

Procedure Codes To Provider Types/Specialties/Diagnosis Codes

Procedure Code	Type of Service Code	MOD	Procedure Code Description	Provider Types	Provider Specialties	ICD-9 DX Codes (DOS prior to 10/01/15)	ICD-10 DX Codes (DOS 10/01/15 or after)	Plan Code
SURGICAL PROCEDURES								
*10060	P	26	Incision and drainage of abcess, simple	01, 03, 49, 68	02, 30, 08, F2, 11, 16	217, 610.0, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89	D24.1, D24.2, D24.9, N60.09, N63, N64.59, N61, R59.9, R92.8, R92.0, R92.1	A, B, C
*10060	9		Incision and drainage of abcess, simple	01, 03, 49, 68	02, 30, 08, F2, 11, 16	217, 610.0, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89	D24.1, D24.2, D24.9, N60.09, N63, N64.59, N61, R59.9, R92.8, R92.0, R92.2	A, B, C
*10060	G		Incision and drainage of abcess, simple	28, 05	A4, W6, W7	217, 610.0, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89	D24.1, D24.2, D24.9, N60.09, N63, N64.59, N61, R59.9, R92.8, R92.0, R92.3	A, B, C
*10061	P	26	Incision and drainage of abcess, complicated	01, 03, 49, 68	02, 30, 08, F2, 11, 16	217, 610.0, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89	D24.1, D24.2, D24.9, N60.09, N63, N64.59, N61, R59.9, R92.8, R92.0, R92.4	A, B, C
*10061	9		Incision and drainage of abcess, complicated	01, 03, 49, 68	02, 30, 08, F2, 11, 16	217, 610.0, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89	D24.1, D24.2, D24.9, N60.09, N63, N64.59, N61, R59.9, R92.8, R92.0, R92.5	A, B, C
*10061	G		Incision and drainage of abcess, complicated	28, 05	A4, W6, W7	217, 610.0, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89	D24.1, D24.2, D24.9, N60.09, N63, N64.59, N61, R59.9, R92.8, R92.0, R92.6	A, B, C
11400	P	26	Excision, benign, lesion, axilla, diameter 0.5cm or less	01, 03	02, 08, 16			A, B, C
11400	9		Excision, benign, lesion, axilla, diameter 0.5cm or less	01, 03	02, 08, 16			A, B, C
11401	P	26	Excision, benign, lesion, axilla, diameter 0.6cm - 1.0cm	01, 03	02, 08, 16			A, B, C
11401	9		Excision, benign, lesion, axilla, diameter 0.6cm - 1.0cm	01, 03	02, 08, 16			A, B, C
11402	P	26	Excision, benign, lesion, axilla, diameter 1.1cm - 2.0cm	01, 03	02, 08, 16			A, B, C
11402	9		Excision, benign, lesion, axilla, diameter 1.1cm - 2.0cm	01, 03	02, 08, 16			A, B, C
11403	P	26	Excision, benign, lesion, axilla, diameter 2.1cm - 3.0cm	01, 03	02, 08, 16			A, B, C
11403	9		Excision, benign, lesion, axilla, diameter 2.1cm - 3.0cm	01, 03	02, 08, 16			A, B, C
11404	P	26	Excision, benign, lesion, axilla, diameter 3.1cm - 4.0cm	01, 03	02, 08, 16			A, B, C
11404	9		Excision, benign, lesion, axilla, diameter 3.1cm - 4.0cm	01, 03	02, 08, 16			A, B, C

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11404	G		Excision, benign, lesion, axilla, diameter 3.1cm - 4.0cm	05, 28	W7, A4			A, B, C
11406	P	26	Excision, benign, lesion, axilla, diameter over 4.0cm	01, 03	02, 08, 16			A, B, C
11406	9		Excision, benign, lesion, axilla, diameter over 4.0cm	01, 03	02, 08, 16			A, B, C
11406	G		Excision, benign, lesion, axilla, diameter over 4.0cm	05, 28	W7, A4			A, B, C
11600	P	26	Excision, malignant lesion, axilla, diameter 0.5 cm or less	01, 03	02, 08, 16			A, B, C
11600	9		Excision, malignant lesion, axilla, diameter 0.5 cm or less	01, 03	02, 08, 16			A, B, C
11601	P	26	Excision, malignant lesion, axilla, diameter 0.6cm - 1.0cm	01, 03	02, 08, 16			A, B, C
11601	9		Excision, malignant lesion, axilla, diameter 0.6cm - 1.0cm	01, 03	02, 08, 16			A, B, C
11602	P	26	Excision, malignant lesion, axilla, diameter 1.1cm - 2.0cm	01, 03	02, 08, 16			A, B, C
11602	9		Excision, malignant lesion, axilla, diameter 1.1cm - 2.0cm	01, 03	02, 08, 16			A, B, C
11603	P	26	Excision, malignant lesion, axilla, diameter 2.1cm - 3.0cm	01, 03	02, 08, 16			A, B, C
11603	9		Excision, malignant lesion, axilla, diameter 2.1cm - 3.0cm	01, 03	02, 08, 16			A, B, C
11604	P	26	Excision, malignant lesion, axilla, diameter 3.1cm - 4.0cm	01, 03	02, 08, 16			A, B, C
11604	9		Excision, malignant lesion, axilla, diameter 3.1cm - 4.0cm	01, 03	02, 08, 16			A, B, C
11604	G		Excision, malignant lesion, axilla, diameter 3.1cm - 4.0cm	05, 28	W7, A4			A, B, C
11606	P	26	Excision, malignant lesion, axilla, diameter over 4.0cm	01, 03	02, 08, 16			A, B, C
11606	9		Excision, malignant lesion, axilla, diameter over 4.0cm	01, 03	02, 08, 16			A, B, C
11606	G		Excision, malignant lesion, axilla, diameter over 4.0cm	05, 28	W7, A4			A, B, C

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*19000	P	26	Aspiration of cyst of breast	01, 03, 49, 68	F2, 02, 08, 11, 16, 30	217, 610.0, 610.8, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89	D24.1, D24.2, D24.9, N60.01, N60.02, N60.09, N60.89, N63, N64.89, N61, R59.9, R92.8, R92.0, R92.1,	A, B, C
*19000	9		Aspiration of cyst of breast	01, 03, 49, 68	F2, 02, 08, 11, 16, 30	217, 610.0, 610.8, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89	D24.1, D24.2, D24.9, N60.01, N60.02, N60.09, N60.89, N63, N64.89, N61, R59.9, R92.8, R92.0, R92.2	A, B, C
*19001	P	26	Aspiration of cyst of breast, each additional	01, 03, 49, 68	F2, 02, 08, 11, 16, 30	217, 610.0, 610.8, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89	D24.1, D24.2, D24.9, N60.09, N60.89, N63, N64.89, N61, R59.9, R92.8, R92.0, R92.3	A, B, C
*19001	9		Aspiration of cyst of breast, each additional	01, 03, 49, 68	F2, 02, 08, 11, 16, 30	217, 610.0, 610.8, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89	D24.1, D24.2, D24.9, N60.09, N60.89, N63, N64.89, N61, R59.9, R92.8, R92.0, R92.4	A, B, C
*19081	P	26	Breast biopsy with placement of localization, device, stereotactic guidance; first lesion	01, 03, 49, 68	F2, 02, 08, 11, 16, 30	217, 610.0, 610.1, 610.4, 610.8, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89,	D24.1, D24.2, D24.9, N60.09, N60.19, N6049, N60.89, N63, N64.59, N61, R59.9, R92.8, R92.0, R92.1	A, B, C
*19081	9		Breast biopsy with placement of localization, device, stereotactic guidance; first lesion	01, 03, 49, 68	F2, 02, 08, 11, 16, 30	217, 610.0, 610.1, 610.4, 610.8, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89,	D24.1, D24.2, D24.9, N60.09, N60.19, N6049, N60.89, N63, N64.59, N61, R59.9, R92.8, R92.0, R92.2	A, B, C
*19081	G		Breast biopsy with placement of localization, device, stereotactic guidance; first lesion	05	W6, W7	217, 610.0, 610.1, 610.4, 610.8, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89,	D24.1, D24.2, D24.9, N60.09, N60.19, N6049, N60.89, N63, N64.59, N61, R59.9, R92.8, R92.0, R92.3	A, B, C
*19082	P	26	Breast biopsy with placement of localization device; stereotactic guidance, each addition lesion lesion	01, 03, 49, 68	F2, 02, 08, 11, 16, 30	217, 610.0, 610.1, 610.4, 610.8, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89,	D24.1, D24.2, D24.9, N60.09, N60.19, N6049, N60.89, N63, N64.59, N61, R59.9, R92.8, R92.0, R92.4	A, B, C
*19082	9		Breast biopsy with placement of localization device; stereotactic guidance, each addition lesion lesion	01, 03, 49, 68	F2, 02, 08, 11, 16, 30	217, 610.0, 610.1, 610.4, 610.8, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89,	D24.1, D24.2, D24.9, N60.09, N60.19, N6049, N60.89, N63, N64.59, N61, R59.9, R92.8, R92.0, R92.5	A, B, C
*19083	P	26	Breast biopsy with placement of localization device; ultrasound guidance; first lesion	01, 03, 49, 68	F2, 02, 08, 11, 16, 30	217, 610.0, 610.1, 610.4, 610.8, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89,	D24.1, D24.2, D24.9, N60.09, N60.19, N6049, N60.89, N63, N64.59, N61, R59.9, R92.8, R92.0, R92.6	A, B, C

