



**FY25 NM BCC Program CPT Codes: 2024 Medicare Reimbursement Rates**  
**July 2024 - June 2025**  
 (Updated January 30, 2025)

<b>CPT CODE</b>	<b>SERVICE DESCRIPTION</b>	<b>FY25 PAYMENT</b>
10004	Fine needle aspiration biopsy without imaging guidance, each additional lesion	\$51.05
10005	Fine needle aspiration biopsy including ultrasound guidance, first lesion	\$127.68
10006	Fine needle aspiration biopsy including ultrasound guidance, each additional lesion	\$58.35
10007	Fine needle aspiration biopsy including fluoroscopic guidance, first lesion	\$282.83
10008	Fine needle aspiration biopsy including fluoroscopic guidance, each additional lesion	\$132.78
10009	Fine needle aspiration biopsy including CT guidance, first lesion	\$395.43
10010	Fine needle aspiration biopsy including CT guidance, each additional lesion	\$219.99
10011 <sup>1</sup>	Fine needle aspiration biopsy including MRI guidance, first lesion	\$395.43
10012 <sup>1</sup>	Fine needle aspiration biopsy including MRI guidance, each additional lesion	\$219.99
10021	Fine needle aspiration biopsy without imaging guidance, first lesion only	\$96.27
10035	Placement of soft tissue localization device(s)	\$333.43
19000	Puncture aspiration of cyst of breast	\$94.52
19001	Puncture aspiration of cyst of breast, each additional cyst, <i>used with 19000</i>	\$25.60
19030	Injection of duct for breast x-ray	\$154.41
19081	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance, first lesion	\$461.82
19082	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance, each additional lesion	\$351.42
19083	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance, first lesion	\$459.72
19084	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance, each additional lesion	\$345.58
19085	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance, first lesion	\$699.25
19086	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance, each additional lesion	\$536.52
19100	Breast biopsy, percutaneous, needle core, not using imaging guidance	\$142.02
19101	Breast biopsy, open, incisional	\$315.46
19110	Nipple exploration	\$468.23
19120	Excision of cyst, fibroadenoma or other benign or malignant tumor, aberrant breast tissue, duct lesion, or nipple or areolar lesion, open, one or more lesions	\$506.49
19125	Excision of breast lesion identified by preoperative placement of radiological marker; open; single lesion	\$559.14
19126	Excision of breast lesion identified by preoperative placement of radiological marker, open; <i>each additional lesion separately identified by a preoperative radiological marker</i>	\$159.65
19281	Placement of breast localization device, percutaneous; mammographic guidance; first lesion	\$225.63
19282	Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion	\$158.00
19283	Placement of breast localization device, percutaneous; stereotactic guidance; first lesion	\$241.61
19284	Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion	\$174.80



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19285	Placement of breast localization device, percutaneous; ultrasound guidance; first lesion	\$336.46
19286	Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion	\$272.70
19287	Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion	\$578.67
19288	Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion	\$442.85
20206*	Biopsy of the muscle with percutaneous needle (*Prior authorization required before performing procedure and for reimbursement)	\$201.89
21550*	Biopsy of soft tissue of the neck or thorax (*Prior authorization required before performing procedure and for reimbursement)	\$252.20
38500*	Biopsy or excision of lymph node(s); open, superficial (*Prior authorization required before performing procedure and for reimbursement)	\$326.30
38505*	Biopsy or excision of lymph nodes by needle, superficial (e.g., cervical, inguinal, axillary) (*Prior authorization required before performing procedure and for reimbursement)	\$163.75
38525*	Biopsy or excision of lymph node(s) open, deep axillary node(s) (*Prior authorization required before performing procedure and for reimbursement)	\$437.04
57452	Colposcopy of the cervix (without biopsy)	\$122.47
57454	Colposcopy of the cervix, with biopsy and endocervical curettage	\$164.71
57455	Colposcopy of the cervix, with biopsy	\$156.79
57456	Colposcopy of the cervix, with endocervical curettage	\$147.73
57460*	Colposcopy with loop electrode, biopsy(s) of the cervix (Diagnostic only) (*Prior authorization required before performing procedure and for reimbursement)	\$298.42
