



Schedule of Fees for Covered Services

Effective February 1, 2008

| CPT Code | Description | Non-Facility Fee | Facility Fee |
|-----------|---|------------------|--------------|
| 00400 | Anesthesia (base code of 3 RVU plus # of units x rate) | \$18.15 | \$18.15 |
| 10021 | Fine needle aspiration (FNA); without imaging guidance | \$121.01 | \$58.89 |
| 10022 | Fine needle aspiration (FNA); with imaging guidance | \$127.19 | \$56.71 |
| 19000 | Puncture aspiration of cyst of breast | \$98.97 | \$38.66 |
| 19001 | Puncture aspiration of cyst of breast, each additional cyst, used with 19000 | \$23.15 | \$19.15 |
| 19100 | Breast biopsy, percutaneous, needle core, not using imaging guidance | \$118.85 | \$56.73 |
| 19101 | Breast biopsy, open, incisional | \$270.05 | \$175.98 |
| 19102 | Breast biopsy, percutaneous, needle core, w/ imaging guidance; for placement of localization clip please use CPT code 19295 | \$198.57 | \$90.33 |
| 19103 | Breast biopsy, percutaneous, auto vacuum assisted or rotating biopsy device, w/imaging guidance | \$514.92 | \$166.57 |
| 19120 | Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion; open; one or more lesions | \$373.34 | \$315.22 |
| 19125 | Excision of breast lesion ID'd by preop placement of radiological marker; open; single lesion | \$411.48 | \$349.73 |
| 19126 | Excision of breast lesion ID'd by preop placement of radiological marker, open; each additional lesion separately identified by a preop radiological marker | \$131.55 | \$131.55 |
| 19290 | Preoperative placement of needle localization wire (breast) | \$145.89 | \$57.26 |
| 19291 | Preoperative placement of needle localization wire (breast) – each additional lesion | \$63.04 | \$28.18 |
| 19295 | Image – guided placement, metallic localization clip, percutaneous, during breast biopsy | \$90.63 | \$90.63 |
| 36415 | Collection of venous blood by venipuncture | \$3.00 | \$3.00 |
| 57452 | Colposcopy of the cervix including upper/adjacent vagina | \$95.55 | \$78.12 |
| 57454 | Colposcopy with biopsy(s) of the cervix and endocervical curettage | \$134.23 | \$117.15 |
| 57455 | Colposcopy with biopsy(s) of cervix | \$125.95 | \$95.07 |
| 57456 | Colposcopy with endocervical curettage | \$119.08 | \$88.93 |
| 57460 | Endoscopy with loop electrode biopsy(s) of the cervix – REVIEW REQUIRED [diagnostic only] | \$279.78 | \$140.65 |
| 57461 | Endoscopy with loop electrode conization of the cervix – REVIEW REQUIRED [diagnostic only] | \$310.33 | \$162.12 |
| 57500 | Biopsy of cervix, single or multiple, or local excision of lesion, w/ or w/out fulguration | \$123.22 | \$63.65 |
| 57505 | Endocervical curettage (not done as part of a dilation and curettage) | \$89.82 | \$78.56 |
| 57520 | Conization of the cervix, w/ or w/out fulguration, w/ or w/out dilation & curettage, w/ or w/out repair; cold knife or laser – REVIEW REQUIRED [diagnostic only] | \$270.94 | \$235.70 |
| 57522 | Loop electrode excision procedure – REVIEW REQUIRED [diagnostic only] | \$229.99 | \$207.84 |
| 58100 | Endometrial sampling (biopsy) w/ or w/o endocervical sampling (biopsy) – REVIEW REQUIRED [diagnostic following AGC Pap only] | \$96.63 | \$75.56 |
| 58110 | Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure) – REVIEW REQUIRED [diagnostic following AGC Pap only] | \$43.23 | \$35.59 |
| 71020 | Radiologic examination, chest, two views, frontal and lateral – REVIEW REQUIRED | \$30.66 | \$30.66 |
| 71020 26 | Radiologic examination, chest, two views, frontal and lateral – REVIEW REQUIRED | \$9.57 | \$9.57 |
| 71020 TC | Radiologic examination, chest, two views, frontal and lateral – REVIEW REQUIRED | \$21.08 | \$21.08 |
| 60202* | Screening Mammogram, Digital, Bilateral | \$77.22 | \$77.22 |
| 60202 26* | Screening Mammogram, Digital, Bilateral | \$31.60 | \$31.60 |
| 60202 TC* | Screening Mammogram, Digital, Bilateral | \$45.60 | \$45.60 |
| 60204* | Diagnostic Mammogram, Digital, Bilateral | \$97.34 | \$97.34 |
| 60204 26* | Diagnostic Mammogram, Digital, Bilateral | \$39.01 | \$39.01 |
| 60204 TC* | Diagnostic Mammogram, Digital, Bilateral | \$58.32 | \$58.32 |
| 60206* | Diagnostic Mammogram, Digital, Unilateral | \$77.03 | \$77.03 |
| 60206 26* | Diagnostic Mammogram, Digital, Unilateral | \$31.60 | \$31.60 |
| 60206 TC* | Diagnostic Mammogram, Digital, Unilateral | \$45.43 | \$45.43 |
| 76098 | Radiological examination, surgical specimen | \$19.77 | \$19.77 |
| 76098 26 | Radiological examination, surgical specimen | \$7.05 | \$7.05 |
| 76098 TC | Radiological examination, surgical specimen | \$12.72 | \$12.72 |
| 76645 | Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation | \$79.43 | \$79.43 |

