New York State Department of Health Cancer Services Program							
Reimbursement Schedule 4/1/2018- 3/31/2019							
	Datasystem		**<----------Medicare Regions ----------->**				
	Procedure	**Guiding**	**Upstate**	**Manhattan**	**Rest of Metro**	**Hudson Valley**	**Queens**
Breast/Cervical Procedures	**Codes**	**CPT Code(s)*****	**13282-99**	**13202-01**	**13202-02**	**13202-03**	**13292-04**
Screening mammogram - bilateral (Full Field digital or Tomosynthesis) **	SIF	77067+77063	$ 133.75	$ 162.95	$ 166.39	$ 149.19	$ 166.09
Screening mammogram - bilateral diagnostic (film or digital) **	SIF	G-0279 + 77063, 77066	$ 165.96	$ 202.09	$ 206.43	$ 185.10	$ 206.08
Screening mammogram - unilateral diagnostic (film or digital) **	SIF	G0279 +77065	$ 131.30	$ 159.90	$ 163.40	$ 146.48	$ 163.13
Assessment, education and CBE	SIF	99201	$ 43.09	$ 52.10	$ 53.52	$ 48.04	$ 53.53
Assessment, education and pelvic exam with Pap test	SIF	99201	$ 43.09	$ 52.10	$ 53.52	$ 48.04	$ 53.53
Repeat CBE	2	Half of 99201	$ 21.55	$ 26.05	$ 26.76	$ 24.02	$ 26.77
Diagnostic mammogram - unilateral (special views)(film or digital) **	1	G0279+77065	$ 128.85	$ 159.90	$ 163.40	$ 146.48	$ 163.13
Diagnostic Mammogram bilateral (special views) (film or digital)**	90	G0279 +77066 or77063	$ 163.48	$ 202.09	$ 206.43	$ 185.10	$ 206.08
Diagnostic Breast US **(unilateral or bilateral)** w/image documentation	4	76641, 76642, 76942	$ 104.65	$ 126.24	$ 130.13	$ 116.89	$ 129.96
Fine needle aspiration biopsy without image guidance	29	10021	$ 118.19	$ 144.21	$ 148.81	$ 132.68	$ 148.77
Fine needle aspiration biopsy with image guidance (includes image guidance)	7	76942+10022	$ 195.35	$ 235.85	$ 241.59	$ 217.28	$ 241.36
Core biopsy	8	19100	$ 144.70	$ 180.93	$ 188.46	$ 165.32	$ 188.77
Incisional biopsy	9	19101	$ 328.08	$ 410.30	$ 428.25	$ 375.29	$ 427.76
Pre-operative ultrasonic needle localization and wire placement	22	19285	$ 503.85	$ 620.55	$ 634.72	$ 546.09	$ 632.91
additional US needle loc and wire placement for second lesion	85	19286	$ 440.82	$ 545.05	$ 557.20	$ 495.65	$ 555.30
Pre-operative mammographic needle localization and wire placement	15	19281	$ 233.95	$ 283.74	$ 290.59	$ 260.78	$ 290.36
additional mammographic needle loc and wire placement second lesion	83	19282	$ 162.29	$ 198.15	$ 202.77	$ 181.43	$ 202.42
Excisional biopsy	10	19120	$ 474.39	$ 596.00	$ 626.54	$ 546.09	$ 626.25
Stereotactic biopsy procedure- breast-**all inclusive** of placement of breast localization device(s), (eg, clip, metallic pellet), imaging of the biopsy specimen, percutaneous bx; first lesion, including stereotactic guidance	16	19081	$ 671.12	$ 824.35	$ 844.35	$ 752.89	$ 842.41
each additional lesion, including stereotactic guidance	84	19082	$ 554.15	$ 683.97	$ 699.90	$ 622.86	$ 697.77
US guided Vaccum-assisted biopsy brest-**all inclusive** of placement of breast localization device(s) (eg, clip, metallic pellet)imaging of the biopsy specimen, percutaneous bx; first lesion, including ultrasound guidance	25	19083	$ 652.78	$ 801.83	$ 821.03	$ 732.20	$ 819.10
each additional lesion, including US guidance	86	19084	$ 532.17	$ 656.34	$ 671.27	$ 597.75	$ 669.23
Mammary ductogram/galactogram	17	77053	$ 56.53	$ 68.90	$ 70.47	$ 63.12	$ 70.36
Article 28 Facility Fee - Core Biopsy	23	APC 5071	$ 572.85	$ 572.85	$ 572.85	$ 572.85	$ 572.85
Article 28 Facility Fee - Incisional/Excisional Biopsy	24	APC 5072-73	$ 1,490.00	$ 1,490.00	$ 1,490.00	$ 1,490.00	$ 1,490.00
Cervical Procedures							
Colposcopy without biopsy	52	57452	$ 105.12	$ 127.48	$ 131.98	$ 117.86	$ 132.13
Colposcopy with cervical biopsy and ECC	66	57454	$ 147.05	$ 176.58	$ 182.39	$ 163.85	$ 182.73
Colposcopy with one or more cervical biopsies	53	57455	$ 137.62	$ 166.36	$ 172.00	$ 153.94	$ 172.21
Colposcopy with ECC	67	57456	$ 129.83	$ 156.92	$ 162.17	$ 145.18	$ 162.36
Endometrial biopsy	68	58100	$ 104.94	$ 126.76	$ 131.03	$ 117.33	$ 131.20
High Risk HPV DNA Hybrid Capture 2 or Cervista HR or types 16/18 only	65	88164, 88165, 88141	$ 43.33	$ 43.33	$ 43.33	$ 43.33	$ 43.33
