

Schedule of Fees for Covered Services

Based on Medicare Part B Rates and effective January 1, 2020

You First is a federally funded program that can pay for breast and cervical cancer screenings and diagnostics. You First can also pay for cardiovascular disease risk factor screening for members over the age of 40.

If you don't see a diagnosis code on the list and think your claim should be covered by You First, please call the Billing Specialist at 800-508-2222 for review and possible manual payment.

Key:

	Billable breast cancer screening codes.		Billable breast, cervical and cardiovascular screening codes.
	Billable cervical cancer screening codes.		Billable cardiovascular screening codes.

CPT Code	Description	Non-Facility Fee	Facility Fee
10021	Fine needle aspiration (FNA); without imaging guidance; first lesion	\$108.41	\$60.71
10004	→ each additional lesion (List separately in addition to code for primary procedure) — Use 10004 in conjunction with 10021	\$56.44	\$47.30
10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	\$142.69	\$79.11
10006	→ each additional lesion (List separately in addition to code for primary procedure) — Use 10006 in conjunction with 10005	\$65.39	\$54.26
10007	Fine needle aspiration biopsy, including fluoroscopic guidance, first lesion	\$330.80	\$102.67
10008	→ each additional lesion (List separately in addition to code for primary procedure) — Use 10008 in conjunction with 10007	\$187.57	\$67.15
10009	Fine needle aspiration biopsy, including CT guidance; first lesion	\$524.17	\$125.14
10010	→ each additional lesion (List separately in addition to code for primary procedure) — Use 10010 in conjunction with 10009	\$315.12	\$90.97
19000	Puncture aspiration of cyst of breast	\$121.19	\$47.67
19001	→ each additional cyst (List separately in addition to code for primary procedure) — Use 19001 in conjunction with 19000	\$29.88	\$23.92
19081	Do not report 19081-19086 in conjunction with 19281-19288 for same lesion 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	\$681.57	\$183.99
19082	→ each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure) — Use 19082 in conjunction with 19081	\$551.83	\$92.38
19083	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	\$674.54	\$173.78
19084	→ each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure) — Use 19084 in conjunction with 19083	\$537.29	\$86.20
19085	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	\$1033.00	\$202.37

CPT Code	Description	Non-Facility Fee	Facility Fee
19086	→ each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure) — Use 19086 in conjunction with 19085	\$823.65	\$101.12
19100	Breast biopsy, percutaneous, needle core, not using imaging guidance (separate procedure)	\$168.98	\$75.19
19101	Breast biopsy, open, incisional	\$367.74	\$241.75
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	\$549.76	\$449.60
19125	Excision of breast lesion ID'd by preop placement of radiological marker; open; single lesion	\$606.36	\$498.26
19126	→ each additional lesion (List separately in addition to code for primary procedure) — Use 19126 in conjunction with 19125	\$172.62	\$172.62
19281	Do not report 19281-19288 in conjunction with 19081-19086 for same lesion Placement of breast localization device(s) (e.g., clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance	\$272.99	\$111.23
19282	→ each additional lesion, including mammographic guidance (List separately in addition to code for primary procedure) — Use 19282 in conjunction with 19281	\$193.35	\$55.84
19283	Placement of breast localization device(s) (e.g., clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance	\$303.08	\$111.92
19284	→ each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure) — Use 19284 in conjunction with 19283	\$231.79	\$56.53
19285	Placement of breast localization device(s) (e.g., clip metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance	\$512.05	\$95.14
19286	→ each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure) — Use 19286 in conjunction with 19285	\$438.28	\$47.99
19287	Placement of breast localization device(s) (e.g., clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including magnetic resonance guidance	\$872.92	\$142.44
19288	→ each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure) — Use 19288 in conjunction with 19287	\$695.98	\$71.61
36415	Collection of venous blood by venipuncture (use only for You First covered bloodwork)	\$3.00	\$3.00
57452	Colposcopy of the cervix including upper/adjacent vagina	\$132.09	\$99.89
57454	Colposcopy with biopsy(s) of the cervix and endocervical curettage	\$179.41	\$146.82
57455	Colposcopy with biopsy(s) of cervix	\$169.91	\$120.24
57456	Colposcopy with endocervical curettage	\$159.79	\$111.31
57460	Endoscopy with loop electrode biopsy(s) of the cervix – REVIEW REQUIRED [diagnostic only]: Contact Clinical Navigator	\$339.66	\$175.92
57461	Endoscopy with loop electrode conization of the cervix – REVIEW REQUIRED [diagnostic only]: Contact Clinical Navigator	\$380.10	\$202.85
57500	Biopsy of cervix, single or multiple, or local excision of lesion, w/ or w/out fulguration (Use for cervical polyp removal)	\$159.36	\$82.25
57505	Endocervical curettage (not done as part of a dilation and curettage)	\$142.83	\$111.44
57520	Conization of the cervix, w/ or w/out fulguration, w/ or w/out dilation & curettage, w/ or w/out repair; cold knife or laser – REVIEW REQUIRED [diagnostic only]: Contact Clinical Navigator	\$367.80	\$313.75
57522	Loop electrode excision – REVIEW REQUIRED [diagnostic only]: Contact Clinical Navigator	\$315.85	\$274.52

