

# You First 2023 Fee Schedule

*For dates of service between January 1, 2023 and December 31, 2023*

You First is a federally funded program administered by the Vermont Department of Health that acts as the payer of last resort for breast and cervical cancer screening and diagnostic services. You First also acts as the payer of last resort for cardiovascular disease risk factor screening for members between the ages of 30 and 64. You First is not a comprehensive insurance plan and only covers services within the scope of the program, found on this fee schedule. You First cannot pay for cancer treatment and works with members to transition to other coverage if diagnosed through the program. Claims are submitted and processed through Vermont Medicaid. Fees are based on Medicare Part B rates. You First cannot cover clinical services for members with Medicare Part B or Medicaid.

Office Visits		
CPT® Code	Description	Fee
99202	Office visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making (15-39 minutes)	\$69.76
99203	Office visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making (30-44 minutes)	\$107.37
99204	Office visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making (45-59 minutes)	\$159.64
99205	Office visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making (60-74 minutes)	\$210.60
99211	Office visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health professional with minimal presenting problems	\$22.61
99212	Office visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making (10-19 minutes)	\$54.54
99213	Office visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making (20-29 minutes)	\$86.96
99214	Office visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making (30-39 minutes)	\$123.01
99215	Office visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making (40-54 minutes)	\$172.30
99385	Initial comprehensive preventive medicine office visit for a patient age 18-39 years	\$107.37
99386	Initial comprehensive preventive medicine office visit for a patient age 40-64 years	\$107.37
99387	Initial comprehensive preventive medicine office visit for a patient age 65 years and older	\$107.37
99395	Periodic comprehensive preventive medicine office visit for an established patient age 18-39 years	\$86.96
99396	Periodic comprehensive preventive medicine office visit for an established patient age 40-64 years	\$86.96
99397	Periodic comprehensive preventive medicine office visit for an established patient age 65 years and older	\$86.96

Office Visit Notes:

- You First covers office visits for breast and cervical cancer risk assessment, screening, and diagnosis.
- You First covers office visits for cardiovascular disease risk factor screening for members aged 30 to 64. This includes measurement of height, weight, blood pressure, cholesterol, and fasting blood glucose or A1C.
- FQHCs/RHCs should bill You First using their non-FQHC/RHC taxonomy number.

### Blood Tests for Cardiovascular Disease Risk Factor Screening: Cholesterol, Glucose, and Hemoglobin A1c

CPT® Code	Description	Fee
<b>36415</b>	Collection of venous blood by venipuncture	\$8.57
<b>80048</b>	Basic metabolic panel	\$8.46
<b>80053</b>	Comprehensive metabolic panel	\$10.56
<b>80061</b>	Lipid panel	\$13.39
<b>82465</b>	Cholesterol, serum or whole blood, total	\$4.35
<b>82947</b>	Blood glucose, quantitative (except reagent strip)	\$3.93
<b>83036</b>	Hemoglobin; glycosylated (A1c)	\$9.71
<b>83718</b>	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)	\$8.19
<b>84478</b>	Triglycerides	\$5.74

Blood Test Notes:

- You First can only cover the above blood tests for members aged 30 to 64.
- 36415 is only covered when used in combination with one of the other blood tests listed above.
- You First does not cover CBC, TSH, STD, or any other blood test not listed above.
- FQHCs/RHCs should bill You First using their non-FQHC/RHC taxonomy number.

