

Table B – 2024 Reimbursement Rates: Cervical

*Effective January 1, 2024

Cervical Screening & Diagnostic Procedures			
Screening	CPT	Mod 26	Mod TC
Pap smear screening	88150		\$17.76
Pap smear, reported in Bethesda System requiring physician interpretation	88141	\$21.36	
Automated thin preparation	88142		\$20.26
Screening by automated system with manual re-screening	88148		\$17.76
Manual screening under physician supervision	88164		\$17.76
Manual screening and rescreening under physician supervision	88165		\$42.22
Computerized thin preparation	88175		\$26.61
HPV DNA Testing (high-risk typing only)	87624		\$35.09
HPV DNA Testing (High-risk typing for HPV types 16 & 18 only)	87625		\$40.55
Slide Consult	88321	\$87.96	

Office Visits			
New Patient Office Visit	CPT	Mod 26	Facility
New Patient office visit 15-29 min	99202	\$64.47	\$43.07
New Patient office visit 30-44 min	99203	\$99.88	\$74.25
New Patient office visit with detailed risk assessment 45-59 min	99204	\$150.59	\$121.03
New Patient office visit with detailed risk assessment 60-74 min	99205	\$198.77	\$164.41
Established Patient Office Visit			
Established Patient office visit 20-29 min	99213	\$81.72	\$60.03
Established Patient, follow-up office visit 10-19 min	99212	\$50.41	\$32.11
Established Patient office visit 30-39 min	99214	\$115.65	\$88.62
Established Patient office visit 40-54 min	99215	\$163.00	\$131.18
New Or Established Office Consultations			
New or Established office consultations 30-44 min	99203	\$99.88	\$74.25

Diagnostics	CPT	Mod 26	Facility	
Vaginal biopsy	57105	\$155.95	\$130.04	
Colposcopy without biopsy	57452	\$112.04	\$81.07	
Colposcopy with biopsy of cervix	57455	\$143.13	\$96.95	
Colposcopy with endocervical curettage	57456	\$134.83	\$90.33	
Colposcopy with biopsy and endocervical curettage	57454	\$149.93	\$119.24	
Endocervical curettage	57505	\$135.29	\$96.71	
◆ Colposcopy with loop electrode biopsy of cervix	57460	\$273.82	\$142.31	
◆ Colposcopy with loop electrode conization of cervix	57461	\$305.87	\$163.38	
*Biopsy or local excision of lesion	57500	\$133.64	\$66.90	
◆ Conization of cervix	57520	\$312.88	\$264.44	
◆ Loop electrode excision	57522	\$268.78	\$227.95	
*Colposcopy for vagina and cervix if present	57420	\$117.63	\$80.17	
*Endoscopy w/ biopsy of vagina/cervix	57421	\$157.33	\$108.61	
*Endometrial biopsy	58100	\$89.48	\$56.53	
*Endometrial sampling, performed in conjunction with colposcopy	58110	\$44.60	\$35.87	
	CPT	Mod 26	Mod TC	Complete
*Ultrasound exam pelvic complete	76856	\$29.86	\$61.84	\$91.70
*Transvaginal ultrasound non-ob	76830	\$30.14	\$73.27	\$103.42

Hospital/Ambulatory Surgery Center	CPT	Out-Patient		
◆ Conization of cervix	57520	\$1,451.82		
◆ Loop electrode excision	57522	\$1,451.82		
◆ Colposcopy with loop electrode biopsy of cervix	57460	\$184.31		
◆ Colposcopy with loop electrode conization of cervix	57461	\$195.70		
Biopsy or local excision of lesion	57500	\$96.80		
◆ Requires prior authorization to obtain BreastCare reimbursement for diagnostic procedures only.				
Pathology	CPT	Mod 26	Mod TC	Complete
Surgical Pathology Level IV	88305	\$33.74	\$30.02	\$63.76
Surgical Pathology Level III	88304	\$10.19	\$26.92	\$37.11
Surgical Pathology Level V	88307	\$73.69	\$176.12	\$249.81
Surgical Pathology Level VI	88309	\$129.98	\$247.36	\$377.34
Special stain group 1	88312	\$24.05	\$73.39	\$97.43
Special stain group 2	88313	\$10.84	\$60.15	\$70.99
Frozen Section	88331	\$55.64	\$34.81	\$90.44
Frozen Section, Additional	88332	\$27.37	\$21.01	\$48.38
OR Consult	88329	\$49.09		
Immunohistochemistry or immunocytochemistry, per specimen; first stain	88342	\$31.54	\$61.00	\$92.53
Immunohistochemistry or immunocytochemistry, per specimen; each additional stain	88341	\$25.26	\$53.79	\$79.05
Tumor immunohistochem/manual	88360	\$37.58	\$67.75	\$105.33
Tumor immunohistochem/computer	88361	\$39.72	\$65.22	\$104.94
Morphometric analysis, each multiplex probe stain	88377	\$58.40	\$281.55	\$339.95
Anesthesia	CPT	Mod 26		
* 57520, 57522, 57420, 57460, 57461	00940	\$294.76		
Note: Anesthesiologist/CRNA will bill for actual charges or up to the capitated limit for each procedure code.				
Lab	CPT	Mod TC		
Complete CBC, automated and automated differential WBC count	85025	\$7.77		
Hepatic Function Panel	80076	\$8.17		
Urine Pregnancy Test	81025	\$8.61		
CBC, automated	85027	\$6.47		
Basic Metabolic Panel	80048	\$8.46		
Comprehensive Metabolic Panel	80053	\$10.56		
* Requires specific diagnoses codes.				
◆ Requires prior authorization to obtain BreastCare reimbursement for diagnostic procedures.				
Mod 26 = Professional Fee				
Mod TC = Technical Fee				
Complete = Combined (Professional and Technical) Fee				
Facility =These amounts apply when a physician performs the service in a facility setting.				