CPT Code	Description	Non-Facility Fee	Facility Fee
58100	Endometrial sampling (biopsy) w/ or w/o endocervical sampling (biopsy), w/o cervical dilation – REVIEW REQUIRED: Contact Clinical Navigator	\$107.28	\$69.92
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure) – REVIEW REQUIRED: Contact Clinical Navigator	\$55.50	\$44.76
76098	Radiological examination, surgical specimen	\$47.38	\$47.38
76098 26	Radiological examination, surgical specimen	\$17.34	\$17.34
76098 TC	Radiological examination, surgical specimen	\$30.04	\$30.04
76641	Ultrasound, breast(s) (unilateral), real time with image documentation, including axilla when performed; complete (Bilateral reporting: use Modifier 50 for payment at 150%)	\$118.86	\$118.86
76641 26	Ultrasound, breast(s) (unilateral), real time with image documentation, including axilla when performed; complete (Bilateral reporting: use Modifier 50 for payment at 150%)	\$39.94	\$39.94
76641 TC	Ultrasound, breast(s) (unilateral), real time with image documentation, including axilla when performed; complete (Bilateral reporting: use Modifier 50 for payment at 150%)	\$78.92	\$78.92
76642	Ultrasound, breast(s) (unilateral), real time with image documentation, including axilla when performed; limited (Bilateral reporting: use Modifier 50 for payment at 150%)	\$97.04	\$97.04
76642 26	Ultrasound, breast(s) (unilateral), real time with image documentation, including axilla when performed; limited (Bilateral reporting: use Modifier 50 for payment at 150%)	\$37.19	\$37.19
76642 TC	Ultrasound, breast(s) (unilateral), real time with image documentation, including axilla when performed; limited (Bilateral reporting: use Modifier 50 for payment at 150%)	\$59.85	\$59.85
76942	Ultrasonic guidance of needle placement, biopsy of breast, imaging supervision and interpretation	\$63.26	\$63.26
76942 26	Ultrasonic guidance of needle placement, biopsy of breast, imaging supervision and interpretation	\$34.82	\$34.82
76942 TC	Ultrasonic guidance of needle placement, biopsy of breast, imaging supervision and interpretation	\$28.45	\$28.45
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	\$271.75	\$271.75
77046 26	Magnetic resonance imaging, breast, without contrast material; unilateral	\$79.56	\$79.56
77046 TC	Magnetic resonance imaging, breast, without contrast material; unilateral	\$192.19	\$192.19
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	\$278.79	\$278.79
77047 26	Magnetic resonance imaging, breast, without contrast material; bilateral	\$87.80	\$87.80
77047 TC	Magnetic resonance imaging, breast, without contrast material; bilateral	\$191.00	\$191.00
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	\$431.15	\$431.15
77048 26	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	\$115.12	\$115.12
77048 TC	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	\$316.02	\$316.02