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*19083	9		Breast biopsy with placement of localization device; ultrasound guidance; first lesion	01, 03, 49, 68	F2, 02, 08, 11, 16, 30	217, 610.0, 610.1, 610.4, 610.8, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89,	D24.1, D24.2, D24.9, N60.09, N60.19, N6049, N60.89, N63, N64.59, N61, R59.9, R92.8, R92.0, R92.7	A, B, C
*19083	G		Breast biopsy with placement of localization device; ultrasound guidance; first lesion	05	W6, W7	217, 610.0, 610.1, 610.4, 610.8, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89,	D24.1, D24.2, D24.9, N60.09, N60.19, N6049, N60.89, N63, N64.59, N61, R59.9, R92.8, R92.0, R92.8	A, B, C
*19084	P	26	Breast biopsy with placement of localization device; ultrasound guidance; each addition lesion	01, 03, 49, 68	F2, 02, 08, 11, 16, 30	217, 610.0, 610.1, 610.4, 610.8, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89,	D24.1, D24.2, D24.9, N60.09, N60.19, N6049, N60.89, N63, N64.59, N61, R59.9, R92.8, R92.0, R92.9	A, B, C
*19084	9		Breast biopsy with placement of localization device; ultrasound guidance; each addition lesion	01, 03, 49, 68	F2, 02, 08, 11, 16, 30	217, 610.0, 610.1, 610.4, 610.8, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89,	D24.1, D24.2, D24.9, N60.09, N60.19, N6049, N60.89, N63, N64.59, N61, R59.9, R92.8, R92.0, R92.10	A, B, C
*19085	P	26	Breast biopsy with placement of localization device; magnetic resonance guidance, first lesion	01, 03, 49, 68	F2, 02, 08, 11, 16, 30	217, 610.0, 610.1, 610.4, 610.8, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89,	D24.1, D24.2, D24.9, N60.09, N60.19, N6049, N60.89, N63, N64.59, N61, R59.9, R92.8, R92.0, R92.11	A, B, C
*19085	9		Breast biopsy with placement of localization device; magnetic resonance guidance, first lesion	01, 03, 49, 68	F2, 02, 08, 11, 16, 30	217, 610.0, 610.1, 610.4, 610.8, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89,	D24.1, D24.2, D24.9, N60.09, N60.19, N6049, N60.89, N63, N64.59, N61, R59.9, R92.8, R92.0, R92.12	A, B, C
*19085	G		Breast biopsy with placement of localization device; magnetic resonance guidance, first lesion	05	W6, W7	217, 610.0, 610.1, 610.4, 610.8, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89,	D24.1, D24.2, D24.9, N60.09, N60.19, N6049, N60.89, N63, N64.59, N61, R59.9, R92.8, R92.0, R92.13	A, B, C
*19086	P	26	Breast biopsy with placement of localization device; magnetic resonance guidance, each additional lesion	01, 03, 49, 68	F2, 02, 08, 11, 16, 30	217, 610.0, 610.1, 610.4, 610.8, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89,	D24.1, D24.2, D24.9, N60.09, N60.19, N6049, N60.89, N63, N64.59, N61, R59.9, R92.8, R92.0, R92.14	A, B, C
*19086	9		Breast biopsy with placement of localization device; magnetic resonance guidance, each additional lesion	01, 03, 49, 68	F2, 02, 08, 11, 16, 30	217, 610.0, 610.1, 610.4, 610.8, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89,	N60.19, N6049, N60.89, N63, N64.59, N61, R59.9, R92.8, R92.0, R92.15	A, B, C
*19100	P	26	Biopsy of breast; needle core (surgical procedure only)	01, 03	02, 30	217, 610.0, 610.1, 610.4, 610.8, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89	D24.1, D24.2, D24.9, N60.09, N60.19, N6049, N60.89, N63, N64.59, N61, R59.9, R92.8, R92.0, R92.1	A, B, C

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*19100	9		Biopsy of breast; needle core (surgical procedure only)	01, 03	02, 30	217, 610.0, 610.1, 610.4, 610.8, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89	D24.1, D24.2, D24.9, N60.09, N60.19, N6049, N60.89, N63, N64.59, N61, R59.9, R92.8, R92.0, R92.2	A, B, C
*19101	G		Incisional biopsy of breast	05, 28	A4, W7	217, 610.0, 610.1, 610.2, 610.4, 610.8, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89	D24.1, D24.2, D24.9, N60.09, N60.19, N60.29, N6049, N60.89, N63, N64.59, N61, R59.9, R92.8, R92.0, R92.1	A, B, C
*19101	P	26	Incisional biopsy of breast	01, 03	02, 30	217, 610.0, 610.1, 610.2, 610.4, 610.8, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89	D24.1, D24.2, D24.9, N60.09, N60.19, N60.29, N6049, N60.89, N63, N64.59, N61, R59.9, R92.8, R92.0, R92.2	A, B, C
*19101	9		Incisional biopsy of breast	01, 03	02, 30	217, 610.0, 610.1, 610.2, 610.4, 610.8, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89	D24.1, D24.2, D24.9, N60.09, N60.19, N60.29, N6049, N60.89, N63, N64.59, N61, R59.9, R92.8, R92.0, R92.3	A, B, C
19110	G		Nipple excision	05, 28	W6, W7, A4			A, B, C
19110	P	26	Nipple excision	01, 03	02			A, B, C
19110	9		Nipple excision	01, 03	02			A, B, C
*19120	G		Excision of cyst, fibroadenoma, or other benign or malignant tumor aberrant breast tissue, duct lesion or nipple lesion	05, 28	A4, W7	214.1, 214.8, 217, 610.0, 610.1, 610.3, 610.4, 611.71 611.72, 611.79, 611.0, 611.89, 785.6, 793.80, 793.81, 793.89	D24.1, D24.2, D17.30, D17.79, D24.9, N60.09, N60.19, N60.39, N60.49, N64.4, N63, N64.89, N61, N64.89, R59.9, R92.8, R92.0, R92.1	A, B, C
*19120	P	26	Excision of cyst, fibroadenoma, or other benign or malignant tumor aberrant breast tissue, duct lesion or nipple lesion	01, 03	02	214.1, 214.8, 217, 610.0, 610.1, 610.3, 610.4, 611.71 611.72, 611.79, 611.0, 611.89, 785.6, 793.80, 793.81, 793.89	D24.1, D24.2, D17.30, D17.79, D24.9, N60.09, N60.19, N60.39, N60.49, N64.4, N63, N64.89, N61, N64.89, R59.9, R92.8, R92.0, R92.2	A, B, C
*19120	9		Excision of cyst, fibroadenoma, or other benign or malignant tumor aberrant breast tissue, duct lesion or nipple lesion	01, 03	02	214.1, 214.8, 217, 610.0, 610.1, 610.3, 610.4, 611.71 611.72, 611.79, 611.0, 611.89, 785.6, 793.80, 793.81, 793.89	D24.1, D24.2, D17.30, D17.79, D24.9, N60.09, N60.19, N60.39, N60.49, N64.4, N63, N64.89, N61, N64.89, R59.9, R92.8, R92.0, R92.3	A, B, C

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*19125	G		Excision of breast lesion identified by preoperative placement of radiological marker	05, 28	A4, W7	214.1, 214.8, 217, 610.0, 610.1, 610.4, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89	D24.1, D24.2, D17.30, D17.79, D24.9, N60.09, N60.19, N60.49, N63, N64.59, N61, R59.9, R92.8, R92.0, R92.1	A, B, C
*19125	P	26	Excision of breast lesion identified by preoperative placement of radiological marker	01, 03	02	214.1, 214.8, 217, 610.0, 610.1, 610.4, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89	D24.1, D24.2, D17.30, D17.79, D24.9, N60.09, N60.19, N60.49, N63, N64.59, N61, R59.9, R92.8, R92.0, R92.2	A, B, C
*19125	9		Excision of breast lesion identified by preoperative placement of radiological marker	01, 03	02	214.1, 214.8, 217, 610.0, 610.1, 610.4, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89	D24.1, D24.2, D17.30, D17.79, D24.9, N60.09, N60.19, N60.49, N63, N64.59, N61, R59.9, R92.8, R92.0, R92.3	A, B, C
*19126	P	26	Excision of breast lesion identified by preoperative placement of radiological marker; each additional marker	01, 03	02	214.1, 214.8, 217, 610.0, 610.1, 610.4, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89	D17.30, D17.79, D24.9, N60.09, N60.19, N60.49, N63, N64.59, N61, R59.9, R92.8, R92.0, R92.1	A, B, C
*19281	P	26	Placement of breast localization device; first lesion	01, 03	02, 30	610.0, 610.1, 610.4, 611.72, 611.0, 611.89, 785.6, 793.80, 793.81, 793.89	N60.09, N60.19, N60.49, N63, N61, N64.89, R59.9, R92.8, R92.0, R92.1	A, B, C
*19281	9		Placement of breast localization device; first lesion	01, 03	02, 30	610.0, 610.1, 610.4, 611.72, 611.0, 611.89, 785.6, 793.80, 793.81, 793.89	N60.09, N60.19, N60.49, N63, N61, N64.89, R59.9, R92.8, R92.0, R92.1	A, B, C
*19282	P	26	Placement of breast localization device; each additional lesion	01, 03	02, 30	610.0, 610.1, 610.4, 611.72, 611.0, 611.89, 785.6, 793.80, 793.81, 793.89	N60.09, N60.19, N60.49, N63, N61, N64.89, R59.9, R92.8, R92.0, R92.1	A, B, C
*19282	9		Placement of breast localization device; each additional lesion	01, 03	02, 30	610.0, 610.1, 610.4, 611.72, 611.0, 611.89, 785.6, 793.80, 793.81, 793.89	N60.09, N60.19, N60.49, N63, N61, N64.89, R59.9, R92.8, R92.0, R92.1	A, B, C
*19283	P	26	Placement of breast localization device; stereotactic guidance; first lesion	01, 03	02, 30	610.0, 610.1, 610.4, 611.72, 611.0, 611.89, 785.6, 793.80, 793.81, 793.89	N60.09, N60.19, N60.49, N63, N61, N64.89, R59.9, R92.8, R92.0, R92.1	A, B, C
*19283	9		Placement of breast localization device; stereotactic guidance; first lesion	01, 03	02, 30	610.0, 610.1, 610.4, 611.72, 611.0, 611.89, 785.6, 793.80, 793.81, 793.89	N60.09, N60.19, N60.49, N63, N61, N64.89, R59.9, R92.8, R92.0, R92.1	A, B, C
*19284	P	26	Placement of breast localization device; stereotactic guidance; each addition lesion	01, 03	02, 30	610.0, 610.1, 610.4, 611.72, 611.0, 611.89, 785.6, 793.80, 793.81, 793.89	N60.09, N60.19, N60.49, N63, N61, N64.89, R59.9, R92.8, R92.0, R92.1	A, B, C
*19284	9		Placement of breast localization device; stereotactic guidance; each addition lesion	01, 03	02, 30	610.0, 610.1, 610.4, 611.72, 611.0, 611.89, 785.6, 793.80, 793.81, 793.89	N60.09, N60.19, N60.49, N63, N61, N64.89, R59.9, R92.8, R92.0, R92.1	A, B, C

