



# Schedule of Fees for Covered Services

Effective March 1, 2009

CPT Code	Description	Non-Facility Fee	Facility Fee
00400	Anesthesia (base code of 3 RVU plus # of units x rate)	\$21.99	\$21.99
10021	Fine needle aspiration (FNA); without imaging guidance	\$135.24	\$68.62
10022	Fine needle aspiration (FNA); with imaging guidance	\$139.12	\$68.24
19000	Puncture aspiration of cyst of breast	\$109.39	\$46.25
19001	Puncture aspiration of cyst of breast, each additional cyst, <b>used with 19000</b>	\$27.39	\$23.13
19100	Breast biopsy, percutaneous, needle core, not using imaging guidance	\$133.31	\$67.45
19101	Breast biopsy, open, incisional	\$303.63	\$204.87
19102	Breast biopsy, percutaneous, needle core, w/ imaging guidance; <b>for placement of localization clip please use CPT code 19295</b>	\$220.17	\$109.78
19103	Breast biopsy, percutaneous, auto vacuum assisted or rotating biopsy device, w/imaging guidance	\$554.77	\$201.14
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	\$436.68	\$373.93
19125	Excision of breast lesion ID'd by preop placement of radiological marker; open; single lesion	\$483.46	\$414.91
19126	Excision of breast lesion ID'd by preop placement of radiological marker, open; <b>each additional lesion separately identified by a preop radiological marker</b>	\$155.69	\$155.69
19290	Preoperative placement of needle localization wire (breast)	\$163.33	\$69.60
19291	Preoperative placement of needle localization wire (breast) – each additional lesion	\$70.52	\$34.50
19295	Image – guided placement, metallic localization clip, percutaneous, during breast biopsy	\$91.22	\$91.22
36415	Collection of venous blood by venipuncture	\$3.00	\$3.00
57452	Colposcopy of the cervix including upper/adjacent vagina	\$109.43	\$92.01
57454	Colposcopy with biopsy(s) of the cervix and endocervical curettage	\$154.63	\$137.10
57455	Colposcopy with biopsy(s) of cervix	\$143.85	\$111.70
57456	Colposcopy with endocervical curettage	\$136.01	\$104.25
57460	Endoscopy with loop electrode biopsy(s) of the cervix – <b>REVIEW REQUIRED [diagnostic only]</b>	\$298.94	\$164.54
57461	Endoscopy with loop electrode conization of the cervix – <b>REVIEW REQUIRED [diagnostic only]</b>	\$355.17	\$189.92
57500	Biopsy of cervix, single or multiple, or local excision of lesion, w/ or w/out fulguration	\$132.49	\$74.77
57505	Endocervical curettage (not done as part of a dilation and curettage)	\$101.07	\$90.24
57520	Conization of the cervix, w/ or w/out fulguration, w/ or w/out dilation & curettage, w/ or w/out repair; cold knife or laser – <b>REVIEW REQUIRED [diagnostic only]</b>	\$306.53	\$271.68
57522	Loop electrode excision procedure – <b>REVIEW REQUIRED [diagnostic only]</b>	\$262.48	\$241.17
58100	Endometrial sampling (biopsy) w/ or w/o endocervical sampling (biopsy) – <b>REVIEW REQUIRED [diagnostic following AGC Pap only]</b>	\$110.24	\$88.16
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure) – <b>REVIEW REQUIRED [diagnostic following AGC Pap only]</b>	\$49.12	\$41.76
71020	Radiologic examination, chest, two views, frontal and lateral – <b>REVIEW REQUIRED</b>	\$33.26	\$21.31
71020 26	Radiologic examination, chest, two views, frontal and lateral – <b>REVIEW REQUIRED</b>	\$11.96	\$11.96
71020 TC	Radiologic examination, chest, two views, frontal and lateral – <b>REVIEW REQUIRED</b>	\$21.31	\$21.31
G0202**	Screening Mammogram, Digital, Bilateral	\$86.05	\$86.05
G0202 26**	Screening Mammogram, Digital, Bilateral	\$38.23	\$38.23
G0202 TC**	Screening Mammogram, Digital, Bilateral	\$47.83	\$47.83
G0204**	Diagnostic Mammogram, Digital, Bilateral	\$113.86	\$113.86
G0204 26**	Diagnostic Mammogram, Digital, Bilateral	\$47.83	\$47.83
G0204 TC**	Diagnostic Mammogram, Digital, Bilateral	\$66.42	\$66.42
G0206**	Diagnostic Mammogram, Digital, Unilateral	\$89.73	\$89.73
G0206 26**	Diagnostic Mammogram, Digital, Unilateral	\$38.23	\$38.23
G0206 TC**	Diagnostic Mammogram, Digital, Unilateral	\$51.51	\$51.51
76098	Radiological examination, surgical specimen	\$20.83	\$20.83
76098 26	Radiological examination, surgical specimen	\$8.82	\$8.82
76098 TC	Radiological examination, surgical specimen	\$12.01	\$12.01
76645	Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation	\$95.24	\$95.24

<b>76645 26</b>	Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation	<b>\$29.41</b>	<b>\$29.41</b>
<b>76645 TC</b>	Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation	<b>\$65.85</b>	<b>\$65.85</b>
<b>76942</b>	Ultrasonic guidance for needle placement, biopsy of breast	<b>\$195.45</b>	<b>\$195.45</b>
<b>76942 26</b>	Ultrasonic guidance for needle placement, biopsy of breast	<b>\$36.66</b>	<b>\$36.66</b>
<b>76942 TC</b>	Ultrasonic guidance for needle placement, biopsy of breast	<b>\$158.79</b>	<b>\$158.79</b>
<b>76970</b>	Breast Ultrasound – follow-up study	<b>\$86.64</b>	<b>\$86.64</b>
<b>76970 26</b>	Breast Ultrasound – follow-up study	<b>\$20.79</b>	<b>\$20.79</b>
<b>76970 TC</b>	Breast Ultrasound – follow-up study	<b>\$65.85</b>	<b>\$65.85</b>
<b>77031</b>	Stereotactic localization guidance for breast biopsy or needle placement	<b>\$201.27</b>	<b>\$201.27</b>
<b>77031 26</b>	Stereotactic localization guidance for breast biopsy or needle placement	<b>\$86.46</b>	<b>\$86.46</b>
<b>77031 TC</b>	Stereotactic localization guidance for breast biopsy or needle placement	<b>\$114.82</b>	<b>\$114.82</b>
<b>77032</b>	Mammographic guidance for needle placement, breast	<b>\$62.92</b>	<b>\$62.92</b>
<b>77032 26</b>	Mammographic guidance for needle placement, breast	<b>\$30.59</b>	<b>\$30.59</b>
<b>77032 TC</b>	Mammographic guidance for needle placement, breast	<b>\$32.34</b>	<b>\$32.34</b>
<b>77055</b>	Mammography; unilateral	<b>\$89.73</b>	<b>\$89.73</b>
<b>77055 26</b>	Mammography; unilateral	<b>\$38.23</b>	<b>\$38.23</b>
<b>77055 TC</b>	Mammography; unilateral	<b>\$51.51</b>	<b>\$51.51</b>
<b>77056</b>	Mammography; bilateral	<b>\$113.86</b>	<b>\$113.86</b>
<b>77056 26</b>	Mammography; bilateral	<b>\$47.45</b>	<b>\$47.45</b>
<b>77056 TC</b>	Mammography; bilateral	<b>\$66.42</b>	<b>\$66.42</b>
<b>77057</b>	Screening mammogram, bilateral (2-view film study of each breast)	<b>\$86.05</b>	<b>\$86.05</b>
<b>77057 26</b>	Screening mammogram, bilateral (2-view film study of each breast)	<b>\$38.23</b>	<b>\$38.23</b>
<b>77057 TC</b>	Screening mammogram, bilateral (2-view film study of each breast)	<b>\$47.83</b>	<b>\$47.83</b>
<b>80048</b>	Basic metabolic panel	<b>\$12.36</b>	<b>\$12.36</b>
<b>80053</b>	Comprehensive metabolic panel	<b>\$15.44</b>	<b>\$15.44</b>
<b>80061</b>	Lipid panel	<b>\$16.03</b>	<b>\$16.03</b>
<b>82465</b>	Cholesterol, serum or whole blood, total	<b>\$6.36</b>	<b>\$6.36</b>
<b>82947</b>	Blood glucose, quantitative (except reagent strip)	<b>\$5.73</b>	<b>\$5.73</b>
<b>82948</b>	Blood glucose, reagent strip	<b>\$3.73</b>	<b>\$3.73</b>
<b>82951</b>	Glucose tolerance test (GTT), three specimens	<b>\$18.80</b>	<b>\$18.80</b>
<b>83036</b>	Hemoglobin assay	<b>\$14.17</b>	<b>\$14.17</b>
<b>83718</b>	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)	<b>\$8.42</b>	<b>\$8.42</b>
<b>87621***</b>	Human papillomavirus (HPV) amplified probe	<b>\$38.03</b>	<b>\$38.03</b>
<b>88104</b>	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears w/ interpretation	<b>\$64.66</b>	<b>\$64.66</b>
<b>88104 26</b>	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears w/ interpretation	<b>\$29.42</b>	<b>\$29.42</b>
<b>88104 TC</b>	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears w/ interpretation	<b>\$35.25</b>	<b>\$35.25</b>
<b>88141<sup>†</sup></b>	Cytopathology, cervical, requiring interpretation by physician	<b>\$28.95</b>	<b>\$28.95</b>
<b>88142*<sup>†</sup></b>	Cytopathology, cervical, in preservative fluid, auto. thin layer prep; manual screen – MD supervision	<b>\$28.95</b>	<b>\$28.95</b>
<b>88143*<sup>†</sup></b>	Cytopathology, cervical, in preservative fluid, auto. thin layer prep; manual screening- MD supervision	<b>\$28.95</b>	<b>\$28.95</b>
<b>88150<sup>†</sup></b>	Cytopathology, slides, cervical; manual screening under MD supervision	<b>\$28.95</b>	<b>\$28.95</b>
<b>88160</b>	Cytopathology, smears, any other source; screening and interpretation	<b>\$54.56</b>	<b>\$54.56</b>
<b>88160 26</b>	Cytopathology, smears, any other source; screening and interpretation	<b>\$26.29</b>	<b>\$26.29</b>
<b>88160 TC</b>	Cytopathology, smears, any other source; screening and interpretation	<b>\$28.28</b>	<b>\$28.28</b>
<b>88161</b>	Cytopathology, smears, any other source; preparation, screening, and interpretation	<b>\$56.89</b>	<b>\$56.89</b>
<b>88161 26</b>	Cytopathology, smears, any other source; preparation, screening, and interpretation	<b>\$25.90</b>	<b>\$25.90</b>
<b>88161 TC</b>	Cytopathology, smears, any other source; preparation, screening, and interpretation	<b>\$30.98</b>	<b>\$30.98</b>
<b>88162</b>	Cytopathology, extended study involving over 5 slides and/or multiple stains	<b>\$82.43</b>	<b>\$82.43</b>
<b>88162 26</b>	Cytopathology, extended study involving over 5 slides and/or multiple stains	<b>\$40.20</b>	<b>\$40.20</b>
<b>88162 TC</b>	Cytopathology, extended study involving over 5 slides and/or multiple stains	<b>\$42.22</b>	<b>\$42.22</b>
<b>88164<sup>†</sup></b>	Cytopathology, slides, cervical (the Bethesda System); manual screening under MD Supervision	<b>\$28.95</b>	<b>\$28.95</b>
<b>88172</b>	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s)	<b>\$55.40</b>	<b>\$55.40</b>
<b>88172 26</b>	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s)	<b>\$31.77</b>	<b>\$31.77</b>

88172 TC	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s)	\$23.62	\$23.62
88173	Cytopathology – evaluation of fine needle aspirate: <b>interpretation and report</b>	\$140.94	\$140.94
88173 26	Cytopathology – evaluation of fine needle aspirate: <b>interpretation and report</b>	\$73.16	\$73.16
88173 TC	Cytopathology – evaluation of fine needle aspirate: <b>interpretation and report</b>	\$67.78	\$67.78
88174*†	Cytopathology, cervical, collected in preservative fluid, automated thin layer preparation; screening by automated system, under MD supervision	\$28.95	\$28.95
88175*†	Cytopathology, cervical, screening by automated system & manual rescreening or review, MD supervision	\$28.95	\$28.95
88305	Surgical pathology, gross and microscopic examination, Level IV	\$110.69	\$110.69
88305 26	Surgical pathology, gross & microscopic examination, Level IV	\$39.81	\$39.81
88305 TC	Surgical pathology, gross and microscopic examination, Level IV	\$70.89	\$70.89
88307	Surgical pathology, gross and microscopic examination, Level V	\$221.84	\$221.84
88307 26	Surgical pathology, gross and microscopic examination, Level V	\$84.72	\$84.72
88307 TC	Surgical pathology, gross and microscopic examination, Level V	\$137.11	\$137.11
88321	Surgical pathology, consultation & report on referred slides prepared elsewhere – <b>REVIEW REQUIRED</b>	\$93.85	\$84.56
88331	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen – <b>REVIEW REQUIRED</b>	\$94.52	\$94.52
88331 26	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen – <b>REVIEW REQUIRED</b>	\$63.93	\$63.93
88331 TC	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen – <b>REVIEW REQUIRED</b>	\$30.59	\$30.59
88332	Pathology consult during surgery; each additional tissue block w/ frozen section(s)	\$42.23	\$42.23
88332 26	Pathology consult during surgery; each additional tissue block w/ frozen section(s)	\$31.37	\$31.37
88332 TC	Pathology consult during surgery; each additional tissue block w/ frozen section(s)	\$10.84	\$10.84
93000	Routine ECG with at least 12 leads; w/ interpretation and report – <b>REVIEW REQUIRED</b>	\$21.99	\$21.99
99070	Supplies and materials, reimbursed at manual price – <b>REVIEW REQUIRED</b>		
99201	Office visit – new patient (10 minutes)	\$39.23	\$24.90
99202	Office visit – new patient (20 minutes)	\$67.79	\$48.04
99203	Office visit – new patient (30 minutes)	\$97.91	\$72.36
99204*	Office visit – new patient (45 minutes)	\$97.91	\$72.36
99205*	Office visit – new patient (60 minutes)	\$97.91	\$72.36
99211	Office visit – established patient (5 minutes)	\$20.06	\$9.21
99212	Office visit – established patient (10 minutes)	\$39.62	\$24.51
99213	Office visit – established patient (15 minutes)	\$65.88	\$48.06
99214*	Office visit – established patient (25 minutes)	\$65.88	\$48.06
99215*	Office visit – established patient (40 minutes)	\$65.88	\$48.06
99241	Office consultation – new or established patient (15 minutes)	\$51.74	\$35.09
99242	Office consultation – new or established patient (30 minutes)	\$96.55	\$74.09
99243	Office consultation – new or established patient (40 minutes)	\$132.74	\$103.30
99244	Office consultation – new or established patient (60 minutes)	\$196.83	\$164.30
99245*	Office consultation – new or established patient (80 minutes)	\$196.83	\$164.30
	<b>LADIES FIRST WILL ONLY REIMBURSE THE FOLLOWING CPT CODES FOR VISITS THAT INCLUDE:</b> breast & pelvic exam, Pap test, mammogram referral, blood pressure, total & HDL cholesterol, blood glucose and BMI.		
99385	Initial comprehensive preventive medicine visit – new patient (18-39 years with risk factors)	\$151.42	\$120.60
99386	Initial comprehensive preventative medicine visit – new patient (40-64 years)	\$151.42	\$120.60
99387	Initial comprehensive preventive medicine visit – new patient (65+ years)	\$151.42	\$120.60
99395	Periodic comprehensive preventive medicine visit – established patient (18-39 years with risk factors)	\$131.76	\$96.12
99396	Periodic comprehensive preventive medicine visit – established patient (40-64 years)	\$131.76	\$96.12
99397	Periodic comprehensive preventive medicine visit – established patient (65+ years)	\$131.76	\$96.12

**NOTE: EXTRA CHARGES are paid only per itemized review.**

**\*Paid at conventional rates (per CDC)**

**\*\*Effective July 1, 2009, Ladies First will allow payment for digital screening and diagnostic mammography up to the applicable rates approved by Medicare. Until July 1, 2009, digital mammography is approved for reimbursement at the conventional film mammography rate.**

**† Ladies First ONLY covers the vaginal component of noted CPT codes under the following circumstances, “the client’s complete hysterectomy was performed due to cervical neoplasia (precursors to cervical cancer) or invasive cervical cancer.”**

**\*\*\*HPV DNA testing is a reimbursable procedure if used in the follow-up of an ASC-US result from the screening exam, or for surveillance at one year following an LSIL Pap test and no CIN 2,3 on colposcopy-directed biopsy. It is not reimbursable as a primary screening test for women of all ages or as an adjunctive screening test to the Pap for women  $\geq 30$  years of age.**

**[Source: 2006 Consensus Guidelines for the Management of Women with Abnormal Cervical Cancer Screening Tests]**

**The Digene Hybrid Capture II is the only HPV DNA test approved by the FDA.**

Procedures Not Covered by Ladies First
Treatment of breast cancer, cervical intraepithelial neoplasia and cervical cancer. Contact our Case Manager at 1-800-508-2222.
HPV testing for screening purposes
Computer Aided Detection (CAD) in breast cancer screening or diagnostics
Magnetic Resonance Imaging (MRI) in breast cancer screening or diagnostics

174.0	Malignant neoplasm of the female breast – Nipple and areola
174.1	Malignant neoplasm of the female breast – Central Portion
174.2	Malignant neoplasm of the female breast – Upper-inner quadrant
174.3	Malignant neoplasm of the female breast – Lower-inner quadrant
174.4	Malignant neoplasm of the female breast – Upper-outer quadrant
174.5	Malignant neoplasm of the female breast – Lower-outer quadrant
174.6	Malignant neoplasm of the female breast – Axillary tail
174.9	Malignant neoplasm of the female breast – unspecified
180.8	Malignant neoplasm of genitourinary organs, other specified sites of the cervix
217	Benign neoplasm of breast
219.0	Benign neoplasm of cervix uteri
233.0	Carcinoma in situ of breast and genitourinary system – Breast
233.1	Carcinoma in situ of breast and genitourinary system – Cervix uteri
239.3	Neoplasm of unspecified nature – breast
250.00	Diabetes mellitus without complication type 2 or unspecified type not stated as uncontrolled
250.01	Diabetes mellitus without complication type 1 not stated as uncontrolled
250.02	Diabetes mellitus without complication type 2 or unspecified type uncontrolled
250.03	Diabetes mellitus without complication type 1 uncontrolled
250.10	Diabetes mellitus with ketoacidosis type 2 or unspecified type not stated as uncontrolled
250.11	Diabetes mellitus with ketoacidosis type 1 not stated as uncontrolled
250.12	Diabetes mellitus with ketoacidosis type 2 or unspecified type uncontrolled
250.90	Diabetes mellitus with unspecified complication type 2 or unspecified type not stated as uncontrolled
272.0	Pure hypercholesterolemia
272.2	Mixed hyperlipidemia
272.4	Unspecified hyperlipidemia
272.9	Unspecified disorders of lipid metabolism
278.00	Obesity, unspecified – BMI between 30.0 and 38.9
278.01	Morbid obesity – BMI of 39 or greater
401.0	Malignant essential hypertension
401.1	Benign essential hypertension
401.9	Unspecified essential hypertension
405.09	Secondary hypertension, malignant – other
405.19	Secondary hypertension, benign – other
405.99	Secondary hypertension, unspecified – other
429.2	Cardiovascular disease, unspecified
610.0	Benign mammary dysplasia – Solitary cyst of breast
610.1	Benign mammary dysplasia – Diffuse cystic mastopathy
610.2	Benign mammary dysplasia – Fibroadenosis of breast
610.3	Benign mammary dysplasia – Fibrosclerosis of breast
610.4	Benign mammary dysplasia – Mammary duct ectasia
610.8	Benign mammary dysplasia – Other specified benign mammary dysplasia
610.9	Benign mammary dysplasia – Unspecified benign mammary dysplasia
611.0	Other disorders of breast – Inflammatory disease of breast
611.1	Other disorders of breast – Hypertrophy of breast
611.2	Other disorders of breast – Fissure of nipple
611.3	Other disorders of breast – Fat necrosis of breast

These cardiovascular disease screening codes are billable ONLY for women 40 years of age and older or those 18 and over with risk factors

<b>611.4</b>	Other disorders of breast – Atrophy of breast
<b>611.5</b>	Other disorders of breast – Galactocele
<b>611.6</b>	Other disorders of breast – Galactorrhea not associated with childbirth
<b>611.71</b>	Other disorders of breast – Mastodynia
<b>611.72</b>	Other disorders of breast – Lump or mass in breast
<b>611.79</b>	Other disorders of breast – Other signs & symptoms in breast
<b>611.8</b>	Other specified disorders of the breast
<b>611.9</b>	Unspecified disorders of the breast
<b>616.0</b>	Cervicitis and endocervicitis
<b>622.10</b>	Unspecified dysplasia of cervix
<b>622.11</b>	Mild dysplasia of cervix
<b>622.12</b>	Moderate dysplasia of cervix
<b>622.7</b>	Mucous polyp of cervix
<b>648.8</b>	Gestational diabetes mellitus – diabetes arising in pregnancy
<b>757.6</b>	Disorders of skin, breast
<b>790.21</b>	Impaired fasting glucose
<b>790.29</b>	Other abnormal glucose
<b>793.80</b>	Unspecified abnormal mammogram
<b>793.81</b>	Mammographic microcalcification
<b>793.89</b>	Other abnormal findings on radiological examination of breast
<b>795.00</b>	Abnormal glandular Papanicolaou smear of cervix
<b>795.01</b>	Papanicolaou smear of cervix with atypical squamous cells of undetermined significance (ASC-US)
<b>795.02</b>	Papanicolaou smear of cervix with atypical squamous cells cannot exclude high-grade squamous intraepithelial lesion (ASC-H)
<b>795.03</b>	Papanicolaou smear of cervix with low-grade squamous intraepithelial lesion (LGSIL)
<b>795.04</b>	Papanicolaou smear of cervix with high-grade squamous intraepithelial lesion (HGSIL)
<b>795.05</b>	Cervical high-risk human papillomavirus (HPV) DNA test positive
<b>795.08</b>	Unsatisfactory smear
<b>795.09</b>	Other abnormal Papanicolaou smear of cervix and cervical HPV
<b>796.2</b>	Elevated blood pressure reading without diagnosis of hypertension
<b>V10.3</b>	Potential health hazard related to person or family history, breast
<b>V10.41</b>	Potential health hazard related to person or family history, cervix uteri
<b>V15.82</b>	History of tobacco use
<b>V16.3</b>	Family history of malignant neoplasm, breast
<b>V17.4</b>	Family history of certain chronic disabling diseases, other cardiovascular diseases
<b>V67.9</b>	Unspecified follow-up examination
<b>V70.0</b>	Routine general medical examination at health care facility
<b>V71.1</b>	Observation for suspected malignant neoplasm
<b>V72.31</b>	Routine gynecological exam
<b>V72.32</b>	Encounter for pap, smear to confirm findings
<b>V72.6</b>	Special investigations and exams, lab exams
<b>V76.10</b>	Screening for malignant neoplasm, breast
<b>V76.11</b>	Screening mammography, high risk patient
<b>V76.12</b>	Other screening mammogram
<b>V76.19</b>	Other screening breast exam
<b>V76.2</b>	Screening for malignant neoplasm of cervix
<b>V77.1</b>	Diabetes mellitus
<b>V77.91</b>	Screening for lipid disorders
<b>V81.2</b>	Special screening for cardiovascular condition, unspecified

These cardiovascular disease screening codes are billable ONLY for women 40 years of age and older.



# 2009 Revenue Codes

For use with UB-04 Claim Form only

**Must be associated with CPT Codes listed on Ladies First Fee Schedule.**

**Paid at the Medicare-B rate listed on the current Ladies First Fee Schedule.**

<b>300</b>	Lab General (W/W)
<b>310</b>	Lab Pathology, General
<b>311</b>	Lab Pathology, Cytology
<b>320</b>	Radiology, General
<b>361</b>	OR Services, Minor Surgery
<b>370</b>	Anesthesia
<b>371</b>	Anesthesia
<b>372</b>	Anesthesia
<b>401</b>	Other Imaging Services, Mammography
<b>402</b>	Other, Ultrasound
<b>403</b>	Screening Mammography
<b>450</b>	ER General
<b>490</b>	General Classification Ambulatory Surgery
<b>510</b>	Clinical, General
<b>514</b>	OB/GYN Clinic

**BY REVIEW – Reimbursed per itemized review**

<b>250</b>	Pharmacy
<b>258</b>	IV Solutions
<b>260</b>	IV Therapy, General
<b>262</b>	IV Therapy – Solutions
<b>264</b>	IV Therapy, Supplies
<b>270</b>	Supplies- Devices, General
<b>271</b>	Non-Sterile Supplies
<b>272</b>	Sterile Supplies
<b>621</b>	Supplies Medical-Surgical Incident to Radiology
<b>710</b>	Recovery, General
<b>988</b>	Professional Fees, Consultation