CPT Code	Description	Non-Facility Fee	Facility Fee
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	\$441.00	\$441.00
77049 26	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	\$126.18	\$126.18
77049 TC	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	\$314.82	\$314.82
Breast MRI can be reimbursed by the NCCEDP in conjunction with a mammogram when a client has a BRCA mutation, a first-degree relative who is a BRCA carrier, or a lifetime risk of 20% or greater as defined by risk assessment models, such as BRCAPRO, that are largely dependent on family history. Breast MRI can also be used to better assess areas of concern on a mammogram or for evaluation of a client with a history of breast cancer after completing treatment. Breast MRI should never be done alone as a breast cancer screening tool. Breast MRI cannot be reimbursed for by the NBCEDP to assess the extent of disease in a woman who is already diagnosed with breast cancer.			
77053	Mammary ductogram or galactogram, single duct, radiological supervision and interpretation	\$62.84	\$62.84
77053 26	Mammary ductogram or galactogram, single duct, radiological supervision and interpretation	\$19.69	\$19.69
77053 TC	Mammary ductogram or galactogram, single duct, radiological supervision and interpretation	\$43.16	\$43.16
G0279	Diagnostic digital breast tomosynthesis, unilateral or bilateral (List separately in addition to 77065 or 77066)	\$60.70	\$60.70
G0279 26	Diagnostic digital breast tomosynthesis, unilateral or bilateral (List separately in addition to 77065 or 77066)	\$32.88	\$32.88
G0279 TC	Diagnostic digital breast tomosynthesis, unilateral or bilateral (List separately in addition to 77065 or 77066)	\$27.82	\$27.82
Procedure codes 77061 and 77062 have not been approved for coverage by Medicare and therefore are NOT payable by You First.			
77063	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure i.e. 77067)	\$60.70	\$60.70
77063 26	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure i.e. 77067)	\$32.88	\$32.88
77063 TC	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure i.e. 77067)	\$27.82	\$27.82
77065	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral	\$148.68	\$148.68
77065 26	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral	\$44.71	\$44.71
77065 TC	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral	\$103.96	\$103.96
77066	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral	\$187.50	\$187.50
77066 26	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral	\$54.92	\$54.92
77066 TC	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral	\$132.57	\$132.57

CPT Code	Description	Non-Facility Fee	Facility Fee
77067	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed	\$151.89	\$151.89
77067 26	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed	\$41.98	\$41.98
77067 TC	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed	\$109.92	\$109.92
80048	Basic metabolic panel	\$8.46	\$8.46
80053	Comprehensive metabolic panel	\$10.56	\$10.56
80061	Lipid panel	\$13.39	\$13.39
82465	Cholesterol, serum or whole blood, total	\$4.35	\$4.35
82947	Blood glucose, quantitative (except reagent strip)	\$3.93	\$3.93
83036	Hemoglobin glycosylated (A1C)	\$9.71	\$9.71
83718	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)	\$8.19	\$8.19
87624	Human Papillomavirus (HPV), high risk type (16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) - see note	\$35.09	\$35.09
87625	Human papillomavirus (HPV), types 16 and 18 only. Includes type 45, if performed. [Routinely utilized after 87624 for risk assessment and patient management]. - see note	\$40.55	\$40.55
Procedure code 87623 is NOT payable by You First.			
88141	Cytopathology (conventional Pap test), cervical or vaginal any reporting system, requiring interpretation by physician- see note	\$28.67	\$28.67
88142	Cytopathology (liquid-based Pap test) cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision- see note	\$20.26	\$20.26
88143	Cytopathology, cervical, in preservative fluid, auto. thin layer prep; manual screening and rescreening under physician supervision- see note	\$23.04	\$23.04
88164	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening under physician supervision- see note	\$15.12	\$15.12
88165	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening and rescreening under physician supervision- see note	\$42.22	\$42.22
HPV alone or in conjunction with a Pap test for patients 30 years and older.			
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), first evaluation episode, each site	\$62.00	\$62.00
88172 26	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), first evaluation episode, each site	\$40.71	\$40.71
88172 TC	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), first evaluation episode, each site	\$21.30	\$21.30
88177	→ immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site. (List separately in addition to code for primary procedure) — Use 88177 in conjunction with 88172	\$32.94	\$32.91
88177 26	→ immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site. (List separately in addition to code for primary procedure) — Use 88177 in conjunction with 88172	\$24.99	\$24.99

