

## **Program and Coverage Notes**

You First is a CDC funded program administered by the Vermont Department of Health. It serves as the **payor of last resort** for [eligible](#)<sup>1</sup> patients for:

- 1) breast and cervical cancer screening and diagnostic services (ages 21-64), and
- 2) cardiovascular disease risk factor screenings (ages 35-64).

**You First is not an insurance plan** and only covers services within the scope of the program. Covered services are listed on this fee schedule. Fees are based on the Medicare Part B Physician and Clinical Laboratory Fee Schedules. In some cases, You First may be able to cover procedure codes not listed on this fee schedule if they are for breast or cervical cancer diagnostics (i.e., pre-operative testing required to perform one of the covered diagnostic procedures). **Questions about coverage and/or exceptions should be directed to the You First program, NOT Vermont Medicaid.**

Please note that You First **cannot** pay for cancer treatment. It also **cannot** pay for clinical services for patients with Medicare Part B insurance coverage.

## **Electronic and Paper Claims Submission**

All claims are processed through Vermont Medicaid on behalf of You First. Because of this, the patient will have a Medicaid ID, but it does **NOT** mean that the patient has Medicaid insurance coverage.

**FQHC/RHCs** should submit claims to You First using their non-FQHC/RHC taxonomy number.

**Electronic claims** for You First should be submitted to Vermont Medicaid for processing.

**Paper claims** for You First should be sent to:

**Gainwell Technologies**  
**PO Box 888**  
**Williston, VT 05495-0888**

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<sup>1</sup> Eligible patients must be enrolled in the You First program to receive coverage. For further information on eligibility and enrollment please visit [YouFirstVT.org](http://YouFirstVT.org) or contact us at one of the options below.

Office and Other Outpatient Services <sup>i</sup>			
CPT®/HCPCS Code	Description	Facility	Non Facility
97802	Nutrition Management, Initial Assessment, Each 15 Minutes	\$30.86	\$35.41
97803	Nutrition Management, Reassessment, Each 15 Minutes	\$26.28	\$30.84
97804	Nutrition Management w/Group, Each 30 Minutes	\$14.86	\$16.16
99202	Office Visit, New Patient, Straightforward Level of Medical Decision Making, 15-29 Minutes	\$44.82	\$69.53
99203	Office Visit, New Patient, Low Level of Medical Decision Making, 30-44 Minutes	\$77.21	\$106.80
99204	Office Visit, New Patient, Moderate Level of Medical Decision Making, 45-59 Minutes	\$125.95	\$160.09
99205	Office Visit, New Patient, High Level of Medical Decision Making, 60-74 Minutes	\$171.25	\$210.92
99211	Office Visit, Established Patient	\$8.34	\$22.65
99212	Office Visit, Established Patient, Straightforward Level of Medical Decision Making, 10-19 Minutes	\$33.37	\$54.50
99213	Office Visit, Established Patient, Low Level of Medical Decision Making, 20-29 Minutes	\$62.47	\$87.51
99214	Office Visit, Established Patient, Moderate Level of Medical Decision Making, 30-39 Minutes	\$92.23	\$123.45
99215	Office Visit, Established Patient, High Level of Medical Decision Making, 40-54 Minutes	\$136.71	\$173.45
99385	Office Visit, New Patient, Preventative, 18-39 Years	\$77.21	\$106.80
99386	Office Visit, New Patient, Preventative, 40-64 Years	\$77.21	\$106.80
99387	Office Visit, New Patient, Preventative, 65+ Years	\$77.21	\$106.80
99395	Office Visit, Established Patient, Preventative, 18-39 Years	\$62.47	\$87.51
99396	Office Visit, Established Patient, Preventative, 40-64 Years	\$62.47	\$87.51
99397	Office Visit, Established Patient, Preventative, 65+ Years	\$62.47	\$87.51