Procedure Codes To Provider Types/Specialties/Diagnosis Codes

Procedure Code	Type of Service Code	MOD	Procedure Code Description	Provider Types	Provider Specialties	ICD-9 DX Codes (DOS prior to 10/01/15)	ICD-10 DX Codes (DOS 10/01/15 or after)	Plan Code
*19285	P	26	Placement of breast localization device; ultrasound guidance; first lesion	01, 03	02, 30	610.0, 610.1, 610.4, 611.72, 611.0, 611.89, 785.6, 793.80, 793.81, 793.89	N60.09, N60.19, N60.49, N63, N61, N64.89, R59.9, R92.8, R92.0, R92.1	A, B, C
*19285	9		Placement of breast localization device; ultrasound guidance; first lesion	01, 03	02, 30	610.0, 610.1, 610.4, 611.72, 611.0, 611.89, 785.6, 793.80, 793.81, 793.89	N60.09, N60.19, N60.49, N63, N61, N64.89, R59.9, R92.8, R92.0, R92.1	A, B, C
*19286	P	26	Placement of breast localization device; ultrasound guidance; each addition lesion	01, 03	02, 30	610.0, 610.1, 610.4, 611.72, 611.0, 611.89, 785.6, 793.80, 793.81, 793.89	N60.09, N60.19, N60.49, N63, N61, N64.89, R59.9, R92.8, R92.0, R92.1	A, B, C
*19286	9		Placement of breast localization device; ultrasound guidance; each addition lesion	01, 03	02, 30	610.0, 610.1, 610.4, 611.72, 611.0, 611.89, 785.6, 793.80, 793.81, 793.89	N60.09, N60.19, N60.49, N63, N61, N64.89, R59.9, R92.8, R92.0, R92.1	A, B, C
*19287	P	26	Placement of breast localization device; magnetic resonance guidance; first lesion	01, 03	02, 30	610.0, 610.1, 610.4, 611.72, 611.0, 611.89, 785.6, 793.80, 793.81, 793.89	N60.09, N60.19, N60.49, N63, N61, N64.89, R59.9, R92.8, R92.0, R92.1	A, B, C
*19287	9		Placement of breast localization device; magnetic resonance guidance; first lesion	01, 03	02, 30	610.0, 610.1, 610.4, 611.72, 611.0, 611.89, 785.6, 793.80, 793.81, 793.89	N60.09, N60.19, N60.49, N63, N61, N64.89, R59.9, R92.8, R92.0, R92.1	A, B, C
*19288	P	26	Placement of breast localization device; magnetic resonance guidance; each additional lesion	01, 03	02, 30	610.0, 610.1, 610.4, 611.72, 611.0, 611.89, 785.6, 793.80, 793.81, 793.89	N60.09, N60.19, N60.49, N63, N61, N64.89, R59.9, R92.8, R92.0, R92.1	A, B, C
*19288	9		Placement of breast localization device; magnetic resonance guidance; each additional lesion	01, 03	02, 30	610.0, 610.1, 610.4, 611.72, 611.0, 611.89, 785.6, 793.80, 793.81, 793.89	N60.09, N60.19, N60.49, N63, N61, N64.89, R59.9, R92.8, R92.0, R92.1	A, B, C
*38500	P	26	Biopsy or excision of lymph node(s); open, superficial	01, 03	02	214.1, 214.8, 217, 610.0, 610.1, 610.3, 610.4, 611.71 611.72, 611.79, 611.0, 611.89, 785.6, 793.80, 793.81, 793.89	D24.9, N60.09, N60.19, N60.39, N60.49, N64.4, N63, N64.59, N61, N64.89, R59.9, R92.8, R92.0, R92.1	A, B, C
*38500	G		Biopsy or excision of lymph node(s); open, superficial	05, 28	W7, A4	214.1, 214.8, 217, 610.0, 610.1, 610.3, 610.4, 611.71 611.72, 611.79, 611.0, 611.89, 785.6, 793.80, 793.81, 793.89	D24.9, N60.09, N60.19, N60.39, N60.49, N64.4, N63, N64.59, N61, N64.89, R59.9, R92.8, R92.0, R92.2	A, B, C
*38525	P	26	Biopsy or excision of lymph node(s); open, deep axillary nodes	01, 03	02	214.1, 214.8, 217, 610.0, 610.1, 610.3, 610.4, 611.71 611.72, 611.79, 611.0, 611.89, 785.6, 793.80, 793.81, 793.89	D24.9, N60.09, N60.19, N60.39, N60.49, N64.4, N63, N64.59, N61, N64.89, R59.9, R92.8, R92.0, R92.1	A, B, C
*38525	G		Biopsy or excision of lymph node(s); open, deep axillary nodes	05, 28	W7, A4	214.1, 214.8, 217, 610.0, 610.1, 610.3, 610.4, 611.71 611.72, 611.79, 611.0, 611.89, 785.6, 793.80, 793.81, 793.89	D24.9, N60.09, N60.19, N60.39, N60.49, N64.4, N63, N64.59, N61, N64.89, R59.9, R92.8, R92.0, R92.2	A, B, C

Procedure Codes To Provider Types/Specialties/Diagnosis Codes

Procedure Code	Type of Service Code	MOD	Procedure Code Description	Provider Types	Provider Specialties	ICD-9 DX Codes (DOS prior to 10/01/15)	ICD-10 DX Codes (DOS 10/01/15 or after)	Plan Code
CERVICAL DIAGNOSTIC/SURGICAL								
*57105	P	26	Vaginal Biopsy	01, 03, 49, 58, 68	F2, 08, 16, N3, 02	219.0, 622.10, 625.8, 795.00, 795.01, 795.02, 795.03, 795.04, 795.05, 795.06	D26.0, N87.9, N94.89, R87.619, R87.610, R87.611, R87.612, R87.613, R87.810, R87.614	A, B, C
*57105	9		Vaginal Biopsy	01, 03, 49, 58, 68	F2, 08, 16, N3, 02	219.0, 622.10, 625.8, 795.00, 795.01, 795.02, 795.03, 795.04, 795.05, 795.06	D26.0, N87.9, N94.89, R87.619, R87.610, R87.611, R87.612, R87.613, R87.810, R87.614	A, B, C
*57420	P	26	Coloscopy for entire vagina and cervix, if present	01, 03, 49, 58, 68	F2, 08, 16, N3	219.0, 622.10, 622.11, 625.8, 795.00, 795.01, 795.02, 795.03, 795.04, 795.05, 795.06	D26.0, N87.9, N87.0, N94.89, R87.619, R87.610, R87.611, R87.612, R87.613, R87.810, R87.614	A, B, C
*57420	9		Coloscopy for entire vagina and cervix, if present	01, 03, 49, 58, 68	F2, 08, 16, N3	219.0, 622.10, 622.11, 625.8, 795.00, 795.01, 795.02, 795.03, 795.04, 795.05, 795.06	D26.0, N87.9, N87.0, N94.89, R87.619, R87.610, R87.611, R87.612, R87.613, R87.810, R87.614	A, B, C
*57421	P	26	Coloscopy with biopsy of vagina/cervix	01, 03, 49, 58, 68	F2, 08, 16, N3	219.0, 622.10, 622.11, 625.8, 795.00, 795.01, 795.02, 795.03, 795.04, 795.05, 795.06	D26.0, N87.9, N87.0, N94.89, R87.619, R87.610, R87.611, R87.612, R87.613, R87.810, R87.614	A, B, C
*57421	9		Endoscopy with biopsy of vagina/cervix	01, 03, 49, 58, 68	F2, 08, 16, N3	219.0, 622.10, 622.11, 625.8, 795.00, 795.01, 795.02, 795.03, 795.04, 795.05, 795.06	D26.0, N87.9, N87.0, N94.89, R87.619, R87.610, R87.611, R87.612, R87.613, R87.810, R87.614	A, B, C
*57452	P	26	Colposcopy without biopsy	01, 03, 49, 58, 68	F2, 08, 16, N3	219.0, 622.10, 622.11, 625.8, 795.00, 795.01, 795.02, 795.04, 795.05, 795.06	D26.0, N87.9, N94.89, R87.619, R87.610, R87.611, R87.612, R87.613, R87.810, R87.614	A, B, C
*57452	9		Colposcopy without biopsy	01, 03, 49, 58, 68	F2, 08, 16, N3	219.0, 622.10, 622.11, 625.8, 795.00, 795.01, 795.02, 795.04, 795.05, 795.06	D26.0, N87.9, N94.89, R87.619, R87.610, R87.611, R87.612, R87.613, R87.810, R87.614	A, B, C
*57454	P	26	Colposcopy with biopsy and endocervical curettage	01, 03, 49, 58, 68	F2, 08, 16, N3	219.0, 622.10, 622.11, 625.8, 795.00, 795.01, 795.02, 795.03, 795.04, 795.05, 795.06	D26.0, N87.9, N87.0, N94.89, R87.619, R87.610, R87.611, R87.612, R87.613, R87.810, R87.614	A, B, C
*57454	9		Colposcopy with biopsy and endocervical curettage	01, 03, 49, 58, 68	F2, 08, 16, N3	219.0, 622.10, 622.11, 625.8, 795.00, 795.01, 795.02, 795.03, 795.04, 795.05, 795.06	D26.0, N87.9, N87.0, N94.89, R87.619, R87.610, R87.611, R87.612, R87.613, R87.810, R87.614	A, B, C

Procedure Codes To Provider Types/Specialties/Diagnosis Codes

Procedure Code	Type of Service Code	MOD	Procedure Code Description	Provider Types	Provider Specialties	ICD-9 DX Codes (DOS prior to 10/01/15)	ICD-10 DX Codes (DOS 10/01/15 or after)	Plan Code
*57455	P	26	Colposcopy with biopsy of cervix	01, 03, 49, 58, 68	F2, 08, 16, N3	219.0, 622.10, 622.11, 625.8, 795.00, 795.01, 795.02, 795.03, 795.04, 795.05, 795.06	D26.0, N87.9, N87.0, N94.89, R87.619, R87.610, R87.611, R87.612, R87.613, R87.810, R87.614	A, B, C
*57455	9		Colposcopy with biopsy of cervix	01, 03, 49, 58, 68	F2, 08, 16, N3	219.0, 622.10, 622.11, 625.8, 795.00, 795.01, 795.02, 795.03, 795.04, 795.05, 795.06	D26.0, N87.9, N87.0, N94.89, R87.619, R87.610, R87.611, R87.612, R87.613, R87.810, R87.614	A, B, C
*57456	P	26	Colposcopy with endocervical curettage	01, 03, 49, 58, 68	F2, 08, 16, N3	219.0, 622.10, 622.11, 625.8, 626.8, 626.9, 627.1, 795.00, 795.01, 795.02, 795.03, 795.04, 795.05, 795.06	D26.0, N87.9, N87.0, N94.89, N92.5, N92.6, N95.0, R87.619, R87.610, R87.611, R87.612, R87.613, R87.810, R87.614	A, B, C
*57456	9		Colposcopy with endocervical curettage	01, 03, 49, 58, 68	F2, 08, 16, N3	219.0, 622.10, 622.11, 625.8, 626.8, 626.9, 627.1, 795.00, 795.01, 795.02, 795.03, 795.04, 795.05, 795.06	D26.0, N87.9, N87.0, N94.89, N92.5, N92.6, N95.0, R87.619, R87.610, R87.611, R87.612, R87.613, R87.810, R87.614	A, B, C
*57460	P	26	Colposcopy with loop electrode biopsy of cervix (PA required)	01, 03, 49, 68	16, 02, 08, F2	219.0, 622.10, 622.11, 625.8, 795.00, 795.02, 795.03, 795.04, 795.05, 795.06	D26.0, N87.9, N87.0, N94.89, R87.619, R87.611, R87.612, R87.613, R87.810, R87.614	A, B, C
*57460	9		Colposcopy with loop electrode biopsy of cervix (PA required)	01, 03, 49, 68	16, 02, 08, F2	219.0, 622.10, 622.11, 625.8, 795.00, 795.02, 795.03, 795.04, 795.05, 795.06	D26.0, N87.9, N87.0, N94.89, R87.619, R87.611, R87.612, R87.613, R87.810, R87.614	A, B, C
*57460	G		Colposcopy with loop electrode biopsy of cervix	05,28	W7,A4	219.0, 622.10, 622.11, 625.8, 795.00, 795.02, 795.03, 795.04, 795.05, 795.06	D26.0, N87.9, N87.0, N94.89, R87.619, R87.611, R87.612, R87.613, R87.810, R87.614	A, B, C
*57460	2		Colposcopy with loop electrode biopsy of cervix	05	W6	219.0, 622.10, 622.11, 625.8, 795.00, 795.02, 795.03, 795.04, 795.05, 795.06	D26.0, N87.9, N87.0, N94.89, R87.619, R87.611, R87.612, R87.613, R87.810, R87.614	A, B, C
*57461	P	26	Colposcopy with loop electrode conization of cervix (PA required)	01, 03, 49, 68	16, 02, 08, F2	219.0, 622.10, 622.11, 625.8, 795.00, 795.02, 795.03, 795.04, 795.05, 795.06	D26.0, N87.9, N87.0, N94.89, R87.619, R87.611, R87.612, R87.613, R87.810, R87.614	A, B, C
*57461	9		Colposcopy with loop electrode conization of cervix (PA required)	01, 03, 49, 68	16, 02, 08, F2	219.0, 622.10, 622.11, 625.8, 795.00, 795.02, 795.03, 795.04, 795.05, 795.06	D26.0, N87.9, N87.0, N94.89, R87.619, R87.611, R87.612, R87.613, R87.810, R87.614	A, B, C
*57461	G		Colposcopy with loop electrode conization of cervix	05,28	W7,A4	219.0, 622.10, 622.11, 625.8, 795.00, 795.02, 795.03, 795.04, 795.05, 795.06	D26.0, N87.9, N87.0, N94.89, R87.619, R87.611, R87.612, R87.613, R87.810, R87.614	A, B, C
*57461	2		Colposcopy with loop electrode conization of cervix	05	W6	219.0, 622.10, 622.11, 625.8, 795.00, 795.02, 795.03, 795.04, 795.05, 795.06	D26.0, N87.9, N87.0, N94.89, R87.619, R87.611, R87.612, R87.613, R87.810, R87.614	A, B, C