CPT Code	Description	Non-Facility Fee	Facility Fee
88177 TC	→ immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site. (List separately in addition to code for primary procedure) — Use 88177 in conjunction with 88172	\$7.96	\$7.96
88173	Cytopathology – evaluation of fine needle aspirate: interpretation and report	\$171.51	\$171.51
88173 26	Cytopathology – evaluation of fine needle aspirate: interpretation and report	\$80.04	\$80.04
88173 TC	Cytopathology – evaluation of fine needle aspirate: interpretation and report	\$91.47	\$91.47
88174	Cytopathology, cervical, collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision- see note	\$25.37	\$25.37
88175	Cytopathology, cervical, screening by automated system & manual rescreening or review, under physician supervision- see note	\$26.61	\$26.61
You First ONLY covers the vaginal component of noted CPT codes under the following circumstances, “the client’s complete hysterectomy was performed due to cervical neoplasia (precursors to cervical cancer) or invasive cervical cancer.”			
88305	Surgical pathology, gross and microscopic examination, Level IV	\$77.86	\$77.86
88305 26	Surgical pathology, gross and microscopic examination, Level IV	\$42.65	\$42.65
88305 TC	Surgical pathology, gross and microscopic examination, Level IV	\$35.20	\$35.20
88307	Surgical pathology, gross and microscopic examination, Level V	\$307.92	\$307.92
88307 26	Surgical pathology, gross and microscopic examination, Level V	\$93.82	\$93.82
88307 TC	Surgical pathology, gross and microscopic examination, Level V	\$214.11	\$214.11
88331	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen – REVIEW REQUIRED: Contact Clinical Navigator	\$109.18	\$109.18
88331 26	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen – REVIEW REQUIRED: Contact Clinical Navigator	\$70.81	\$70.81
88331 TC	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen – REVIEW REQUIRED: Contact Clinical Navigator	\$38.38	\$38.38
88332	Pathology consult during surgery; each additional tissue block w/ frozen section(s)	\$60.47	\$60.47
88332 26	Pathology consult during surgery; each additional tissue block w/ frozen section(s)	\$35.20	\$35.20
88332 TC	Pathology consult during surgery; each additional tissue block w/ frozen section(s)	\$25.27	\$25.27
88341	→ immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure) — Use 88341 in conjunction with 88342	\$103.19	\$103.19
88341 26	→ immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure) — Use 88341 in conjunction with 88342	\$32.04	\$32.04
88341 TC	→ immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure) — Use 88341 in conjunction with 88342	\$71.14	\$71.14
88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	\$117.23	\$117.23
88342 26	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	\$39.89	\$39.89
88342 TC	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	\$77.33	\$77.33
88360	Morphometric analysis, tumor immunohistochemistry, quantitative or semiquantitative, per specimen, each single antibody stain procedure; manual	\$139.39	\$139.39