Breast Services <sup>ii</sup>		Screening/Diagnostic Imaging		
CPT®/HCPCS Code	Description	Global	Prof Mod 26	Tech Mod TC
76098	Radiological Examination of Surgical Specimen	\$41.22	\$14.39	\$26.83
76641	Ultrasound of Breast/Axilla, Complete, Unilateral	\$99.54	\$33.04	\$66.50
76641	Ultrasound of Breast/Axilla, Complete, Bilateral (Use Modifier 50)	\$149.31	\$49.56	\$99.75
76642	Ultrasound of Breast/Axilla, Limited, Unilateral	\$82.29	\$30.75	\$51.54
76642	Ultrasound of Breast/Axilla, Limited, Bilateral (Use Modifier 50)	\$123.44	\$46.13	\$77.31
76942	Ultrasonic Guidance of Needle Placement	\$56.11	\$28.63	\$27.48
77046	MRI of Breast, w/o Contrast, Unilateral	\$212.23	\$65.25	\$146.98
77047	MRI of Breast, w/o Contrast, Bilateral	\$218.29	\$71.96	\$146.33
77048	MRI of Breast w/CAD, w/wo Contrast, Unilateral	\$335.16	\$94.69	\$240.47
77049	MRI of Breast w/CAD, w/wo Contrast, Bilateral	\$341.88	\$103.68	\$238.19
77053	Mammary Ductogram or Galactogram, Single Duct	\$52.29	\$16.35	\$35.94
77063	Screening Digital Breast Tomosynthesis, Bilateral	\$50.39	\$26.98	\$23.41
77065	Diagnostic Mammography w/CAD, Unilateral	\$121.66	\$36.63	\$85.03
77066	Diagnostic Mammography w/CAD, Bilateral	\$153.91	\$44.97	\$108.94
77067	Screening Mammography w/CAD, Bilateral	\$124.25	\$34.34	\$89.91
G0279	Diagnostic Digital Breast Tomosynthesis, Unilateral or Bilateral (List Separately in Addition to 77065 or 77066)	\$45.84	\$26.98	\$18.86

Breast Services <sup>iii</sup>		Diagnostic Procedures	
CPT®/HCPCS Code	Description	Facility	Non Facility
10004	FNA Biopsy w/o Imaging Guidance, Each Additional Growth	\$40.11	\$49.21
10005	FNA Biopsy w/US Guidance, First Growth	\$68.08	\$128.88
10006	FNA Biopsy w/US Guidance, Each Additional Growth	\$46.80	\$57.20
10007	FNA Biopsy w/Fluoroscopic Guidance, First Growth	\$83.16	\$293.20
10008	FNA Biopsy w/Fluoroscopic Guidance, Each Additional Growth	\$47.36	\$135.48
10009	FNA Biopsy w/CT Guidance, First Growth	\$101.14	\$412.96
10010	FNA Biopsy w/CT Guidance, Each Additional Growth	\$66.37	\$226.34
10011	FNA Biopsy w/MRI Guidance, First Growth	\$101.14	\$412.96
10012	FNA Biopsy w/MRI Guidance, Each Additional Growth	\$66.37	\$226.34
10021	FNA Biopsy w/o Imaging Guidance, First Growth	\$51.06	\$96.90
19000	Aspiration of Cyst of Breast, First Cyst	\$39.13	\$96.35
19001	Aspiration of Cyst of Breast, Each Additional Cyst	\$19.48	\$25.01
19081	Biopsy of Breast, Stereotactic w/XR Needle, First Growth	\$151.37	\$478.47
19082	Biopsy of Breast, Stereotactic w/XR Needle, Each Additional Growth	\$75.77	\$368.73
19083	Biopsy of Breast, Stereotactic w/US, First Growth	\$142.87	\$476.80
19084	Biopsy of Breast, Stereotactic w/US, Each Additional Growth	\$71.35	\$363.01
19085	Biopsy of Breast, Stereotactic w/MRI, First Growth	\$166.73	\$732.82
19086	Biopsy of Breast, Stereotactic w/MRI, Each Additional Growth	\$83.12	\$567.59

Breast Services <sup>iii</sup>		Diagnostic Procedures	
CPT®/HCPCS Code	Description	Facility	Non Facility
<b>19100</b>	Biopsy of Breast w/o Imaging, Needle Core	\$62.45	\$141.14
<b>19101</b>	Biopsy of Breast Through Incision	\$207.60	\$309.70
<b>19120</b>	Removal of Growth and Tissue of Breast, Duct, or Nipple	\$390.13	\$489.95
<b>19125</b>	Removal of Growth of Breast Identified by X-Ray Marker, First Growth	\$430.46	\$538.73
<b>19126</b>	Removal of Growth of Breast Identified by X-Ray Marker, Each Additional Growth	\$144.26	\$144.26
<b>19281</b>	Placement of Marker in Breast w/Imaging Guidance, First Growth	\$91.63	\$232.09
<b>19282</b>	Placement of Marker in Breast w/Imaging Guidance, Each Additional Growth	\$45.98	\$164.66
<b>19283</b>	Placement of Marker in Breast w/XR Needle Guidance, First Growth	\$92.14	\$248.53
<b>19284</b>	Placement of Marker in Breast w/XR Needle Guidance, Each Additional Growth	\$45.99	\$182.23
<b>19285</b>	Placement of Marker in Breast w/US Guidance, First Growth	\$78.06	\$352.48
<b>19286</b>	Placement of Marker in Breast w/US Guidance, Each Additional Growth	\$39.11	\$288.50
<b>19287</b>	Placement of Marker in Breast w/MRI Guidance, First Growth	\$116.99	\$608.94
<b>19288</b>	Placement of Marker in Breast w/MRI Guidance, Each Additional Growth	\$58.41	\$469.72
<b>38505</b>	Needle Biopsy or Removal of Surface Lymph Nodes	\$80.14	\$167.28

Cervical Services <sup>iv</sup>		Screening Pathology/Laboratory
CPT®/HCPCS Code	Description	Fee
<b>87624</b>	Nucleic Acid Detection for HPV, High-Risk Types	\$35.09
<b>87625</b>	Nucleic Acid Detection for HPV, Types 16 and 18 Only	\$40.55
<b>88141</b>	Cytopathology of Cervix/Vagina, Any Reporting System, Physician Interpretation	\$23.31
<b>88142</b>	Cytopathology of Cervix/Vagina, Liquid, Thin Layer, Manual, Screen	\$20.26
<b>88143</b>	Cytopathology of Cervix/Vagina, Liquid, Thin Layer, Manual, Screen & Rescreen	\$23.04
<b>88164</b>	Cytopathology of Cervix/Vagina (Conventional Pap Test), Slides, Bethesda Reporting System, Manual, Screen	\$17.76
<b>88165</b>	Cytopathology of Cervix/Vagina (Conventional Pap Test), Slides, Bethesda Reporting System, Manual, Screen & Rescreen	\$42.22
<b>88174</b>	Cytopathology of Cervix/Vagina, Liquid, Thin Layer, Automated Screen	\$25.37
<b>88175</b>	Cytopathology of Cervix/Vagina, Liquid, Thin Layer, Automated Screen & Manual Rescreen	\$26.61

