

# Sage Program Reimbursement Rates

EFFECTIVE JAN 1, 2023 THROUGH DEC 31, 2023



Code	Description of Service	Allowable Rates
<b>New Patient</b>		
99202	Medically appropriate history/exam; straightforward decision making; 15-29 minutes	\$71.76
99203	Medically appropriate history/exam; low level decision making; 30-44 minutes	\$109.97
<b>Established Patient</b>		
99211	Evaluation and management, may not require presence of physician; presenting problems are minimal	\$23.48
99212	Medically appropriate history/exam; straightforward decision making; 10-19 minutes	\$56.15
99213	Medically appropriate history/exam; low level decision making; 20-29 minutes	\$89.36
99214	Medically appropriate history/exam; moderate level decision making; 30-39 minutes	\$126.35
G0101	Pelvic and clinical breast exam	\$38.47
G0463	Hospital outpatient clinic visit for assessment and management of a patient	\$120.86
99385 - 99387	Will be reimbursed at or below the 99203 rate	
99395 - 99397	Will be reimbursed at or below the 99213 rate	
<b>Cervical Screening</b>		
88150, 88164, P3000	Conventional Screening Pap	\$17.31
88142, G0123	Liquid-based, thin layer prep Screening Pap	\$20.26
88143	Liquid-based, thin layer prep Screening Pap, manual screening and rescreening under physician supervision.	\$23.04
88174	Liquid-based, thin layer prep Screening Pap, screening by automated system.	\$25.37
G0144	Liquid-based, thin layer prep Screening Pap, screening by automated system.	\$43.97
88175	Liquid-based, thin layer prep Screening Pap, screening by automated system and manual rescreening.	\$26.61
G0145	Liquid-based, thin layer prep Screening Pap, screening by automated system and manual rescreening.	\$26.49
<b>Pap Smear/Pathology with Additional Interpretation</b>		
88141, G0124	Cytopathology, cervical / vaginal; requiring physician interpretation	\$23.08
P3001	Screening Pap Smear, requiring interpretation by physician	\$23.08
<b>HPV Test</b>		

Code	Description of Service	Allowable Rates		
87624	Human Papillomavirus (HPV) Test – high-risk types	\$35.09		
87625	Human Papillomavirus (HPV) Test – types 16 & 18 only	\$40.55		
<b>Colposcopy</b>				
57452	Colposcopy - Without Cervical Biopsy	\$149.92		
57454	Colposcopy - With Cervical Biopsy(s) and Endocervical Curettage	\$165.23		
<b>Colposcopy (continued)</b>				
57455	Colposcopy - With Cervical Biopsy(s)	\$158.91		
57456	Colposcopy - With Endocervical Curettage	\$149.92		
<b>Endometrial Biopsy</b>				
58100	Endometrial Biopsy	\$100.42		
58110	Endometrial Biopsy performed in conjunction with Colposcopy	\$37.78		
<b>Pathology</b>		<b>Global</b>	<b>TC</b>	<b>26</b>
88305	Surgical Cervical Pathology, Global	\$72.25	\$35.68	\$36.58
<b>Mammography</b>		<b>Global</b>	<b>TC</b>	<b>26</b>
77067	Screening Mammogram w/CAD Bilateral	\$131.28	\$95.42	\$35.86
77066	Diagnostic Mammogram w/CAD Bilateral	\$161.86	\$115.10	\$46.76
77065	Diagnostics Mammogram w/CAD Unilateral	\$128.14	\$90.24	\$37.90
<b>Tomosynthesis/ 3d Mammogram</b>		<b>Global</b>	<b>TC</b>	<b>26</b>
77063	Screening digital breast Tomosynthesis	\$53.23	\$24.86	\$28.37
G0279	Diagnostic digital breast, Tomosynthesis	\$53.23	\$24.86	\$28.37
<b>Breast Ultrasound</b>		<b>Global</b>	<b>TC</b>	<b>26</b>
76641	Ultrasound breast complete, Unilateral	\$105.75	\$71.24	\$34.50
76642	Ultrasound breast limited, Unilateral	\$86.79	\$54.67	\$32.12
<b>Fine Needle Aspiration (FNA)</b>		<b>Allowable Rates</b>		
10021	Fine Needle Aspiration (without imaging guidance)	\$101.37		
19000	Aspiration of Cyst	\$102.54		
<b>FNA Cytology</b>		<b>Global</b>	<b>TC</b>	<b>26</b>
88172	Evaluation of Fine Needle Aspirate	\$56.06	\$21.17	\$34.89
88173	Interpretation and Report	\$163.79	\$95.06	\$68.73
<b>Outpatient Breast Diagnostic Procedures (special arrangements must be made with SAGE prior to offering these services)</b>				
Itemized charges for each procedure code	Patient Breast Diagnostic Procedures (must receive prior authorization for each procedure). Please call 651-201-5904 for instructions.	<b>Varies</b>		

Sage rates are based on Medicare CMS rates and subject to adjustment whenever CMS does the same. (Rates on this sheet are based on non-facility fees and subject to adjustment based on place of service.)

TC: Technical Component

26: Professional Component