CPT Code	Description	Non-Facility Fee	Facility Fee
88360 26	Morphometric analysis, tumor immunohistochemistry, quantitative or semiquantitative, per specimen, each single antibody stain procedure; manual	\$47.75	\$47.75
88360 TC	Morphometric analysis, tumor immunohistochemistry, quantitative or semiquantitative, per specimen, each single antibody stain procedure; manual	\$91.64	\$91.64
88361	Morphometric analysis, tumor immunohistochemistry, quantitative or semiquantitative, per specimen, each single antibody stain procedure; using computer-assisted technology	\$141.30	\$141.30
88361 26	Morphometric analysis, tumor immunohistochemistry, quantitative or semiquantitative, per specimen, each single antibody stain procedure; using computer-assisted technology	\$50.46	\$50.46
88361 TC	Morphometric analysis, tumor immunohistochemistry, quantitative or semiquantitative, per specimen, each single antibody stain procedure; using computer-assisted technology	\$90.84	\$90.84
99070	Supplies and materials, reimbursed at manual price – REVIEW REQUIRED: Contact Clinical Navigator		
99156	Moderate sedation services provided by a physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older	\$84.61	\$84.61
99157	→ each additional 15 minutes intraservice time (List separately in addition to code for primary procedure) — Use 99157 in conjunction with 99156	\$69.59	\$69.59
99201+	Office visit – new patient (Can include Risk Assessment for BRCA-Related Cancer) (10 minutes)- see note	\$50.11	Not applicable
99202+	Office visit – new patient (Can include Risk Assessment for BRCA-Related Cancer) (20 minutes) - see note	\$82.93	Not applicable
99203+	Office visit – new patient (Can include Risk Assessment for BRCA-Related Cancer) (30 minutes) - see note	\$117.29	Not applicable
99204+ ¹	Office visit – new patient (Can include Risk Assessment for BRCA-Related Cancer) (45 minutes) - see note	\$178.69	Not applicable
99205+ ¹	Office visit – new patient (Can include Risk Assessment for BRCA-Related Cancer) (60 minutes) - see note	\$225.66	Not applicable
99211+	Office visit – established patient (Can include Risk Assessment for BRCA-Related Cancer) (5 minutes) - see note	\$25.54	Not applicable
99212+	Office visit – established patient (Can include Risk Assessment for BRCA-Related Cancer) (10 minutes) - see note	\$49.71	Not applicable
99213+	Office visit – established patient (Can include Risk Assessment for BRCA-Related Cancer) (15 minutes) - see note	\$81.86	Not applicable
99214+	Office visit – established patient (Can include Risk Assessment for BRCA-Related Cancer) (25 minutes) - see note	\$118.76	Not applicable
99215+ ¹	Office visit – established patient (Can include Risk Assessment for BRCA-Related Cancer) (40 minutes) - see note	\$159.40	Not applicable
99385	Periodic comprehensive preventive medicine visit- new patient (18-39 years with risk factors) - see note	\$117.29	Not applicable
99386	Periodic comprehensive preventive medicine visit- new patient (40-64 years) - see note	\$117.29	Not applicable
99395	Periodic comprehensive preventive medicine visit- established patient (18-39 years with risk factors) - see note	\$81.86	Not applicable
99396	Periodic comprehensive preventive medicine visit- established patient (40-64 years) - see note	\$81.86	Not applicable
99397	Periodic comprehensive preventive medicine visit- established patient (65+ years) - see note	\$81.86	Not applicable

* You First can only reimburse for procedures and bloodwork outlined on this fee schedule. For example, You First does not cover TSH testing or STD testing.*

CPT Code	Description	Non-Facility Fee	Facility Fee
Transport	Transportation to and from a You First covered appointment. REVIEW REQUIRED: Contact You First		
T1013	Sign Language or oral interpretive services, per 15 minutes	\$15.00	\$15.00
Various	Pre-operative testing; CBC, urinalysis, pregnancy test, etc. These procedures should be medically necessary for the planned surgical procedure. – REVIEW REQUIRED: Contact You First		

***Risk Assessment for BRCA-Related Cancer in Women: USPSTF Rating (December 2013): B**

The USPSTF recommends that primary care providers screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with 1 of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (*BRCA1* or *BRCA2*). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.

This also applies to women who have previously been diagnosed with cancer, if she is not currently symptomatic of or receiving active treatment for breast, ovarian, tubal, or peritoneal cancer.

USPSTF Rating (December 2013): B

Tools evaluated by the USPSTF include the Ontario Family History Assessment Tool, Manchester Scoring System, Referral Screening Tool, Pedigree Assessment Tool and FHS-7. The Referral Screening Tool (an updated version, the B-RST, is available at www.breastcancergenescreen.org and FHS-7 are the simplest and quickest to administer.

*1 These codes (99204, 99205, and 99215) are typically not appropriate for You First screening visits but may be used when provider spends extra time to do a detailed risk assessment.

Questions about the fee schedule? Contact You First: 1-800-508-2222

YOU FIRST 2019 ICD-10-CM Codes

(Effective 1/1/2020)

Note: Do not see a code that has been used? Contact You First.

