

**FY24 NM BCC Program CPT Codes: 2023 Medicare Reimbursement Rates**  
**July 2023 - June 2024**  
*Updated July 2023*

<b>CPT CODE</b>	<b>SERVICE DESCRIPTION</b>	<b>FY24 PAYMENT</b>
10004	Fine needle aspiration biopsy without imaging guidance, each additional lesion	\$50.11
10005	Fine needle aspiration biopsy including ultrasound guidance, first lesion	\$130.79
10006	Fine needle aspiration biopsy including ultrasound guidance, each additional lesion	\$58.94
10007	Fine needle aspiration biopsy including fluoroscopic guidance, first lesion	\$279.77
10008	Fine needle aspiration biopsy including fluoroscopic guidance, each additional lesion	\$137.20
10009	Fine needle aspiration biopsy including CT guidance, first lesion	\$409.00
10010	Fine needle aspiration biopsy including CT guidance, each additional lesion	\$226.05
10011 <sup>1</sup>	Fine needle aspiration biopsy including MRI guidance, first lesion	\$409.00
10012 <sup>1</sup>	Fine needle aspiration biopsy including MRI guidance, each additional lesion	\$226.05
10021	Fine needle aspiration biopsy without imaging guidance, first lesion only	\$97.91
10035	Placement of soft tissue localization device(s)	\$347.48
19000	Puncture aspiration of cyst of breast	\$97.32
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	\$158.23
19081	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance, first lesion	\$478.00
19082	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance, each additional lesion	\$366.87
19083	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance, first lesion	\$477.10
19084	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance, each additional lesion	\$361.25
19085	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance, first lesion	\$727.39
19086	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance, each additional lesion	\$561.75
19100	Breast biopsy, percutaneous, needle core, not using imaging guidance	\$145.70
19101	Breast biopsy, open, incisional	\$321.22
19110	Nipple exploration	\$473.41
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	\$509.83
19125	Excision of breast lesion identified by preoperative placement of radiological marker; open; single lesion	\$562.98
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>	\$161.44
19281	Placement of breast localization device, percutaneous; mammographic guidance; first lesion	\$230.18
19282	Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion	\$161.95
19283	Placement of breast localization device, percutaneous; stereotactic guidance; first lesion	\$248.09

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19284	Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion	\$180.99
19285	Placement of breast localization device, percutaneous; ultrasound guidance; first lesion	\$350.53
19286	Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion	\$285.55
19287	Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion	\$602.22
19288	Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion	\$463.43
20206**	Biopsy of the muscle with percutaneous needle (**Prior authorization required before performing procedure and for reimbursement)	\$210.21
21550**	Biopsy of soft tissue of the neck or thorax (**Prior authorization required before performing procedure and for reimbursement)	\$255.47
38500**	Biopsy or excision of lymph node(s); open, superficial (**Prior authorization required before performing procedure and for reimbursement)	\$330.58
38505**	Biopsy or excision of lymph nodes by needle, superficial (e.g., cervical, inguinal, axillary) (**Prior authorization required before performing procedure and for reimbursement)	\$168.82
38525**	Biopsy or excision of lymph node(s) open, deep axillary node(s) (**Prior authorization required before performing procedure and for reimbursement)	\$439.65
57452	Colposcopy of the cervix (without biopsy)	\$124.01
57454	Colposcopy of the cervix, with biopsy and endocervical curettage	\$166.36
57455	Colposcopy of the cervix, with biopsy	\$157.66
57456	Colposcopy of the cervix, with endocervical curettage	\$148.85
57460**	Colposcopy with loop electrode, biopsy(s) of the cervix (Diagnostic only) (**Prior authorization required before performing procedure and for reimbursement)	\$304.55
57461**	Colposcopy with loop electrode, conization of the cervix (Diagnostic only) (**Prior authorization required before performing procedure and for reimbursement)	\$340.77
57500	Biopsy of the cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure) (for cervical diagnostic providers only)	\$147.84
57505	Endocervical curettage (not done as part of a dilation and curettage)	\$149.03
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)	\$345.55
57522**	Loop electrode excision procedure (LEEP) (Diagnostic only) (**Prior authorization required before performing procedure and for reimbursement)	\$297.21
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	\$99.27
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)	\$49.19
71260**	Computed tomography (CT), thorax; with contrast material (**Prior authorization required before performing procedure and for reimbursement)	\$162.91
71260-26**	Computed tomography (CT), thorax; with contrast material - <b>Professional Component</b> (**Prior authorization required before performing procedure and for reimbursement)	\$54.83