Procedure Codes To Provider Types/Specialties/Diagnosis Codes

Procedure Code	Type of Service Code	MOD	Procedure Code Description	Provider Types	Provider Specialties	ICD-9 DX Codes (DOS prior to 10/01/15)	ICD-10 DX Codes (DOS 10/01/15 or after)	Plan Code
*57500	P	26	Biopsy or local excision of lesion	01, 03, 49, 68	16, 02, 08, F2	219.0, 622.10, 622.11, 622.7, 625.8, 795.00, 795.02, 795.03, 795.04, 795.05, 795.06	D26.0, N87.9, N87.0, N84.1, N94.89, R87.619, R87.611, R87.612, R87.613, R87.810, R87.614	A, B, C
*57500	9		Biopsy or local excision of lesion	01, 03, 49, 68	16, 02, 08, F2	219.0, 622.10, 622.11, 622.7, 625.8, 795.00, 795.02, 795.03, 795.04, 795.05, 795.06	D26.0, N87.9, N87.0, N84.1, N94.89, R87.619, R87.611, R87.612, R87.613, R87.810, R87.614	A, B, C
*57500	G		Biopsy or local excision of lesion	05, 28	W7, A4	219.0, 622.10, 622.11, 622.7, 625.8, 795.00, 795.02, 795.03, 795.04, 795.05, 795.06	D26.0, N87.9, N87.0, N84.1, N94.89, R87.619, R87.611, R87.612, R87.613, R87.810, R87.614	A, B, C
*57500	2		Biopsy or local excision of lesion	05	W6	219.0, 622.10, 622.11, 622.7, 625.8, 795.00, 795.02, 795.03, 795.04, 795.05, 795.06	D26.0, N87.9, N87.0, N84.1, N94.89, R87.619, R87.611, R87.612, R87.613, R87.810, R87.614	A, B, C
*57505	P	26	Endocervical curettage	01, 03, 49, 58, 68	F2, 08, 16, N3, 02	219.0, 622.10, 622.11, 625.8, 795.00, 795.02, 795.03, 795.04, 795.05, 795.06	D26.0, N87.9, N87.0, N94.89, R87.619, R87.611, R87.612, R87.613, R87.810, R87.614	A, B, C
*57505	9		Endocervical curettage	01, 03, 49, 58, 68	F2, 08, 16, N3, 02	219.0, 622.10, 622.11, 625.8, 795.00, 795.02, 795.03, 795.04, 795.05, 795.06	D26.0, N87.9, N87.0, N94.89, R87.619, R87.611, R87.612, R87.613, R87.810, R87.614	A, B, C
*57520	P	26	Conization of cervix (PA required)	01, 03, 49, 68	16, 02, 08, F2	219.0, 622.10, 622.11, 625.8, 795.00, 795.02, 795.03, 795.04, 795.05, 795.06	D26.0, N87.9, N87.0, N94.89, R87.619, R87.611, R87.612, R87.613, R87.810, R87.614	A, B, C
*57520	9		Conization of cervix (PA required)	01, 03, 49, 68	16, 02, 08, F2	219.0, 622.10, 622.11, 625.8, 795.00, 795.02, 795.03, 795.04, 795.05, 795.06	D26.0, N87.9, N87.0, N94.89, R87.619, R87.611, R87.612, R87.613, R87.810, R87.614	A, B, C
*57520	G		Conization of cervix	05, 28	W7, A4	219.0, 622.10, 622.11, 625.8, 795.00, 795.02, 795.03, 795.04, 795.05, 795.06	D26.0, N87.9, N87.0, N94.89, R87.619, R87.611, R87.612, R87.613, R87.810, R87.614	A, B, C
*57520	2		Conization of cervix	05	W6	219.0, 622.10, 622.11, 625.8, 795.00, 795.02, 795.03, 795.04, 795.05, 795.06	D26.0, N87.9, N87.0, N94.89, R87.619, R87.611, R87.612, R87.613, R87.810, R87.614	A, B, C
*57522	P	26	Loop electrode excision (PA required)	01, 03, 49, 68	16, 02, 08, F2	219.0, 622.10, 622.11, 625.8, 795.00, 795.02, 795.03, 795.04, 795.05, 795.06	D26.0, N87.9, N87.0, N94.89, R87.619, R87.611, R87.612, R87.613, R87.810, R87.614	A, B, C
*57522	9		Loop electrode excision (PA required)	01, 03, 49, 68	16, 02, 08, F2	219.0, 622.10, 622.11, 625.8, 795.00, 795.02, 795.03, 795.04, 795.05, 795.06	D26.0, N87.9, N87.0, N94.89, R87.619, R87.611, R87.612, R87.613, R87.810, R87.614	A, B, C

Procedure Codes To Provider Types/Specialties/Diagnosis Codes

Procedure Code	Type of Service Code	MOD	Procedure Code Description	Provider Types	Provider Specialties	ICD-9 DX Codes (DOS prior to 10/01/15)	ICD-10 DX Codes (DOS 10/01/15 or after)	Plan Code
*57522	G		Loop electrode excision	05, 28	W7, A4	219.0, 622.10, 622.11, 625.8, 795.00, 795.02, 795.03, 795.04, 795.05, 795.06	D26.0, N87.9, N87.0, N94.89, R87.619, R87.611, R87.612, R87.613, R87.810, R87.614	A, B, C
*57522	2		Loop electrode excision	05	W6	219.0, 622.10, 622.11, 625.8, 795.00, 795.02, 795.03, 795.04, 795.05, 795.06	D26.0, N87.9, N87.0, N94.89, R87.619, R87.611, R87.612, R87.613, R87.810, R87.614	A, B, C
*58100	P	26	Endometrial Biopsy	01, 03, 49, 68	F2, 08, 16, N3	219.0, 622.10, 622.11, 625.8, 626.2, 627.1, 626.8, 626.9, 795.00, 795.02, 795.03, 795.04, 795.05, 795.06	D26.0, N87.9, N87.0, N94.89, N92.0, N95.0, N92.5, N92.6, R87.619, R87.611, R87.612, R87.613, RR87.810, R87.614	A, B, C
*58100	9		Endometrial Biopsy	01, 03, 49, 68	F2, 08, 16, N3	219.0, 622.10, 622.11, 625.8, 626.2, 627.1, 626.8, 626.9, 795.00, 795.02, 795.03, 795.04, 795.05, 795.06	D26.0, N87.9, N87.0, N94.89, N92.0, N95.0, N92.5, N92.6, R87.619, R87.611, R87.612, R87.613, RR87.810, R87.614	A, B, C
*58110	P	26	Endometrial sampling, biopsy, performed in conjunction with colposcopy	01, 03, 49, 58, 68	F2, 08, 16, N3	219.0, 622.10, 622.11, 625.8, 626.2, 627.1, 626.8, 626.9, 795.00, 795.02, 795.03, 795.04, 795.05, 795.06	D26.0, N87.9, N87.0, N94.89, N92.0, N95.0, N92.5, N92.6, R87.619, R87.611, R87.612, R87.613, RR87.810, R87.614	A, B, C
*58110	9		Endometrial sampling, biopsy, performed in conjunction with colposcopy	01, 03, 49, 58, 68	F2, 08, 16, N3	219.0, 622.10, 622.11, 625.8, 626.2, 627.1, 626.8, 626.9, 795.00, 795.02, 795.03, 795.04, 795.05, 795.06	D26.0, N87.9, N87.0, N94.89, N92.0, N95.0, N92.5, N92.6, R87.619, R87.611, R87.612, R87.613, RR87.810, R87.614	A, B, C
*76830	C		Transvaginal ultrasound non-ob (effective 01/01/15)	01, 03, 05, 10, 68	W7, 08, 16, 30 ,02 ,63	626.8, 626.9, 627.0, 627.1, 627.8, 627.9	N92.5, N92.6, N92.4, N95.0, N95.8, N95.9	A, B, C
*76830	P	26	Transvaginal ultrasound non-ob (effective 01/01/15)	01, 03	02, 16, 30	626.8, 626.9, 627.0, 627.1, 627.8, 627.9	N92.5, N92.6, N92.4, N95.0, N95.8, N95.9	A, B, C
*76830	T	TC	Transvaginal ultrasound non-ob (effective 01/01/15)	01, 03, 05, 10, 28	W7, 63, A4, 02	626.8, 626.9, 627.0, 627.1, 627.8, 627.9	N92.5, N92.6, N92.4, N95.0, N95.8, N95.9	A, B, C
*76856	C		Ultrasound exam pelvic complete (effective 01/01/15)	01, 03, 05, 10, 68	W7, 08, 16, 30 ,02 ,63	626.8, 626.9, 627.0, 627.1, 627.8, 627.9	N92.5, N92.6, N92.4, N95.0, N95.8, N95.9	A, B, C
*76856	P	26	Ultrasound exam pelvic complete (effective 01/01/15)	01, 03	02, 16, 30	626.8, 626.9, 627.0, 627.1, 627.8, 627.9	N92.5, N92.6, N92.4, N95.0, N95.8, N95.9	A, B, C
*76856	T	TC	Ultrasound exam pelvic complete (effective 01/01/15)	01, 03, 05, 10, 28	W7, 63, A4, 02	626.8, 626.9, 627.0, 627.1, 627.8, 627.9	N92.5, N92.6, N92.4, N95.0, N95.8, N95.9	A, B, C