### Breast Cancer Screening and Diagnostic Imaging

CPT® Code	Description	Prof. Fee (26)	Tech. Fee (TC)
<b>76098</b>	Radiological examination, surgical specimen	\$14.56	\$26.55
<b>76641</b>	Ultrasound, complete examination of breast, real time with image documentation, including axilla when performed, unilateral	\$33.75	\$68.08
<b>76641</b>	Ultrasound, complete examination of breasts, real time with image documentation, including axilla when performed, bilateral (use modifier 50)	\$50.62	\$102.12
<b>76642</b>	Ultrasound, limited examination of breast including axilla when performed, unilateral	\$31.44	\$52.26

<b>76642</b>	Ultrasound, limited examination of breasts, including axilla when performed, bilateral (use modifier 50)	\$47.16	\$78.39
<b>76942</b>	Ultrasonic guidance of needle placement, biopsy of breast, imaging supervision and interpretation	\$29.13	\$27.54
<b>77046</b>	Magnetic resonance imaging (MRI) of breast without contrast material, unilateral	\$66.33	\$150.99
<b>77047</b>	Magnetic resonance imaging (MRI) of breasts without contrast material, bilateral	\$73.45	\$151.32
<b>77048</b>	Magnetic resonance imaging (MRI) of breast with or without contrast material, including computer-aided detection (CAD), unilateral	\$96.45	\$248.92
<b>77049</b>	Magnetic resonance imaging (MRI) of breast with or without contrast material, including computer-aided detection (CAD), bilateral	\$105.55	\$246.94
<b>77053</b>	Mammary ductogram or galactogram, single duct, radiological supervision and interpretation	\$16.55	\$35.78
<b>77063</b>	Screening digital breast tomosynthesis, bilateral (List separately in addition to 77067)	\$27.81	\$23.73
<b>G0279</b>	Diagnostic digital breast tomosynthesis, unilateral or bilateral (List separately in addition to 77065 or 77066)	\$27.81	\$23.73
<b>77065</b>	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral	\$37.06	\$86.21
<b>77066</b>	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral	\$45.64	\$109.94
<b>77067</b>	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed	\$35.07	\$91.15

**Breast Imaging Notes:**

- 77061 and 77062 have not been approved for coverage by Medicare, use G0279 for diagnostic tomosynthesis.
- Breast MRI can be reimbursed by You First when recommended for patients with a high risk for developing breast cancer.
- Breast MRI should never be done alone as a breast cancer screening tool.
- Breast MRI cannot be reimbursed by You First to assess the extent of disease in a patient who has just been newly diagnosed with breast cancer in order to determine treatment.

### Cervical Cancer Screening

CPT® Code	Description	Fee
<b>87624</b>	Human papillomavirus (HPV), high risk types (e.g. 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)	\$35.09
<b>87625</b>	Human papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed	\$40.55
<b>88141</b>	Cytopathology (conventional Pap test), cervical or vaginal (any reporting system), requiring interpretation by physician	\$22.29
<b>88142</b>	Cytopathology (liquid-based Pap test) cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	\$20.26
<b>88143</b>	Cytopathology, cervical, in preservative fluid, automated thin layer preparation; manual screening and rescreening under physician supervision	\$23.04
<b>88164</b>	Cytopathology (conventional Pap test), slides, cervical or vaginal reported in Bethesda System, manual screening under physician supervision	\$17.31

<b>88165</b>	Cytopathology (conventional Pap test), slides, cervical or vaginal reported in Bethesda System, manual screening and rescreening under physician supervision	\$42.22
<b>88174</b>	Cytopathology, cervical, collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	\$25.37
<b>88175</b>	Cytopathology, cervical, collected in preservative fluid, automated thin layer preparation, screening by automated system and manual rescreening or review, under physician supervision	\$26.61
Cervical Cancer Screening Notes:		
<ul style="list-style-type: none"> <li>• 87623, low risk type HPV screening, is not covered by You First.</li> <li>• 87624 is not covered if used alone or as an adjunctive screening test to the Pap for patients under 30 years of age.</li> </ul>		

