

## 2024 NBCCEDP Allowable Procedures and Relevant CPT® Codes

Listed below are allowable procedures and the corresponding suggested Current Procedural Terminology (CPT) codes for use in the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) under these general conditions—

- NBCCEDP award recipients are required to be responsible stewards of the NBCCEDP funds and use screening and diagnostic dollars in an efficient and appropriate manner.
- When questions arise regarding the appropriateness to use a specific CPT code, the recipients should discuss with their local medical consultants and CDC to determine appropriateness.
- The CPT codes listed are not all-inclusive and recipients may add other, including temporary, CPT codes for an approved procedure.
- Codes that are in **bold letters** are new codes added to the list.

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CPT Code	Office Visits	End Note
99202	New patient; medically appropriate history/exam; straightforward decision making; 15-29 minutes	
99203	New patient; medically appropriate history/exam; low level decision making; 30-44 minutes	
99204	New patient; medically appropriate history/exam; moderate level decision making; 45-59 minutes	1
99205	New patient; medically appropriate history/exam; high level decision making; 60-74 minutes	1
99211	Established patient; evaluation and management, may not require presence of physician; presenting problems are minimal	
99212	Established patient; medically appropriate history/exam; straightforward decision making; 10-19 minutes	
99213	Established patient; medically appropriate history/exam; low level decision making; 20-29 minutes	
99214	Established patient; medically appropriate history/exam; moderate level decision making; 30-39 minutes	
99385	<i>Initial</i> 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	2
99386	Same as 99385, but 40 to 64 years of age	2
99387	Same as 99385, but 65 years of age or older	2
99395	<i>Periodic</i> 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	2
99396	Same as 99395, but 40 to 64 years of age	2
99397	Same as 99395, but 65 years of age or older	2

CPT Code	Screening and Diagnostic Procedures	End Note
G0279	Diagnostic digital breast tomosynthesis, unilateral or bilateral	4
Various	To include any pre-operative testing procedures medically necessary for the planned surgical procedure (e.g., complete blood count, urinalysis, pregnancy test, pre-operative CXR, etc.)	
10004	Fine needle aspiration biopsy without imaging guidance, each additional lesion	
10005	Fine needle aspiration biopsy including ultrasound guidance, first lesion	
10006	Fine needle aspiration biopsy including ultrasound guidance, each additional lesion	
10007	Fine needle aspiration biopsy including fluoroscopic guidance, first lesion	
10008	Fine needle aspiration biopsy including fluoroscopic guidance, each additional lesion	
10009	Fine needle aspiration biopsy including CT guidance, first lesion	
10010	Fine needle aspiration biopsy including CT guidance, each additional lesion	
10011	Fine needle aspiration biopsy including MRI guidance, first lesion	8
10012	Fine needle aspiration biopsy including MRI guidance, each additional lesion	8
10021	Fine needle aspiration biopsy without imaging guidance, first lesion	
19000	Puncture aspiration of cyst of breast	
19001	Puncture aspiration of cyst of breast, each additional cyst, <i>used with 19000</i>	
19081	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion	6
19082	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion	6
19083	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion	6
19084	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion	6
19085	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion	6
19086	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion	6
19100	Breast biopsy, percutaneous, needle core, not using imaging guidance	
19101	Breast biopsy, open, incisional	
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	
19125	Excision of breast lesion identified by preoperative placement of radiological marker; open; single lesion	
19126	Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker	
19281	Placement of breast localization device, percutaneous; mammographic guidance; first lesion	7
19282	Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion	7
19283	Placement of breast localization device, percutaneous; stereotactic guidance; first lesion	7
19284	Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion	7
19285	Placement of breast localization device, percutaneous; ultrasound guidance; first lesion	7

CPT Code	Screening and Diagnostic Procedures	End Note
19286	Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion	7
19287	Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion	7
19288	Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion	7
<b>38505</b>	<b>Needle biopsy of axillary lymph node</b>	
57452	Colposcopy of the cervix	
57454	Colposcopy of the cervix, with biopsy and endocervical curettage	
57455	Colposcopy of the cervix, with biopsy	
57456	Colposcopy of the cervix, with endocervical curettage	
57460	Colposcopy with loop electrode biopsy(s) of the cervix	
57461	Colposcopy with loop electrode conization of the cervix	
57500	Cervical biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	
57505	Endocervical curettage (not done as part of a dilation and curettage)	
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	
57522	Loop electrode excision procedure	
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)	
76098	Radiological examination, surgical specimen	
76641	Ultrasound, complete examination of breast including axilla, unilateral	
76642	Ultrasound, limited examination of breast including axilla, unilateral	
76942	Ultrasonic guidance for needle placement, imaging supervision and interpretation	
77046	Magnetic resonance imaging (MRI), breast, without contrast, unilateral	5
77047	Magnetic resonance imaging (MRI), breast, without contrast, bilateral	5
77048	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, unilateral	5
77049	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, bilateral	5
77053	Mammary ductogram or galactogram, single duct	
77063	Screening digital breast tomosynthesis, bilateral	3
77065	Diagnostic mammography, unilateral, includes CAD	
77066	Diagnostic mammography, bilateral, includes CAD	
77067	Screening mammography, bilateral, includes CAD	

CPT Code	Pathology	End Note
Various	Pre-operative testing; CBC, urinalysis, pregnancy test, etc. These procedures should be medically necessary for the planned surgical procedure.	
87426	COVID-19 infectious agent detection by nuclei acid DNA or RNA; amplified probe technique	
87635	COVID-19 infectious agent antigen detection by immunoassay technique; qualitative or semiquantitative	
88365	In situ hybridization (eg,FISH), per specimen; initial single probe stain procedure	
88364	In situ hybridization (eg,FISH), per specimen; each additional single probe stain procedure	
88366	In situ hybridization (eg,FISH), per specimen; each multiplex probe stain procedure	
88367	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, initial single probe stain procedure	
88373	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each additional probe stain procedure	
88374	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each multiplex stain procedure	
88368	Morphometric analysis, in situ hybridization, manual, per specimen, initial single probe stain procedure	
88369	Morphometric analysis, in situ hybridization, manual, per specimen, each additional probe stain procedure	
88377	Morphometric analysis, in situ hybridization, manual, per specimen, each multiplex stain procedure	
87624	Human Papillomavirus, high-risk types	9
87625	Human Papillomavirus, genotyping	9
88141	Cytopathology, cervical or vaginal, any reporting system, <i>requiring interpretation by physician</i>	
88142	Cytopathology (liquid-based Pap test) cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	
88143	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening and rescreening under physician supervision	
88164	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening under physician supervision	
88165	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening and rescreening under physician supervision	
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), first evaluation episode	
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), first evaluation episode	
88173	Cytopathology, evaluation of fine needle aspirate; interpretation and report	
88173	Cytopathology, evaluation of fine needle aspirate; interpretation and report	
88174	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	
88175	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system and manual rescreening, under physician supervision	
88177	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), each separate additional evaluation episode	
88177	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), each separate additional evaluation episode	
88305	Surgical pathology, gross and microscopic examination	
88305	Surgical pathology, gross and microscopic examination	
88305	Surgical pathology, gross and microscopic examination	
88307	Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	
88307	Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	

CPT Code	Pathology	End Note
88307	Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	
88331	Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen	
88332	Pathology consultation during surgery, each additional tissue block, with frozen section(s)	
88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	
88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	
88360	Morphometric analysis, tumor immunohistochemistry, per specimen; manual	
88361	Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology	

CPT Code	Other	End Note
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)	
<b>G0136</b>	<b>Administration of a standardized, evidence-based Social Determinants of Health Risk Assessment, 5-15 minutes, not more often than every 6 months</b>	
<b>G0019</b>	<b>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</b>	
<b>G0022</b>	<b>Community health integration services, each additional 30 minutes per calendar month</b>	

CPT Code	Anesthesia	End Note
00400	Anesthesia for procedures on the integumentary system, anterior trunk, not otherwise specified	
<b>00940</b>	<b>Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified</b>	
99156	Moderate anesthesia, 10-22 minutes for individuals 5 years or older	
99157	Moderate anesthesia for each additional 15 minutes	10

CPT Code	Procedures Specifically Not Allowed	End Note
Any	Treatment of breast carcinoma in situ, breast cancer, cervical intraepithelial neoplasia and cervical cancer.	
77061	Breast tomosynthesis, unilateral	11
77062	Breast tomosynthesis, bilateral	11
87623	Human papillomavirus, low-risk types	

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 <u>not</u> 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	List separately in addition to code for primary procedure 77067.
4	List separately in addition to 77065 or 77066.
5	Breast MRI can be reimbursed by the NBCCEDP in conjunction with a mammogram when a client has a BRCA gene mutation, a first-degree relative who is a BRCA carrier, or a lifetime risk of 20% or greater as defined by risk assessment models, such as BRCAPRO, that depend largely on family history. Breast MRI also can be used to assess areas of concern on a mammogram, or to evaluate a client with a history of breast cancer after completing treatment. Breast MRI should never be done alone as a breast cancer screening tool. Breast MRI cannot be reimbursed for by the NBCCEDP to assess the extent of disease in a woman who has just been newly diagnosed with breast cancer in order to determine treatment plan.
6	Codes 19081–19086 are to be used for breast biopsies that include image guidance, placement of a localization device, and imaging of specimen. They should not be used in conjunction with 19281–19288.
7	Codes 19281–19288 are for image guidance placement of a localization device without image-guided biopsy. These codes should not be used in conjunction with 19081–19086.
8	For CPT 10011 use the reimbursement rate for CPT code 10009. For CPT 10012 use the reimbursement rate for CPT code 10010.
9	HPV DNA testing is not a reimbursable test for women under 30 years of age.
10	Example: If procedure is 50 minutes, code 99156 + (99157 x 2). No separate charge allowed if procedure <10 minutes.
11	These procedures have not been approved for coverage by Medicare.