Approved Procedures Medicare "B" Maximum Allowable Fees
Current Procedural Terminology (CPT) Description

Locale 01/02

TO BE USED STARTING JULY 1, 2023

FY2023-24 Florida Rates

CPT Code	Office Visits[1]	Fee Schedule	Professional (26)	Technical (TC)
	New Clients - Office Visits			
99202	New patient; medically appropriate history/exam; straightforward decision making; 15-29 minutes **(includes initial CBE only)**	$71.76		
99202*	The provider's reduced fee if they provide service in a facility outside their own office	$48.51		
99203	New patient; medically appropriate history/exam; low level decision making; 30-44 minutes **Usual charge for initial CBE with Pap smear and pelvic exam, or for Pap and pelvic exam**	$112.27		
99203*	The provider's reduced fee if they provide service in a facility outside their own office	$84.24		
99204	New patient; medically appropriate history/exam; moderate level decision making; 45-59 minutes (only for diagnostic services)[2]	$166.63		
99204*	The provider's reduced fee if they provide service in a facility outside their own office [1]	$134.77		
99205	New patient; medically appropriate history/exam; high level decision making; 60-74 minutes (only for diagnostic services)[2]	$220.17		
99205*	The provider's reduced fee if they provide service in a facility outside their own office [1]	$182.90		
	Established, Rescreening or Clients needing Short Term Follow-Up - Office Visits			
99211	Established patient; evaluation and management, may not require presence of physician; presenting problems are minimal (5 minutes face-to-face)	$22.52		
99211*	The provider's reduced fee if they provide service in a facility outside their own office	$8.82		
99212	Established patient; medically appropriate history/exam;, straightforward decision making; 10-19 minutes. **Usual charge for repeat Pap/pelvic only or Repeat CBE only**	$55.98		
99212*	The provider's reduced fee if they provide service in a facility outside their own office	$35.91		
99213	Established patient; medically appropriate history/exam; low level decision making; 20-29 minute **Usual charge for repeat CBE with Pap smear and pelvic exam**	$89.74		
99213*	The provider's reduced fee if they provide service in a facility outside their own office	$66.49		
99214	Established patient; medically appropriate history/exam; moderate level decision making; 30-39 minutes	$127.05		
99214*	The provider's reduced fee if they provide service in a facility outside their own office	$98.07		

	Procedure Codes - Cervical			
	Screening	**Fee Schedule**	**Professional (26)**	**Technical (TC)**
87624**	Human Papillomavirus, high-risk types[9]	$35.09		
87624**	Human Papillomavirus, high-risk types, **County Health Departments state contract with Quest**[9]	$18.00		
87625	Human Papillomavirus, genotyping[9]	$40.55		
88141	Pap smear (conventional Pap Test) any reporting system requiring interpretation by physician	$22.36		
88141**	Pap smear (conventional Pap Test) any reporting system requiring interpretation by physician **County Health Departments state contract with Quest**	$5.00		
88142	Cytopathology, Liquid Based Pap Test, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision.	$20.26		
88142**	Cytopathology, Liquid Based Pap Test, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision. **County Health Departments state contract with Quest**	$12.60		
88143	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening and rescreening under physician supervision.	$23.04		
88164	Pap smear reported in Bethesda System (manual screening under physician supervision) **Pap Smear Cytology (lab fee)**	$17.31		

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88164	Pap smear reported in Bethesda System (manual screening under physician supervision) **Pap Smear Cytology (lab fee) County Health Departments state contract with Quest**	$12.60		
88165	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening and rescreening under physician supervision.	$42.22		
88165	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening and rescreening under physician supervision. **County Health Departments state contract with Quest**	$12.60		
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s)	$54.31	$34.39	$19.92
88173	Cytopathology, evaluation of fine needle aspirate; interpretation and report	$157.08	$67.84	$89.25
88174	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision.	$25.37		
88175	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system and manual screening, under physician supervision.	$26.61		
88175	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; *screening by automated system and manual screening* , under physician supervision **County Health Departments state contract with Quest**	$12.60		

Procedure Codes - Cervical				
CPT Code	**Diagnostic**	**Fee Schedule**	**Professional (26)**	**Technical (TC)**
57452	Colposcopy of the cervix (vaginoscopy) without biopsy (surgical procedure only)	$129.06		
57452*	The provider's reduced fee if they provide service in a facility outside their own office	$93.70		
57454	Colposcopy of the cervix with biopsy and endocervical curettage (surgical procedure only)	$172.96		
57454*	The provider's reduced fee if they provide service in a facility outside their own office	$137.29		
57455	Colposcopy of the cervix with biopsy(s)	$163.91		
57455*	The provider's reduced fee if they provide service in a facility outside their own office	$112.30		
57456	Colposcopy of the cervix with endocervical curettage	$154.85		
57456*	The provider's reduced fee if they provide service in a facility outside their own office	$104.84		
57500	Biopsy, single or multiple, w/wo fulguration (separate procedure) Female genital system - Cervix uteri	$153.53		
57500*	The provider's reduced fee if they provide the service in a facility outside their own office	$76.76		
57505	Endocervical curettage (not done as part of a dilation and curettage)	$155.10		
57505	The provider's reduced fee if they provide the service in a facility outside their own office	$110.51		
58100	Endometrial Sampling w/wo endocervical Sampling (biopsy), w/o cervical dilation, any method (separate procedure)	$103.22		
58100*	The provider's reduced fee if they provide the service in a facility outside their own office.	$65.64		
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (list separately in addition to code for primary procedure).	$51.11		
58110*	The provider's reduced fee if they provide service in a facility outside their own office	$41.55		
00400***	Anesthesia fee - associated only with diagnostic procedures (listed in this workbook) which were performed on an outpatient basis. [3] **$22.55 per unit x 7 time units maximum.**	$157.85		
88305	Colposcopy biopsy - surgical pathology, gross and microscopic examination (2013)	$69.40	$36.10	$33.30
88305	Colposcopy biopsy - surgical pathology, gross and microscopic examination **County Health Departments state contract with Quest**	$18.00	$7.00	$11.00
88331	Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen	$99.46	$60.10	$39.35
88332	Pathology consultation during surgery, each additional tissue block, with frozen section(s)	$53.47	$29.72	$23.75
88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional stain	$83.18	$27.43	$55.74
88342	Immunohistochemistry or immunocytochemistry, per specimen; first stain	$96.69	$33.77	$62.93

Procedures Codes - Breast				
CPT Code	**Screening**	**Fee Schedule**	**Professional (26)**	**Technical (TC)**