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

E11.69	Type 2 diabetes mellitus with other specified complication
E11.8	Type 2 diabetes mellitus with unspecified complications
E11.9	Type 2 diabetes mellitus without complications
E13.8	Other specified diabetes mellitus with unspecified complications
E13.9	Other specified diabetes mellitus without complications
E13.10	Other specified diabetes mellitus with ketoacidosis without coma
E66.01	Morbid (severe) obesity due to excess calories
E66.3	Overweight
E66.8	Other obesity
E66.9	Obesity, unspecified
E78.0	Pure hypercholesterolemia
E78.1	Pure hyperglyceridemia
E78.2	Mixed Hyperlipidemia
E78.3	Hyperchylomicronemia
E78.4	Other hyperlipidemia
E78.5	Hyperlipidemia, unspecified
E78.6	Lipoprotein deficiency
F172.00	Nicotine dependence, unspecified, uncomplicated
F172.10	Nicotine dependence, cigarettes, uncomplicated
I10	Essential (primary) hypertension
I11.0	Hypertensive heart disease with heart failure
I11.9	Hypertensive heart disease without heart failure
I15.0	Renovascular hypertension
I15.1	Hypertension secondary to other renal disorders
I15.2	Hypertension secondary to endocrine disorders
I15.8	Other secondary hypertension
I25.10	Artherosclerotic heart disease of native coronary artery without angina pectoris
N60.01	Solitary cyst of right breast
N60.02	Solitary cyst of left breast
N60.11	Diffuse cystic mastopathy of right breast
N60.12	Diffuse cystic mastopathy of left breast
N60.21	Fibroadenosis of right breast
N60.22	Fibroadenosis of left breast
N60.31	Fibrosclerosis of right breast
N60.32	Fibrosclerosis of left breast
N60.41	Mammary duct ectasia of right breast
N60.42	Mammary duct of ectasia of left breast
N60.81	Other benign mammary dysplasias of right breast
N60.82	Other benign mammary dysplasias of left breast
N60.91	Unspecified benign mammary dysplasias of right breast
N60.92	Unspecified benign mammary dysplasias of left breast
N61	Inflammatory disorders of the breast
N61.0	Mastitis without abscess
N61.1	Abscess of the breast and nipple
N62	Hypertrophy of breast
N63	Unspecified lump in breast
N63.10	Unspecified lump in the right breast, unspecified quadrant
N63.11	Unspecified lump in the right breast, upper outer quadrant
N63.12	Unspecified lump in the right breast, upper inner quadrant
N63.13	Unspecified lump in the right breast, lower outer quadrant

N63.14	Unspecified lump in the right breast, lower inner quadrant
N63.20	Unspecified lump in the left breast, unspecified quadrant
N63.21	Unspecified lump in the left breast, upper outer quadrant
N63.22	Unspecified lump in the left breast, upper inner quadrant
N63.23	Unspecified lump in the left breast, lower outer quadrant
N63.24	Unspecified lump in the left breast, lower inner quadrant
N63.31	Unspecified lump in axillary tail of the right breast
N63.32	Unspecified lump in axillary tail of the left breast
N63.41	Unspecified lump in right breast, subareolar
N63.42	Unspecified lump in left breast, subareolar
N64.0	Fissure and fistula of nipple
N64.1	Fat necrosis of breast
N64.2	Atrophy of breast
N64.3	Galactorrhea not associated with childbirth
N64.4	Mastodynia
N64.51	Induration of breast
N64.52	Nipple discharge
N64.53	Retraction of nipple
N64.89	Other specified disorders of breast
N72	Inflammatory disease of cervix uteri
N76.0	Acute vaginitis
N76.1	Subacute and chronic vaginitis
N76.2	Acute vulvitis
N76.3	Subacute and chronic vulvitis
N77.1	Vaginitis, vulvitis and vulvovaginitis in diseases classified elsewhere
N84.1	Polyp of cervix uteri (Mucous polyp of cervix)
N87.0	Mild cervical dysplasia (Cervical intraepithelial neoplasia I) [CIN I]
N87.1	Moderate cervical dysplasia (Cervical intraepithelial neoplasia II) [CIN II]
N87.9	Dysplasia of cervix uteri, unspecified (Anaplasia of cervix, cervical atypism or cervical dysplasia NOS)
N888	Other noninflammatory disorders of cervix uteri
Q83.0	Congenital absence of breast with absent nipple
Q83.1	Accessory breast
Q83.2	Absent nipple
Q83.3	Accessory nipple
Q83.8	Other congenital malformations of breast
R03.0	Elevated blood-pressure reading, without diagnosis of hypertension
R73.01	Impaired fasting glucose
R73.03	Prediabetes
R73.09	Other abnormal glucose
R73.9	Hyperglycemia, unspecified
R87.610	Atypical squamous cells of undetermined significance on cytologic smear of cervix [ASC-US]
R87.611	Atypical squamous cells cannot exclude high grade squamous intraepithelial lesion on cytologic smear of cervix [ASC-H]
R87.612	Low grade squamous intraepithelial lesion on cytologic smear of cervix [LGSIL]
R87.613	High grade squamous intraepithelial lesion on cytologic smear of cervix [HGSIL]
R87.614	Cytologic evidence of malignancy on smear of cervix
R87.615	Unsatisfactory cytologic smear of cervix
R87.616	Satisfactory cervical smear but lacking transformation zone
R87.618	Other abnormal cytological finding on specimens from cervix uteri

