

You First 2022 Fee Schedule

For dates of service between January 1, 2022 and December 31, 2022

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 the services on this fee schedule. You First cannot pay for 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)	\$70.63
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)	\$108.13
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)	\$161.23
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)	\$213.17
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	\$22.72
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)	\$54.79
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)	\$87.97
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)	\$124.31
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)	\$174.77
99385	Initial comprehensive preventive medicine office visit for a patient age 18-39 years	\$108.13
99386	Initial comprehensive preventive medicine office visit for a patient age 40-64 years	\$108.13
99387	Initial comprehensive preventive medicine office visit for a patient age 65 years and older	\$108.13
99395	Periodic comprehensive preventive medicine office visit for an established patient age 18-39 years	\$87.97
99396	Periodic comprehensive preventive medicine office visit for an established patient age 40-64 years	\$87.97
99397	Periodic comprehensive preventive medicine office visit for an established patient age 65 years and older	\$87.97

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 body mass index (BMI), blood pressure, cholesterol, and fasting blood glucose or A1C.
- FQHCs/RHCs should bill You First using the provider number for services paid per a fee schedule and not the number used to bill for encounters.

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

CPT® Code	Description	Fee
36415	Collection of venous blood by venipuncture	\$3.00
80048	Basic metabolic panel	\$8.46
80053	Comprehensive metabolic panel	\$10.56
80061	Lipid panel	\$13.39
82465	Cholesterol, serum or whole blood, total	\$4.35
82947	Blood glucose, quantitative (except reagent strip)	\$3.93
83036	Hemoglobin; glycosylated (A1c)	\$9.71
83718	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)	\$8.19
84478	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.

Breast Cancer Screening and Diagnostic Imaging

CPT® Code	Description	Prof. Fee (26)	Tech. Fee (TC)
76098	Radiological examination, surgical specimen	\$14.83	\$25.42
76641	Ultrasound, complete examination of breast, real time with image documentation, including axilla when performed, unilateral	\$34.04	\$69.47
76641	Ultrasound, complete examination of breasts, real time with image documentation, including axilla when performed, bilateral (use modifier 50)	\$51.06	\$104.20
76642	Ultrasound, limited examination of breast including axilla when performed, unilateral	\$31.68	\$52.99
76642	Ultrasound, limited examination of breasts, including axilla when performed, bilateral (use modifier 50)	\$47.52	\$79.48

76942	Ultrasonic guidance of needle placement, biopsy of breast, imaging supervision and interpretation	\$29.67	\$27.43
77046	Magnetic resonance imaging (MRI) of breast without contrast material, unilateral	\$67.74	\$2.55
77047	Magnetic resonance imaging (MRI) of breasts without contrast material, bilateral	\$74.46	\$2.55
77048	Magnetic resonance imaging (MRI) of breast with or without contrast material, including computer-aided detection (CAD), unilateral	\$97.69	\$257.67
77049	Magnetic resonance imaging (MRI) of breast with or without contrast material, including computer-aided detection (CAD), bilateral	\$106.96	\$255.65
77053	Mammary ductogram or galactogram, single duct, radiological supervision and interpretation	\$16.85	\$2.55
77063	Screening digital breast tomosynthesis, bilateral (List separately in addition to 77067)	\$28.32	\$23.54
G0279	Diagnostic digital breast tomosynthesis, unilateral or bilateral (List separately in addition to 77065 or 77066)	\$28.32	\$23.54
77065	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral	\$37.73	\$87.97
77066	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral	\$46.66	\$112.19
77067	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed	\$35.38	\$92.68

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 in conjunction with a mammogram when a client has a BRCA gene mutation, a first-degree relative who is a BRCA carrier, or a lifetime risk of 20% or greater.
- 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
87624	Human papillomavirus (HPV), high risk types (e.g. 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)	\$35.09
87625	Human papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed	\$40.55
88141	Cytopathology (conventional Pap test), cervical or vaginal (any reporting system), requiring interpretation by physician	\$21.71
88142	Cytopathology (liquid-based Pap test) cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	\$20.26
88143	Cytopathology, cervical, in preservative fluid, automated thin layer preparation; manual screening and rescreening under physician supervision	\$23.04
88164	Cytopathology (conventional Pap test), slides, cervical or vaginal reported in Bethesda System, manual screening under physician supervision	\$15.92
88165	Cytopathology (conventional Pap test), slides, cervical or vaginal reported in Bethesda System, manual screening and rescreening under physician supervision	\$42.22

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

Breast Cancer Diagnostic Outpatient Procedures

CPT® Code	Description	Non-Facility Fee	Facility Fee
10004	Fine needle aspiration biopsy without imaging guidance, each additional lesion (use in conjunction with 10021)	\$49.16	\$40.75
10005	Fine needle aspiration biopsy including ultrasound guidance, first lesion	\$135.71	\$70.46
10006	Fine needle aspiration biopsy including ultrasound guidance, each additional lesion (use in conjunction with 10005)	\$58.38	\$48.29
10007	Fine needle aspiration biopsy including fluoroscopic guidance, first lesion	\$300.40	\$86.83
10008	Fine needle aspiration biopsy including fluoroscopic guidance, each additional lesion (use in conjunction with 10007)	\$163.83	\$54.87
10009	Fine needle aspiration biopsy including CT guidance, first lesion	\$453.12	\$106.03
10010	Fine needle aspiration biopsy including CT guidance, each additional lesion (use in conjunction with 10009)	\$265.62	\$76.27
10021	Fine needle aspiration biopsy; without imaging guidance, first lesion only	\$99.79	\$52.03
19000	Puncture aspiration of cyst of breast	\$102.11	\$40.56
19001	Puncture aspiration of cyst of breast, each additional cyst (use in conjunction with 19000)	\$25.83	\$20.11
19081	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	\$511.01	\$156.87
19082	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)	\$401.73	\$78.87
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	\$517.55	\$147.94
19084	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)	\$397.80	\$73.59
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	\$798.17	\$172.28

