

Iowa Care for Yourself - Breast and Cervical Cancer Screening Program

FY26 (June 30, 2025 - June 29, 2026) Reimbursement Schedule
Updated 11.21.25

IMPORTANT INFORMATION REGARDING REIMBURSEMENT BY THE CARE FOR YOURSELF PROGRAM

1. If a Pap test is performed, the collection of the Pap (CPT codes 99000, Q0091 & Q0111) is included in the office visit reimbursement. **The participant is not to be billed for the collection or handling of the specimen.**
2. These amounts apply when service is performed for the purpose of this program. Rates listed for services include all incidental charges related to the procedure; **additional amounts may not be billed to the participant.**
3. Federal funding cannot be used to reimburse for treatment of breast cancer, cervical intraepithelial neoplasia, or cervical cancer.

CPT Code	Description Office Visits	End Notes	RATE		
			26	TC	Total
99202	New patient; medically appropriate history/exam; straightforward decision making; 15-29 minutes				\$42.93
99203	New patient; medically appropriate history/exam; low level decision making; 30-44 minutes				\$74.50
99204	New patient; medically appropriate history/exam; moderate level decision making; 45-59 minutes	1			\$121.61
99205	New patient; medically appropriate history/exam; high level decision making; 60-74 minutes	1			\$165.20
99211	Established patient; evaluation and management, may not require presence of physician; presenting problems are minimal				\$8.04
99212	Established patient; medically appropriate history/exam; straightforward decision making; 10-19 minutes				\$32.24
99213	Established patient visit; medically appropriate history/exam; low level decision making; 20-29 minutes				\$60.36
99214	Established patient visit, medically appropriate history/exam; moderate level decision making; 30-39 minutes				\$88.83

99215	Established Patient Visit, comprehensive high complexity; 40-54 minutes				\$131.48
99385	<i>Initial comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunizations and lab procedures; 18 to 39 years of age - paid at CPT 99203 rate</i>	2			\$74.50
99386	Same as 99385, but 40-64 years old - paid at CPT 99203 rate	2			\$74.50
99387	Same as 99385, but 65+ years old - paid at CPT 99203 rate	2			\$74.50
99395	<i>Periodic comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunizations and lab procedures; (18 - 39 years old) - paid at 99213 rate</i>	2			\$60.36
99396	Same as 99395, but 40-64 years old - paid at CPT 99213 rate	2			\$60.36
99397	Same as 99396, but 65+ years old - paid at CPT 99213 rate	2			\$60.36
99459	Pelvic examination (List separately, in addition to primary procedure)	3			\$18.90
99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5–10 minutes				\$11.63
99422	Online digital evaluation and management service, for an established patient, for up to 7 days cumulative time during the 7 days; 11– 20 minutes				\$23.26
99423	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes				\$36.51
A9575	Injection, gadoterate meglumine, 0.1 ml				\$0.12
A9579	Injection, gadolinium-based magnetic resonance contrast agent, not otherwise specified, per ml				\$1.47
A9585	Injection, gadobutrol, 0.1 ml				\$0.26
C8908	Magnetic resonance imaging, breast, w/o and w contrast material(s); including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral - paid at CPT 77049 rate		\$100.83	\$210.71	\$311.54

CPT Code	Description Screening and Diagnostic Procedures	End Notes	RATE		
			26	TC	Total
C8937	CAD, including computer algorithm analysis of breast MRI data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation. Bundled - Not Separately Payable				\$0.00
G0101	Cancer screening; pelvic and breast exam included.				\$24.30
G0123	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision				\$20.26
G0124	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician				\$22.73
G0141	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision				\$22.73
G0143	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; w manual screening and rescreening under physician supervision				\$27.05
G0144	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision				\$43.97
G0145	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision				\$26.49
G0147	Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision				\$18.19
G0148	Cytopathology smears, cervical or vaginal; screening by automated system w manual rescreening under physician supervision				\$31.94

G0279	Diagnostic digital breast tomosynthesis, unilateral or bilateral	4	\$26.35	\$13.88	\$40.23
G0463	Hospital outpatient clinic visit for assessment and management of a patient - paid at CPT 99203 rate				Non-Facility- \$101.67 / Facility- \$74.50
J1200	Injection, diphenhydramine HCl, up to 50 mg				\$0.90
J2175	Injection, meperidine hydrochloride, per 100 mg				\$15.69
J2250	Injection, midazolam hydrochloride, per 1 mg				\$0.16
J2405	Injection, Ondansetron hydrochloride, per 1 mg				\$0.09
J3010	Injection, fentanyl citrate, per 0.1 mg				\$0.96
J7030	Infusion, normal saline solution , 1000 cc				\$2.28
P3000	Screening Papanicolaou smear, cervical or vaginal, up to three smears, by technician under physician supervision				\$18.19
10004	Fine Needle Aspiration without imaging guidance, each additional lesion				\$38.73
10005	Fine Needle Aspiration biopsy including ultrasound guidance, first lesion				\$65.83
10006	Fine Needle Aspiration biopsy including ultrasound guidance, each additional lesion				\$45.05
10007	Fine Needle Aspiration biopsy including fluoroscopic guidance, first lesion				\$80.26
10008	Fine Needle Aspiration biopsy including fluoroscopic guidance, each additional lesion				\$46.74
10009	Fine Needle Aspiration biopsy including CT guidance, first lesion				\$97.01
10010	Fine Needle Aspiration biopsy including CT guidance, each additional lesion				\$65.04

10011	Fine Needle Aspiration biopsy including MRI guidance, first lesion - paid at CPT 10009 rate	5			\$97.01
10012	Fine Needle Aspiration biopsy including MRI guidance, each additional lesion - paid at CPT 10010 rate	5			\$65.04
10021	Fine Needle Aspiration without imaging guidance, first lesion				\$49.41
CPT Code	Description Screening and Diagnostic Procedures	End Notes	RATE		
			26	TC	Total
10035	Placement of soft tissue localization device(s), percutaneous, including imaging guidance, first lesion				\$75.66
10036	Placement of soft tissue localization device(s), percutaneous, including imaging guidance, each additional lesion				\$38.13
11104	Punch biopsy of skin (including simple closure, when performed); single lesion				\$42.21
11105	Punch biopsy of skin (including simple closure, when performed); each separate/additional lesion				\$22.83
19000	Puncture aspiration of cyst of breast				\$38.10
19001	Puncture aspiration of cyst of breast, each additional cyst, <i>used with 19000</i>				\$18.61
19020	Mastotomy with exploration or drainage of abscess, deep				\$279.68
19081	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion.	6			\$146.74
19082	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion	6			\$73.46
19083	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion	6			\$138.08
19084	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion	6			\$69.34

19085	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion	6			\$161.90
19086	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion	6			\$80.73
19100	Breast biopsy, percutaneous, needle core, not using imaging guidance				\$59.84
19101	Biopsy of breast; open, incisional				\$197.81
19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion, open, one or more lesions				\$371.96
19125	Excision of breast lesion identified by pre-operative placement of radiological marker, open; single lesion				\$410.60
19126	Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker				\$138.79
19281	Placement of breast localization device, percutaneous; mammographic guidance; first lesion	7			\$88.76
19282	Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion	7			\$44.46
19283	Placement of breast localization device, percutaneous; stereotactic guidance; first lesion	7			\$89.21
19284	Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion	7			\$44.46
19285	Placement of breast localization device, percutaneous; ultrasound guidance; first lesion	7			\$75.66
Screening and Diagnostic Procedures			RATE		

CPT Code		End Notes	26	TC	Total
19286	Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion	7			\$37.83
19287	Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion	7			\$113.20
19288	Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion	7			\$57.06
36415	Collection of venous blood by venipuncture				\$9.09
38505	Needle biopsy of axillary lymph node				\$77.42
57420	Colposcopy of the entire vagina, w cervix if present				\$80.55
57421	Colposcopy of the entire vagina, w cervix if present; w biopsy(s) of vagina/cervix				\$108.82
57452	Colposcopy of the cervix				\$81.60
57454	Colposcopy of the cervix, with biopsy and endocervical curettage				\$119.52
57455	Colposcopy of the cervix, with biopsy				\$97.16
57456	Colposcopy of the cervix, with endocervical curettage				\$89.82
57460	Colposcopy with loop electrode biopsy(s) of the cervix				\$142.79
57461	Colposcopy with loop electrode conization of the cervix				\$163.53
57500	Cervical biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)				\$67.47
57505	Endocervical curettage (not done as part of a dilation and curettage)				\$97.86
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser				\$266.88
57522	Loop electrode excision procedure				\$229.62
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)				\$56.27

