



Sage Program Reimbursement Rates

EFFECTIVE JAN. 1, 2024 THROUGH DEC. 31, 2024

| SCREENING SERVICES | | |
|--|--|-----------------|
| Code | Description of Service | Allowable Rates |
| Visit (Sage will only pay one visit charge per date of service. Either the professional or institutional visit charge, but not both.) | | |
| Visit - New Patient | | |
| 99202 | Medically appropriate history/exam; straightforward decision making; 15-29 minutes | \$70.17 |
| 99203 | Medically appropriate history/exam; low level decision making; 30-44 minutes | \$107.33 |
| Visit - Established Patient | | |
| 99211 | Evaluation and management, may not require presence of physician; presenting problems are minimal | \$23.11 |
| 99212 | Medically appropriate history/exam; straightforward decision making; 10-19 minutes | \$55.06 |
| 99213 | Medically appropriate history/exam; low level decision making; 20-29 minutes | \$88.19 |
| 99214 | Medically appropriate history/exam; moderate level decision making; 30-39 minutes | \$124.32 |
| G0101 | Pelvic and clinical breast exam | \$37.57 |
| G0463 | Hospital outpatient clinic visit for assessment and management of a patient | \$125.95 |
| 99385 - 99387 | Will be reimbursed at or below the 99203 rate | |
| 99395 - 99397 | Will be reimbursed at or below the 99213 rate | |
| Cervical Screening | | Allowable Rates |
| 88150, 88164, P3000 | Conventional Screening Pap | \$17.76 |
| 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 |

| SCREENING SERVICES | | | | |
|---|--|-----------------|-----------|-----------|
| Code | Description of Service | Allowable Rates | | |
| G0145 | Liquid-based, thin layer prep Screening Pap, screening by automated system, and manual rescreening | \$26.49 | | |
| Pap Smear/Pathology with Additional Interpretation | | | | |
| 88141, G0124 | Cytopathology, cervical / vaginal; requiring physician interpretation | \$23.71 | | |
| P3001 | Screening Pap Smear, requiring interpretation by physician | \$23.71 | | |
| HPV Test | | | | |
| 87624 | Human Papillomavirus (HPV) Test – high-risk types | \$35.09 | | |
| 87625 | Human Papillomavirus (HPV) Test – types 16 & 18 only | \$40.55 | | |
| Mammography | | Global | TC | 26 |
| 77067 | Screening Mammogram w/CAD Bilateral | \$127.07 | \$92.73 | \$34.34 |
| Tomosynthesis/ 3D Mammogram | | Global | TC | 26 |
| 77063 | Screening digital breast Tomosynthesis | \$51.15 | \$24.17 | \$26.99 |

| DIAGNOSTIC SERVICES | | | | |
|--|--|-----------------|--|--|
| Code | Description of Service | Allowable Rates | | |
| Visit (Sage will only pay one visit charge per date of service. Either the professional or institutional visit charge, but not both.) | | | | |
| Visit - Includes rates listed under Screening Services above. | | | | |
| 99204 | New patient; medically appropriate history/exam; moderate level decision making; 45-59 minutes | \$160.66 | | |
| 99205 | New patient; medically appropriate history/exam; high level decision making; 60-74 minutes | \$211.49 | | |
| 99215 | Established patient; medically appropriate history/exam; high level decision making; 40-54 minutes | \$174.40 | | |
| Colposcopy | | | | |
| 57452 | Colposcopy - Without Cervical Biopsy | \$121.62 | | |
| 57454 | Colposcopy - With Cervical Biopsy(s) and Endocervical Curettage | \$160.00 | | |
| 57455 | Colposcopy - With Cervical Biopsy(s) | \$154.66 | | |
| 57456 | Colposcopy - With Endocervical Curettage | \$145.85 | | |
| Endometrial Biopsy | | | | |
| 58100 | Endometrial Biopsy | \$96.96 | | |

| DIAGNOSTIC SERVICES | | | | |
|-------------------------------------|---|------------------------|------------------|-----------|
| 58110 | Endometrial Biopsy performed in conjunction with Colposcopy | \$46.96 | | |
| Pathology | | Global | TC | 26 |
| 88305 | Surgical Cervical Pathology, Global | \$71.07 | \$35.67 | \$35.40 |
| Diagnostic Mammography | | Global | TC | 26 |
| 77065 | Diagnostic Mammogram w/CAD Unilateral | \$124.35 | \$87.70 | \$36.65 |
| 77066 | Diagnostic Mammogram w/CAD Bilateral | \$157.28 | \$112.30 | \$44.98 |
| Tomosynthesis / 3D Mammogram | | Global | TC | 26 |
| G0279 | Diagnostic digital breast, Tomosynthesis | \$46.46 | \$19.47 | \$26.99 |
| Breast Ultrasound | | Global | TC | 26 |
| 76641 | Ultrasound breast complete, Unilateral | \$101.59 | \$68.57 | \$33.02 |
| 76642 | Ultrasound breast limited, Unilateral | \$83.84 | \$53.13 | \$30.71 |
| Fine Needle Aspiration (FNA) | | Allowable Rates | | |
| 10021 | Fine Needle Aspiration (without imaging guidance) | \$97.86 | | |
| 19000 | Aspiration of Cyst | \$97.73 | | |
| FNA Cytology | | Global | TC | 26 |
| 88172 | Evaluation of Fine Needle Aspirate | \$55.01 | \$21.58 | \$33.43 |
| 88173 | Interpretation and Report | \$166.16 | \$99.98 | \$66.18 |
| Breast Diagnostic Procedures | | PFS (11) | OPPS (13) | |
| 10021 | Fine needle aspiration without imaging guidance | \$97.86 | \$379.92 | |
| 19000 | Puncture aspiration of cyst of breast | \$97.73 | \$670.36 | |
| 10004 | Fine needle aspiration biopsy without imaging guidance, each additional lesion | \$48.95 | Bundled | |
| 10005 | Fine needle aspiration biopsy including ultrasound guidance, first lesion | \$130.26 | \$670.36 | |
| 10006 | Fine needle aspiration biopsy including ultrasound guidance, each additional lesion | \$57.22 | Bundled | |
| 10007 | Fine needle aspiration biopsy including fluoroscopic guidance, first lesion | \$299.05 | 670.36 | |
| 10008 | Fine needle aspiration biopsy including fluoroscopic guidance, each additional lesion | \$137.44 | Bundled | |