19086	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)	\$624.13	\$86.02
19100	Breast biopsy, percutaneous, needle core, not using imaging guidance	\$151.85	\$64.74
19101	Breast biopsy, open, incisional	\$325.03	\$213.38
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	\$501.69	\$397.09
19125	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion	\$552.13	\$439.47
19126	Excision of each additional lesion identified by preoperative placement of radiological marker, open (use in conjunction with 19125)	\$149.73	\$149.73
19281	Placement of breast localization device(s) (e.g. clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance	\$238.46	\$94.85
19282	Placement of localization of device for each additional lesion, including mammographic guidance (use in conjunction with 19281)	\$170.52	\$47.43
19283	Placement of breast localization device(s) (e.g., clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance	\$260.03	\$95.24
19284	Placement of localization device for each additional lesion, including stereotactic guidance (use in conjunction with 19283)	\$195.12	\$47.81
19285	Placement of breast localization device(s) (e.g., clip metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance	\$383.23	\$80.88
19286	Placement of localization device for each additional lesion, including ultrasound guidance (use in conjunction with 19285)	\$317.16	\$40.71
19287	Placement of breast localization device(s) (e.g., clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including magnetic resonance guidance	\$664.46	\$120.63
19288	Placement of localization device for each additional lesion, including magnetic resonance guidance (use in conjunction with 19287)	\$517.30	\$60.58

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
57452	Colposcopy of the cervix including upper/adjacent vagina	\$123.93	\$86.26
57454	Colposcopy with biopsy(s) of the cervix and endocervical curettage	\$164.77	\$127.11
57455	Colposcopy with biopsy(s) of cervix	\$158.07	\$103.25
57456	Colposcopy with endocervical curettage	\$148.42	\$95.95
57460	Colposcopy with loop electrode biopsy(s) of the cervix	\$315.38	\$150.92
57461	Colposcopy with loop electrode conization of the cervix	\$350.95	\$174.38

57500	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (Use for cervical polyp removal)	\$155.13	\$71.38
57505	Endocervical curettage (not done as part of a dilation and curettage)	\$155.46	\$107.03
57520	Conization of the cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	\$347.12	\$286.92
57522	Loop electrode excision procedure	\$297.89	\$246.77
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy)	\$100.31	\$60.28
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)	\$48.01	\$38.25

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

CPT® Code	Description	Prof. Fee (26)	Tech. Fee (TC)
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode	\$34.14	\$19.03
88173	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, interpretation and report	\$67.65	\$86.19
88177	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode	\$21.03	\$7.06
88305	Surgical pathology, gross and microscopic examination, Level IV	\$36.15	\$33.49
88307	Surgical pathology, gross and microscopic examination, Level V	\$79.41	\$201.88
88331	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen	\$59.87	\$40.21
88332	Pathology consultation during surgery; each additional tissue block with frozen section(s)	\$29.43	\$23.73
88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (use in conjunction with 88342)	\$27.08	\$59.86
88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	\$33.46	\$65.77
88360	Morphometric analysis, tumor immunohistochemistry, per specimen; manual	\$40.18	\$78.55
88361	Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology	\$42.20	\$76.20
88364	In situ hybridization (e.g., FISH), per specimen; each additional single probe stain procedure (use in conjunction with 88365)	\$33.13	\$102.77
88365	In situ hybridization (e.g., FISH), per specimen; initial single probe stain procedure	\$42.06	\$134.91
88366	In situ hybridization (e.g., FISH), per specimen; each multiplex probe stain procedure	\$59.87	\$221.01
88367	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, initial single probe stain procedure	\$32.45	\$78.89

88368	Morphometric analysis, in situ hybridization, manual, per specimen, initial single probe stain procedure	\$39.85	\$93.88
88369	Morphometric analysis, in situ hybridization, manual, per specimen, each additional probe stain procedure (use in conjunction with 88368)	\$31.11	\$82.25
88373	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each additional probe stain procedure	\$24.72	\$43.39
88374	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each additional probe stain procedure multiplex stain procedure	\$41.86	\$280.34
88377	Morphometric analysis, in situ hybridization, manual, per specimen, each multiplex stain procedure	\$61.55	\$338.05

Anesthesia for Breast and Cervical Diagnostic Procedures

CPT® Code	Description	Fee
00400	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	\$20.98
99156	Conscious sedation anesthesia, 10-22 minutes for individuals 5 years or older	\$72.33
99157	Conscious sedation anesthesia, for each additional 15 minutes	\$59.57

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

C50.01	Malignant neoplasm of nipple and areola, female
C50.011	Malignant neoplasm of nipple and areola of right female breast
C50.012	Malignant neoplasm of nipple and areola of 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
F17.200	Nicotine dependence, unspecified, uncomplicated
F17.210	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
N63.15	Unspecified lump in the right breast, overlapping quadrants
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)
N88.8	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
Z13.6	Encounter for screening for cardiovascular disorders
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
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
<p>Diagnosis code notes:</p> <ul style="list-style-type: none"> • 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 heart health services only. 	