R87.619	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)
R87.620	Atypical squamous cells of undetermined significance on cytologic smear of vagina [ASC-US]
R87.621	Atypical squamous cells cannot exclude high grade squamous intraepithelial lesion on cytologic smear of vagina [ASC-H]
R87.622	Low grade squamous intraepithelial lesion on cytologic smear of vagina [LGSIL]
R87.623	High grade squamous intraepithelial lesion on cytologic smear of vagina [HGSIL]
R87.624	Cytologic evidence of malignancy on smear of vagina
R87.625	Unsatisfactory cytologic smear of vagina
R87.810	Cervical high risk human papillomavirus (HPV DNA test positive)
R92.0	Mammographic microcalcification found on diagnostic imaging of breast
R92.1	Mammographic calcification found on diagnostic imaging of breast
R92.2	Inconclusive mammogram
R92.8	Other abnormal and inconclusive findings on diagnostic imaging of breast
Z00.00	Encounter for general adult medical exam without abnormal findings
Z00.01	Encounter for general adult medical exam with abnormal findings
Z00.8	Encounter for other general examination
Z01.411	Encounter for gynecological examination (general) (routine) with abnormal findings
Z01.419	Encounter for gynecological examination (general) (routine) without abnormal findings
Z01.42	Encounter for cervical smear to confirm findings of recent normal smear following initial abnormal smear
Z01.812	Encounter for preprocedural laboratory examination
Z08	Encounter for follow-up examination after completed treatment for malignant neoplasm
Z11.51	Encounter for screening for human papillomavirus (HPV)
Z12.31	Encounter for screening mammogram for malignant neoplasm of breast
Z12.39	Encounter for other screening for malignant neoplasm of breast
Z12.4	Encounter for screening for malignant neoplasm of cervix
Z13.1	Encounter for screening for diabetes mellitus
Z13.220	Encounter for screening for lipid disorders
Z15.01	Genetic susceptibility to malignant neoplasm of breast
Z15.02	Genetic susceptibility to malignant neoplasm of ovary
Z31.5	Encounter for genetic counseling
Z71.3	Dietary counseling and surveillance
Z71.6	Tobacco abuse counseling
Z80.3	Family history of malignant neoplasm of breast
Z80.41	Family history of malignant neoplasm of ovary
Z85.3	Personal history of malignant neoplasm of breast
Z85.41	Personal history of malignant neoplasm of cervix uteri
Z86.000	Personal history of in-situ neoplasm of breast
Z86.001	Personal history of in-situ neoplasm of cervix uteri
Z87.410	Personal history of cervical dysplasia

YOU FIRST 2020 Revenue Codes

For use with UB-04 Claim Form only

Must be associated with CPT codes listed on You First Fee Schedule

Paid at the Medicare-B rate listed on the current You First Fee Schedule.

Do not see a code that has been used? Contact You First.

0280	Oncology
0300	Laboratory, General
0301	Laboratory, Chemistry
0306	Laboratory, Bacteriology and Microbiology
0310	Lab Pathology, General
0311	Lab Pathology, Cytology
0320	Radiology, General
0343	Diagnostic Radiopharmaceuticals
0360	Operating Room Services, Minor Surgery
0361	OR Services, Minor Surgery
0370	Anesthesia
0371	Anesthesia
0372	Anesthesia
0401	Other Imaging Services, Mammography
0402	Other, Ultrasound
0403	Screening Mammography
0450	ER General
0490	General Classification Ambulatory Surgery
0590	General
0610	General Classification - MRI
	BY REVIEW – Reimbursed per itemized review
0250	Pharmacy
0258	IV Solutions
0260	IV Therapy, General
0262	IV Therapy – Solutions
0264	IV Therapy, Supplies
0270	Supplies- Devices, General
0271	Non-Sterile Supplies
0272	Sterile Supplies
0621	Supplies Medical-Surgical Incident to Radiology
0710	Recovery, General
0761	Treatment Room
0988	Professional Fees, Consultation