

Office Visits	Reimbursable CPT Codes		
	G0101	99211	99385
Office Visit	99201	99212	99386
Includes height, weight, two blood pressures, clinical breast exam, pelvic exam and Pap test collection, or any combination of those services	99202	99213	99387
	99203	99214	99395
	99204	99215	99396
	99205		99397

Breast Screening and Diagnostic Services	Reimbursable CPT Codes		
Bilateral Screening Mammography			
Includes reimbursement for:			
- Screening mammography, bilateral (two view film study of each breast)	77057		
- Screening mammography, producing direct digital image, bilateral all views	G0202		
Diagnostic Mammography			
Includes reimbursement for unilateral or bilateral:			
- Diagnostic mammography	77055	77056	
- Diagnostic mammography, producing direct digital image	G0204	G0206	
Computer-Aided Detection paid using non-federal funds while available			
- Screening mammography	77051		
- Diagnostic mammography	77052		
Anesthesia			
- Includes reimbursement for anesthesia personnel time only	00400		
Breast Ultrasound			
Includes reimbursement for bilateral and unilateral	76645		
Puncture Aspiration of Breast Cyst	19000		
Includes reimbursement for single cyst aspiration and for each additional cyst	19001		
Needle Core Biopsy with Stereotactic Localization			
Includes reimbursement for localization procedure, needle core biopsy (including vacuum or imaging guidance) and radiologist fee for the procedure	19100		
Incisional Breast Biopsy with Needle Localization			
Includes reimbursement for:	19101		
- open, incisional			
Biopsy, breast			
- with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; including			
stereotactic guidance	19081	19082	
ultrasound guidance	19083	19084	
magnetic resonance guidance	19085	19086	
- with placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; including			
mammographic guidance	19281	19282	
stereotactic guidance	19283	19284	
ultrasound guidance	19285	19286	
magnetic resonance guidance	19287	19288	
Fine Needle Aspiration			
Includes reimbursement for:			
- Preparation, screening, and interpretation of Fine Needle Aspiration (FNA)			
Without imaging guidance	10021	88104	88160
With imaging guidance	10022	88161	
- Evaluation of FNA for specimen adequacy	88172		
- Evaluation, interpretation and report for FNA	88173		

Breast Screening and Diagnostic Services	Reimbursable CPT Codes	
Surgical Pathology - Breast		
Includes reimbursement for:		
- Breast Biopsy	88305	88307
Pathology Consultation During Surgery		
Includes reimbursement for:		
- tissue block, with frozen section, single specimen	88329	88332
- each additional tissue block with frozen section	88331	
Mammaary ductogram or galactogram, multiple ducts, radiological supervision and interpretation	77053	
Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral and bilateral		
Preauthorization required - Contact: 515.242.6200	77058	77059
Excisional Breast Biopsy with Needle Localization		
- Excision of a single breast lesion identified by a radiological marker	19125	
- Excision of each additional breast lesion identified by a radiological marker	19126	
- Excision of a cyst, fibroadenoma, or other benign or malignant tumor aberrant breast tissue, duct lesion or nipple lesion	19120	
- Radiological examination of the surgical specimen	76098	
- Ultrasonic Guidance for Needle Placement	76942	
Includes reimbursement for imaging, supervision and interpretation		

Cervical Screening and Diagnostic Services	Reimbursable CPT Codes		
Pap Test (Performed following IA Care for Yourself Program protocol)	88141	88174	G0145
	88142	88175	G0147
	88143	G0123	G0148
<i>If Pap test is performed, the collection of the Pap is included in the office visit reimbursement. The woman is not to be billed for the collection or handling of the Pap.</i>	88147	G0124	P3000
	88148	G0141	P3001
	88164	G0143	
	88165	G0144	
Papillomavirus, human, amplified probe technique			
Reimbursement for High Risk only as follow-up for ASC-US pap test results	87621		
Colposcopy	57420	57455	
Without Biopsy	57421	57456	
With Biopsy	57452	57460**	
** For diagnostic purposes only for women with Pap test results of HSIL or AIS	57454	57461**	
Preauthorization required - Contact: 515.242.6200			
Cervical Biopsy			
Includes reimbursement for biopsy of single or multiple lesions	57500		
Cold knife or laser conization biopsy	57520**		
Loop electrode excision procedure (LEEP) conization biopsy	57522**		
** For diagnostic purposes only for women with Pap test results of HSIL or AIS			
Preauthorization required - Contact: 515.242.6200			
Endocervical Curettage (Not done as part of a dilation and curettage)			
*** Endometrial Sampling (Biopsy)			
- Method of collection, i.e., D & C or hysteroscopy, not reimbursed by this program	57505	58100***	58110***
***For diagnostic purposes only for women with Pap test results of AGC			
Preauthorization required - Contact: 515.242.6200			
Surgical Pathology - Cervix			
Includes reimbursement for:			
- Cervical Biopsy	88305		
- Endocervical Curetting/Biopsy	88307		

Pathology Consultation During Surgery		
Includes reimbursement for:	88329	88332
- tissue block, with frozen section, single specimen	88331	
- each additional tissue block with frozen section		

Reimbursement Guidelines	
➡	By signing the Cooperative Agreement with the Iowa Department of Public Health and the Iowa <i>Care for Yourself</i> Program, a provider facility agrees to accept reimbursement for the above CPT codes at the current Medicare Part B Participating Provider reimbursement rate as payment in full.
➡	As directed in Federal legislation, the Care for Yourself Program is the payor of last resort . Insurance must be billed prior to submitting a claim to the CFY Program. A provider facility may then submit a claim to the CFY Program for reimbursable services costs not covered by insurance.
➡	Provider facilities may not bill CFY program participants for costs associated with the above CPT codes.