

# Sage Program Breast Diagnostic Reimbursement Rates



EFFECTIVE JAN 1, 2023 THROUGH DEC 31, 2023

Code	Description of Service	Allowable Rates		
<b>Visit</b>		<b>Allowable Rates</b>		
99202	New patient; medically appropriate history/exam; straightforward decision making; 15-29 minutes	\$71.76		
99203	New patient; medically appropriate history/exam; low level decision making; 30-44 minutes	\$109.97		
99204	New patient; medically appropriate history/exam; moderate level decision making; 45-59 minutes	\$163.51		
99205	New patient; medically appropriate history/exam; high level decision making; 60-74 minutes	\$215.61		
99211	Established patient; evaluation and management, may not require presence of physician; presenting problems are minimal	\$23.48		
99212	Established patient; medically appropriate history/exam; straightforward decision making; 10-19 minutes	\$56.15		
99213	Established patient; medically appropriate history/exam; low level decision making; 20-29 minutes	\$89.36		
99214	Established patient; medically appropriate history/exam; moderate level decision making; 30-39 minutes	\$126.35		
99215	Established patient; medically appropriate history/exam; high level decision making; 40-54 minutes	\$176.86		
99386 - 99387	Will be reimbursed at or below the 99203 rate			
99396 - 99397	Will be reimbursed at or below the 99213 rate			
<b>Diagnostic Mammography</b>		<b>Global</b>	<b>Tech</b>	<b>Prof</b>
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>Breast Ultrasound</b>		<b>Global</b>	<b>Tech</b>	<b>Prof</b>
76641	Ultrasound breast complete, Unilateral	\$105.75	\$71.24	\$34.50
76642	Ultrasound breast limited, Unilateral	\$86.79	\$54.67	\$32.12
<b>Breast Diagnostic Procedures</b>		<b>PFS (11)</b>		<b>OPPS (13)</b>
10021	Fine needle aspiration without imaging guidance	\$101.37		\$373.07
19000	Puncture aspiration of cyst of breast	\$102.54		\$648.97
10004	Fine needle aspiration biopsy without imaging guidance, each additional lesion	\$49.39		Bundled

<b>Code</b>	<b>Description of Service</b>		
10005	Fine needle aspiration biopsy including ultrasound guidance, first lesion	\$135.61	\$648.97
10006	Fine needle aspiration biopsy including ultrasound guidance, each additional lesion	\$58.82	Bundled
10007	Fine needle aspiration biopsy including fluoroscopic guidance, first lesion	\$301.70	648.97
10008	Fine needle aspiration biopsy including fluoroscopic guidance, each additional lesion	\$144.08	Bundled
19001	Puncture aspiration of cyst of breast, each additional cyst, used with 19000	\$25.72	Bundled
19081	Breast biopsy, with placement of localization devise and imaging biopsy specimen, percutaneous; stereotactic guidance; first lesion	\$514.08	\$1,499.55
19082	Code 19081 plus each additional lesion	\$401.14	Bundled
<b>Breast Diagnostic Procedures (continued)</b>		<b>PFS (11)</b>	<b>OPPS (13)</b>
19083	Breast biopsy, with placement of localization devise and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion	\$514.91	\$1,499.55
19084	Code 19083 plus each additional lesion	\$395.57	Bundled
19085	Breast biopsy, with placement of localization devise and imaging of biopsy specimen, percutaneous, magnetic resonance guidance; first lesion	\$795.30	\$1,499.55
19086	Code 19085 plus each additional lesion	\$620.88	Bundled
19100	Breast biopsy, percutaneous, needle core, not using imaging guidance	\$148.91	\$1,499.55
19101	Breast biopsy, open, incisional	\$322.73	\$3,437.80
19112	Excise breast duct fistula	\$454.87	\$3,437.80
19120	Breast biopsy, open, incisional	\$ 501.40	\$3,437.80
19125	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion	\$ 550.64	\$ 3,437.80
19126	Code 19125 plus each additional lesion separately identified by a preoperative radiological marker	\$ 145.23	Bundled
19281	Placement of breast localization device, percutaneous; mammographic guidance; first lesion	\$ 245.18	\$1,499.55
19282	Code 19281 plus each additional lesion	\$ 175.19	Bundled
19283	Placement of breast localization device, percutaneous; stereotactic guidance; first lesion	\$ 264.74	\$648.97
19284	Code 19283 plus each additional lesion	\$ 196.36	Bundled
19285	Placement of breast localization device, percutaneous; ultrasound guidance; first lesion	\$ 382.46	\$648.97
19286	Code 19285 plus each additional lesion	\$ 315.48	Bundled
19287	Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion	\$ 661.71	\$ 648.97
19288	Code 19287 plus each additional lesion	\$ 514.81	Bundled

Code	Description of Service			
76942	Ultrasonic guidance for needle placement, imaging supervision and interpretation, Global	\$58.48		Bundled
<b>Anesthesia</b>		<b>Formula</b>		
00400	Anesthesia for procedures on the integumentary system, anterior trunk, not otherwise specified. <b>Base (B): 3 units</b>	[B+(Times/15min)] *\$20.31* X%		
<b>Cytology &amp; Pathology</b>		<b>Global</b>	<b>Tech</b>	<b>Prof</b>
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s)	\$ 56.06	\$ 21.17	\$ 34.89
88177	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), each separate additional evaluation episode	\$ 29.54	\$ 8.29	\$ 21.25
88173	Cytopathology, evaluation of fine needle aspirate; interpretation and report	\$163.79	\$95.06	\$68.73
88305	Surgical pathology, gross and microscopic examination	\$72.25	\$35.68	\$36.58
<b>Cytology &amp; Pathology (continued)</b>		<b>Global</b>	<b>Tech</b>	<b>Prof</b>
88307	Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	\$295.45	\$214.88	\$80.57
88360	Morphometric analysis, tumor immunohistochemistry, per specimen; manual	\$120.53	\$79.53	\$41.00
88361	Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology	\$120.47	\$77.46	\$43.01
<b>Supplies</b>		<b>Rate</b>		
Various	Pre-operative testing; complete blood count, urinalysis, pregnancy test, or other procedures medically necessary for the planned surgical procedure.	Please call 651-201-5904 for instructions and/or prior authorization for each procedure.		

**Anesthesia (x) percentages by Modifier:**

AA	Anesthesia personally provided by a physician	100%
QZ	Anesthesia personally provided by CRNA	100%
AD	Anesthesia supervised by a physician	100%
QY	Medical direction of Anesthesia services by a physician	50%
QK	Medical direction of multiple Anesthesia services by a physician	50%
QX	Anesthesia services provided by a CRNA under medical direction by a physician	50%

PFS: Rate from the Physician Fee Schedule

OPPS: Hospital Outpatient Fee Schedule

Tech (TC): Technical Component

Prof (26): Professional Component

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