Colonoscopy | 45378, G0121, G0105 | $ 361.12 |
| 37 | Colonoscopy with biopsy single or multiple | 45380 | $ 458.30 |
| 38 | Colonoscopy, by hot biopsy forceps | 45384 | $ 514.05 |
| 39 | Colonoscopy, by snare technique | 45385 | $ 478.25 |
| 50 | Second Technique-Colonoscopy biopsy | n/a | $ 161.17 |
| 49 | Article 28 Facility Fee - Colonoscopy | APC 5312 | $1,222.56 |
| 42 | Surgical pathology, gross & microscopic exam | 88305, 88331, 88332 | $ 51.57 |
| 82 | Surgical Path Level IV- exam of surgical margins | 88307 | $ 266.01 |
| 45 | Chest X-Ray (CRC) | 71046 | $ 31.60 |
| 46 | Electrocardiogram(EKG/ECG) | 93000 | $ 14.72 |
| 47 | Complete Blood Count(CBC) | 85025, 85027, G0306 | $ 7.77 |
| 41 | Anesthesiologist Services | 99156, 99157, 00811, 00812 | $ 173.45 |
| | Notes | | |
| *Guiding CPT codes are for reference only. Other codes that fulfill the service as listed may also be covered. | | | |
| Reimbursement for digital mammography including tomosynthesis and CAD | | | |
| **Prior Approval Required | | | |