### Breast Cancer Diagnostic Outpatient Procedures

CPT® Code	Description	Non-Facility Fee	Facility Fee
<b>10004</b>	Fine needle aspiration biopsy without imaging guidance, each additional lesion (use in conjunction with 10021)	\$48.53	\$39.96
<b>10005</b>	Fine needle aspiration biopsy including ultrasound guidance, first lesion	\$131.75	\$69.45
<b>10006</b>	Fine needle aspiration biopsy including ultrasound guidance, each additional lesion (use in conjunction with 10005)	\$57.60	\$47.38
<b>10007</b>	Fine needle aspiration biopsy including fluoroscopic guidance, first lesion	\$290.69	\$83.69
<b>10008</b>	Fine needle aspiration biopsy including fluoroscopic guidance, each additional lesion (use in conjunction with 10007)	\$139.63	\$48.66
<b>10009</b>	Fine needle aspiration biopsy including CT guidance, first lesion	\$427.40	\$103.06
<b>10010</b>	Fine needle aspiration biopsy including CT guidance, each additional lesion (use in conjunction with 10009)	\$233.32	\$67.19
<b>10021</b>	Fine needle aspiration biopsy; without imaging guidance, first lesion only	\$98.53	\$51.73
<b>19000</b>	Puncture aspiration of cyst of breast	\$99.29	\$39.96
<b>19001</b>	Puncture aspiration of cyst of breast, each additional cyst (use in conjunction with 19000)	\$25.15	\$19.55
<b>19081</b>	Biopsy, breast, with placement of breast localization device(s) (e.g. clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance	\$495.25	\$154.10
<b>19082</b>	Biopsy of each additional lesion, with placement of breast localization device(s) (e.g. clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; including stereotactic guidance (use in conjunction with 19081)	\$385.42	\$77.56
<b>19083</b>	Biopsy, breast, with placement of breast localization device(s) (e.g., clip, metallic pellet) when performed, and imaging of the biopsy specimen, when performed, percutaneous, first lesion, including ultrasound guidance	\$495.68	\$144.97
<b>19084</b>	Biopsy of each additional lesion, with placement of breast localization device(s) (e.g., clip, metallic pellet) when performed, and imaging of the biopsy specimen, when performed, percutaneous, including ultrasound guidance (use in conjunction with 19083)	\$379.96	\$73.08
<b>19085</b>	Biopsy, breast, with placement of breast localization device(s) (e.g., clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance	\$764.04	\$169.42

<b>19086</b>	Biopsy of each additional lesion, with placement of breast localization device(s) (e.g., clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; including magnetic resonance guidance (use in conjunction with 19085)	\$595.22	\$84.98
<b>19100</b>	Breast biopsy, percutaneous, needle core, not using imaging guidance	\$145.27	\$63.19
<b>19101</b>	Breast biopsy, open, incisional	\$316.07	\$209.93
<b>19120</b>	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion; open; one or more lesions	\$493.50	\$392.31
<b>19125</b>	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion	\$542.69	\$433.25
<b>19126</b>	Excision of each additional lesion identified by preoperative placement of radiological marker, open (use in conjunction with 19125)	\$146.05	\$146.05
<b>19281</b>	Placement of breast localization device(s) (e.g. clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance	\$236.47	\$93.41
<b>19282</b>	Placement of localization of device for each additional lesion, including mammographic guidance (use in conjunction with 19281)	\$168.68	\$47.05
<b>19283</b>	Placement of breast localization device(s) (e.g., clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance	\$255.61	\$93.77
<b>19284</b>	Placement of localization device for each additional lesion, including stereotactic guidance (use in conjunction with 19283)	\$188.97	\$46.90
<b>19285</b>	Placement of breast localization device(s) (e.g., clip metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance	\$367.30	\$79.87
<b>19286</b>	Placement of localization device for each additional lesion, including ultrasound guidance (use in conjunction with 19285)	\$302.49	\$40.11
<b>19287</b>	Placement of breast localization device(s) (e.g., clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including magnetic resonance guidance	\$634.76	\$118.91
<b>19288</b>	Placement of localization device for each additional lesion, including magnetic resonance guidance (use in conjunction with 19287)	\$492.57	\$59.78

**Breast Diagnostic Procedure Notes:**

- 19081–19086 are to be used for breast biopsies that include image guidance, placement of a localization device, and imaging of specimen AND should not be used in conjunction with 19281–19288.
- 19281–19288 are for image guidance placement of a localization device without image-guided biopsy AND should not be used in conjunction with 19081–19086.