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| 76645 26 | Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation | \$24.20 | \$24.20 |
| 76645 TC | Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation | \$55.22 | \$55.22 |
| 76942 | Ultrasonic guidance for needle placement, biopsy of breast | \$165.68 | \$165.68 |
| 76942 26 | Ultrasonic guidance for needle placement, biopsy of breast | \$30.16 | \$30.16 |
| 76942 TC | Ultrasonic guidance for needle placement, biopsy of breast | \$135.53 | \$135.53 |
| 76970 | Breast Ultrasound – follow-up study | \$71.47 | \$71.47 |
| 76970 26 | Breast Ultrasound – follow-up study | \$17.34 | \$17.34 |
| 76970 TC | Breast Ultrasound – follow-up study | \$54.14 | \$54.14 |
| 77031 | Stereotactic localization guidance for breast biopsy or needle placement | \$232.54 | \$232.54 |
| 77031 26 | Stereotactic localization guidance for breast biopsy or needle placement | \$71.35 | \$71.35 |
| 77031 TC | Stereotactic localization guidance for breast biopsy or needle placement | \$161.18 | \$161.18 |
| 77032 | Mammographic guidance for needle placement, breast | \$61.81 | \$61.81 |
| 77032 26 | Mammographic guidance for needle placement, breast | \$24.92 | \$24.92 |
| 77032 TC | Mammographic guidance for needle placement, breast | \$36.88 | \$36.88 |
| 77055 | Mammography; unilateral | \$77.03 | \$77.03 |
| 77055 26 | Mammography; unilateral | \$31.60 | \$31.60 |
| 77055 TC | Mammography; unilateral | \$45.43 | \$45.43 |
| 77056 | Mammography; bilateral | \$97.34 | \$97.34 |
| 77056 26 | Mammography; bilateral | \$39.01 | \$39.01 |
| 77056 TC | Mammography; bilateral | \$58.32 | \$58.32 |
| 77057 | Screening mammogram, bilateral (2-view film study of each breast) | \$77.22 | \$77.22 |
| 77057 26 | Screening mammogram, bilateral (2-view film study of each breast) | \$31.60 | \$31.60 |
| 77057 TC | Screening mammogram, bilateral (2-view film study of each breast) | \$45.60 | \$45.60 |
| 80048 | Basic metabolic panel | \$11.83 | \$11.83 |
| 80053 | Comprehensive metabolic panel | \$14.77 | \$14.77 |
| 80061 | Lipid panel | \$15.34 | \$15.34 |
| 82465 | Cholesterol, serum or whole blood, total | \$6.08 | \$6.08 |
| 82947 | Blood glucose, quantitative (except reagent strip) | \$5.48 | \$5.48 |
| 82948 | Blood glucose, reagent strip | \$3.57 | \$3.57 |
| 82951 | Glucose tolerance test (GTT), three specimens | \$17.99 | \$17.99 |
| 83036 | Hemoglobin assay | \$13.56 | \$13.56 |
| 83718 | Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol) | \$8.06 | \$8.06 |
| 87621 | Human papillomavirus (HPV) amplified probe | \$36.39 | \$36.39 |
| 88104 | Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears w/ interpretation | \$55.44 | \$55.44 |
| 88104 26 | Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears w/ interpretation | \$25.29 | \$25.29 |
| 88104 TC | Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears w/ interpretation | \$30.15 | \$30.15 |
| 88141[†] | Cytopathology, cervical, requiring interpretation by physician | \$23.14 | \$23.14 |
| 88142*[†] | Cytopathology, cervical, in preservative fluid, auto. thin layer prep; manual screen – MD supervision | \$14.76 | \$14.76 |
| 88143*[†] | Cytopathology, cervical, in preservative fluid, auto. thin layer prep; manual screening- MD supervision | \$14.76 | \$14.76 |
| 88150[†] | Cytopathology, slides, cervical; manual screening under MD supervision | \$14.76 | \$14.76 |
| 88160 | Cytopathology, smears, any other source; screening and interpretation | \$48.19 | \$48.19 |
| 88160 26 | Cytopathology, smears, any other source; screening and interpretation | \$22.40 | \$22.40 |
| 88160 TC | Cytopathology, smears, any other source; screening and interpretation | \$25.79 | \$25.79 |
| 88161 | Cytopathology, smears, any other source; preparation, screening, and interpretation | \$52.91 | \$52.91 |
| 88161 26 | Cytopathology, smears, any other source; preparation, screening, and interpretation | \$22.76 | \$22.76 |
| 88161 TC | Cytopathology, smears, any other source; preparation, screening, and interpretation | \$30.15 | \$30.15 |
| 88162 | Cytopathology, extended study involving over 5 slides and/or multiple stains | \$72.28 | \$72.28 |
| 88162 26 | Cytopathology, extended study involving over 5 slides and/or multiple stains | \$34.86 | \$34.86 |
| 88162 TC | Cytopathology, extended study involving over 5 slides and/or multiple stains | \$37.42 | \$37.42 |
| 88164[†] | Cytopathology, slides, cervical (the Bethesda System); manual screening under MD Supervision | \$14.76 | \$14.76 |
| 88172 | Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s) | \$47.79 | \$47.79 |
| 88172 26 | Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s) | \$27.45 | \$27.45 |

