

**Table B – 2019 Reimbursement Rates: Cervical**

\*Effective January 1, 2019

<b>Cervical Screening &amp; Diagnostic Procedures</b>			
<b>Screening</b>	<b>CPT</b>	<b>Mod 26</b>	<b>Mod TC</b>
Pap smear screening	88150		\$14.49
Pap smear, reported in Bethesda System requiring physician interpretation	88141	\$30.01	
Automated thin preparation	88142		\$22.51
Screening by automated system with manual re-screening	88143		\$23.04
Manual screening under physician supervision	88164		\$14.99
Manual screening and rescreening under physician supervision	88165		\$42.22
Computerized thin preparation	88175		\$29.44
HPV DNA Testing (high-risk typing only)	87624		\$38.99
HPV DNA Testing (High-risk typing for HPV types 16 & 18 only)	87625		\$40.55
Slide Consult	88321	\$96.23	

<b>Office Visits</b>			
<b>New Patient Office Visit</b>	<b>CPT</b>	<b>Mod 26</b>	<b>Facility</b>
New Patient office visit	99202	\$71.00	\$48.38
New Patient office visit	99203	\$100.91	\$72.62
New Patient office visit with detailed risk assessment	99204	\$154.47	\$123.36
New Patient office visit with detailed risk assessment	99205	\$194.64	\$161.02
<b>Established Patient Office Visit</b>			
Established Patient office visit	99213	\$69.41	\$48.98
Established Patient, follow-up office visit	99212	\$41.70	\$24.41
Established Patient office visit	99214	\$102.02	\$75.62
Established Patient office visit	99215	\$136.98	\$106.50
<b>New Or Established Office Consultations</b>			
New or Established office consultations	99203	\$100.91	\$72.62

<b>Diagnostics</b>	<b>CPT</b>	<b>Mod 26</b>	<b>Facility</b>	
Vaginal biopsy	57105	\$136.93	\$123.10	
Endoscopy with biopsy of vagina/cervix	57421	\$151.82	\$117.25	
Colposcopy without biopsy	57452	\$106.81	\$87.02	
Colposcopy with biopsy of cervix	57455	\$138.50	\$104.56	
Colposcopy with endocervical curettage	57456	\$130.21	\$97.22	
Colposcopy with biopsy and endocervical curettage	57454	\$147.71	\$127.60	
Endocervical curettage	57505	\$104.03	\$90.20	
◆ Colposcopy with loop electrode biopsy of cervix	57460	\$270.16	\$153.25	
◆ Colposcopy with loop electrode conization of cervix	57461	\$304.86	\$177.27	
*Biopsy or local excision of lesion	57500	\$123.35	\$70.87	
◆ Conization of cervix	57520	\$300.42	\$264.60	
◆ Loop electrode excision	57522	\$256.83	\$231.38	
*Colposcopy for vagina and cervix if present	57420	\$113.20	\$86.94	
*Endoscopy w/ biopsy of vagina/cervix	57421	\$151.82	\$117.25	
*Endometrial biopsy	58100	\$86.95	\$67.15	
*Endometrial sampling , performed in conjunction with colposcopy	58110	\$47.74	\$39.25	
	<b>CPT</b>	<b>Mod 26</b>	<b>Mod TC</b>	<b>Total</b>
*Ultrasound exam pelvic complete	76856	\$33.55	\$66.20	\$99.76
*Transvaginal ultrasound non-ob	76830	\$33.87	\$76.89	\$110.76

<b>Hospital/Ambulatory Surgery Center</b>	<b>CPT</b>	<b>In-Patient</b>	<b>Out-Patient</b>	
◆ Conization of cervix	57520	\$984.83	\$984.83	
◆ Loop electrode excision	57522	\$984.83	\$984.83	
◆ Colposcopy with loop electrode biopsy of cervix	57460	\$157.02	\$157.02	
◆ Colposcopy with loop electrode conization of cervix	57461	\$168.36	\$168.36	
Biopsy or local excision of lesion	57500	\$75.14	\$75.14	
<b>◆ Requires prior authorization to obtain BreastCare reimbursement for diagnostic procedures only.</b>				
<b>Pathology</b>	<b>CPT</b>	<b>Mod 26</b>	<b>Mod TC</b>	<b>Total</b>
Surgical Pathology Level IV	88305	\$37.82	\$26.61	\$64.42
Surgical Pathology Level III	88304	\$11.28	\$25.35	\$36.63
Surgical Pathology Level V	88307	\$82.64	\$162.57	\$245.22
Surgical Pathology Level VI	88309	\$146.04	\$228.15	\$374.19
Special stain group 1	88312	\$26.58	\$64.63	\$91.21
Special stain group 2	88313	\$12.00	\$53.32	\$65.32
Frozen Section	88331	\$62.36	\$29.12	\$91.48
Frozen Section, Additional	88332	\$30.90	\$19.06	\$49.96
OR Consult	88329	\$48.86		
Immunohistochemistry or immunocytochemistry, per specimen; first stain	88342	\$35.38	\$62.12	\$97.50
Immunohistochemistry or immunocytochemistry, per specimen; each additional stain	88341	\$28.56	\$56.25	\$84.81
Tumor immunohistochem/manual	88360	\$42.36	\$74.37	\$116.73
Tumor immunohistochem/computer	88361	\$45.65	\$75.32	\$120.97
Morphometric analysis, each multiplex probe stain	88377	\$64.70	\$284.82	\$349.52
<b>Anesthesia</b>	<b>CPT</b>	<b>Mod 26</b>		
* 57520, 57522, 57420, 57460, 57461	00940	\$256.82		
Note: Anesthesiologist/CRNA will bill for actual charges or up to the capitated limit for each procedure code.				
<b>Lab</b>	<b>CPT</b>	<b>Mod 26</b>	<b>Mod TC</b>	
Complete CBC, automated and automated differential WBC count	85025		\$8.63	
Hepatic Function Panel	80076		\$9.08	
Urine Pregnancy Test	81025		\$8.61	
CBC, automated	85027		\$7.18	
Basic Metabolic Panel	80048		\$9.40	
Comprehensive Metabolic Panel	80053		\$11.74	
<b>* Requires specific diagnoses codes.</b>				
<b>◆ Requires prior authorization to obtain BreastCare reimbursement for diagnostic procedures.</b>				
<b>Mod 26 = Professional Fee</b>				
<b>Mod TC = Technical Fee</b>				
<b>Total = Combined (Professional and Technical) Fee</b>				
<b>Facility =These amounts apply when a physician performs the service in a facility setting.</b>				