Procedure Codes To Provider Types/Specialties/Diagnosis Codes

Procedure Code	Type of Service Code	MOD	Procedure Code Description	Provider Types	Provider Specialties	ICD-9 DX Codes (DOS prior to 10/01/15)	ICD-10 DX Codes (DOS 10/01/15 or after)	Plan Code
RADIOLOGY PROCEDURES								
G0202	C		Digital Screening Mammogram	01, 03, 05, 68, 10	W7, 08, 30, 63			A, C
G0202	P	26	Digital Screening Mammogram	01, 03	30			A, C
G0202	T	TC	Digital Screening Mammogram	01, 03, 05, 68, 10	08, W7, 63			A, C
G0204	C		Digital Diagnostic Mammogram bilateral	01, 03, 05, 68, 10	W7, 08, 30, 63			A, B, C
G0204	P	26	Digital Diagnostic Mammogram bilateral	01, 03	30			A, B, C
G0204	T	TC	Digital Diagnostic Mammogram bilateral	01, 03, 05, 10, 68	08, W7, 63			A, B, C
G0206	C		Digital Diagnostic Mammogram unilateral	01, 03, 05, 68	W7, 08, 30, 63			A, B, C
G0206	P	26	Digital Diagnostic Mammogram unilateral	01, 03	30			A, B, C
G0206	T	TC	Digital Diagnostic Mammogram unilateral	01, 03, 05, 10, 68	08, W7, 63			A, B, C
G0279	C		Tomosynthesis	01, 03, 05, 68, 10	W7, 08, 30, 63			A, B, C
G0279	P	26	Tomosynthesis	01, 03	30			A, B, C
G0279	T	TC	Tomosynthesis	01, 03, 05, 10, 68	08, W7, 63			A, B, C
77051	C		Computer-aided detection for diagnostic mammography	01, 03, 05, 68	W7, 08, 30, 63			A, B, C
77051	P	26	Computer-aided detection for diagnostic mammography	01, 03	30			A, B, C
77051	T	TC	Computer-aided detection for diagnostic mammography	01, 03, 05, 10, 68	08, W7, 63			A, B, C
77052	C		Computer-aided detection for screening mammography	01, 03, 05, 10, 68	W7, 08, 30, 63			A, C
77052	P	26	Computer-aided detection for screening mammography	01, 03	30			A, C
77052	T	TC	Computer-aided detection for screening mammography	01, 03, 05, 10, 68	08, W7, 63			A, C

Procedure Codes To Provider Types/Specialties/Diagnosis Codes

Procedure Code	Type of Service Code	MOD	Procedure Code Description	Provider Types	Provider Specialties	ICD-9 DX Codes (DOS prior to 10/01/15)	ICD-10 DX Codes (DOS 10/01/15 or after)	Plan Code
77053	C		Mammary ductogram or galactogram, single duct	01, 03, 05, 10	30, W6, W7, 63			A, B, C
77053	P		Mammary ductogram or galactogram, single duct	01, 03	30			A, B, C
77053	T		Mammary ductogram or galactogram, single duct	05, 10	W6, W7, 63			A, B, C
77055	C		Diagnostic/Follow-up mammogram; unilateral	01, 03, 05, 68	W7, 08, 30, 63			A,B,C
77055	P	26	Diagnostic/Follow-up mammogram; unilateral	01, 03	30, 02			A,B,C
77055	T	TC	Diagnostic/Follow-up mammogram; unilateral	01, 03, 05, 10, 68	08, W7, 63			A,B,C
77056	C		Diagnostic/Follow-up mammogram; bilateral	01, 03, 05, 68	W7, 08, 30, 63			A,B,C
77056	P	26	Diagnostic/Follow-up mammogram; bilateral	01, 03	30, 02			A,B,C
77056	T	TC	Diagnostic/Follow-up mammogram; bilateral	01, 03, 05, 10, 68	08, W7, 63			A,B,C
77057	C		Screening mammogram	01, 05, 68	W7, 08, 30, 63			A, C
77057	P	26	Screening mammogram	01, 03	30			A, C
77057	T	TC	Screening mammogram	01, 03, 05, 10, 68	08, W7, 63			A, C
77063	C		Breast Tomosynthesis	01, 05, 68,	W7, 08, 30, 63			A, C
77063	P	26	Breast Tomosynthesis	01, 03	30			A, C
77063	T	TC	Breast Tomosynthesis	01, 03, 05, 10, 68	08, W7, 63			A, C
77058	C		Magnetic Resonance Imaging (MRI), breast, with or without contrast, unilateral	01, 03, 05, 10	30, W6, W7, 63			A, B, C
77058	P	26	Magnetic Resonance Imaging (MRI), breast, with or without contrast, unilateral	01, 30	30			A, B, C
77058	T	TC	Magnetic Resonance Imaging (MRI), breast, with or without contrast, unilateral	05, 10	W6, W7, 63			A, B, C

Procedure Codes To Provider Types/Specialties/Diagnosis Codes

Procedure Code	Type of Service Code	MOD	Procedure Code Description	Provider Types	Provider Specialties	ICD-9 DX Codes (DOS prior to 10/01/15)	ICD-10 DX Codes (DOS 10/01/15 or after)	Plan Code
77059	C		Magnetic Resonance Imaging (MRI), breast, with or without contrast, Bilateral	01, 03, 05, 10	30, W6, W7, 63			A, B, C
77059	P	26	Magnetic Resonance Imaging (MRI), breast, with or without contrast, Bilateral	01, 30	30			A, B, C
77059	T	TC	Magnetic Resonance Imaging (MRI), breast, with or without contrast, Bilateral	05, 10	W6, W7, 63			A, B, C
76098	P	26	Radiological examination, surgical specimen	01, 03	02, 30			A, B, C
76098	T	TC	Radiological examination, surgical specimen	05, 10, 28	A4, W7, 63			A, B, C
76645	C		Ultrasound - Echography, breast (unilateral or bilateral), real time with image documentation (no longer payable as of 05/18/15)	01, 03, 05, 68	W7, 08, 30, 02, 63			A, C
76645	P	26	Ultrasound - Echography, breast (unilateral or bilateral), real time with image documentation (no longer payable as of 05/18/15)	01, 03	02, 30			A, C
76645	T	TC	Ultrasound - Echography, breast (unilateral or bilateral), real time with image documentation (no longer payable as of 05/18/15)	01, 03, 05, 10, 28	08, W7, 63, A4, 02			A, C
76641	C		Ultrasound, complete examination of breast including axilla, unilateral (replaces 76645 effective 05/18/15)	01, 03, 05, 68	W7, 08, 30, 02, 63			A, B, C
76641	P	26	Ultrasound, complete examination of breast including axilla, unilateral (replaces 76645 effective 05/18/15)	01, 03	02, 30			A, B, C
76641	T	TC	Ultrasound, complete examination of breast including axilla, unilateral (replaces 76645 effective 05/18/15)	01, 03, 05, 10, 28	08, W7, 63, A4, 02			A, B, C

Procedure Codes To Provider Types/Specialties/Diagnosis Codes

Procedure Code	Type of Service Code	MOD	Procedure Code Description	Provider Types	Provider Specialties	ICD-9 DX Codes (DOS prior to 10/01/15)	ICD-10 DX Codes (DOS 10/01/15 or after)	Plan Code
76641	C	50	Ultrasound, complete examination of breast including axilla, bilateral (replaces 76645 effective 05/18/15)	01, 03, 05, 68	W7, 08, 30, 02, 63			A, B, C
76641	P	26/50	Ultrasound, complete examination of breast including axilla, bilateral (replaces 76645 effective 05/18/15)	01, 03	02, 30			A, B, C
76641	T	TC/50	Ultrasound, complete examination of breast including axilla, bilateral (replaces 76645 effective 05/18/15)	01, 03, 05, 10, 28	08, W7, 63, A4, 02			A, B, C
76642	C		Ultrasound, limited examination of breast including axilla, unilateral (replaces 76645 effective 05/18/15)	01, 03, 05, 68	W7, 08, 30, 02, 63			A, B, C
76642	P	26	Ultrasound, limited examination of breast including axilla, unilateral (replaces 76645 effective 05/18/15)	01, 03	02, 30			A, B, C
76642	T	TC	Ultrasound, limited examination of breast including axilla, unilateral (replaces 76645 effective 05/18/15)	01, 03, 05, 10, 28	08, W7, 63, A4, 02			A, B, C
76642	C	50	Ultrasound, limited examination of breast including axilla, bilateral (replaces 76645 effective 05/18/15)	01, 03, 05, 68	W7, 08, 30, 02, 63			A, B, C
76642	P	26/50	Ultrasound, limited examination of breast including axilla, bilateral (replaces 76645 effective 05/18/15)	01, 03	02, 30			A, B, C
76642	T	TC/50	Ultrasound, limited examination of breast including axilla, bilateral (replaces 76645 effective 05/18/15)	01, 03, 05, 10, 28	08, W7, 63, A4, 02			A, B, C
76942	C		Ultrasonic guidance for needle biopsy, radiological supervision and interpretation	01, 03, 05	02, 30, W7, 63			A, B, C
76942	P	26	Ultrasonic guidance for needle biopsy, radiological supervision and interpretation	01, 03	02, 30			A, B, C
76942	T	TC	Ultrasonic guidance for needle biopsy, radiological supervision and interpretation	05, 10, 28	A4, W7, 63			A, B, C
76998	P	26	Ultrasonic guidance localization, intraoperative guidance	01, 03, 05, 10	02, 30, W7, 63			A, B, C