Cervical Services <sup>v</sup>		Diagnostic Procedures	
CPT®/HCPCS Code	Description	Facility	Non Facility
57452	Exam of Cervix and Upper Part of Vagina Using an Endoscope	\$85.38	\$121.14
57454	Biopsy and Scraping of Cervix Using an Endoscope	\$124.85	\$160.29
57455	Colposcopy of the Cervix Including Upper/Adjacent Vagina, w/Biopsy(s) of the Cervix	\$101.00	\$154.32
57456	Scraping of Cervix Using an Endoscope	\$94.12	\$145.50
57460	Biopsy of Cervix Using an Endoscope w/Loop Electrode	\$148.76	\$300.61
57461	Cone Biopsy of Cervix and Vagina Using an Endoscope w/Loop Electrode	\$169.78	\$334.30
57500	Biopsy of Cervix or Removal of Growth	\$70.65	\$147.71
57505	Endocervical Curettage <b>(Not Part of D&amp;C)</b>	\$105.11	\$149.66
57520	Removal or Destruction of Cervix with Cold Knife or Laser	\$282.69	\$338.62
57522	Removal or Destruction of Cervix Using Loop Electrode	\$243.02	\$290.17
58100	Endometrial Biopsy w/wo Endocervical Biopsy, w/o Cervical Dilation	\$58.62	\$96.66
58110	Endometrial Biopsy and Colposcopy <b>(List Separately in Addition to Code for Primary Procedure)</b>	\$37.17	\$47.25

Breast & Cervical Services		Diagnostic Pathology		
CPT®/HCPCS Code	Description	Global	Prof Mod 26	Tech Mod TC
<b>88172</b>	Cytopathology of Cervix/Vagina, Evaluation of FNA, Immediate Cytohistologic Study to Determine Specimen Adequacy, First Evaluation Episode	\$54.15	\$33.17	\$20.98
<b>88173</b>	Cytopathology of Cervix/Vagina, Evaluation of FNA, Interpretation and Report	\$162.77	\$65.69	\$97.08
<b>88177</b>	Cytopathology of Cervix/Vagina, Evaluation of FNA, Immediate Cytohistologic Study to Determine Specimen Adequacy, Each Separate Additional Evaluation Episode	\$28.55	\$20.43	\$8.13
<b>88305</b>	Surgical Pathology, Level IV, Gross and Microscopic Examination	\$69.77	\$35.13	\$34.64
<b>88307</b>	Surgical Pathology, Level V, Gross and Microscopic Complex Diagnostic Exam, Organs or Multiple Tissues, Slides	\$280.21	\$76.96	\$203.25
<b>88331</b>	Pathology Examination of Specimen During Surgery, First Tissue Block	\$98.33	\$58.16	\$40.16
<b>88332</b>	Pathology Examination of Specimen During Surgery, Each Additional Tissue Block	\$52.82	\$28.59	\$24.23
<b>88341</b>	Immunohistochemistry/Immunocytochemistry, Per Specimen, Each Additional Single Antibody Stain Procedure	\$88.41	\$26.31	\$62.10
<b>88342</b>	Immunohistochemistry/Immunocytochemistry, Per Specimen, Initial Single Antibody Stain Procedure	\$103.25	\$32.85	\$70.40
<b>88360</b>	Tumor Immunohistochemistry, Per Specimen, Single Antibody Stain, Manual, Quantitative	\$117.26	\$39.06	\$78.21
<b>88361</b>	Tumor Immunohistochemistry, Per Specimen, Single Antibody Stain, Computer-Assisted, Quantitative	\$116.31	\$41.03	\$75.28
<b>88364</b>	In Situ Hybridization, Per Specimen, Each Additional Single Probe Stain Procedure	\$129.91	\$31.87	\$98.04
<b>88365</b>	In Situ Hybridization, Per Specimen, Initial Single Probe Stain Procedure	\$172.71	\$40.36	\$132.35



Breast & Cervical Services		Diagnostic Pathology		
CPT®/HCPCS Code	Description	Global	Prof Mod 26	Tech Mod TC
<b>88366</b>	In Situ Hybridization, Per Specimen, Each Multiplex Probe Stain Procedure	\$264.66	\$57.85	\$206.81
<b>88367</b>	In Situ Hybridization, Per Specimen, Computer-Assisted, Initial Single Probe Stain Procedure	\$108.78	\$31.23	\$77.56
<b>88368</b>	In Situ Hybridization, Per Specimen, Manual, Initial Single Probe Stain Procedure	\$144.10	\$39.71	\$104.39
<b>88369</b>	In Situ Hybridization, Per Specimen, Manual, Each Additional Probe Stain Procedure	\$125.03	\$31.54	\$93.49
<b>88373</b>	In Situ Hybridization, Per Specimen, Computer-Assisted, Each Additional Probe Stain Procedure	\$65.98	\$23.87	\$42.11
<b>88374</b>	In Situ Hybridization, Per Specimen, Computer-Assisted, Each Multiplex Stain Procedure	\$280.51	\$39.73	\$240.78
<b>88377</b>	In Situ Hybridization, Per Specimen, Manual, Each Multiplex Stain Procedure	\$385.33	\$60.32	\$325.01