### Cervical Cancer Diagnostic Outpatient Procedures

CPT® Code	Description	Non-Facility Fee	Facility Fee
<b>57452</b>	Colposcopy of the cervix including upper/adjacent vagina	\$122.31	\$85.72
<b>57454</b>	Colposcopy with biopsy(s) of the cervix and endocervical curettage	\$162.12	\$125.21
<b>57455</b>	Colposcopy with biopsy(s) of cervix	\$155.41	\$102.01
<b>57456</b>	Colposcopy with endocervical curettage	\$146.64	\$94.89
<b>57460</b>	Colposcopy with loop electrode biopsy(s) of the cervix	\$307.17	\$149.94
<b>57461</b>	Colposcopy with loop electrode conization of the cervix	\$341.66	\$171.90

<b>57500</b>	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (Use for cervical polyp removal)	\$150.54	\$70.77
<b>57505</b>	Endocervical curettage (not done as part of a dilation and curettage)	\$151.86	\$105.71
<b>57520</b>	Conization of the cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	\$341.72	\$284.37
<b>57522</b>	Loop electrode excision procedure	\$293.11	\$244.32
<b>58100</b>	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy)	\$98.13	\$59.24
<b>58110</b>	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)	\$47.39	\$37.50

Cervical Diagnostic Procedure Notes:

- You First covers the above procedures for cervical dysplasia or cancer diagnosis only and not treatment.

### Pathology Services for Breast and Cervical Cancer Diagnosis

<b>CPT® Code</b>	<b>Description</b>	<b>Prof. Fee (26)</b>	<b>Tech. Fee (TC)</b>
<b>88172</b>	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode	\$33.87	\$20.29
<b>88173</b>	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, interpretation and report	\$66.75	\$91.03
<b>88177</b>	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode	\$20.66	\$7.91
<b>88305</b>	Surgical pathology, gross and microscopic examination, Level IV	\$35.52	\$34.13
<b>88307</b>	Surgical pathology, gross and microscopic examination, Level V	\$78.34	\$205.41
<b>88331</b>	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen	\$59.15	\$40.39
<b>88332</b>	Pathology consultation during surgery; each additional tissue block with frozen section(s)	\$29.24	\$24.24
<b>88341</b>	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (use in conjunction with 88342)	\$26.93	\$57.68
<b>88342</b>	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	\$33.21	\$64.78
<b>88360</b>	Morphometric analysis, tumor immunohistochemistry, per specimen; manual	\$39.82	\$75.99
<b>88361</b>	Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology	\$41.81	\$74.01
<b>88364</b>	In situ hybridization (e.g., FISH), per specimen; each additional single probe stain procedure (use in conjunction with 88365)	\$32.55	\$101.37
<b>88365</b>	In situ hybridization (e.g., FISH), per specimen; initial single probe stain procedure	\$41.14	\$135.83
<b>88366</b>	In situ hybridization (e.g., FISH), per specimen; each multiplex probe stain procedure	\$59.15	\$214.28
<b>88367</b>	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, initial single probe stain procedure	\$31.89	\$79.62



<b>88368</b>	Morphometric analysis, in situ hybridization, manual, per specimen, initial single probe stain procedure	\$39.82	\$99.57
<b>88369</b>	Morphometric analysis, in situ hybridization, manual, per specimen, each additional probe stain procedure (use in conjunction with 88368)	\$31.56	\$88.19
<b>88373</b>	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each additional probe stain procedure	\$24.12	\$43.18
<b>88374</b>	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each additional probe stain procedure multiplex stain procedure	\$40.81	\$256.95
<b>88377</b>	Morphometric analysis, in situ hybridization, manual, per specimen, each multiplex stain procedure	\$60.97	\$328.00

### Anesthesia for Breast and Cervical Diagnostic Procedures

CPT® Code	Description	Fee
<b>00400</b>	Anesthesia for procedures on the integumentary system, anterior trunk, not otherwise specified (base code of 3 RVU plus # of units x rate), allowed modifiers: AA, QZ, QK, QY, & QX	\$20.02
<b>99156</b>	Conscious sedation anesthesia, 10-22 minutes for individuals 5 years or older	\$71.30
<b>99157</b>	Conscious sedation anesthesia, for each additional 15 minutes	\$58.79

You First may be able to cover procedure codes not listed above if they are for breast and cervical cancer screening and diagnosis. For example, pre-operative testing required to perform one of the covered diagnostic procedures. Please contact the program with questions about coverage exceptions. Additionally, You First can provide assistance to members to overcome barriers to receiving covered services like navigation, transportation, and interpretation.

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## You First Covered Diagnosis Codes

<b>C50.01</b>	Malignant neoplasm of nipple and areola, female
<b>C50.011</b>	Malignant neoplasm of nipple and areola of right female breast
<b>C50.012</b>	Malignant neoplasm of nipple and areola of left female breast
<b>C50.111</b>	Malignant neoplasm of central portion of right female breast
<b>C50.112</b>	Malignant neoplasm of central portion of left female breast
<b>C50.211</b>	Malignant neoplasm of upper-inner quadrant of right female breast
<b>C50.212</b>	Malignant neoplasm of upper-inner quadrant of left female breast
<b>C50.311</b>	Malignant neoplasm of lower-inner quadrant of right female breast
<b>C50.312</b>	Malignant neoplasm of lower-inner quadrant of left female breast
<b>C50.411</b>	Malignant neoplasm of upper-outer quadrant of right female breast
<b>C50.412</b>	Malignant neoplasm of upper-outer quadrant of left female breast
<b>C50.511</b>	Malignant neoplasm of lower-outer quadrant of right female breast
<b>C50.512</b>	Malignant neoplasm of lower-outer quadrant of left female breast
<b>C50.611</b>	Malignant neoplasm of axillary tail of right female breast
<b>C50.612</b>	Malignant neoplasm of axillary tail of left female breast
<b>C50.811</b>	Malignant neoplasm of overlapping sites of right female breast
<b>C50.812</b>	Malignant neoplasm of overlapping sites of left female breast
<b>C50.911</b>	Malignant neoplasm of unspecified site of right female breast
<b>C50.912</b>	Malignant neoplasm of unspecified site of left female breast
<b>C53.0</b>	Malignant neoplasm of endocervix
<b>C53.1</b>	Malignant neoplasm of exocervix
<b>C53.8</b>	Malignant neoplasm of overlapping sites of cervix uteri
<b>C79.81</b>	Secondary malignant neoplasm of breast
<b>C79.82</b>	Secondary malignant neoplasm of genital organs
<b>D05.01</b>	Lobular carcinoma in situ of right breast
<b>D05.02</b>	Lobular carcinoma in situ of left breast
<b>D05.11</b>	Intraductal carcinoma in situ of right breast
<b>D05.12</b>	Intraductal carcinoma in situ of left breast
<b>D05.81</b>	Other specified type of carcinoma in situ of right breast
<b>D05.82</b>	Other specified type of carcinoma in situ of left breast
<b>D05.91</b>	Unspecified type of carcinoma in situ of right breast
<b>D05.92</b>	Unspecified type of carcinoma in situ of left breast
<b>D06.0</b>	Carcinoma in situ of endocervix - AIS, CIN III, Severe Dysplasia
<b>D06.1</b>	Carcinoma in situ of exocervix - AIS, CIN III, Severe Dysplasia
<b>D06.7</b>	Carcinoma in situ of other parts of cervix
<b>D24.1</b>	Benign neoplasm of right breast (soft, connective and fibroadenoma)
<b>D24.2</b>	Benign neoplasm of left breast (soft, connective and fibroadenoma)
<b>D26.0</b>	Other benign neoplasm of cervix uteri
<b>D48.61</b>	Neoplasm of uncertain behavior of right breast (connective tissue-Cystosarcoma phyllodes)
<b>D48.62</b>	Neoplasm of uncertain behavior of left breast
<b>D49.3</b>	Neoplasm of unspecified behavior of breast
<b>E10.10</b>	Type 1 diabetes mellitus with ketoacidosis without coma
<b>E10.65</b>	Type 1 diabetes mellitus with hyperglycemia
<b>E10.9</b>	Type 1 diabetes mellitus without complications
<b>E11.65</b>	Type 2 diabetes mellitus with hyperglycemia
<b>E11.69</b>	Type 2 diabetes mellitus with other specified complication
<b>E11.8</b>	Type 2 diabetes mellitus with unspecified complications
<b>E11.9</b>	Type 2 diabetes mellitus without complications
<b>E13.8</b>	Other specified diabetes mellitus with unspecified complications