57461*	Colposcopy with loop electrode, conization of the cervix (Diagnostic only) (*Prior authorization required before performing procedure and for reimbursement)	\$333.78
57500	Biopsy of the cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure) (for cervical diagnostic providers only)	\$145.38
57505	Endocervical curettage (not done as part of a dilation and curettage)	\$147.16
57520*	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser (Diagnostic only) (*Prior authorization required before performing procedure and for reimbursement)	\$342.75
57522*	Loop electrode excision procedure (LEEP) (Diagnostic only) (*Prior authorization required before performing procedure and for reimbursement)	\$294.37
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	\$97.95
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)	\$49.14
71260*	Computed tomography (CT), thorax; with contrast material (*Prior authorization required before performing procedure and for reimbursement)	\$159.61
71260-26*	Computed tomography (CT), thorax; with contrast material - <b>Professional Component</b> (*Prior authorization required before performing procedure and for reimbursement)	\$53.65
71260-TC*	Computed tomography (CT), thorax; with contrast material - <b>Technical Component</b> (*Prior authorization required before performing procedure and for reimbursement)	\$105.96
72193*	Computed tomography (CT), pelvis; with contrast material (*Prior authorization required before performing procedure and for reimbursement)	\$217.34



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72193-26*	Computed tomography (CT), pelvis; with contrast material – <b>Professional Component</b> (*Prior authorization required before performing procedure and for reimbursement)	\$53.35
72193-TC*	Computed tomography (CT), pelvis; with contrast material – <b>Technical Component</b> (*Prior authorization required before performing procedure and for reimbursement)	\$164.00
72195*	Magnetic resonance imaging, pelvis; without contrast material(s) (*Prior authorization required before performing procedure and for reimbursement)	\$219.04
72195-26*	Magnetic resonance imaging, pelvis; without contrast material(s) – <b>Professional Component</b> (*Prior authorization required before performing procedure and for reimbursement)	\$67.44
72195-TC*	Magnetic resonance imaging, pelvis; without contrast material(s) – <b>Technical Component</b> (*Prior authorization required before performing procedure and for reimbursement)	\$151.60
72196*	Magnetic resonance imaging, pelvis; with contrast materials(s) (*Prior authorization required before performing procedure and for reimbursement)	\$256.62
72196-26*	Magnetic resonance imaging, pelvis; with contrast materials(s) – <b>Professional Component</b> (*Prior authorization required before performing procedure and for reimbursement)	\$79.23
72196-TC*	Magnetic resonance imaging, pelvis; with contrast materials(s) – <b>Technical Component</b> (*Prior authorization required before performing procedure and for reimbursement)	\$177.38
74177*	Computed tomography (CT), abdomen pelvis combination; with contrast material (*Prior authorization required before performing procedure and for reimbursement)	\$288.84
74177-26*	Computed tomography (CT), abdomen pelvis combination; with contrast material - <b>Professional Component</b> (*Prior authorization required before performing procedure and for reimbursement)	\$83.44
74177-TC*	Computed tomography (CT), abdomen pelvis combination; with contrast material - <b>Technical Component</b> (*Prior authorization required before performing procedure and for reimbursement)	\$205.40
76098	Radiological examination, surgical specimen	\$39.90
76098-26	Radiological examination, surgical specimen - <b>Professional Component</b>	\$14.73
76098-TC	Radiological examination, surgical specimen - <b>Technical Component</b>	\$25.18
76604*	Ultrasound of the chest (*Prior authorization required before performing procedure and for reimbursement)	\$53.84
76604-26*	Ultrasound of the chest - <b>Professional Component</b> (*Prior authorization required before performing procedure and for reimbursement)	\$26.25
76604-TC*	Ultrasound of the chest - <b>Technical Component</b> (*Prior authorization required before performing procedure and for reimbursement)	\$27.59
76641	Ultrasound, complete examination of breast including axilla, unilateral	\$95.77
76641-26	Ultrasound, complete examination of breast including axilla, unilateral - <b>Professional Component</b>	\$33.72
76641-TC	Ultrasound, complete examination of breast including axilla, unilateral - <b>Technical Component</b>	\$62.05