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| 88172 TC | Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s) | \$20.34 | \$20.34 |
| 88173 | Cytopathology – evaluation of fine needle aspirate: interpretation and report | \$123.71 | \$123.71 |
| 88173 26 | Cytopathology – evaluation of fine needle aspirate: interpretation and report | \$62.31 | \$62.31 |
| 88173 TC | Cytopathology – evaluation of fine needle aspirate: interpretation and report | \$61.40 | \$61.40 |
| 88174*† | Cytopathology, cervical, collected in preservative fluid, automated thin layer preparation; screening by automated system, under MD supervision | \$14.76 | \$14.76 |
| 88175*† | Cytopathology, cervical, screening by automated system & manual rescreening or review MD supervision | \$14.76 | \$14.76 |
| 88305 | Surgical pathology, gross and microscopic examination, Level IV | \$96.63 | \$96.63 |
| 88305 26 | Surgical pathology, gross & microscopic examination, Level IV | \$33.78 | \$33.78 |
| 88305 TC | Surgical pathology, gross and microscopic examination, Level IV | \$62.85 | \$62.85 |
| 88307 | Surgical pathology, gross and microscopic examination, Level V | \$190.33 | \$190.33 |
| 88307 26 | Surgical pathology, gross and microscopic examination, Level V | \$72.61 | \$72.61 |
| 88307 TC | Surgical pathology, gross and microscopic examination, Level V | \$117.70 | \$117.70 |
| 88321 | Surgical pathology, consultation & report on referred slides prepared elsewhere – REVIEW REQUIRED | \$80.05 | \$71.33 |
| 88331 | Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen – REVIEW REQUIRED | \$81.43 | \$81.43 |
| 88331 26 | Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen – REVIEW REQUIRED | \$54.54 | \$54.54 |
| 88331 TC | Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen – REVIEW REQUIRED | \$26.89 | \$26.89 |
| 88332 | Pathology consult during surgery; each additional tissue block w/ frozen section(s) | \$36.55 | \$36.55 |
| 88332 26 | Pathology consult during surgery; each additional tissue block w/ frozen section(s) | \$27.09 | \$27.09 |
| 88332 TC | Pathology consult during surgery; each additional tissue block w/ frozen section(s) | \$9.45 | \$9.45 |
| 93000 | Routine ECG with at least 12 leads; w/ interpretation and report – REVIEW REQUIRED | \$21.22 | \$21.22 |
| 99070 | Supplies and materials, reimbursed at manual price – REVIEW REQUIRED | | |
| 99201 | Office visit – new patient (10 minutes) | \$33.86 | \$20.41 |
| 99202 | Office visit – new patient (20 minutes) | \$58.09 | \$39.56 |
| 99203 | Office visit – new patient (30 minutes) | \$84.86 | \$60.51 |
| 99204* | Office visit – new patient (45 minutes) | \$84.86 | \$60.51 |
| 99205* | Office visit – new patient (60 minutes) | \$84.86 | \$60.51 |
| 99211 | Office visit – established patient (5 minutes) | \$18.68 | \$7.76 |
| 99212 | Office visit – established patient (10 minutes) | \$34.94 | \$20.41 |
| 99213 | Office visit – established patient (15 minutes) | \$56.26 | \$39.18 |
| 99214* | Office visit – established patient (25 minutes) | \$56.26 | \$39.18 |
| 99215* | Office visit – established patient (40 minutes) | \$56.26 | \$39.18 |
| 99241 | Office consultation – new or established patient (15 minutes) | \$44.70 | \$29.08 |
| 99242 | Office consultation – new or established patient (30 minutes) | \$82.86 | \$61.42 |
| 99243 | Office consultation – new or established patient (40 minutes) | \$113.78 | \$85.80 |
| 99244 | Office consultation – new or established patient (60 minutes) | \$167.07 | \$135.10 |
| 99245* | Office consultation – new or established patient (80 minutes) | \$167.04 | \$135.10 |
| 99385* | Initial comprehensive preventive medicine visit – new patient (18-39 years) | \$84.86 | \$60.51 |
| 99386* | Initial comprehensive preventative medicine visit – new patient (40-64 years) | \$84.86 | \$60.51 |
| 99387* | Initial comprehensive preventive medicine visit – new patient (65+ years) | \$84.86 | \$60.51 |
| 99395* | Periodic comprehensive preventive medicine visit – established patient (18-39 years) | \$56.26 | \$39.18 |
| 99396* | Periodic comprehensive preventive medicine visit – established patient (40-64 years) | \$56.26 | \$39.18 |
| 99397* | Periodic comprehensive preventive medicine visit – established patient (65+ years) | \$56.26 | \$39.18 |

NOTE: EXTRA CHARGES are paid only per itemized review.

*Paid at conventional rates (per CDC)

† Ladies First ONLY covers the vaginal component of noted CPT codes under the following circumstances, “the client’s complete hysterectomy was performed due to cervical neoplasia (precursors to cervical cancer) or invasive cervical cancer.”