<b>E13.9</b>	Other specified diabetes mellitus without complications
<b>E13.10</b>	Other specified diabetes mellitus with ketoacidosis without coma
<b>E66.01</b>	Morbid (severe) obesity due to excess calories
<b>E66.3</b>	Overweight
<b>E66.8</b>	Other obesity
<b>E66.9</b>	Obesity, unspecified
<b>E78.0</b>	Pure hypercholesterolemia
<b>E78.1</b>	Pure hyperglyceridemia
<b>E78.2</b>	Mixed Hyperlipidemia
<b>E78.3</b>	Hyperchylomicronemia
<b>E78.4</b>	Other hyperlipidemia
<b>E78.5</b>	Hyperlipidemia, unspecified
<b>E78.6</b>	Lipoprotein deficiency
<b>F17.200</b>	Nicotine dependence, unspecified, uncomplicated
<b>F17.210</b>	Nicotine dependence, cigarettes, uncomplicated
<b>I10</b>	Essential (primary) hypertension
<b>I11.0</b>	Hypertensive heart disease with heart failure
<b>I11.9</b>	Hypertensive heart disease without heart failure
<b>I15.0</b>	Renovascular hypertension
<b>I15.1</b>	Hypertension secondary to other renal disorders
<b>I15.2</b>	Hypertension secondary to endocrine disorders
<b>I15.8</b>	Other secondary hypertension
<b>I25.10</b>	Artherosclerotic heart disease of native coronary artery without angina pectoris
<b>N60.01</b>	Solitary cyst of right breast
<b>N60.02</b>	Solitary cyst of left breast
<b>N60.11</b>	Diffuse cystic mastopathy of right breast
<b>N60.12</b>	Diffuse cystic mastopathy of left breast
<b>N60.21</b>	Fibroadenosis of right breast
<b>N60.22</b>	Fibroadenosis of left breast
<b>N60.31</b>	Fibrosclerosis of right breast
<b>N60.32</b>	Fibrosclerosis of left breast
<b>N60.41</b>	Mammary duct ectasia of right breast
<b>N60.42</b>	Mammary duct of ectasia of left breast
<b>N60.81</b>	Other benign mammary dysplasias of right breast
<b>N60.82</b>	Other benign mammary dysplasias of left breast
<b>N60.91</b>	Unspecified benign mammary dysplasias of right breast
<b>N60.92</b>	Unspecified benign mammary dysplasias of left breast
<b>N61</b>	Inflammatory disorders of the breast
<b>N61.0</b>	Mastitis without abscess
<b>N61.1</b>	Abscess of the breast and nipple
<b>N62</b>	Hypertrophy of breast
<b>N63</b>	Unspecified lump in breast
<b>N63.10</b>	Unspecified lump in the right breast, unspecified quadrant
<b>N63.11</b>	Unspecified lump in the right breast, upper outer quadrant
<b>N63.12</b>	Unspecified lump in the right breast, upper inner quadrant
<b>N63.13</b>	Unspecified lump in the right breast, lower outer quadrant
<b>N63.14</b>	Unspecified lump in the right breast, lower inner quadrant
<b>N63.15</b>	Unspecified lump in the right breast, overlapping quadrants
<b>N63.20</b>	Unspecified lump in the left breast, unspecified quadrant

<b>N63.21</b>	Unspecified lump in the left breast, upper outer quadrant
<b>N63.22</b>	Unspecified lump in the left breast, upper inner quadrant
<b>N63.23</b>	Unspecified lump in the left breast, lower outer quadrant
<b>N63.24</b>	Unspecified lump in the left breast, lower inner quadrant
<b>N63.25</b>	Unspecified lump in the left breast, overlapping quadrants
<b>N63.31</b>	Unspecified lump in axillary tail of the right breast
<b>N63.32</b>	Unspecified lump in axillary tail of the left breast
<b>N63.41</b>	Unspecified lump in right breast, subareolar
<b>N63.42</b>	Unspecified lump in left breast, subareolar
<b>N64.0</b>	Fissure and fistula of nipple
<b>N64.1</b>	Fat necrosis of breast
<b>N64.2</b>	Atrophy of breast
<b>N64.3</b>	Galactorrhea not associated with childbirth
<b>N64.4</b>	Mastodynia
<b>N64.51</b>	Induration of breast
<b>N64.52</b>	Nipple discharge
<b>N64.53</b>	Retraction of nipple
<b>N64.89</b>	Other specified disorders of breast
<b>N72</b>	Inflammatory disease of cervix uteri
<b>N76.0</b>	Acute vaginitis
<b>N76.1</b>	Subacute and chronic vaginitis
<b>N76.2</b>	Acute vulvitis
<b>N76.3</b>	Subacute and chronic vulvitis
<b>N77.1</b>	Vaginitis, vulvitis and vulvovaginitis in diseases classified elsewhere
<b>N84.1</b>	Polyp of cervix uteri (Mucous polyp of cervix)
<b>N87.0</b>	Mild cervical dysplasia (Cervical intraepithelial neoplasia I) [CIN I]
<b>N87.1</b>	Moderate cervical dysplasia (Cervical intraepithelial neoplasia II) [CIN II]
<b>N87.9</b>	Dysplasia of cervix uteri, unspecified (Anaplasia of cervix, cervical atypism or cervical dysplasia NOS)
<b>N88.8</b>	Other noninflammatory disorders of cervix uteri
<b>Q83.0</b>	Congenital absence of breast with absent nipple
<b>Q83.1</b>	Accessory breast
<b>Q83.2</b>	Absent nipple
<b>Q83.3</b>	Accessory nipple
<b>Q83.8</b>	Other congenital malformations of breast
<b>R03.0</b>	Elevated blood-pressure reading, without diagnosis of hypertension
<b>R73.01</b>	Impaired fasting glucose
<b>R73.03</b>	Prediabetes
<b>R73.09</b>	Other abnormal glucose
<b>R73.9</b>	Hyperglycemia, unspecified
<b>R87.610</b>	Atypical squamous cells of undetermined significance on cytologic smear of cervix [ASC-US]
<b>R87.611</b>	Atypical squamous cells cannot exclude high grade squamous intraepithelial lesion on cytologic smear of cervix [ASC-H]
<b>R87.612</b>	Low grade squamous intraepithelial lesion on cytologic smear of cervix [LGSIL]
<b>R87.613</b>	High grade squamous intraepithelial lesion on cytologic smear of cervix [HGSIL]
<b>R87.614</b>	Cytologic evidence of malignancy on smear of cervix
<b>R87.615</b>	Unsatisfactory cytologic smear of cervix
<b>R87.616</b>	Satisfactory cervical smear but lacking transformation zone
<b>R87.618</b>	Other abnormal cytological finding on specimens from cervix uteri