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71260-TC**	Computed tomography (CT), thorax; with contrast material - <b>Technical Component</b> (**Prior authorization required before performing procedure and for reimbursement)	\$108.08
72193**	Computed tomography (CT), pelvis; with contrast material (**Prior authorization required before performing procedure and for reimbursement)	\$224.35
72193-26**	Computed tomography (CT), pelvis; with contrast material – <b>Professional Component</b> (**Prior authorization required before performing procedure and for reimbursement)	\$54.52
72193-TC**	Computed tomography (CT), pelvis; with contrast material – <b>Technical Component</b> (**Prior authorization required before performing procedure and for reimbursement)	\$169.82
72195**	Magnetic resonance imaging, pelvis; without contrast material(s) (**Prior authorization required before performing procedure and for reimbursement)	\$224.91
72195-26**	Magnetic resonance imaging, pelvis; without contrast material(s) – <b>Professional Component</b> (**Prior authorization required before performing procedure and for reimbursement)	\$68.85
72195-TC**	Magnetic resonance imaging, pelvis; without contrast material(s) – <b>Technical Component</b> (**Prior authorization required before performing procedure and for reimbursement)	\$156.07
72196**	Magnetic resonance imaging, pelvis; with contrast materials(s) (**Prior authorization required before performing procedure and for reimbursement)	\$264.20
72196-26**	Magnetic resonance imaging, pelvis; with contrast materials(s) – <b>Professional Component</b> (**Prior authorization required before performing procedure and for reimbursement)	\$81.84
72196-TC**	Magnetic resonance imaging, pelvis; with contrast materials(s) – <b>Technical Component</b> (**Prior authorization required before performing procedure and for reimbursement)	\$182.36
74177**	Computed tomography (CT), abdomen pelvis combination; with contrast material (**Prior authorization required before performing procedure and for reimbursement)	\$298.12
74177-26**	Computed tomography (CT), abdomen pelvis combination; with contrast material - <b>Professional Component</b> (**Prior authorization required before performing procedure and for reimbursement)	\$85.81
74177-TC**	Computed tomography (CT), abdomen pelvis combination; with contrast material - <b>Technical Component</b> (**Prior authorization required before performing procedure and for reimbursement)	\$212.31
76098	Radiological examination, surgical specimen	\$39.81
76098-26	Radiological examination, surgical specimen - <b>Professional Component</b>	\$14.97
76098-TC	Radiological examination, surgical specimen - <b>Technical Component</b>	\$24.85
76604**	Ultrasound of the chest (**Prior authorization required before performing procedure and for reimbursement)	\$54.37
76604-26**	Ultrasound of the chest - <b>Professional Component</b> (**Prior authorization required before performing procedure and for reimbursement)	\$27.39
76604-TC**	Ultrasound of the chest - <b>Technical Component</b> (**Prior authorization required before performing procedure and for reimbursement)	\$26.99
76641	Ultrasound, complete examination of breast including axilla, unilateral	\$97.94
76641-26	Ultrasound, complete examination of breast including axilla, unilateral - <b>Professional Component</b>	\$34.58
76641-TC	Ultrasound, complete examination of breast including axilla, unilateral - <b>Technical Component</b>	\$63.36