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77067	Mammogram - Screening, bilateral (4 view film total - 2 view film of each breast)	$125.05	$36.64	$88.41
77063	Breast tomosynthesis bilateral (3D mammogram)[3]	$52.24	$29.31	$22.93
	Procedures Codes - Breast			
	Diagnostic	**Fee Schedule**	**Professional (26)**	**Technical (TC)**
77065	Mammogram - Diagnostic Follow Up, unilateral (2 views of 1 breast)	$122.28	$38.65	$83.63
77066	Mammogram - Diagnostic Follow Up, bilateral (4 views - 2 of each breast)	$153.89	$47.32	$106.57
G0279	Tomosynthesis, mammography[4]	$52.24	$29.31	$22.93
76098	Radiological examination, surgical specimen	$41.29	$15.31	$25.97
76641	Ultrasound, complete examination of breast including axilla, unilateral *replaces 76645	$101.42	$35.31	$66.11
76642	Ultrasound, limited examination of breast including axilla, unilateral *replaces 76645	$83.79	$32.97	$50.82
76942	Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device) imaging supervision and interpretation	$57.65	$30.72	$26.93
77053	Mammary ductogram or galactogram, single duct	$52.22	$17.32	$34.89
19000	Puncture aspiration of breast cyst	$101.09		
19000*	The provider's reduced fee if they provide service in a facility outside their own office	$43.75		
19001	Puncture aspiration of breast cyst, each additional cyst	$26.39		
19001*	The provider's reduced fee if they provide service in a facility outside their own office	$20.98		
19100	Breast biopsy, percutaneous, **needle core**, not using imaging guidance (surgical procedure only)	$152.39		
19100*	The provider's reduced fee if they provide service in a facility outside their own office	$73.08		
19101	Breast biopsy; open, **incisional**	$336.21		
19101*	The provider's reduced fee if they provide service in a facility outside their own office	$233.64		
19081	**Breast Biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance, first lesion[6]**	**$496.12**		
19081*	**The provider's reduced fee if they provide service in a facility outside their own office[6]**	**$166.11**		
19082	**Breast Biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance, each additional lesion[6]**	**$381.39**		
19082*	**The provider's reduced fee if they provide service in a facility outside their own office[6]**	**$83.88**		
19083	**Breast Biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance, first lesion[6]**	**$495.21**		
19083*	**The provider's reduced fee if they provide service in a facility outside their own office[6]**	**$155.97**		
19084	**Breast Biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance, each additional lesion[6]**	**$375.60**		
19084*	**The provider's reduced fee if they provide service in a facility outside their own office[6]**	**$79.04**		
19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion, one or more lesions	$534.21		
19120*	The provider's reduced fee if they provide service in a facility outside their own office	$436.42		
19125	Excision of breast lesion identified by preoperative placement of radiological marker; open; single lesion	$590.24		
19125*	The provider's reduced fee if they provide service in a facility outside their own office	$484.16		
19126	**Excision** of breast lesion identified by preoperative placement of radiological marker; open; each additional lesion separately identified by a preoperative radiological marker.	$169.73		
19281	**Placement of breast localization device, percutaneous; mammographic guidance; first lesion[7]**	**$238.44**		
19281*	**The provider's reduced fee if they provide service in a facility outside their own office[7]**	**$99.88**		
19282	**Placement of breast localization device, percutaneous; mammographic guidance; each additional leasion[7]**	**$168.13**		
19282*	**The provider's reduced fee if they provide service in a facility outside their own office[7]**	**$50.59**		
19283	**Placement of breast localization device, percutaneous; stereotactic guidance; first lesion[7]**	**$257.26**		
19283*	**The provider's reduced fee if they provide service in a facility outside their own office[7]**	**$100.86**		
19284	**Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion[7]**	**$188.05**		

19284*	**The provider's reduced fee if they provide service in a facility outside their own office[7]**	**$50.76**		
19285	**Placement of breast localization device, percutaneous; ultrasound guidance; first lesion[7]**	**$364.29**		
19285*	**The provider's reduced fee if they provide service in a facility outside their own office[7]**	**$86.21**		
19286	**Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion[7]**	**$297.15**		
19286*	**The provider's reduced fee if they provide service in a facility outside their own office[7]**	**$43.60**		

Procedures Codes - Breast				
	Diagnostic	**Fee Schedule**	**Professional (26)**	**Technical (TC)**
10004	Fine needle aspiration without imaging guidance, each additional lesion	$51.95		
10004*	The provider's reduced fee if they provide service in a facility outside their own office	$43.67		
10005	Fine needle aspiration biopsy including ultrasound guidance, first lesion	$135.56		
10005*	The provider's reduced fee if they provide service in a facility outside their own office	$75.35		
10006	Fine needle aspiration biopsy including ultrasound guidance, each additional lesion	$60.78		
10006*	The provider's reduced fee if they provide service in a facility outside their own office	$50.91		
10007	Fine needle aspiration biopsy including fluoroscopic guidance, first lesion	$290.47		
10007*	The provider's reduced fee if they provide service in a facility outside their own office	$90.43		
10008	Fine needle aspiration biopsy including fluoroscopic guidance, each additional lesion	$142.63		
10008*	The provider's reduced fee if they provide service in a facility outside their own office	$54.72		
10009	Fine needle aspiration biopsy including CT guidance, first lesion	$424.74		
10009*	The provider's reduced fee if they provide service in a facility outside their own office	$110.97		
10010	Fine needle aspiration biopsy including CT guidance, each additional lesion	$234.72		
10010*	The provider's reduced fee if they provide service in a facility outside their own office	$74.18		
10011	Fine needle aspiration biopsy including MRI guidance, first lesion[8]	$424.74		
10011*	The provider's reduced fee if they provide service in a facility outside their own office.[8]	$110.97		
10012	Fine needle aspiration biopsy including MRI guidance, each additional lesion[8]	$234.72		
10012*	The provider's reduced fee if they provide service in a facility outside their own office.[8]	$74.18		
10021	Fine needle aspiration without imaging guidance	$101.67		
10021*	The provider's reduced fee if they provide service in a facility outside their own office	$56.44		
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s)	$54.31	$34.39	$19.92
88177	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), each separate additional evaluation episode	$28.74	$21.10	$7.64
88173	Cytopathology, evaluation of fine needle aspirate; interpretation and report	$157.08	$67.84	$89.25
00400***	Anesthesia fee - associated only with diagnostic procedures (listed in this workbook) which were performed on an outpatient basis.[3] **$22.55 per unit x 7 time units maximum.**	$157.85		
88305	Breast **biopsy** - surgical pathology, gross and microscopic examination, **not requiring** microscopic evaluation of surgical margins	$69.40	$36.10	$33.30
88305	Breast **biopsy** - surgical pathology, gross and microscopic examination, **not requiring** microscopic evaluation of surgical margins **County Health Departments state contract with Quest**	$18.00	$7.00	$11.00
88307	Breast, **excision of lesion** - surgical pathology, gross and microscopic examination **requiring** microscopic evaluation of surgical margins	$279.84	$80.06	$199.78
88360	Morphometric analysis, tumor immunohistochemistry, per specimen; manual	$114.20	$40.44	$73.76
88361	Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology	$114.40	$42.56	$71.84

PROCEDURES THAT MUST HAVE CENTRAL OFFICE AUTHORIZATION PRIOR TO REIMBURSING FOR THE SERVICE

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NOTE: REGIONAL COORDINATOR - Must submit documentation to Nurse Consultant for prior authorization for reimbursement of services.

	Current Procedural Terminology (CPT) Description	Fee Schedule	Professional (26)	Technical (TC)
57460	Colposcopy of the cervix with loop electrode biopsy(s) of the cervix.	$316.97		
57460*	The provider's reduced fee if they provide the service in a facility outside their own office.	$165.06		
57461	Colposcopy with loop electrode conization of the cervix.	$354.64		
57461*	The provider's reduced fee if they provide the service in a facility outside their own office.	$190.59		
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser.	$359.52		
57520*	The provider's reduced fee if they provide the service in a facility outside their own office.	$304.10		
57522	Loop electrode excision.	$309.14		
57522*	The provider's reduced fee if they provide the service in a facility outside their own office.	$262.00		

CPT Code	MRI Procedure Description	Fee Schedule	Professional (26)	Technical (TC)
10011	Fine needle aspiration biopsy including MRI guidance, first lesion[8]	$424.74		
10011*	The provider's reduced fee if they provide service in a facility outside their own office.[8]	$110.97		
10012	Fine needle aspiration biopsy including MRI guidance, each additional lesion[7]	$234.72		
10012*	The provider's reduced fee if they provide service in a facility outside their own office.[8]	$74.18		
19085	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; *magnetic resonance guidance* ; first lesion[5]	$755.29		
19085*	The provider's reduced fee if they provide service in a facility outside their own office.[5]	$180.64		
19086	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; *magnetic resonance guidance;* each additional lesion[5]	$584.16		
19086*	The provider's reduced fee if they provide service in a facility outside their own office.[5]	$91.06		
19287	Placement of breast localization device, percutaneous; *magnetic resonance guidance* ; first lesion[6]	$625.69		
19287*	The provider's reduced fee if they provide service in a facility outside their own office.[6]	$126.85		
19288	Placement of breast localization device, percutaneous; *magnetic resonance guidance* ; each additional lesion[6]	$482.00		
19288*	The provider's reduced fee if they provide service in a facility outside their own office.[6]	$63.76		
77046	Magnetic resonance imaging (MRI), breast, contrast, unilateral[5]	$215.70	$69.14	$146.56
77047	Magnetic resonance imaging (MRI), breast, contrast, bilateral[5]	$223.82	$76.63	$147.19
77048	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, unilateral[5]	$342.61	$100.78	$241.83
77049	Magnetic resonance imaging (MRI), breast, with and/or without contrast, bilateral[5]	$350.20	$110.28	$239.92

CPT Code	Procedures Specifically Not Allowed
Any	**Treatment of breast carcinoma in situ, breast cancer, cervical intraepithelial neoplasia and cervical cancer.**
77061	**Breast tomosynthesis, unilateral[10]**
77062	**Breast tomosynthesis, bilateral[10]**
87623	**Human papillomavirus, low-risk types**

Red font items are for Quest labs.
Purple font items are for MRIs only.

1 NBCCEDP CPT codes (99385, 99386, 99387, 99395, 99396, and 99397) for the type and duration of office visits are **not used** in Florida.

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NOTES	2 All consultations should be billed through the standard “new patient” office visit CPT codes 99201–99205. Consultations billed as 99204 or 99205 must meet the criteria for these codes. These codes (99204–99205) are typically not appropriate for NBCCEDP screening visits, but may be used when provider spends extra time to do a detailed risk assessment.
	3 List separately in addition to code for primary procedure 77067.
	4 List separately in addition to 77065 or 77066.
	5 Breast MRI can be reimbursed by the NBCCEDP in conjunction with a mammogram when a client has a BRCA gene mutation, a first-degree relative who is a BRCA carrier, or a lifetime risk of 20% or greater as defined by risk assessment models such as BRCAPRO that depend largely on family history. Breast MRI also can be used to assess areas of concern on a mammogram, or to evaluate a client with a history of breast cancer after completing treatment. Breast MRI should never be done alone as a breast cancer screening tool. Breast MRI cannot be reimbursed for by the NBCCEDP to assess the extent of disease in a woman who has just been newly diagnosed with breast cancer in order to determine treatment.
	6 Codes 19081 - 19086 are to be used for breast biopsies that include image guidance, placement of a localization device, and imaging of specimen. They should not be used in conjunction with 19281 - 19288.
	7 Codes 19281-19288 are for image guidance placement of a localization device without image-guided biopsy. These codes should not be used in conjunction with 19081 - 19086.
	8 For CPT 10011 use the reimbursement rate for CPT code 10009. For CPT 10012 use the reimbursement rate for CPT code 10010.
	9 HPV DNA testing is not a reimbursable test for women under 30 years of age.
	10 These procedures have not been approved by coverage by Medicare.
	11 NBCCEDP CPT codes 00400 (Anesthesia for procedures on the integumentary system, anterior trunk, not otherwise specified) and 99157 (for moderate anesthesia) is **not used** in Florida.
	ADDITIONAL NOTE:
	Other codes for pre-operative testing such as CBC, urinalysis, pregnancy test, etc. are allowable however, these procedures should be medically necessary for the planned surgical procedure.
	Reimbursement for Physician Assistants, Nurse Practitioners and Clinical Nurse Specialists are 85% of the above rates for office visits and approved procedures in any setting except hospital, and 75% for services furnished in a hospital setting rural areas only. Nurse Midwives are to be reimbursed at 65% of above rates for those services they are allowed to perform.