Procedure Codes To Provider Types/Specialties/Diagnosis Codes

Procedure Code	Type of Service Code	MOD	Procedure Code Description	Provider Types	Provider Specialties	ICD-9 DX Codes (DOS prior to 10/01/15)	ICD-10 DX Codes (DOS 10/01/15 or after)	Plan Code
LABORATORY PROCEDURES								
*80048	T	TC	Basic Metabolic Panel	01, 03, 05, 09, 28, 49, 68,	01, 11, 16, 02, X1, 31, F2, W6, W7, 69, A4	214.1, 214.8, 217, 219.0, 610.0, 611.72, 611.0, 622.10, 622.11, 625.8, 626.8, 626.9, 627.1, 785.6, 793.80, 793.81, 793.89, 795.00, 795.02, 795.05	D17.30, D17.79, D24.9, D26.0, N60.09, N63, N61, N87.9, N87.0, N94.89, N92.5, N92.6, N95.0, R59.9, R92.8, R92.0, R92.1, R87.619, R87.611, R87.810	A, B, C
*80053	T	TC	Comprehensive Metabolic Panel	01, 03, 05, 10, 49, 68	08, 02, X1, W7, F2, 11, 16	214.1, 214.8, 217, 219.0, 610.0, 611.72, 611.0, 622.10, 622.11, 625.8, 626.8, 626.9, 627.1, 785.6, 793.80, 793.81, 793.89, 795.00, 795.02, 795.05	D17.30, D17.79, D24.9, D26.0, N60.09, N63, N61, N87.9, N87.0, N94.89, N92.5, N92.6, N95.0, R59.9, R92.8, R92.0, R92.1, R87.619, R87.611, R87.810	A, B, C
*80076	T	TC	Hepatic Function Panel	01, 03, 05, 10, 49, 68	08, 02, X1, W7, F2, 11, 16	214.1, 214.8, 217, 219.0, 610.0, 611.72, 611.0, 622.10, 622.11, 625.8, 626.8, 626.9, 627.1, 785.6, 793.80, 793.81, 793.89, 795.00, 795.02, 795.05	D17.30, D17.79, D24.9, D26.0, N60.09, N63, N61, N87.9, N87.0, N94.89, N92.5, N92.6, N95.0, R59.9, R92.8, R92.0, R92.1, R87.619, R87.611, R87.810	A, B, C
*81025	T	TC	Urine Pregnancy Test	01, 03, 49, 58, 68	F2, 08, 16, N3	219.0, 622.10, 622.11, 795.00, 795.01, 795.02, 795.03, 795.04, 795.05, 795.06, 795.09	D26.0, N87.9, N87.0, R87.619, R87.610, R87.611, R87.612, R87.613, R87.810, R87.614, R87.820	A, B, C
*85025	T	TC	Blood Count, Complete CBC	01, 03, 05, 10, 49, 68	08, 02, X1, W7, F2, 11, 16	214.1, 214.8, 217, 219.0, 610.0, 611.72, 611.0, 622.10, 622.11, 625.8, 626.8, 626.9, 627.1, 785.6, 793.80, 793.81, 793.89, 795.00, 795.02, 795.05	D17.30, D17.79, D24.9, D26.0, N60.09, N63, N61, N87.9, N87.0, N94.89, N92.5, N92.6, N95.0, R59.9, R92.8, R92.0, R92.1, R87.619, R87.611, R87.810	A, B, C
*85027	T	TC	Hemogram and platelet count, automated	01, 03, 05, 10, 49, 68	08, 02, X1, W7, F2, 11, 16	214.1, 214.8, 217, 219.0, 610.0, 611.72, 611.0, 622.10, 622.11, 625.8, 626.8, 626.9, 627.1, 785.6, 793.80, 793.81, 793.89, 795.00, 795.02, 795.05	D17.30, D17.79, D24.9, D26.0, N60.09, N63, N61, N87.9, N87.0, N94.89, N92.5, N92.6, N95.0, R59.9, R92.8, R92.0, R92.1, R87.619, R87.611, R87.810	A, B, C

Procedure Codes To Provider Types/Specialties/Diagnosis Codes

Procedure Code	Type of Service Code	MOD	Procedure Code Description	Provider Types	Provider Specialties	ICD-9 DX Codes (DOS prior to 10/01/15)	ICD-10 DX Codes (DOS 10/01/15 or after)	Plan Code
PATHOLOGY								
*87070	T	TC	Culture, aerobic	05, 09	W7, 69	217, 610.0, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89	D24.1, D24.2, D24.9, N60.09, N63, N64.59, N61, R59.9, R92.8, R92.0, R92.1	A, B, C
*87075	T	TC	Culture, anaerobic	05, 09	W7, 69	217, 610.0, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89	D24.1, D24.2, D24.9, N60.09, N63, N64.59, N61, R59.9, R92.8, R92.0, R92.2	A, B, C
*87205	T	TC	Smear, primary source with interpretation gram or griemsa stain for bacteria fungi or cell types	05, 09	W7, 69	217, 610.0, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89	D24.9, N60.09, N63, N64.59, N61, R59.9, R92.8, R92.0, R92.1	A, B, C
87621	T	TC	High Risk HPV DNA test (no longer payable as of 05/18/15)	05, 09	69, W6, W7			A, C
87624	T	TC	HPV DNA Testing (High-risk typing only) (replaces 87621 effective 05/18/15)	05, 09	69, W6, W7			A, B, C
87625	T	TC	HPV DNA Testing (High-risk typing for HPV types 16 & 18 only)	05, 09	69, W6, W7			A, B, C
88108	P	26	Cytopathology, concentration technique, smears and interpretation	01, 03	22			A, B, C
88108	T	TC	Cytopathology, concentration technique, smears and interpretation	05, 09	W6, W7, 69			A, B, C
88108	C		Cytopathology, concentration technique, smears and interpretation	01, 03, 05, 09	22, W6, W7, 69			A, B, C
88112	P	26	Cytopathology, enhancement technique with interpretation	01, 03	22	214.1, 214.8, 217, 610.0, 610.1, 611.72, 611.0, 785.6, 793.80, 793.81, 793.89	D17.30, D17.79, D24.9, N60.09, N60.19, N63, N61, R59.9, R92.8, R92.0, R92.1	A, B, C
88112	T	TC	Cytopathology, enhancement technique with interpretation	05, 09	69, W6, W7	214.1, 214.8, 217, 610.0, 610.1, 611.72, 611.0, 785.6, 793.80, 793.81, 793.89	D17.30, D17.79, D24.9, N60.09, N60.19, N63, N61, R59.9, R92.8, R92.0, R92.1	A, B, C
88112	C		Cytopathology, enhancement technique with interpretation	01, 03, 05, 09	22, 69, W6, W7	214.1, 214.8, 217, 610.0, 610.1, 611.72, 611.0, 785.6, 793.80, 793.81, 793.89	D17.30, D17.79, D24.9, N60.09, N60.19, N63, N61, R59.9, R92.8, R92.0, R92.1	A, B, C
88141	P	26	Pap smear, reported in Bethesda system	01, 03, 05	22, W6, W7			A, C
88142	T	TC	Automated thin preparation	09, 05	69, W6, W7			A, C
88148	T	TC	Screening by automated system with manual re-screening	09, 05	69, W6, W7			A, C

Procedure Codes To Provider Types/Specialties/Diagnosis Codes

Procedure Code	Type of Service Code	MOD	Procedure Code Description	Provider Types	Provider Specialties	ICD-9 DX Codes (DOS prior to 10/01/15)	ICD-10 DX Codes (DOS 10/01/15 or after)	Plan Code
88150	T	TC	Pap smear screening	09, 05	69, W6, W7			A, C
88160	P	26	Cytopathology, smears, any other source, screening and interpretation	01, 03	22			A, B, C
88160	T	TC	Cytopathology, smears, any other source, screening and interpretation	05, 09	W6, W7, 69			A, B, C
88160	C		Cytopathology, smears, any other source, screening and interpretation	01, 03, 05, 09	22, W6, W7, 69			A, B, C
88164	T	TC	Manual screening under physician supervision	09, 05	69, W6, W7			A, C
88165	T	TC	Manual screening and rescreening under physician supervision	09, 05	69, W6, W7			A, C
88173	P	26	Interpretation of Fine Needle Aspirate	01, 03	22	214.1, 214.8, 217, 610.0, 610.1, 610.2, 611.72, 611.79, 611.0, 611.89, 785.6, 793.80, 793.81, 793.89, 219.0, 622.10, 622.11, 623.0, 625.8, 626.8, 626.9, 627.1, 795.00, 795.01, 795.02, 795.03, 795.04, 795.08	D24.1, D24.2, D17.30, D17.79, D24.9, N60.09, N60.19, N60.29, N63, N64.59, N61, N64.89, R59.9, R92.8, R92.0, R92.1, D26.0, N87.9, N87.0, N89.3, N94.89, N92.5, N92.6, N95.0, R87.619, R87.610, R87.611, R87.612, R87.613, R87.818	A, B, C
88173	C		Interpretation of Fine Needle Aspirate	01, 03, 05, 09	22, W6, W7, 69	214.1, 214.8, 217, 610.0, 610.1, 610.2, 611.72, 611.79, 611.0, 611.89, 785.6, 793.80, 793.81, 793.89, 219.0, 622.10, 622.11, 623.0, 625.8, 626.8, 626.9, 627.1, 795.00, 795.01, 795.02, 795.03, 795.04, 795.09	D24.1, D24.2, D17.30, D17.79, D24.9, N60.09, N60.19, N60.29, N63, N64.59, N61, N64.89, R59.9, R92.8, R92.0, R92.1, D26.0, N87.9, N87.0, N89.3, N94.89, N92.5, N92.6, N95.0, R87.619, R87.610, R87.611, R87.612, R87.613, R87.819	A, B, C
88173	T	TC	Interpretation of Fine Needle Aspirate	05, 09	W6, W7, 69	214.1, 214.8, 217, 610.0, 610.1, 610.2, 611.72, 611.79, 611.0, 611.89, 785.6, 793.80, 793.81, 793.89, 219.0, 622.10, 622.11, 623.0, 625.8, 626.8, 626.9, 627.1, 795.00, 795.01, 795.02, 795.03, 795.04, 795.09	D24.1, D24.2, D17.30, D17.79, D24.9, N60.09, N60.19, N60.29, N63, N64.59, N61, N64.89, R59.9, R92.8, R92.0, R92.1, D26.0, N87.9, N87.0, N89.3, N94.89, N92.5, N92.6, N95.0, R87.619, R87.610, R87.611, R87.612, R87.613, R87.820	A, B, C