| DIAGNOSTIC SERVICES | | | | |
|---|---|--------------------------------|------------------|-----------|
| 19001 | Puncture aspiration of cyst of breast, each additional cyst, used with 19000 | \$24.98 | Bundled | |
| 19081 | Breast biopsy, with placement of localization devise and imaging biopsy specimen, percutaneous; stereotactic guidance; first lesion | \$487.88 | \$1,544.75 | |
| 19082 | Code 19081 plus each additional lesion | \$377.57 | Bundled | |
| Breast Diagnostic Procedures (continued) | | PFS (11) | OPPS (13) | |
| 19083 | Breast biopsy, with placement of localization devise and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion | \$486.36 | \$1,544.75 | |
| 19084 | Code 19083 plus each additional lesion | \$371.84 | Bundled | |
| 19100 | Breast biopsy, percutaneous, needle core, not using imaging guidance | \$141.96 | \$1,544.75 | |
| 19101 | Breast biopsy, open, incisional | \$310.20 | \$3,631.79 | |
| 19112 | Excise breast duct fistula | \$441.15 | \$3,631.79 | |
| 19120 | Breast biopsy, open, incisional | \$ 488.20 | \$3,631.79 | |
| 19125 | Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion | \$ 536.05 | \$ 3,631.79 | |
| 19126 | Code 19125 plus each additional lesion separately identified by a preoperative radiological marker | \$ 140.13 | Bundled | |
| 19281 | Placement of breast localization device, percutaneous; mammographic guidance; first lesion | \$ 236.08 | \$1,544.75 | |
| 19282 | Code 19281 plus each additional lesion | \$ 168.22 | Bundled | |
| 19283 | Placement of breast localization device, percutaneous; stereotactic guidance; first lesion | \$ 252.82 | \$670.36 | |
| 19284 | Code 19283 plus each additional lesion | \$ 186.20 | Bundled | |
| 19285 | Placement of breast localization device, percutaneous; ultrasound guidance; first lesion | \$ 360.74 | \$670.36 | |
| 19286 | Code 19285 plus each additional lesion | \$ 296.21 | Bundled | |
| 19287 | Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion | \$ 624.10 | \$ 670.36 | |
| 19288 | Code 19287 plus each additional lesion | \$ 482.67 | Bundled | |
| 76942 | Ultrasonic guidance for needle placement, imaging supervision and interpretation, Global | \$56.90 | Bundled | |
| Anesthesia¹ | | Formula | | |
| 00400 | Anesthesia for procedures on the integumentary system, anterior trunk, not otherwise specified. Base (B): 3 units | [B+(Times/15min)] *\$20.31* X% | | |
| Cytology & Pathology | | Global | TC | 26 |
| 88172 | Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s) | \$ 55.01 | \$ 21.58 | \$ 33.43 |
| 88177 | Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), each separate additional evaluation episode | \$ 28.95 | \$ 8.39 | \$ 20.56 |

| DIAGNOSTIC SERVICES | | | | |
|---|--|--|-----------|-----------|
| 88173 | Cytopathology, evaluation of fine needle aspirate; interpretation and report | \$166.16 | \$99.98 | \$66.18 |
| 88305 | Surgical pathology, gross and microscopic examination | \$71.07 | \$35.67 | \$35.40 |
| Cytology & Pathology (continued) | | Global | TC | 26 |
| 88307 | Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins | \$287.02 | \$209.49 | \$77.53 |
| 88360 | Morphometric analysis, tumor immunohistochemistry, per specimen; manual | \$119.99 | \$80.65 | \$39.34 |
| 88361 | Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology | \$118.90 | \$77.63 | \$41.27 |
| Supplies | | Rate | | |
| 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. | | |
| Outpatient Breast Diagnostic Procedures (special arrangements must be made with SAGE prior to offering these services) | | | | |
| Itemized charges for each procedure code | Patient Breast Diagnostic Procedures (must receive prior authorization for each procedure). Please call 651-201-5904 for instructions. | Varies | | |

¹Anesthesia (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% |

TC: Technical Component

26: Professional Component

PFS: Rate from the Physician Fee Schedule

OPPS: Hospital Outpatient Fee Schedule

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).

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To obtain this information in a different format, call: 888-643-2584.