76641-50	Ultrasound, complete examination of breast including axilla, bilateral	\$143.67
76641-2650	Ultrasound, complete examination of breast including axilla, bilateral - <b>Professional Component</b>	\$50.58
76641-TC50	Ultrasound, complete examination of breast including axilla, bilateral - <b>Technical Component</b>	\$93.08
76642	Ultrasound, limited examination of breast including axilla, unilateral	\$79.60



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76642-26	Ultrasound, limited examination of breast including axilla, unilateral - <b>Professional Component</b>	\$31.45
76642-TC	Ultrasound, limited examination of breast including axilla, unilateral - <b>Technical Component</b>	\$48.15
76642-50	Ultrasound, limited examination of breast including axilla, bilateral	\$119.40
76642-2650	Ultrasound, limited examination of breast including axilla, bilateral – <b>Professional Component</b>	\$47.18
76642-TC50	Ultrasound, limited examination of breast including axilla, bilateral – <b>Technical Component</b>	\$72.23
76882	Ultrasound, limited, non-vascular extremity structure such as peri-articular tendon(s), joint space, muscle(s), nerve(s), other soft tissue structure(s), or soft tissue mass(es)	\$59.98
76882-26	Ultrasound, limited, non-vascular extremity structure such as peri-articular tendon(s), joint space, muscle(s), nerve(s), other soft tissue structure(s), or soft tissue mass(es) - <b>Professional Component</b>	\$31.78
76882-TC	Ultrasound, limited, non-vascular extremity structure such as peri-articular tendon(s), joint space, muscle(s), nerve(s), other soft tissue structure(s), or soft tissue mass(es) - <b>Technical Component</b>	\$28.20
76942	Ultrasonic guidance for needle placement, imaging supervision and interpretation	\$55.00
76942-26	Ultrasonic guidance for needle placement – <b>Professional Component</b>	\$29.22
76942-TC	Ultrasonic guidance for needle placement - <b>Technical Component</b>	\$25.78
76982	Ultrasound, elastography; first target lesion	\$86.79
76982-26	Ultrasound, elastography; first target lesion - <b>Professional Component</b>	\$27.46
76982-TC	Ultrasound, elastography; first target lesion - <b>Technical Component</b>	\$59.33
76983	Ultrasound, elastography; each additional target lesion; list separately in addition to code for primary procedure	\$57.80
76983-26	Ultrasound, elastography; each additional target lesion; list separately in addition to code for primary procedure - <b>Professional Component</b>	\$24.16
76983-TC	Ultrasound, elastography; each additional target lesion; list separately in addition to code for primary procedure - <b>Technical Component</b>	\$33.64
77046*	Magnetic resonance imaging (MRI), breast, without contrast, unilateral (*Prior authorization required before performing procedure and for reimbursement)	\$203.51
77046-26*	Magnetic resonance imaging (MRI), breast, without contrast, unilateral - <b>Professional Component</b> (*Prior authorization required before performing procedure and for reimbursement)	\$66.41
77046-TC*	Magnetic resonance imaging (MRI), breast, without contrast, unilateral - <b>Technical Component</b> (*Prior authorization required before performing procedure and for reimbursement)	\$137.10
77047*	Magnetic resonance imaging (MRI), breast, without contrast, bilateral (*Prior authorization required before performing procedure and for reimbursement)	\$209.80
77047-26*	Magnetic resonance imaging (MRI), breast, without contrast, bilateral - <b>Professional Component</b> (*Prior authorization required before performing procedure and for reimbursement)	\$73.31
77047-TC*	Magnetic resonance imaging (MRI), breast, without contrast, bilateral - <b>Technical Component</b> (*Prior authorization required before performing procedure and for reimbursement)	\$136.49
77048*	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, unilateral (*Prior authorization required before performing procedure and for reimbursement)	\$320.79



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77048-26*	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, unilateral - <b>Professional Component</b> (*Prior authorization required before performing procedure and for reimbursement)	\$96.56
77048-TC*	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, unilateral - <b>Technical Component</b> (*Prior authorization required before performing procedure and for reimbursement)	\$224.23
77049*	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, bilateral (*Prior authorization required before performing procedure and for reimbursement)	\$327.84