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76641-50	Ultrasound, complete examination of breast including axilla, bilateral	\$146.91
76641-2650	Ultrasound, complete examination of breast including axilla, bilateral - <b>Professional Component</b>	\$51.87
76641-TC50	Ultrasound, complete examination of breast including axilla, bilateral - <b>Technical Component</b>	\$95.04
76642	Ultrasound, limited examination of breast including axilla, unilateral	\$80.96
76642-26	Ultrasound, limited examination of breast including axilla, unilateral - <b>Professional Component</b>	\$32.27
76642-TC	Ultrasound, limited examination of breast including axilla, unilateral - <b>Technical Component</b>	\$48.69
76642-50	Ultrasound, limited examination of breast including axilla, bilateral	\$121.44
76642-2650	Ultrasound, limited examination of breast including axilla, bilateral – <b>Professional Component</b>	\$48.41
76642-TC50	Ultrasound, limited examination of breast including axilla, bilateral – <b>Technical Component</b>	\$73.03
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)	\$41.26
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>	\$32.61
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>	\$8.65
76942	Ultrasonic guidance for needle placement, imaging supervision and interpretation	\$55.86
76942-26	Ultrasonic guidance for needle placement – <b>Professional Component</b>	\$30.10
76942-TC	Ultrasonic guidance for needle placement - <b>Technical Component</b>	\$25.77
76982	Ultrasound, elastography; first target lesion	\$88.30
76982-26	Ultrasound, elastography; first target lesion - <b>Professional Component</b>	\$28.30
76982-TC	Ultrasound, elastography; first target lesion - <b>Technical Component</b>	\$60.00
76983	Ultrasound, elastography; each additional target lesion; list separately in addition to code for primary procedure	\$58.05
76983-26	Ultrasound, elastography; each additional target lesion; list separately in addition to code for primary procedure - <b>Professional Component</b>	\$24.64
76983-TC	Ultrasound, elastography; each additional target lesion; list separately in addition to code for primary procedure - <b>Technical Component</b>	\$33.41
77046**	Magnetic resonance imaging (MRI), breast, without contrast, unilateral (**Prior authorization required before performing procedure and for reimbursement)	\$208.28
77046-26**	Magnetic resonance imaging (MRI), breast, without contrast, unilateral - <b>Professional Component</b> (**Prior authorization required before performing procedure and for reimbursement)	\$67.80
77046-TC**	Magnetic resonance imaging (MRI), breast, without contrast, unilateral - <b>Technical Component</b> (**Prior authorization required before performing procedure and for reimbursement)	\$140.48
77047**	Magnetic resonance imaging (MRI), breast, without contrast, bilateral (**Prior authorization required before performing procedure and for reimbursement)	\$216.21
77047-26**	Magnetic resonance imaging (MRI), breast, without contrast, bilateral - <b>Professional Component</b> (**Prior authorization required before performing procedure and for reimbursement)	\$75.12

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77047-TC**	Magnetic resonance imaging (MRI), breast, without contrast, bilateral - <b>Technical Component</b> (**Prior authorization required before performing procedure and for reimbursement)	\$141.09
77048**	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, unilateral (**Prior authorization required before performing procedure and for reimbursement)	\$330.50
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)	\$98.75
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)	\$231.75
77049**	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, bilateral (**Prior authorization required before performing procedure and for reimbursement)	\$337.98
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)	\$108.06
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)	\$229.91
77053**	Mammary ductogram or galactogram, single duct (**Prior authorization required before performing procedure and for reimbursement)	\$50.37
77053-26**	Mammary ductogram or galactogram, single duct – <b>Professional Component</b> (**Prior authorization required before performing procedure and for reimbursement)	\$16.97
77053-TC**	Mammary ductogram or galactogram, single duct – <b>Technical Component</b> (**Prior authorization required before performing procedure and for reimbursement)	\$33.41
77063	Screening digital breast tomosynthesis, bilateral (add to <b>77067</b> only)	\$50.65
77063-26	Screening digital breast tomosynthesis, bilateral (add to <b>77067-26</b> only) – <b>Professional Component</b>	\$28.64
77063-TC	Screening digital breast tomosynthesis, bilateral (add to <b>77067-TC</b> only) – <b>Technical Component</b>	\$22.01
77065	Mammography, diagnostic, unilateral	\$118.07
77065-26	Mammography, diagnostic, unilateral - <b>Professional Component</b>	\$37.90
77065-TC	Mammography, diagnostic, unilateral - <b>Technical Component</b>	\$80.17
77066	Mammography, diagnostic, bilateral	\$148.66
77066-26	Mammography, diagnostic, bilateral - <b>Professional Component</b>	\$46.48
77066-TC	Mammography, diagnostic, bilateral - <b>Technical Component</b>	\$102.18
77067	Mammography, screening, bilateral (2-view study of each breast)	\$120.66
77067-26	Mammography, screening, bilateral (2-view study of each breast) – <b>Professional Component</b>	\$35.90
77067-TC	Mammography, screening, bilateral (2-view study of each breast) – <b>Technical Component</b>	\$84.76
G0279	Diagnostic digital breast tomosynthesis, unilateral or bilateral (add to <b>77065</b> or <b>77066</b> only)	\$50.65