Procedure Codes To Provider Types/Specialties/Diagnosis Codes

Procedure Code	Type of Service Code	MOD	Procedure Code Description	Provider Types	Provider Specialties	ICD-9 DX Codes (DOS prior to 10/01/15)	ICD-10 DX Codes (DOS 10/01/15 or after)	Plan Code
88175	T	TC	Computerized Thin Prep	09, 05	69, W6, W7	214.1, 214.8, 217, 610.0, 610.1, 610.2, 611.72, 611.79, 611.0, 611.89, 785.6, 793.80, 793.81, 793.89, 219.0, 622.10, 622.11, 623.0, 625.8, 626.8, 626.9, 627.1, 795.00, 795.01, 795.02, 795.03, 795.04, 795.09	D17.30, D17.79, D24.9, N60.09, N60.19, N60.29, N63, N64.59, N61, N64.89, R59.9, R92.8, R92.0, R92.1, D26.0, N87.9, N87.0, N89.3, N94.89, N92.5, N92.6, N95.0, R87.619, R87.610, R87.611, R87.612, R87.613, R87.820	A, C
*88304	P	26	Surgical Pathology Level III	01, 03	22	214.1, 214.8, 217, 610.0, 610.1, 610.2, 610.3, 610.4, 611.0, 611.1, 611.3, 611.72, 611.79, 611.89, 627.0, 785.6, 793.80, 793.81, 793.89, 219.0, 622.10, 622.11, 623.0, 625.8, 626.8, 626.9, 627.1, 795.00, 795.01, 795.02, 795.03, 795.04, 795.05	D24.1, D24.2, D17.30, D17.79, D24.9, N60.09, N60.19, N60.29, N60.39, N60.49, N61, N64.1, N63, N64.59, N64.89, N92.4, R92.8, R59.9, R92.0, R92.1, D26.0, N87.9, N87.0, N89.3, N94.89, N92.5, N92.6, N95.0, R87.619, R87.610, R87.611, R87.612, R87.613, R87.810	A, B, C
*88304	T	TC	Surgical Pathology Level III	05, 09	W7, 69	214.1, 214.8, 217, 610.0, 610.1, 610.2, 610.3, 610.4, 611.0, 611.1, 611.3, 611.72, 611.79, 611.89, 627.0, 785.6, 793.80, 793.81, 793.89, 219.0, 622.10, 622.11	D24.9, N60.09, N60.19, N60.29, N60.39, N60.49, N61, N64.1, N63, N64.59, N64.89, N92.4, R92.8, R59.9, R92.0, R92.1, D26.0,	A, B, C
*88304	C		Surgical Pathology Level III	05, 09, 01, 03	W7, 69, 22	214.1, 214.8, 217, 610.0, 610.1, 610.2, 610.3, 610.4, 611.0, 611.1, 611.3, 611.72, 611.79, 611.89, 627.0, 785.6, 793.80, 793.81, 793.89, 219.0, 622.10, 622.11, 623.0, 625.8, 626.8, 626.9, 627.1, 795.00, 795.01, 795.02, 795.03, 795.04, 795.05	D24.1, D24.2, D17.30, D17.79, D24.9, N60.09, N60.19, N60.29, N60.39, N60.49, N61, N64.1, N63, N64.59, N64.89, N92.4, R92.8, R59.9, R92.0, R92.1, D26.0, N87.9, N87.0, N89.3, N94.89, N92.5, N92.6, N95.0, R87.619, R87.610, R87.611, R87.612, R87.613, R87.810	A, B, C
*88305 (breast)	C		Surgical Pathology Level IV	05, 09, 01, 03	W7, 69, 22	214.1, 214.8, 217, 610.0, 610.1, 610.2, 610.3, 610.4, 611.0, 611.1, 611.3, 611.72, 611.79, 611.89, 627.0, 785.6, 793.80, 793.81, 793.89	D24.1, D24.2, D24.9, D17.79, N60.09, N60.29, N60.39, N60.49, N61, N62, N64.1, N63, N64.59, N64.89, N92.4, R59.9, R92.8, R92.0, R92.1, N60.11, N60.12, N60.81, N60.82	A, B, C

Procedure Codes To Provider Types/Specialties/Diagnosis Codes

Procedure Code	Type of Service Code	MOD	Procedure Code Description	Provider Types	Provider Specialties	ICD-9 DX Codes (DOS prior to 10/01/15)	ICD-10 DX Codes (DOS 10/01/15 or after)	Plan Code
*88305 (breast)	P	26	Surgical Pathology Level IV	01, 03	22	214.1, 214.8, 217, 610.0, 610.1, 610.2, 610.3, 610.4, 611.0, 611.1, 611.3, 611.72, 611.79, 611.89, 627.0, 785.6, 793.80, 793.81, 793.89	D24.1, D24.2, D24.9, D17.79, N60.09, N60.29, N60.39, N60.49, N61, N62, N64.1, N63, N64.59, N64.89, N92.4, R59.9, R92.8, R92.0, R92.2, N60.11, N60.12, N60.81, N60.82	A, B, C
*88305 (breast)	T	TC	Surgical Pathology Level IV	05, 09	W7, 69	214.1, 214.8, 217, 610.0, 610.1, 610.2, 610.3, 610.4, 611.0, 611.1, 611.3, 611.72, 611.79, 611.89, 627.0, 785.6, 793.80, 793.81, 793.89	D24.1, D24.2, D24.9, D17.79, N60.09, N60.29, N60.39, N60.49, N61, N62, N64.1, N63, N64.59, N64.89, N92.4, R59.9, R92.8, R92.0, R92.3, N60.11, N60.12, N60.81, N60.82	A, B, C
*88305 (cervical)	C		Surgical Pathology Level IV	01, 03, 05, 09	W7, 69, 22	219.0, 616.0, 622.10, 622.11, 623.0, 625.8, 626.8, 626.2, 626.9, 627.0, 627.1, 795.00, 795.01, 795.02, 795.03, 795.04, 795.05	D26.0, N72, N87.9, N87.0, N89.3, N94.89, N92.5, N92.0, N92.6, N92.4, N95.0, R87.619, R87.610, R87.611, R87.612, R87.613, R87.810, N60.11, N60.12, N60.81, N60.82	A, B, C
*88305 (cervical)	P	26	Surgical Pathology Level IV	01, 03	22	219.0, 616.0, 622.10, 622.11, 623.0, 625.8, 626.8, 626.2, 626.9, 627.0, 627.1, 795.00, 795.01, 795.02, 795.03, 795.04, 795.05	D26.0, N72, N87.9, N87.0, N89.3, N94.89, N92.5, N92.0, N92.6, N92.4, N95.0, R87.619, R87.610, R87.611, R87.612, R87.613, R87.810, N60.11, N60.12, N60.81, N60.82	A, B, C
*88305 (cervical)	T	TC	Surgical Pathology Level IV	05, 09	W7, 69	219.0, 616.0, 622.10, 622.11, 623.0, 625.8, 626.8, 626.2, 626.9, 627.0, 627.1, 795.00, 795.01, 795.02, 795.03, 795.04, 795.05	D26.0, N72, N87.9, N87.0, N89.3, N94.89, N92.5, N92.0, N92.6, N92.4, N95.0, R87.619, R87.610, R87.611, R87.612, R87.613, R87.810, N60.11, N60.12, N60.81, N60.82	A, B, C
88307 (breast)	P	26	Surgical Pathology, Level V	01, 03	22	214.1, 214.8, 217, 610.0, 610.1, 610.2, 610.3, 610.4, 611.0, 611.1, 611.3, 611.72, 611.79, 611.89, 785.6, 793.80, 793.81, 793.89	D24.1, D24.2, D17.30, D17.79, D24.9, N60.09, N60.19, N60.29, N60.39, N60.49, N61, N62, N64.1, N63, N64.59, N64.89, R59.9, R92.1, R92.0, R92.8	A, B, C

Procedure Codes To Provider Types/Specialties/Diagnosis Codes

Procedure Code	Type of Service Code	MOD	Procedure Code Description	Provider Types	Provider Specialties	ICD-9 DX Codes (DOS prior to 10/01/15)	ICD-10 DX Codes (DOS 10/01/15 or after)	Plan Code
88307 (breast)	C		Surgical Pathology, Level V	01, 03, 05, 09	22, W7, 69	214.1, 214.8, 217, 610.0, 610.1, 610.2, 610.3, 610.4, 611.0, 611.1, 611.3, 611.72, 611.79, 611.89, 785.6, 793.80, 793.81, 793.89	D24.1, D24.2, D17.30, D17.79, D24.9, N60.09, N60.19, N60.29, N60.39, N60.49, N61, N62, N64.1, N63, N64.59, N64.89, R59.9, R92.1, R92.0, R92.9	A, B, C
88307 (breast)	T	TC	Surgical Pathology, Level V	05, 09	W7, 69	214.1, 214.8, 217, 610.0, 610.1, 610.2, 610.3, 610.4, 611.0, 611.1, 611.3, 611.72, 611.79, 611.89, 785.6, 793.80, 793.81, 793.89	D24.1, D24.2, D17.30, D17.79, D24.9, N60.09, N60.19, N60.29, N60.39, N60.49, N61, N62, N64.1, N63, N64.59, N64.89, R59.9, R92.1, R92.0, R92.10	A, B, C
88307 (cervical)	P	26	Surgical Pathology, Level V	01, 03	22	219.0, 616.0, 622.10, 622.11, 623.0, 625.8, 626.8, 626.2, 626.9, 627.1, 795.00, 795.01, 795.02, 795.03, 795.04, 795.05	N94.89, N92.5, N92.0, N92.6, N95.0, R87.619, R87.610, R87.611, R87.612, R87.613, R87.810	A, B, C
88307 (cervical)	C		Surgical Pathology, Level V	01, 03, 05, 09	22, W6, W7, 69	219.0, 616.0, 622.10, 622.11, 623.0, 625.8, 626.8, 626.2, 626.9, 627.1, 795.00, 795.01, 795.02, 795.03, 795.04, 795.05	D26.0, N72, N87.9, N87.0, N89.3, N94.89, N92.5, N92.0, N92.6, N95.0, R87.619, R87.610, R87.611, R87.612, R87.613, R87.810	A, B, C
88307 (cervical)	T	TC	Surgical Pathology, Level V	05, 09	W6, W7, 69	219.0, 616.0, 622.10, 622.11, 623.0, 625.8, 626.8, 626.2, 626.9, 627.1, 795.00, 795.01, 795.02, 795.03, 795.04, 795.05	D26.0, N72, N87.9, N87.0, N89.3, N94.89, N92.5, N92.0, N92.6, N95.0, R87.619, R87.610, R87.611, R87.612, R87.613, R87.810	A, B, C
88309 (cervical only)	C		Surgical Pathology Level VI	01, 03, 05, 09	22, W6, W7, 69	219.0, 616.0, 622.10, 622.11, 623.0, 625.8, 626.8, 626.2, 626.9, 627.1, 795.00, 795.01, 795.02, 795.03, 795.04, 795.05	D26.0, N72, N87.9, N87.0, N89.3, N94.89, N92.5, N92.0, N92.6, N95.0, R87.619, R87.610, R87.611, R87.612, R87.613, R87.810	A, B, C
88309 (cervical only)	P	26	Surgical Pathology Level VI	01, 03	22	219.0, 616.0, 622.10, 622.11, 623.0, 625.8, 626.8, 626.2, 626.9, 627.1, 795.00, 795.01, 795.02, 795.03, 795.04, 795.05	N94.89, N92.5, N92.0, N92.6, N95.0, R87.619, R87.610, R87.611, R87.612, R87.613, R87.810	A, B, C