77049-26*	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, bilateral - <b>Professional Component</b> (*Prior authorization required before performing procedure and for reimbursement)	\$105.73
77049-TC*	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, bilateral - <b>Technical Component</b> (*Prior authorization required before performing procedure and for reimbursement)	\$222.12
77053*	Mammary ductogram or galactogram, single duct (*Prior authorization required before performing procedure and for reimbursement)	\$50.33
77053-26*	Mammary ductogram or galactogram, single duct – <b>Professional Component</b> (*Prior authorization required before performing procedure and for reimbursement)	\$16.69
77053-TC*	Mammary ductogram or galactogram, single duct – <b>Technical Component</b> (*Prior authorization required before performing procedure and for reimbursement)	\$33.64
77063	Screening digital breast tomosynthesis, bilateral (add to <b>77067</b> only)	\$49.25
77063-26	Screening digital breast tomosynthesis, bilateral (add to <b>77067-26</b> only) – <b>Professional Component</b>	\$27.49
77063-TC	Screening digital breast tomosynthesis, bilateral (add to <b>77067-TC</b> only) – <b>Technical Component</b>	\$21.76
77065	Mammography, diagnostic, unilateral	\$116.57
77065-26	Mammography, diagnostic, unilateral - <b>Professional Component</b>	\$37.29
77065-TC	Mammography, diagnostic, unilateral - <b>Technical Component</b>	\$79.28
77066	Mammography, diagnostic, bilateral	\$147.55
77066-26	Mammography, diagnostic, bilateral - <b>Professional Component</b>	\$45.82
77066-TC	Mammography, diagnostic, bilateral - <b>Technical Component</b>	\$101.73
77067	Mammography, screening, bilateral (2-view study of each breast)	\$118.83
77067-26	Mammography, screening, bilateral (2-view study of each breast) – <b>Professional Component</b>	\$35.02
77067-TC	Mammography, screening, bilateral (2-view study of each breast) – <b>Technical Component</b>	\$83.81
77067-52	Mammography, screening, unilateral (2-view study of one breast)	\$118.83
G0279	Diagnostic digital breast tomosynthesis, unilateral or bilateral (add to <b>77065</b> or <b>77066</b> only)	\$45.02
G0279-26	Diagnostic digital breast tomosynthesis, unilateral or bilateral (add to <b>77065-26</b> or <b>77066-26</b> only) – <b>Professional Component</b>	\$27.49
G0279-TC	Diagnostic digital breast tomosynthesis, unilateral or bilateral (add to <b>77065-TC</b> or <b>77066-TC</b> only) – <b>Technical Component</b>	\$17.53



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78811*	Tumor Imaging, positron emission tomography (PET); <u>limited area, e.g., chest, head/neck</u> (*Prior authorization required before performing procedure and for reimbursement)	\$1,317.49
78811-26*	Tumor Imaging, positron emission tomography (PET); <u>limited area, e.g., chest, head/neck</u> – <b>Professional Component</b> (*Prior authorization required before performing procedure and for reimbursement)	\$68.50
78811-TC*	Tumor Imaging, positron emission tomography (PET); <u>limited area, e.g., chest, head/neck</u> - <b>Technical Component</b> (*Prior authorization required before performing procedure and for reimbursement)	\$1,248.99
78814*	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; <u>limited area, e.g., chest, head/neck</u> (*Prior authorization required before performing procedure and for reimbursement)	\$1,473.92
78814-26*	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; <u>limited area, e.g., chest, head/neck</u> - <b>Professional Component</b> (*Prior authorization required before performing procedure and for reimbursement)	\$97.99
78814-TC*	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; <u>limited area, e.g., chest, head/neck</u> - <b>Technical Component</b> (*Prior authorization required before performing procedure and for reimbursement)	\$1,375.93
78815*	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; <u>skull to thigh</u> (*Prior authorization required before performing procedure and for reimbursement)	\$1,485.02
78815-26*	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; <u>skull to thigh</u> - <b>Professional Component</b> (*Prior authorization required before performing procedure and for reimbursement)	\$109.09
78815-TC*	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; <u>skull to thigh</u> - <b>Technical Component</b> (*Prior authorization required before performing procedure and for reimbursement)	\$1,375.93
78816*	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; <u>full body</u> (*Prior authorization required before performing procedure and for reimbursement)	\$1,486.02