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G0279-26	Diagnostic digital breast tomosynthesis, unilateral or bilateral (add to <b>77065-26 or 77066-26</b> only) – <b>Professional Component</b>	\$28.64
G0279-TC	Diagnostic digital breast tomosynthesis, unilateral or bilateral (add to <b>77065-TC or 77066-TC</b> only) – <b>Technical Component</b>	\$22.01
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)	\$1,266.61
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)	\$69.24
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)	\$1,197.37
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)	\$1,444.31
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)	\$100.83
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)	\$1,343.48
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)	\$1,455.28
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)	\$111.80
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)	\$1,343.48
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)	\$1,456.00
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)	\$112.52
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)	\$1,343.48
81025 <sup>2</sup>	Urine pregnancy test, by visual color comparison methods	\$4.31

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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
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
88141	Cytopathology, cervical or vaginal, any reporting system, <i>requiring interpretation by physician</i>	\$21.74
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	\$17.31
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	\$52.91
88172-26	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), first evaluation episode - <b>Professional Component</b>	\$33.87
88172-TC	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), first evaluation episode - <b>Technical Component</b>	\$19.04
88177	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), each separate additional evaluation episode	\$28.08
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>	\$20.74
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>	\$7.34
88173	Cytopathology, evaluation of fine needle aspirate; <i>interpretation and report</i>	\$152.18
88173-26	Cytopathology, evaluation of fine needle aspirate - <b>Professional Component</b>	\$66.85
88173-TC	Cytopathology, evaluation of fine needle aspirate - <b>Technical Component</b>	\$85.34
88174	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	\$25.37

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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	\$67.47
88305-26	Surgical pathology, gross and microscopic examination – <b>Professional Component</b>	\$35.59
88305-TC	Surgical pathology, gross and microscopic examination - <b>Technical Component</b>	\$31.88
88307	Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	\$270.10
88307-26	Surgical pathology, gross and microscopic examination – <b>Professional Component</b>	\$78.70
88307-TC	Surgical pathology, gross and microscopic examination – <b>Technical Component</b>	\$191.40
88331	Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen.	\$96.84
88331-26	Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen - <b>Professional Component</b>	\$59.15
88331-TC	Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen - <b>Technical Component</b>	\$37.69
88332	Pathology consultation during surgery, with frozen section(s), each additional specimen.	\$51.96
88332-26	Pathology consultation during surgery, with frozen section(s), each additional specimen - <b>Professional Component</b>	\$29.25
88332-TC	Pathology consultation during surgery, with frozen section(s), each additional specimen - <b>Technical Component</b>	\$22.71
88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	\$93.59
88342-26	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure - <b>Professional Component</b>	\$33.29
88342-TC	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure - <b>Technical Component</b>	\$60.31
88341*	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (list separately in addition to code for primary procedure)	\$80.51
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>	\$27.02
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>	\$53.49
88360	Morphometric analysis, tumor immunohistochemistry, per specimen; manual	\$110.60
88360-26	Morphometric analysis, tumor immunohistochemistry, per specimen; manual – <b>Professional Component</b>	\$39.90
88360-TC	Morphometric analysis, tumor immunohistochemistry, per specimen; manual – <b>Technical Component</b>	\$70.70
88361	Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology	\$110.93
88361-26	Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology – <b>Professional Component</b>	\$42.07