<b>R87.619</b>	Unspecified abnormal cytological findings in specimen from cervix uteri (Atypical endocervical cells of cervix NOS, atypical endometrial cells of cervix NOS or atypical glandular cells of cervix NOS)
<b>R87.620</b>	Atypical squamous cells of undetermined significance on cytologic smear of vagina [ASC-US]
<b>R87.621</b>	Atypical squamous cells cannot exclude high grade squamous intraepithelial lesion on cytologic smear of vagina [ASC-H]
<b>R87.622</b>	Low grade squamous intraepithelial lesion on cytologic smear of vagina [LGSIL]
<b>R87.623</b>	High grade squamous intraepithelial lesion on cytologic smear of vagina [HGSIL]
<b>R87.624</b>	Cytologic evidence of malignancy on smear of vagina
<b>R87.625</b>	Unsatisfactory cytologic smear of vagina
<b>R87.810</b>	Cervical high risk human papillomavirus (HPV) DNA test positive
<b>R92.0</b>	Mammographic microcalcification found on diagnostic imaging of breast
<b>R92.1</b>	Mammographic calcification found on diagnostic imaging of breast
<b>R92.2</b>	Inconclusive mammogram
<b>R92.8</b>	Other abnormal and inconclusive findings on diagnostic imaging of breast
<b>Z00.00</b>	Encounter for general adult medical exam without abnormal findings
<b>Z00.01</b>	Encounter for general adult medical exam with abnormal findings
<b>Z00.8</b>	Encounter for other general examination
<b>Z01.411</b>	Encounter for gynecological examination (general) (routine) with abnormal findings
<b>Z01.419</b>	Encounter for gynecological examination (general) (routine) without abnormal findings
<b>Z01.42</b>	Encounter for cervical smear to confirm findings of recent normal smear following initial abnormal smear
<b>Z01.812</b>	Encounter for preprocedural laboratory examination
<b>Z08</b>	Encounter for follow-up examination after completed treatment for malignant neoplasm
<b>Z11.51</b>	Encounter for screening for human papillomavirus (HPV)
<b>Z12.31</b>	Encounter for screening mammogram for malignant neoplasm of breast
<b>Z12.39</b>	Encounter for other screening for malignant neoplasm of breast
<b>Z12.4</b>	Encounter for screening for malignant neoplasm of cervix
<b>Z13.1</b>	Encounter for screening for diabetes mellitus
<b>Z13.6</b>	Encounter for screening for cardiovascular disorders
<b>Z13.220</b>	Encounter for screening for lipid disorders
<b>Z15.01</b>	Genetic susceptibility to malignant neoplasm of breast
<b>Z15.02</b>	Genetic susceptibility to malignant neoplasm of ovary
<b>Z71.3</b>	Dietary counseling and surveillance
<b>Z71.6</b>	Tobacco abuse counseling
<b>Z80.3</b>	Family history of malignant neoplasm of breast
<b>Z80.41</b>	Family history of malignant neoplasm of ovary
<b>Z85.3</b>	Personal history of malignant neoplasm of breast
<b>Z85.41</b>	Personal history of malignant neoplasm of cervix uteri
<b>Z86.000</b>	Personal history of in-situ neoplasm of breast
<b>Z86.001</b>	Personal history of in-situ neoplasm of cervix uteri
<b>Z87.410</b>	Personal history of cervical dysplasia
<p>Diagnosis code notes:</p> <ul style="list-style-type: none"> <li>• Contact the program if a diagnosis code not listed above is being used to bill for program covered services.</li> <li>• These diagnosis codes are specific to breast, cervical and heart health services only.</li> </ul>	