58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)				\$35.98
76098	Radiological examination, surgical specimen		\$13.87	\$24.66	\$38.53
76641	Ultrasound, complete examination of breast including axilla, unilateral		\$32.18	\$59.51	\$91.69
76642	Ultrasound, limited examination of breast including axilla, unilateral		\$29.27	\$46.22	\$75.49
76882	Ultrasound, limited, joint or other nonvascular extremity structure(s) [eg, joint space, peri-articular tendon(s), muscle(s), nerve(s), other soft tissue structure(s), or soft tissue mass(es)], real-time w image documentation		\$30.29	\$27.91	\$58.20
76942	Ultrasonic guidance for needle placement, imaging supervision and interpretation		\$28.02	\$25.55	\$53.57
77046	Magnetic resonance imaging (MRI), breast, without contrast, unilateral	8	\$63.15	\$130.24	\$193.39
77047	Magnetic resonance imaging (MRI), breast, without contrast, bilateral	8	\$69.92	\$129.65	\$199.57
77048	Magnetic resonance imaging, breast, w/o and w contrast material(s); including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	8	\$92.15	\$213.37	\$305.52
77049	Magnetic resonance imaging, breast, w/o and w contrast material(s); including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	8	\$100.83	\$210.71	\$311.54
77053	Mammary ductogram or galactogram, single duct		\$15.78	\$32.34	\$48.12
77063	Screening digital breast tomosynthesis; bilateral	9	\$26.35	\$21.26	\$47.61
77065	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral		\$35.36	\$77.38	\$112.74
77066	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral		\$43.57	\$98.64	\$142.21
77067	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed		\$33.44	\$81.66	\$115.10

CPT Code	Pathology	End Notes	RATE		
			26	TC	Total
81002	Urinalysis, non-automated, without microscopy				\$3.48
84702	Gonadotropin, chorionic (HCG): quantitative				\$15.05
85027	Complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)				\$6.47
87426	COVID-19 infectious agent detection by nuclei acid DNA or RNA; amplified probe technique				\$35.33
87624	Human Papillomavirus, high-risk types pooled	10			\$35.09
87625	Human Papillomavirus, genotyping 16, 18, and possibly 45	10			\$40.55
87626	Human Papillomavirus, reported high-risk types separately and pooled	10			\$70.20
87635	COVID-19 infectious agent antigen detection by immunoassay technique; qualitative or semiquantitative				\$51.31
87811	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])				\$41.38
88141	Cytopathology, cervical or vaginal, any reporting system, requiring interpretation by physician				\$22.73
88142	Cytopathology (liquid-based Pap test) cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision				\$20.26
88143	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening and rescreening under physician supervision				\$23.04
88160	Cytopathology, smears, any other source; Screening and interpretation		\$23.41	\$51.39	\$74.80
88161	Cytopathology, smears, any other source; preparation, screening, and interpretation		\$23.11	\$52.27	\$75.38
88164	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening under physician supervision				\$18.19

88165	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening and rescreening under physician supervision				\$42.22
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), first evaluation episode		\$32.21	\$19.34	\$51.55
88173	Cytopathology, evaluation of fine needle aspirate; interpretation and report		\$63.27	\$91.55	\$154.82
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 rescreening, under physician supervision.				\$26.61
88177	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), each separate additional evaluation episode		\$19.64	\$7.68	\$27.32
88305	Surgical pathology, gross and microscopic examination		\$33.86	\$31.45	\$65.31
88307	Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins. Surgical pathology, gross and microscopic examination		\$74.02	\$183.40	\$257.42
88329	Pathology consultation during surgery				\$31.71
88331	Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen		\$56.21	\$35.88	\$92.09
88332	Pathology consultation during surgery, each additional tissue block, with frozen section(s)		\$27.80	\$22.00	\$49.80
88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)		\$25.64	\$61.13	\$86.77
88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure		\$31.65	\$69.55	\$101.20
88360	Morphometric analysis, tumor immunohistochemistry, per specimen; manual		\$37.68	\$69.84	\$107.52
88361	Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology		\$39.44	\$65.41	\$104.85

88365	In situ hybridization (eg,FISH), per specimen; initial single probe stain procedure		\$38.95	\$117.24	\$156.19
88364	In situ hybridization (eg,FISH), per specimen; each additional single probe stain procedure		\$30.76	\$85.20	\$115.96
88366	In situ hybridization (eg,FISH), per specimen; each multiplex probe stain procedure		\$56.06	\$184.13	\$240.19
88367	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, initial single probe stain procedure		\$30.26	\$67.92	\$98.18
88373	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each additional probe stain procedure		\$23.19	\$36.47	\$59.66
88374	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each multiplex stain procedure		\$38.20	\$205.25	\$243.45
88368	Morphometric analysis, in situ hybridization, manual, per specimen, initial single probe stain procedure		\$38.65	\$95.39	\$134.04
88369	Morphometric analysis, in situ hybridization, manual, per specimen, each additional probe stain procedure		\$31.06	\$86.38	\$117.44
88377	Morphometric analysis, in situ hybridization, manual, per specimen, each multiplex stain procedure		\$59.02	\$287.79	\$346.81
93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report				\$12.88
93005	Electrocardiogram, routine ECG with at least 12 leads				\$5.46
CPT Code	Other	End Notes	RATE		
			26	TC	Total
99070	Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided) - Bundled, Not Separately Payable				0.00
G0136	Administration of a standardized, evidence-based Social Determinants of Health Risk Assessment, 5-15 minutes, not more often than every 6 months				8.33

G0019	Community health integration services performed by certified or trained auxiliary personnel, including a community health worker, under the direction of a physician or other practitioner; 60 minutes per calendar month				45.34
G0022	Community health integration services, each additional 30 minutes per calendar month				31.80
CPT Code	Anesthesia	End Notes	RATE		
			26	TC	Total
00400	Anesthesia for procedures on the integumentary system, anterior trunk, not otherwise specified	11			Anesthesia Conversion Factor - \$19.31; Anesthesia Base Units - 3
00940	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified	11			Anesthesia Conversion Factor - \$19.31; Anesthesia Base Units - 3
99156	Moderate anesthesia, 10-22 minutes for individuals 5 years or older				67.25
99157	Moderate anesthesia for each additional 15 minutes	12			52.10
CPT Code	Procedures Specifically Not Allowed	End Notes	RATE		
			26	TC	Total
Any	Treatment of breast carcinoma in situ, breast cancer, cervical intraepithelial neoplasia and cervical cancer.				
77061	Breast tomosynthesis, unilateral	13			
77062	Breast tomosynthesis, bilateral	13			
87623	Human papillomavirus, low-risk types				

End Note	End Note Description
1	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. However, they may be used when provider spends extra time to do a detailed risk assessment.
2	The 9938X codes shall be reimbursed at or below the 99203 rate, and 9939X codes shall be reimbursed at or below the 99213 rate. The type and duration of office visits should be appropriate to the level of care needed to accomplish screening and diagnostic follow-up within the NBCCEDP. While some programs may need to use 993XX-series codes, Preventive Medicine Evaluation visits are not covered by Medicare and not appropriate for the NBCCEDP.
3	This provides fees for the cost of pelvic examination packs and in-room chaperones. This is only allowed when pelvic exam is done in order to do a Pap or HPV test.
4	List separately in addition to 77065 or 77066.
5	For CPT 10011 use the reimbursement rate for CPT code 10009. For CPT 10012 use the reimbursement rate for CPT code 10010.
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	Breast MRI can be reimbursed by the CFY-BCC 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 CFY-BCC to assess the extent of disease in a woman who has just been newly diagnosed with breast cancer in order to determine treatment plan.
9	List separately in addition to code for primary procedure 77067.
10	HPV DNA testing is not a reimbursable test for women under 30 years of age. 87626 cannot be reimbursed along with 87624 or 87626.

11	Fee is calculated using (Base Units + Time [in units]) x Conversion Factor = Anesthesia Fee Amount. Go to this site to get updates base rate and conversion factors Anesthesiologists Center CMS.
12	Example: If procedure is 50 minutes, code 99156 + (99157 x 2). No separate charge allowed if procedure <10 minutes.
13	These procedures have not been approved for coverage by Medicare.