78816-26*	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; <u>full body</u> – <b>Professional Component</b> (*Prior authorization required before performing procedure and for reimbursement)	\$110.09
78816-TC*	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; <u>full body</u> - <b>Technical Component</b> (*Prior authorization required before performing procedure and for reimbursement)	\$1,375.93
81025 <sup>2</sup>	Urine pregnancy test, by visual color comparison methods	\$4.31
82565*	Creatinine: Blood (*Prior authorization required before performing procedure and for reimbursement)	\$5.12
84520*	Blood Urea Nitrogen [BUN] (*Prior authorization required before performing procedure and for reimbursement)	\$3.95



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85027*	Complete Blood Count (CBC) Automated (Hgb, Hct, RBC, WBC and platelet count) (*Prior authorization required before performing procedure and for reimbursement)	\$6.47
87624	Papillomavirus, Human, high-risk types (specify the high-risk HPV DNA panel only) (Hybrid Capture II from Digene-HPV Test [High Risk Typing, only]; Cervista HPV HR can be reimbursed at the same rate as the Digene Hybrid Capture II HPV DNA Assay, but funds cannot be used for geno-typing (e.g., Cervista HPV 16/18))	\$35.09
87625	Papillomavirus, Human, types 16 and 18 only	\$40.55
87626	Papillomavirus, Human, reported high-risk types separately and pooled	\$70.20
88141	Cytopathology, cervical or vaginal, any reporting system, <i>requiring interpretation by physician</i>	\$22.65
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
88164	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening under physician supervision	\$17.76
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	\$52.77
88172-26	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), first evaluation episode - <b>Professional Component</b>	\$33.03
88172-TC	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), first evaluation episode - <b>Technical Component</b>	\$19.73
88177	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), each separate additional evaluation episode	\$27.97
88177-26	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), each separate additional evaluation episode - <b>Professional Component</b>	\$20.42
88177-TC	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), each separate additional evaluation episode - <b>Technical Component</b>	\$7.56
88173	Cytopathology, evaluation of fine needle aspirate; <i>interpretation and report</i>	\$156.43
88173-26	Cytopathology, evaluation of fine needle aspirate - <b>Professional Component</b>	\$65.49
88173-TC	Cytopathology, evaluation of fine needle aspirate - <b>Technical Component</b>	\$90.94
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
88305	Surgical pathology, gross and microscopic examination	\$67.46



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88305-26	Surgical pathology, gross and microscopic examination – <b>Professional Component</b>	\$35.03
88305-TC	Surgical pathology, gross and microscopic examination - <b>Technical Component</b>	\$32.43
88307	Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	\$266.63
88307-26	Surgical pathology, gross and microscopic examination – <b>Professional Component</b>	\$76.77
88307-TC	Surgical pathology, gross and microscopic examination – <b>Technical Component</b>	\$189.86
88331	Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen.	\$95.49
88331-26	Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen - <b>Professional Component</b>	\$57.92
88331-TC	Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen - <b>Technical Component</b>	\$37.57
88332	Pathology consultation during surgery, with frozen section(s), each additional specimen.	\$51.25
88332-26	Pathology consultation during surgery, with frozen section(s), each additional specimen - <b>Professional Component</b>	\$28.49
88332-TC	Pathology consultation during surgery, with frozen section(s), each additional specimen - <b>Technical Component</b>	\$22.76
88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	\$98.44
88342-26	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure - <b>Professional Component</b>	\$32.76
88342-TC	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure - <b>Technical Component</b>	\$65.68
88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (list separately in addition to code for primary procedure)	\$84.02
88341-26	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (list separately in addition to code for primary procedure) - <b>Professional Component</b>	\$26.29
88341-TC	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (list separately in addition to code for primary procedure) - <b>Technical Component</b>	\$57.73
88360	Morphometric analysis, tumor immunohistochemistry, per specimen; manual	\$111.89
88360-26	Morphometric analysis, tumor immunohistochemistry, per specimen; manual – <b>Professional Component</b>	\$38.96
88360-TC	Morphometric analysis, tumor immunohistochemistry, per specimen; manual – <b>Technical Component</b>	\$72.93
88361	Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology	\$111.29
88361-26	Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology – <b>Professional Component</b>	\$41.08
88361-TC	Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology – <b>Technical Component</b>	\$70.21
88365	In situ hybridization (e.g., FISH), per specimen; initial single probe stain procedure	\$163.76
88365-26	In situ hybridization (e.g., FISH), per specimen; initial single probe stain procedure – <b>Professional Component</b>	\$40.26
88365-TC	In situ hybridization (e.g., FISH), per specimen; initial single probe stain procedure – <b>Technical Component</b>	\$123.49





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88364	In situ hybridization (e.g., FISH), per specimen; each additional single probe stain procedure (list separately in addition to code for primary procedure)	\$123.22
88364-26	In situ hybridization (e.g., FISH), per specimen; each additional single probe stain procedure (list separately in addition to code for primary procedure) – <b>Professional Component</b>	\$31.85
88364-TC	In situ hybridization (e.g., FISH), per specimen; each additional single probe stain procedure (list separately in addition to code for primary procedure) – <b>Technical Component</b>	\$91.37
88366	In situ hybridization (e.g., FISH), per specimen; each multiplex probe stain procedure	\$250.48
88366-26	In situ hybridization (e.g., FISH), per specimen; each multiplex probe stain procedure – <b>Professional Component</b>	\$57.77
88366-TC	In situ hybridization (e.g., FISH), per specimen; each multiplex probe stain procedure – <b>Technical Component</b>	\$192.71
88367	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure	\$103.67
88367-26	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure – <b>Professional Component</b>	\$31.34
88367-TC	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure – <b>Technical Component</b>	\$72.33
88373	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure	\$63.22
88373-26	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure – <b>Professional Component</b>	\$23.84
88373-TC	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure – <b>Technical Component</b>	\$39.38
88368	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure	\$137.16
88368-26	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure – <b>Professional Component</b>	\$39.66
88368-TC	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure – <b>Technical Component</b>	\$97.50
88369	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each additional single probe stain procedure	\$118.69
88369-26	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each additional single probe stain procedure – <b>Professional Component</b>	\$31.55
88369-TC	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each additional single probe stain procedure – <b>Technical Component</b>	\$87.14
88374	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure	\$263.87



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88374-26	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure – <b>Professional Component</b>	\$39.81
88374-TC	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure – <b>Technical Component</b>	\$224.06
88377	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure	\$363.11
88377-26	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure – <b>Professional Component</b>	\$60.29
88377-TC	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure – <b>Technical Component</b>	\$302.82
99156	Conscious sedation anesthesia: 10-22 minutes for individuals 5 years or older	\$73.65
99157	Conscious sedation anesthesia: For each additional 15 minutes	\$57.99
99202	New patient; <i>medically appropriate</i> history, exam, straightforward decision-making; 15-29 minutes (add appropriate Pap and/or HPV test CPT code(s) when test(s) also performed)	\$69.14
99203	New patient; <i>medically appropriate</i> history, exam, low level decision-making; 30-44 minutes (add appropriate Pap and/or HPV test CPT code(s) when test(s) also performed)	\$107.56