Anesthesia for Breast and Cervical Procedures		
CPT®/HCPCS Code	Description	Fee
<b>00400</b>	Anesthesia for Procedures on Integumentary System/Anterior Trunk	\$19.78
<b>00940</b>	Anesthesia for Vaginal Procedures	\$19.78
<b>99156</b>	Moderate Conscious Sedation by Physician, Initial 10-22 Minutes	\$69.92
<b>99157</b>	Moderate Conscious Sedation by Physician, Each Additional 15 Minutes	\$55.80

Cardiovascular Services <sup>vi</sup>		Laboratory
CPT®/HCPCS Code	Description	Fee
<b>36415</b>	Routine Venipuncture for Collection of Specimen(s)	\$8.83
<b>80048</b>	Basic Metabolic Panel (Calcium, Total)	\$8.46
<b>80053</b>	Comprehensive Metabolic Panel	\$10.56
<b>80061</b>	Lipid Panel	\$13.39
<b>82465</b>	Cholesterol, Serum, Total	\$4.35
<b>82947</b>	Glucose, Except Urine (e.g., Blood, Spinal Fluid, Joint Fluid)	\$3.93
<b>83036</b>	Hemoglobin, Glycosylated (A1C)	\$9.71
<b>83718</b>	Lipoprotein High Density Cholesterol (HDL Cholesterol) by Precipitation Method	\$8.19
<b>83721</b>	Lipoprotein, Direct Measurement, LDL Cholesterol	\$10.50
<b>84478</b>	Triglycerides, Blood	\$5.74

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## **i Office and Other Outpatient Services**

- You First covers office visits for:
  - breast and cervical cancer risk assessment, screening, and diagnosis, and
  - cardiovascular disease risk factor screening for patients aged 35-64.
- CPT® Codes 97802-97804 are only covered for patients aged 35-64.

## **ii Breast Services, Screening/Diagnostic Imaging**

- CPT® Codes 77061 and 77062 have not been approved for coverage by Medicare. Use G0279 for Diagnostic Tomosynthesis.
- Breast MRIs can be reimbursed by You First when recommended for patients with a high risk for developing breast cancer.
- Breast MRIs cannot be reimbursed by You First to assess the extent of disease in a patient who has just been newly diagnosed with breast cancer to determine treatment.

## **iii Breast Services, Diagnostic Procedures**

- CPT® Codes 19081-19086 are for the placement of localization devices with imaging guidance AND subsequent breast biopsy(s). These codes should NOT be submitted in conjunction with codes 19281–19288.
- CPT®s Codes 19281-19288 are for the placement of localization devices with imaging guidance. These codes should NOT be submitted in conjunction with codes 19081-19086.

## **iv Cervical Services, Screening Pathology/Laboratory**

- CPT® Code 87623 (Detection for HPV, Low Risk Types) is not covered by You First.
- CPT® Code 87624 is not covered when submitted alone or as an adjunctive screening (to Pap) for patients under 30 years of age.

## **v Cervical Services, Diagnostic Procedures**

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

## **vi Cardiovascular Services, Laboratory**

- Cardiovascular services are only covered for members aged 35 to 64.
- CPT® Code 36415 is only covered when submitted with one or more of the other blood tests listed above.
- You First does **not** cover CBC, TSH, STD, or any other blood test(s) not listed above.