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88361-TC	Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology – <b>Technical Component</b>	\$68.86
88365	In situ hybridization (e.g., FISH), per specimen; initial single probe stain procedure	\$167.64
88365-26	In situ hybridization (e.g., FISH), per specimen; initial single probe stain procedure – <b>Professional Component</b>	\$41.22
88365-TC	In situ hybridization (e.g., FISH), per specimen; initial single probe stain procedure – <b>Technical Component</b>	\$126.42
88364*	In situ hybridization (e.g., FISH), per specimen; each additional single probe stain procedure (list separately in addition to code for primary procedure)	\$126.91
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>	\$32.68
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>	\$94.24
88366	In situ hybridization (e.g., FISH), per specimen; each multiplex probe stain procedure	\$258.49
88366-26	In situ hybridization (e.g., FISH), per specimen; each multiplex probe stain procedure – <b>Professional Component</b>	\$59.32
88366-TC	In situ hybridization (e.g., FISH), per specimen; each multiplex probe stain procedure – <b>Technical Component</b>	\$199.17
88367	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure	\$106.23
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>	\$32.16
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>	\$74.06
88373	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure	\$64.28
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>	\$24.24
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>	\$40.04
88368*	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure	\$132.79
88368-26	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure – <b>Professional Component</b>	\$40.00
88368-TC	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure – <b>Technical Component</b>	\$92.80
88369	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each additional single probe stain procedure	\$113.77

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88369-26	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each additional single probe stain procedure – <b>Professional Component</b>	\$31.76
88369-TC	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each additional single probe stain procedure – <b>Technical Component</b>	\$82.01
88374	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure	\$279.59
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>	\$41.08
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>	\$238.51
88377	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure	\$365.91
88377-26	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure – <b>Professional Component</b>	\$61.29
88377-TC	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure – <b>Technical Component</b>	\$304.62
99156	Conscious sedation anesthesia: 10-22 minutes for individuals 5 years or older	\$75.58
99157	Conscious sedation anesthesia: For each additional 15 minutes	\$61.08
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)	\$69.53
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)	\$108.64
99204	New patient; <i>medically appropriate</i> history, exam, moderate level decision-making; 45-59 minutes (i.e., surgical consult, not screening visit)	\$161.71
99205	New patient; <i>medically appropriate</i> history, exam, high level decision-making; 60-74 minutes (i.e., surgical consult, not screening visit)	\$213.72
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)	\$21.78
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)	\$54.22
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)	\$87.14
99214	Established patient; medically appropriate history, exam, moderate level decision-making; 30-39 minutes	\$123.49
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 same reimbursement rate as CPT code 99203)</b>	\$108.64

**FY24 NM BCC Program CPT Codes: 2023 Medicare Reimbursement Rates**

**July 2022 - June 2023**

*Updated July 2023*

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 same reimbursement rate as CPT code 99203)</b>	\$108.64
99387	New patient; 65 years of age and older, 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 same reimbursement rate as CPT code 99203)</b>	\$108.64
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 same reimbursement rate as CPT code 99213)</b>	\$87.14
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 same reimbursement rate as CPT code 99213)</b>	\$87.14
99397	Established patient; 65 years of age and older, 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 same reimbursement rate as CPT code 99213)</b>	\$87.14
99441	Telephone evaluation and management services; history, assessment, straightforward decision-making; 10 minutes	\$53.43
99442	Telephone evaluation and management services; expanded history, assessment, straightforward decision-making; 15 minutes	\$87.14
99443	Telephone evaluation and management services; detailed history, detailed assessment, decision-making of moderate complexity; 25 minutes	\$122.70
00400*	Anesthesia services codes-charged at \$21.01 per unit (breast biopsy is an automatic 3 units as base plus time) (time charged as 1 unit per 15 minutes)	\$21.01
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
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 2022 Medicare reimbursement rate	\$10.00
G9012	Other specified case management service (i.e., patient navigation)	\$35.00
<p><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.</p> <p><sup>2</sup> Approved at 50% of current Medicare reimbursement rate.</p> <p>* Code is out of numerical sequence.</p> <p>** Prior authorization required before performing procedure and for reimbursement.</p>		