Pap smear cytology, conventional	SIF, 61	88142-3, 88174-5	$ 14.65	$ 14.65	$ 14.65	$ 14.65	$ 14.65
Pap smear cytology,liquid based prep	SIF, 71	88142	$ 25.01	$ 25.01	$ 25.01	$ 25.01	$ 25.01
Diagnostic LEEP/LEETZ	56	57461	$ 307.55	$ 374.09	$ 385.65	$ 344.54	$ 385.64
Diagnostic Cone Biopsy- Cold knife or Laser	CKC 57, LC 58	57520	$ 297.18	$ 362.00	$ 375.88	$ 334.22	$ 375.66
Article 28 Facility Fee - Diagnostic LEEP/LEETZ, etc	69	APC 5414	$ 1,931.42	$ 1,931.42	$ 1,931.42	$ 1,931.42	$ 1,931.42

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Colorectal Procedures							
FOBT Kit Processing	SIF	82270	$ 4.38	$ 4.38	$ 4.38	$ 4.38	$ 4.38
FIT	SIF	82274	$ 19.64	$ 20.82	$ 20.82	$ 20.82	$ 20.82
Colonoscopy	36	45378 or G0121 or G0105	$ 306.82	$ 375.50	$ 388.01	$ 345.22	$ 387.87
Colonoscopy w/biopsy single or multiple	37	45380	$ 393.61	$ 481.75	$ 496.33	$ 442.18	$ 495.90
Colonoscopy w/removal of tumor(s), polyp(s) by hot biopsy…	38	45384	$ 436.28	$ 535.97	$ 553.60	$ 491.72	$ 553.12
Colonoscopy w/removal of tumor(s), polyp(s) by snare technique	39	45385	$ 413.13	$ 503.77	$ 519.94	$ 463.69	$ 519.89
Sigmoidoscopy	32	45330	$ 164.09	$ 202.34	$ 207.77	$ 184.70	$ 207.29
Sigmoidoscopy with polypectomy	33	45333	$ 286.27	$ 353.44	$ 363.39	$ 322.65	$ 362.58
Flexible sigmoidoscopy with biopsy	34	45331	$ 251.31	$ 309.75	$ 317.64	$ 282.60	$ 316.85
Radiological exam; colon, barium enema	35	74270	$ 145.29	$ 177.72	$ 181.55	$ 162.42	$ 181.15
2nd Technique- Colonoscopy dir bx	50	n/a	$ 107.52	$ 131.67	$ 135.28	$ 120.65	$ 135.10
Article 28 Facility Fee - Colonoscopy	49	APC 5312	$ 749.11	$ 749.11	$ 749.11	$ 749.11	$ 749.11
Article 28 Facility Fee - Sigmoidoscopy	48	APC 5311	$ 567.98	$ 567.98	$ 567.98	$ 567.98	$ 567.98
Other Procedures							
Surgical Consultation	3, 54, 43	99203	$ 104.28	$ 125.37	$ 129.02	$ 116.04	$ 129.17
Anesthesiologist fee	18, 70, 41	n/a	$ 160.00	$ 160.00	$ 160.00	$ 160.00	$ 160.00
Chest X-ray Pre op	19, 62, 45	71046	$ 29.45	$ 35.83	$ 36.69	$ 32.87	$ 36.64
CBC - Complete Blood Count pre-operative testing	21, 64, 47	85025	$ 9.59	$ 9.59	$ 9.59	$ 9.59	$ 9.59
EKG	20, 63, 46	93000	$ 16.39	$ 19.92	$ 20.50	$ 18.33	$ 20.49
Fluid cytology, Breast and nipple, (Not vaginal / cervical)	11,14	88173	$ 151.35	$ 180.86	$ 183.93	$ 166.84	$ 183.90
Surgical pathology - Level IV-Gross and microscopic	12, 59, 42	88305	$ 67.30	$ 79.85	$ 81.18	$ 73.92	$ 81.24
Surgical pathology - Level IV- needing examination of surgical margins; some excisional, LEEP, Cone, and some polyps	82, 87, 88	88307	$ 257.85	$ 312.21	$ 318.00	$ 286.33	$ 317.51
High Risk Women ONLY with Prior Approval (Program funds entered only by NYSDOH CSP Staff)							
Bilateral Screening MRI w or w/o contrast	SIF	77059	$ 522.87	$ 643.03	$ 656.86	$ 586.07	$ 654.95
Unilateral Screening MRI w or w/o contrast	SIF	77058	$ 525.26	$ 646.00	$ 659.90	$ 588.77	$ 657.97
Bilateral Diagnostic MRI w or w/o contrast	26	77059	$ 522.87	$ 643.03	$ 656.86	$ 586.07	$ 654.95
Unilateral Diagnostic MRI w or w/o contrast	89	77058	$ 525.26	$ 646.00	$ 659.90	$ 588.77	$ 657.97
NOTES							
***Film Mammography** will be reimbursed according to **procedure for partial reimbursement** of the NYS CSP MARS mammography rate listed above. The maximum allowed partial rate is listed below:							
Screening mammogram- Bilateral FILM	SIF	77067 (77057*)	$ 81.79	$ 97.48	$ 100.08	$ 89.73	$ 99.72
Diagnostic mammogram- bilateral FILM	SIF, 90	77066 (77055*)	$ 115.25	$ 138.52	$ 142.25	$ 127.55	$ 141.75
Diagnostic mammogram- unilateral FILM	SIF, 01	77065 (77056*)	$ 90.19	$ 107.63	$ 110.56	$ 99.11	$ 110.17
** NYS program reimbursement is for full field digital mammography or Tomosynethisis mammography at the same rate. No additional reimbursment for CAD							
*** These CPT codes are for reference only. Reimbursement is not limited to these CPT codes. Other CPT codes that fulfill the service/procedure as listed may also be reimbursed at these rates.							