Procedure Codes To Provider Types/Specialties/Diagnosis Codes

Procedure Code	Type of Service Code	MOD	Procedure Code Description	Provider Types	Provider Specialties	ICD-9 DX Codes (DOS prior to 10/01/15)	ICD-10 DX Codes (DOS 10/01/15 or after)	Plan Code
88309 (cervical only)	T	TC	Surgical Pathology Level VI	05, 09	W6, W7, 69	219.0, 616.0, 622.10, 622.11, 623.0, 625.8, 626.8, 626.2, 626.9, 627.1, 795.00, 795.01, 795.02, 795.03, 795.04, 795.05	N94.89, N92.5, N92.0, N92.6, N95.0, R87.619, R87.610, R87.611, R87.612, R87.613, R87.810	A, B, C
*88321	P	26	Slide Consult	01, 03, 05	22, W6, W7	217, 219.0, 610.0, 610.1, 610.2, 611.72, 611.79, 622.10, 625.8, 626.9, 627.1, 785.6, 793.80, 793.81, 793.89, 795.00, 795.02, 795.03, 795.04, 795.05	D24.1, D24.2, D24.9, N26.0, N60.09, N60.19, N60.29, N63, N64.59, N87.9, N94.89, N92.6, N95.0, R59.9, R92.8, R92.0, R92.1, R87.619, R87.611, R87.612, R87.613, R87.810	A, C
*88329	P	26	OR Consult	01, 03	22	217, 219.0, 610.0, 610.1, 610.2, 611.72, 611.79, 622.10, 625.8, 626.9, 627.1, 785.6, 793.80, 793.81, 793.89, 795.00, 795.02, 795.03, 795.04, 795.05	D24.1, D24.2, D24.9, N26.0, N60.09, N60.19, N60.29, N63, N64.59, N87.9, N94.89, N92.6, N95.0, R59.9, R92.8, R92.0, R92.1, R87.619, R87.611, R87.612, R87.613, R87.810	A, C
*88331	P	26	Frozen Section Pathology	01, 03	22	217, 219.0, 610.0, 610.1, 610.2, 611.72, 611.79, 622.10, 625.8, 626.9, 627.1, 785.6, 793.80, 793.81, 793.89, 795.00, 795.02, 795.03, 795.04, 795.05	D24.1, D24.2, D24.9, N26.0, N60.09, N60.19, N60.29, N63, N64.59, N87.9, N94.89, N92.6, N95.0, R59.9, R92.8, R92.0, R92.1, R87.619, R87.611, R87.612, R87.613, R87.810	A, B, C
*88331	C		Frozen Section Pathology	01, 03, 05, 09	22, W6, W7, 69	217, 219.0, 610.0, 610.1, 610.2, 611.72, 611.79, 622.10, 625.8, 626.9, 627.1, 785.6, 793.80, 793.81, 793.89, 795.00, 795.02, 795.03, 795.04, 795.05	D24.1, D24.2, D24.9, N26.0, N60.09, N60.19, N60.29, N63, N64.59, N87.9, N94.89, N92.6, N95.0, R59.9, R92.8, R92.0, R92.1, R87.619, R87.611, R87.612, R87.613, R87.811	A, B, C
*88331	T	TC	Frozen Section Pathology	05, 09	W6, W7, 69	217, 219.0, 610.0, 610.1, 610.2, 611.72, 611.79, 622.10, 625.8, 626.9, 627.1, 785.6, 793.80, 793.81, 793.89, 795.00, 795.02, 795.03, 795.04, 795.05	D24.1, D24.2, D24.9, N26.0, N60.09, N60.19, N60.29, N63, N64.59, N87.9, N94.89, N92.6, N95.0, R59.9, R92.8, R92.0, R92.1, R87.619, R87.611, R87.612, R87.613, R87.812	A, B, C

Procedure Codes To Provider Types/Specialties/Diagnosis Codes

Procedure Code	Type of Service Code	MOD	Procedure Code Description	Provider Types	Provider Specialties	ICD-9 DX Codes (DOS prior to 10/01/15)	ICD-10 DX Codes (DOS 10/01/15 or after)	Plan Code
*88332	P	26	Frozen Section Pathology, Additional	01, 03	22			A, B, C
*88332	C		Frozen Section Pathology, Additional	01, 03, 05, 09	22, W6, W7, 69			A, B, C
*88332	T	TC	Frozen Section Pathology, Additional	05, 09	W6, W7, 69			A, B, C
88341	P	26	Immunohistochemistry or immunocytochemistry, per specimen, each additional stain (replaces G0461 and G0462 effective 05/18/15)	01, 03	22			A, B, C
88341	C		Immunohistochemistry or immunocytochemistry, per specimen, each additional stain (replaces G0461 and G0462 effective 05/18/15)	01, 03, 05, 09	22, W6, W7, 69			A, B, C
88341	T	TC	Immunohistochemistry or immunocytochemistry, per specimen, each additional stain (replaces G0461 and G0462 effective 05/18/15)	05, 09	W6, W7, 69			A, B, C
88342	P	26	Immunohistochemistry or immunocytochemistry, per specimen, first stain (replaces G0461 and G0462 effective 05/18/15)	01, 03	22			A, B, C
88342	C		Immunohistochemistry (including tissue immunoperoxidase) each antibody (breast or cervical only) (replaces G0461 and G0462 effective 05/18/15)	01, 03, 05, 09	22, W6, W7, 69			A, B, C
88342	T	TC	Immunohistochemistry (including tissue immunoperoxidase) each antibody (breast or cervical only) (replaces G0461 and G0462 effective 05/18/15)	05, 09	W6, W7, 69			A, B, C

Procedure Codes To Provider Types/Specialties/Diagnosis Codes

Procedure Code	Type of Service Code	MOD	Procedure Code Description	Provider Types	Provider Specialties	ICD-9 DX Codes (DOS prior to 10/01/15)	ICD-10 DX Codes (DOS 10/01/15 or after)	Plan Code
G0461	P	26	Immunohistochemistry or immunocytochemistry, per specimen, first stain (no longer payable as of 05/18/15)	01, 03	22			A, C
G0461	T	TC	Immunohistochemistry or immunocytochemistry, per specimen, first stain (no longer payable as of 05/18/15)	05, 09	W6, W7, 69			A, C
G0461	C		Immunohistochemistry or immunocytochemistry, per specimen, first stain (no longer payable as of 05/18/15)	01, 03, 05, 09	22, W6, W7, 69			A, C
G0462	P	26	Immunohistochemistry or immunocytochemistry, per specimen, each additional stain (no longer payable as of 05/18/15)	01, 03	22			A, C
G0462	T	TC	Immunohistochemistry or immunocytochemistry, per specimen, each additional stain (no longer payable as of 05/18/15)	05, 09	W6, W7, 69			A, C
G0462	C		Immunohistochemistry or immunocytochemistry, per specimen, each additional stain (no longer payable as of 05/18/15)	01, 03, 05, 09	22, W6, W7, 69			A, C

Procedure Codes To Provider Types/Specialties/Diagnosis Codes

Procedure Code	Type of Service Code	MOD	Procedure Code Description	Provider Types	Provider Specialties	ICD-9 DX Codes (DOS prior to 10/01/15)	ICD-10 DX Codes (DOS 10/01/15 or after)	Plan Code
OFFICE VISIT CODES								
99203	P	26	New patient office visit/consultation	01, 03, 49, 58, 68	F2, N3, 08, 16, 11, 30, 02, H2, X1, 31			A, B, C
99203	9		New patient office visit/consultation	01, 03, 49, 58, 68	F2, N3, 08, 16, 11, 30, 02, H2, X1, 31			A, B, C
99204	P	26	New patient office visit/consultation	01, 03, 49, 58, 68	F2, N3, 08, 16, 11, 02			A, B, C
99204	9		New patient office visit/consultation	01, 03, 49, 58, 68	F2, N3, 08, 16, 11, 02			A, B, C
99205	P	26	New patient office visit/consultation	01, 03, 49, 58, 68	F2, N3, 08, 16, 11, 02			A, B, C
99205	9		New patient office visit/consultation	01, 03, 49, 58, 68	F2, N3, 08, 16, 11, 02			A, B, C
99212	P	26	Established patient, follow-up office visit	01, 03, 49, 58, 68	F2, N3, 08, 16, 11, 30, 02, H2, X1, 31			A, B, C
99212	9		Established patient, follow-up office visit	01, 03, 49, 58, 68	F2, N3, 08, 16, 11, 30, 02, H2, X1, 31			A, B, C
99213	P	26	Established patient office visit	01, 03, 49, 58, 68	F2, N3, 08, 16, 11, 30, 02, H2, X1, 31			A, B, C
99213	9		Established patient office visit	01, 03, 49, 58, 68	F2, N3, 08, 16, 11, 30, 02, H2, X1, 31			A, B, C
99214	P	26	Established patient office visit	01, 03, 49, 58, 68	F2, N3, 08, 16, 11, 02			A, B, C
99214	9		Established patient office visit	01, 03, 49, 58, 68	F2, N3, 08, 16, 11, 02			A, B, C
99215	P	26	Established patient office visit	01, 03, 49, 58, 68	F2, N3, 08, 16, 11, 02			A, B, C
99215	9		Established patient office visit	01, 03, 49, 58, 68	F2, N3, 08, 16, 11, 02			A, B, C

Procedure Codes To Provider Types/Specialties/Diagnosis Codes

Procedure Code	Type of Service Code	MOD	Procedure Code Description	Provider Types	Provider Specialties	ICD-9 DX Codes (DOS prior to 10/01/15)	ICD-10 DX Codes (DOS 10/01/15 or after)	Plan Code
ANESTHESIA FOR BREAST PROCEDURES								
*00400	P	26	Breast Biopsy/excision of axillary lesion/node biopsy	01, 03, 05	05, C3, W6, W7	217, 610.0, 610.1, 610.4, 611.72, 611.0, 611.79, 785.6, 793.80, 793.81, 793.89	D24.1, D24.2, D24.9, N60.09, N60.19, N60.49, N63, N61, N64.59, R59.9, R92.8, R92.0, R92.1, N64.52	A, B, C
*01610	P	26	Excision of lymph node(s), anesthesia	01, 03, 05	05, C3, W7	214.1, 214.8, 217, 610.0, 610.1, 610.3, 610.4, 611.71, 611.72, 611.79, 611.0, 611.89, 785.6, 793.80, 793.81, 793.89	D24.1, D24.2, D17.30, D17.79, D24.9, N60.09, N60.19, 60.39, N60.49, N64.4, N63, N64.59, N61, N64.89, R59.9, R92.8, R92.0, R92.1	A, B, C
ANESTHESIA FOR CERVICAL PROCEDURES								
*00940	P	26	Anesthesia for vaginal procedures (57420, 57460, 57461, 57520, 57522)	01, 03, 05	05, C3, W6, W7	219.0, 622.10, 622.11, 622.7, 625.8, 795.00, 795.02, 795.03, 795.04, 795.05, 795.06	D26.0, N87.9, N87.0, N84.1, N94.89, R87.619, R87.611, R87.612, R87.613, R87.810, R87.614	A, B, C
			* When billing BreastCare, these codes require specific diagnosis codes					
			Effective January 21, 2010, BreastCare no longer covers treatment with state funds.					