## Covered Diagnosis (ICD-10) Codes<sup>vii</sup>

ICD-10 Code	Description
<b>C50.01</b>	Malignant Neoplasm of Nipple and Areola, Female
<b>C50.011</b>	Malignant Neoplasm of Nipple and Areola, Right Female Breast
<b>C50.012</b>	Malignant Neoplasm of Nipple and Areola, 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

Covered Diagnosis (ICD-10) Codes <sup>vii</sup>	
ICD-10 Code	Description
<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
<b>D06.1</b>	Carcinoma In Situ of Exocervix
<b>D06.7</b>	Carcinoma In Situ of Other Parts of Cervix
<b>D24.1</b>	Benign Neoplasm of Right Breast
<b>D24.2</b>	Benign Neoplasm of Left Breast
<b>D26.0</b>	Other Benign Neoplasm of Cervix Uteri
<b>D48.61</b>	Neoplasm of Uncertain Behavior of Right Breast
<b>D48.62</b>	Neoplasm of Uncertain Behavior of Left Breast
<b>D49.3</b>	Neoplasm of Unspecified Behavior of Breast
<b>E10</b>	Type 1 Diabetes Mellitus
<b>E10.6</b>	Type 1 Diabetes Mellitus with Other Specified Complications
<b>E10.65</b>	Type 1 Diabetes Mellitus with Hyperglycemia
<b>E10.69</b>	Type 1 Diabetes Mellitus with Other Specified Complication
<b>E10.8</b>	Type 1 Diabetes Mellitus with Unspecified Complications
<b>E10.9</b>	Type 1 Diabetes Mellitus without Complications
<b>E11</b>	Type 2 Diabetes Mellitus
<b>E11.6</b>	Type 2 Diabetes Mellitus with Other Specified Complications
<b>E11.65</b>	Type 2 Diabetes Mellitus with Hyperglycemia

Covered Diagnosis (ICD-10) Codes <sup>vii</sup>	
ICD-10 Code	Description
<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</b>	Other Specified Diabetes Mellitus
<b>E13.6</b>	Other Specified Diabetes Mellitus with Other Specified Complications
<b>E13.65</b>	Other Specified Diabetes Mellitus with Hyperglycemia
<b>E13.69</b>	Other Specified Diabetes Mellitus with Other Specified Complication
<b>E13.8</b>	Other Specified Diabetes Mellitus with Unspecified Complications
<b>E13.9</b>	Other Specified Diabetes Mellitus without Complications
<b>E78.0</b>	Pure Hypercholesterolemia
<b>E78.00</b>	Pure Hypercholesterolemia, Unspecified
<b>E78.01</b>	Familial 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>E78.41</b>	Elevated Lipoprotein(a)
<b>E78.49</b>	Other Hyperlipidemia
<b>E78.5</b>	Hyperlipidemia, Unspecified
<b>I10</b>	Essential (Primary) Hypertension
<b>I11</b>	Hypertensive Heart Disease
<b>I15</b>	Secondary Hypertension
<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

Covered Diagnosis (ICD-10) Codes <sup>vii</sup>	
ICD-10 Code	Description
<b>I15.8</b>	Other Secondary Hypertension
<b>I15.9</b>	Secondary Hypertension, Unspecified
<b>N60</b>	Benign Mammary Dysplasia
<b>N60.0</b>	Solitary Cyst of Breast
<b>N60.01</b>	Solitary Cyst of Right Breast
<b>N60.02</b>	Solitary Cyst of Left Breast
<b>N60.09</b>	Solitary Cyst of Unspecified Breast
<b>N60.1</b>	Diffuse Cystic Mastopathy
<b>N60.11</b>	Diffuse Cystic Mastopathy of Right Breast
<b>N60.12</b>	Diffuse Cystic Mastopathy of Left Breast
<b>N60.19</b>	Diffuse Cystic Mastopathy of Unspecified Breast
<b>N60.2</b>	Fibroadenosis of Breast
<b>N60.21</b>	Fibroadenosis of Right Breast
<b>N60.22</b>	Fibroadenosis of Left Breast
<b>N60.29</b>	Fibroadenosis of Unspecified Breast
<b>N60.3</b>	Fibrosclerosis of Breast
<b>N60.31</b>	Fibrosclerosis of Right Breast
<b>N60.32</b>	Fibrosclerosis of Left Breast
<b>N60.39</b>	Fibrosclerosis of Unspecified Breast
<b>N60.4</b>	Mammary Duct Ectasia
<b>N60.41</b>	Mammary Duct Ectasia of Right Breast
<b>N60.42</b>	Mammary Duct Ectasia of Left Breast
<b>N60.49</b>	Mammary Duct Ectasia of Unspecified Breast
<b>N60.8</b>	Other Benign Mammary Dysplasias
<b>N60.81</b>	Other Benign Mammary Dysplasias of Right Breast

Covered Diagnosis (ICD-10) Codes <sup>vii</sup>	
ICD-10 Code	Description
<b>N60.82</b>	Other Benign Mammary Dysplasias of Left Breast
<b>N60.89</b>	Other Benign Mammary Dysplasias of Unspecified Breast
<b>N60.9</b>	Unspecified Benign Mammary Dysplasia
<b>N60.91</b>	Unspecified Benign Mammary Dysplasia of Right Breast
<b>N60.92</b>	Unspecified Benign Mammary Dysplasia of Left Breast
<b>N60.99</b>	Unspecified Benign Mammary Dysplasia of Unspecified 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>N63.0</b>	Unspecified Lump in Unspecified Breast
<b>N63.1</b>	Unspecified Lump in the Right 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>N63.2</b>	Unspecified Lump in the Left Breast
<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



Covered Diagnosis (ICD-10) Codes <sup>vii</sup>	
ICD-10 Code	Description
<b>N63.25</b>	Unspecified Lump in the Left Breast, Overlapping Quadrants
<b>N63.3</b>	Unspecified Lump in Axillary Tail
<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>N63.4</b>	Unspecified Lump in Breast, Subareolar
<b>N63.41</b>	Unspecified Lump in Right Breast, Subareolar
<b>N63.42</b>	Unspecified Lump in Left Breast, Subareolar
<b>N64</b>	Other Disorders of Breast
<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>N64.5</b>	Other Signs and Symptoms in Breast
<b>N64.51</b>	Induration of Breast
<b>N64.52</b>	Nipple Discharge
<b>N64.53</b>	Retraction of Nipple
<b>N64.59</b>	Other Signs and Symptoms in Breast
<b>N64.8</b>	Other Specified Disorders of Breast
<b>N64.89</b>	Other Specified Disorders of Breast
<b>N64.9</b>	Disorder of Breast, Unspecified
<b>N72</b>	Inflammatory Disease of Cervix Uteri
<b>N84.1</b>	Polyp of Cervix Uteri
<b>N87</b>	Dysplasia of Cervix Uteri
<b>N87.0</b>	Mild Cervical Dysplasia

## Covered Diagnosis (ICD-10) Codes<sup>vii</sup>

ICD-10 Code	Description
<b>N87.1</b>	Moderate Cervical Dysplasia
<b>N87.9</b>	Dysplasia of Cervix Uteri, Unspecified
<b>N88.8</b>	Other Specified Noninflammatory Disorders of Cervix Uteri
<b>N93.8</b>	Other Specified Abnormal Uterine and Vaginal Bleeding
<b>N93.9</b>	Abnormal Uterine and Vaginal Bleeding, Unspecified
<b>R03.0</b>	Elevated Blood-Pressure Reading, without Diagnosis of Hypertension
<b>R73</b>	Elevated Blood Glucose Level
<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>R87.61</b>	Abnormal Cytological Findings in Specimens from Cervix Uteri
<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 Findings on Specimens from Cervix Uteri
<b>R87.619</b>	Unspecified Abnormal Cytological Findings in Specimens from Cervix Uteri
<b>R87.620</b>	Atypical Squamous Cells of Undetermined Significance on Cytologic Smear of Vagina (ASC-US)

## Covered Diagnosis (ICD-10) Codes<sup>vii</sup>

ICD-10 Code	Description
<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>R87.811</b>	Vaginal High Risk Human Papillomavirus (HPV) DNA Test Positive
<b>R92</b>	Abnormal and Inconclusive Findings on Diagnostic Imaging of Breast
<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>R92.3</b>	Mammographic Density Found on Imaging of Breast
<b>R92.30</b>	Dense Breasts, Unspecified
<b>R92.31</b>	Mammographic Fatty Tissue Density of Breast
<b>R92.311</b>	Mammographic Fatty Tissue Density, Right Breast
<b>R92.312</b>	Mammographic Fatty Tissue Density, Left Breast
<b>R92.313</b>	Mammographic Fatty Tissue Density, Bilateral Breasts
<b>R92.32</b>	Mammographic Fibroglandular Density of Breast
<b>R92.321</b>	Mammographic Fibroglandular Density, Right Breast
<b>R92.322</b>	Mammographic Fibroglandular Density, Left Breast
<b>R92.323</b>	Mammographic Fibroglandular Density, Bilateral Breasts
<b>R92.33</b>	Mammographic Heterogeneous Density of Breast
<b>R92.331</b>	Mammographic Heterogeneous Density, Right Breast
<b>R92.332</b>	Mammographic Heterogeneous Density, Left Breast

## Covered Diagnosis (ICD-10) Codes<sup>vii</sup>

ICD-10 Code	Description
<b>R92.333</b>	Mammographic Heterogeneous Density, Bilateral Breasts
<b>R92.34</b>	Mammographic Extreme Density of Breast
<b>R92.341</b>	Mammographic Extreme Density, Right Breast
<b>R92.342</b>	Mammographic Extreme Density, Left Breast
<b>R92.343</b>	Mammographic Extreme Density, Bilateral Breasts
<b>R92.8</b>	Other Abnormal and Inconclusive Findings on Diagnostic Imaging of Breast
<b>Z00</b>	Encounter for General Examination without Complaint, Suspected or Reported Diagnosis
<b>Z00.0</b>	Encounter for General Adult Medical Examination
<b>Z00.00</b>	Encounter for General Adult Medical Examination without Abnormal Findings
<b>Z00.01</b>	Encounter for General Adult Medical Examination with Abnormal Findings
<b>Z00.8</b>	Encounter for Other General Examination
<b>Z01.3</b>	Encounter for Examination of Blood Pressure
<b>Z01.30</b>	Encounter for Examination of Blood Pressure without Abnormal Findings
<b>Z01.31</b>	Encounter for Examination of Blood Pressure with Abnormal Findings
<b>Z01.4</b>	Encounter for Gynecological Examination
<b>Z01.41</b>	Encounter for Routine Gynecological 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>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>Z12.3</b>	Encounter for Screening for Malignant Neoplasm of Breast

Covered Diagnosis (ICD-10) Codes <sup>vii</sup>	
ICD-10 Code	Description
<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>Z13.220</b>	Encounter for Screening for Lipoid Disorders
<b>Z13.6</b>	Encounter for Screening for Cardiovascular Disorders
<b>Z15.01</b>	Genetic Susceptibility to Malignant Neoplasm of Breast
<b>Z71.3</b>	Dietary Counseling and Surveillance
<b>Z80.3</b>	Family History of Malignant Neoplasm of Breast
<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

*The International Statistical Classification of Diseases and Related Health Problems (ICD) is copyrighted and published by the World Health Organization (WHO).*

<sup>vii</sup> **Covered Diagnosis (ICD-10) Codes**

- Contact the program if a diagnosis code not listed above is being used to bill for program covered services.
- These diagnosis codes are specific to breast, cervical and cardiovascular services only.