99204	New patient; <i>medically appropriate</i> history, exam, moderate level decision-making; 45-59 minutes (i.e., surgical consult, not screening visit)	\$161.80
99205	New patient; <i>medically appropriate</i> history, exam, high level decision-making; 60-74 minutes (i.e., surgical consult, not screening visit)	\$213.71
99211	Established patient; evaluation and management, may not require presence of physician; presenting problems are minimal (add appropriate Pap and/or HPV test CPT code(s) when test(s) also performed)	\$21.80
99212	Established patient; medically appropriate history, exam, straightforward decision-making; 10-19 minutes (add appropriate Pap and/or HPV test CPT code(s) when test(s) also performed)	\$54.05
99213	Established patient; medically appropriate history, exam, low level decision-making; 20-29 minutes (add appropriate Pap and/or HPV test CPT code(s) when test(s) also performed)	\$87.37
99214	Established patient; medically appropriate history, exam, moderate level decision-making; 30-39 minutes	\$123.48
99385	New patient, 18-39 years of age, initial comprehensive preventive medicine evaluation and management, including but not limited to history and examination (add appropriate Pap and/or HPV test CPT code(s) when test(s) also performed) <b>(Approved by the CDC at the CPT code 99203 reimbursement rate)</b>	\$107.56
99386	New patient, 40-64 years of age, initial comprehensive preventive medicine evaluation and management, including but not limited to history and examination (add appropriate Pap and/or HPV test CPT code(s) when test(s) also performed) <b>(Approved by the CDC at the CPT code 99203 reimbursement rate)</b>	\$107.56
99387	New patient, 65+ years of age, initial comprehensive preventive medicine evaluation and management, including but not limited to history and examination (add appropriate Pap and/or HPV test CPT code(s) when test(s) also performed) <b>(Approved by the CDC at the CPT code 99203 reimbursement rate)</b>	\$107.56



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99395	Established patient, 18-39 years of age, initial comprehensive preventive medicine evaluation and management, including but not limited to history and examination (add appropriate Pap and/or HPV test CPT code(s) when test(s) also performed) <b>(Approved by the CDC at the CPT code 99213 reimbursement rate)</b>	\$87.37
99396	Established patient; 40-64 years of age, initial comprehensive preventive medicine evaluation and management, including but not limited to history and examination (add appropriate Pap and/or HPV test CPT code(s) when test(s) also performed) <b>(Approved by the CDC at the CPT code 99213 reimbursement rate)</b>	\$87.37
99397	Established patient; 65+ years of age, initial comprehensive preventive medicine evaluation and management, including but not limited to history and examination (add appropriate Pap and/or HPV test CPT code(s) when test(s) also performed) <b>(Approved by the CDC at the CPT code 99213 reimbursement rate)</b>	\$87.37
99441	Telephone evaluation and management services; 5-10 minutes of medical discussion	\$53.66
99442	Telephone evaluation and management services; 11-20 minutes of medical discussion	\$86.98
99443	Telephone evaluation and management services; 21-30 minutes of medical discussion	\$123.48
00360	Facility fees/revenue codes, operating room services; medical surgical supplies that are used in conjunction with excisional breast biopsy (reimbursement up to \$1,000.00)	\$1,000.00
00400	Anesthesia for procedures on the integumentary system, anterior trunk, not otherwise specified; codes charged at \$20.69 per unit (breast biopsy has 3 base units plus time; time charged as 1 unit per 15 minutes)	\$20.69
00940	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium), not otherwise specified; codes charged at \$20.69 per unit (these biopsies have 3 base units plus time; time charged as 1 unit per 15 minutes)	\$20.69
A9552*	Fluorodeoxyglucose f-18 fdg, diagnostic, per study dose, up to 45 millicuries (*Prior authorization required before performing procedure and for reimbursement)	\$185.00
DC100	Approved, reimbursable services; charged at \$10.00 per unit, not to exceed regular 2024 Medicare reimbursement rate	\$10.00
G9012	Other specified case management service (i.e., patient navigation)	\$35.00
<sup>1</sup> Per CDC guidance, code 10011 should be reimbursed at the rate for code 10009, and code 10012 should be reimbursed at the rate for code 10010. <sup>2</sup> Approved at 50% of current Medicare reimbursement rate. * Prior authorization required before performing procedure and for reimbursement.		