

2025

# YOU FIRST

## BILLING GUIDE & FEE SCHEDULE

January 1, 2025 – December 31, 2025

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## Program and Coverage Overview

You First is a collaboration between the Vermont Department of Health, the Centers for Disease Control and Prevention (CDC), and Vermont Medicaid providers. We operate as a membership-based program that helps [eligible](#) women and anyone with breasts or a cervix to:

- Schedule and pay for breast and cervical cancer screenings – plus any diagnostic follow-ups.
- Navigate the health care system – from answering questions, to scheduling appointments, to arranging transportation.
- For members 35-64, schedule and pay for cardiovascular disease risk factor screenings, and provide lifestyle benefits like fitness memberships, blood pressure equipment and support, coupons for local farmers markets – and much more.

Eligible patients must be enrolled in the You First program to receive coverage. For further information on eligibility and enrollment please visit [YouFirstVT.org](https://YouFirstVT.org) or contact us at (800) 508-2222.

## Coverage Details

The You First program covers clinical services in these categories:

- breast or cervical cancer screening and diagnostic tests, and
- cardiovascular disease risk factor screenings for members aged 35-64.

Covered procedure and diagnosis codes are listed in this document. Fees are based on the Medicare Part B Physician and Clinical Laboratory Fee Schedules.

## Coverage Limitations

It is important to note that You First:

- only covers services within the scope of the program,
- serves as the **payor of last resort**,
- cannot pay cancer treatment, and
- cannot pay for clinical services for patients with traditional Medicaid or Medicare Part B insurance coverage.

## Screening and Diagnostic Services

- Procedure codes 19081-19086 are for the placement of localization devices with imaging guidance AND subsequent breast biopsy(s). These codes should NOT be submitted in conjunction with codes 19281–19288.
- Procedure codes 19281-19288 are for the placement of localization devices with imaging guidance. These codes should NOT be submitted in conjunction with codes 19081-19086.
- Please use G0279 for Diagnostic Tomosynthesis instead of procedure codes 77061 and 77062.
- Breast MRIs **can** be reimbursed by You First when recommended for patients with a high risk for developing breast cancer.
- Breast MRIs **cannot** be reimbursed by You First to assess the extent of disease in a patient who has just been newly diagnosed with breast cancer to determine treatment.
- Procedure code 87623 (Detection for HPV, Low Risk Types) is not covered by You First.
- Procedure code 87626 cannot be reimbursed along with 87624 or 87625.

## Laboratory Services

- Cardiovascular disease risk factor screening services are only covered for members aged 35 to 64. These procedure codes have been color-coded in red on the fee schedule.
- Procedure code 36415 is only covered when submitted with one or more of the other blood tests listed below.
- Procedure codes 80047, 80048, 80053, 80061, 82465, 82947, 83036, 83718, 83721, 84478 and G0444 are only covered when performed for disease risk factor screening purposes.
- You First does **not** cover CBC, TSH, STD, or any other blood test(s) not listed in the fee schedule.

## Evaluation & Management and Other Professional Services

- Evaluation and management and other professional services are only covered when performed for:
  - breast or cervical cancer risk assessment, screening, and diagnosis, or
  - cardiovascular disease risk factor screening for patients aged 35-64.
- Procedure code provides fees for the cost of pelvic examination packs and in-room chaperones. This is only covered when a pelvic exam is done to do a Pap or HPV test.

## Coverage Exceptions

In some cases, You First may cover procedure codes not listed on the fee schedule when they are performed for breast or cervical cancer diagnostics (i.e., pre-operative testing required to perform one of the covered diagnostic procedures). Questions about coverage exceptions should be directed to the You First program, **NOT** Medicaid/Gainwell.

## Billing Procedures

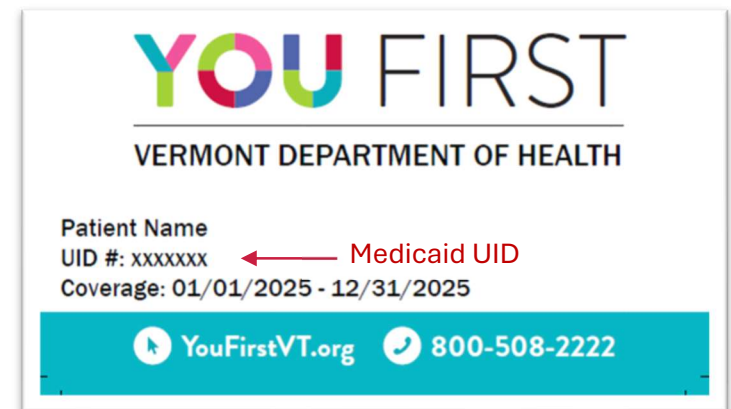
Our goal is to make billing and reimbursement as efficient as possible for both You First members and providers. Ideally, members should present their You First membership card when they check-in for their visit. However, membership status and effective dates can be verified anytime via [Medicaid's Eligibility Verification System \(EVS\)](#). You First coverage is denoted by the **aid category, LF**. You First coverage will not be visible for patients with traditional Medicaid or Medicare Part B insurance. As a Vermont Medicaid provider, you agree to write-off any remaining balances of You First covered procedures.

## Claims Submission

All You First claims are processed thru Vermont Medicaid (Gainwell Technologies). Electronic submission is highly preferred. As a result, each member has a Medicaid UID, but it does **not** mean they have traditional Medicaid. This UID can be found on the patient's membership card and should be used when submitting claims.

If the member has primary insurance, then:

- 1) Submit the claim to primary insurance first; You First is the payor of last resort.
- 2) Once primary insurance has processed the claim (regardless of reimbursement) submit the claim and explanation of benefits (EOB) to Vermont Medicaid (Gainwell Technologies) for You First covered services.



*You First Membership Card*

If the member is uninsured, then:

- 3) submit the claim to Vermont Medicaid (Gainwell Technologies) for You First covered services.

If a provider is unable to submit claims electronically, paper submission is acceptable. Paper claims should be mailed to Vermont Medicaid for processing at:

**Gainwell Technologies**

**PO Box 888**

**Williston, VT 05495-0888**

Status and payment information of claims submitted for processing can be found in the remittance advice (RA) provided by Vermont Medicaid. This can be accessed electronically through the Vermont Medicaid Portal or received weekly by mail.

## FQHCs & RHCs

Claims submitted by FQHCs have a higher rate of denial due to the use of procedure code T1015. While this is correct coding for a traditional Medicaid claim, it will cause a You First claim to automatically deny as it is not a reimbursable code on the fee schedule. To avoid this type of denial please make the following adjustments to You First claims prior to submission.

- **Do not** submit a claim with procedure code T1015.
- Submit a claim using an appropriate E&M code listed on the fee schedule in place of T1015.
- Submit a claim using the **billing facility's non-FQHC taxonomy number** in field 33b. This will prevent the denial that would typically occur when a claim is missing T1015. Examples of non-FQHC taxonomies: 193200000X (Group/Multi-Specialty), 207Q00000X (Allopathic and Osteopathic Physicians/Family Medicine).

## Manual Payments

On rare occasions, You First will need to reimburse providers for covered services via a manual payment. A manual payment is a physical check or ACH transaction that comes directly from the Vermont Department of Health. This primarily occurs when You First covers services that are not listed on the fee schedule (such as an ECG prior to biopsy with anesthesia or moderate sedation). If this occurs, You First staff will provide further instruction on how to proceed.

## Claims Monitoring & Contact Information

You First billing and claims are co-managed by two staff members. All claims, including those that deny or go into suspension, are monitored and addressed on a weekly basis. Every effort is made to work with billers to ensure successful submission of claims and timely reimbursement. If questions arise regarding You First's scope of coverage or successful claim submission please contact the You First program at (800) 508-2222 or [YouFirst@vermont.gov](mailto:YouFirst@vermont.gov).



Procedure Code	Procedure Description	Non-Facility	Facility	Global	Tech Mod TC	Prof Mod 26
<b>Anesthesia and Moderate Sedation Services</b>						
<b>00400</b>	Anesthesia for Procedures on Integument System or Anterior Trunk <b>(Base Units (3) + Time Units) x CF = Reimbursement</b>	-	-	<b>CF \$19.66</b>	-	-
<b>00940</b>	Anesthesia for Vaginal Procedures (Including Biopsy of Cervix) <b>(Base Units (3) + Time Units) x CF = Reimbursement</b>	-	-	<b>CF \$19.66</b>	-	-
<b>99156</b>	Moderate Sedation by Physician Not Performing Procedure, Initial 10-22 Minutes	-	-	<b>\$68.58</b>	-	-
<b>99157</b>	Moderate Sedation by Physician Not Performing Procedure, Each Additional 15 Minutes	-	-	<b>\$53.21</b>	-	-
<b>Screening and Diagnostic Services</b>						
<b>10004</b>	FNA Biopsy, Each Additional Lesion	<b>\$49.58</b>	<b>\$39.94</b>	-	-	-
<b>10005</b>	FNA Biopsy, Ultrasonic Guidance, First Lesion	<b>\$126.03</b>	<b>\$67.57</b>	-	-	-
<b>10006</b>	FNA Biopsy, Ultrasonic Guidance, Each Additional Lesion	<b>\$56.51</b>	<b>\$46.23</b>	-	-	-
<b>10007</b>	FNA Biopsy, