

**New York State Department of Health Cancer Services Program**  
**Reimbursement Schedule 4/1/2021-3/31/2022**

	Datasystem		
	Procedure	Guiding	Upstate
Breast/Cervical Procedures	Codes	CPT Code(s)***	13282-99
Screening mammogram - bilateral (Full Field digital or Tomosynthesis) **	SIF	77067+ 77063	\$ 129.13
Screening mammogram - bilateral diagnostic (film or digital) **	SIF	G-0279 + 77063, 77066	\$ 159.76
Screening mammogram - unilateral diagnostic (film or digital) **	SIF	G0279 +77065	\$ 126.21
Assessment, education and CBE	SIF	99202/99211	\$ 48.47
Assessment, education and pelvic exam with Pap test	SIF, 73	99202/99211	\$ 48.47
Repeat CBE	2	Half of 99202	\$ 24.24
Diagnostic mammogram - unilateral (special views)(film or digital) **	1	G0279+77065	\$ 126.21
Diagnostic Mammogram bilateral (special views) (film or digital)**	90	G0279 +77066 or77063	\$ 159.76
Diagnostic Breast US ( <b>unilateral or bilateral</b> ) w/image documentation	4	76641, 76642, 76942	\$ 104.76
Fine needle aspiration biopsy without image guidance	29	10021,10004, 19000	\$ 101.26
Fine needle aspiration biopsy with image guidance (includes image guidance)	7	76942+10021, 10005, 10006	\$ 158.27
Core biopsy	8	19100	\$ 155.82
Incisional biopsy	9	19101	\$ 338.39
Pre-operative ultrasonic needle localization and wire placement	22	19285	\$ 424.14
additional US needle loc and wire placement for second lesion	85	19286	\$ 357.59
Pre-operative mammographic needle localization and wire placement	15	19281	\$ 243.26
additional mammographic needle loc and wire placement second lesion	83	19282	\$ 173.21
Excisional biopsy	10	19120	\$ 509.82
Stereotactic biopsy procedure- breast- <b>all inclusive</b> 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	\$ 565.06
each additional lesion, including stereotactic guidance	84	19082	\$ 451.65
US guided Vacuum-assisted biopsy breast- <b>all inclusive</b> 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	\$ 565.42
each additional lesion, including US guidance	86	19084	\$ 443.57
Mammary ductogram/galactogram	17	77053	\$ 54.34
Article 28 Facility Fee - Core Biopsy	23	APC 5071	\$ 594.17
Article 28 Facility Fee - Incisional/Excisional Biopsy	24	APC 5072-73	\$ 1,176.26
<b>Cervical Procedures</b>			
Colposcopy without biopsy	52	57452	\$ 123.02
Colposcopy with cervical biopsy and ECC	66	57454	\$ 165.99
Colposcopy with one or more cervical biopsies	53	57455	\$ 157.88
Colposcopy with ECC	67	57456	\$ 148.21
Endometrial biopsy	68	58100, 58110	\$ 100.79
High Risk HPV DNA Hybrid Capture 2 or Cervista HR or genotypes 16/18/45	SIF, 65, 72	87624, 87625	\$ 37.82
Pap smear cytology, conventional	SIF, 61	88164, 88165,	\$ 15.15
Pap smear cytology,liquid based prep	SIF, 71	88142, 88143, 88147, 88175	\$ 23.04
Diagnostic LEEP/LEETZ	56	57460, 57461, 57522	\$ 317.16
Diagnostic Cone Biopsy- Cold knife or Laser	CKC 57, LC 58	57520	\$ 344.81
Article 28 Facility Fee - Diagnostic LEEP/LEETZ, etc	69	APC 5414	\$ 1,298.12

**New York State Department of Health Cancer Services Program  
Reimbursement Schedule 4/1/2021-3/31/2022**

	<b>Datasystem Procedure</b>	<b>Guiding</b>	<b>Upstate</b>
<b>Colorectal Procedures</b>			
FOBT Kit Processing	SIF	82270	\$ 4.38
FIT	SIF	82274	\$ 15.92
Colonoscopy	36	45378 or G0121 or G0105	\$ 343.11
Colonoscopy w/biopsy single or multiple	37	45380	\$ 443.48
Colonoscopy w/removal of tumor(s), polyp(s) by hot biopsy...	38	45384	\$ 497.60
Colonoscopy w/removal of tumor(s), polyp(s) by snare technique	39	45385	\$ 460.09
Sigmoidoscopy	32	45330	\$ 187.15
Sigmoidoscopy with polypectomy	33	45333	\$ 336.84
Flexible sigmoidoscopy with biopsy	34	45331	\$ 293.37
Radiological exam; colon, barium enema	35	74270	\$ 156.49
2nd Technique- Colonoscopy dir bx	50	n/a	\$ 123.91
Article 28 Facility Fee - Colonoscopy	49	APC 5312	\$ 524.00
Article 28 Facility Fee - Sigmoidoscopy	48	APC 5311	\$ 401.05
<b>Other Procedures</b>			
Surgical Consultation	3, 54, 43	99203	\$ 110.08
Anesthesiologist fee	18, 70, 41	n/a	\$ 162.00
Chest X-ray Pre op	19, 62, 45	71046	\$ 32.86
CBC - Complete Blood Count pre-operative testing	21, 64, 47	85025	\$ 7.77
EKG	20, 63, 46	93000	\$ 14.45
Fluid cytology, Breast and nipple, (Not vaginal / cervical)	11,14	88173	\$ 151.38
Surgical pathology - Level IV-Gross and microscopic	12, 59, 42	88305, 88331, 88332	\$ 69.35
Surgical pathology - Level IV- needing examination of surgical margins; for some + excisional, LEEP, Cone, and some polyps	82, 87, 88	88307	\$ 279.18
<b>High Risk Women ONLY with Prior Approval (Program funds entered only by NYSDOH CSP Staff)</b>			
Bilateral Screening MRI w or w/o contrast	SIF	77049	\$ 380.57
Unilateral Screening MRI w or w/o contrast	SIF	77048	\$ 372.33
Bilateral Diagnostic MRI w or w/o contrast	26	77049	\$ 380.57
Unilateral Diagnostic MRI w or w/o contrast	89	77048	\$ 372.33
<b>NOTES</b>			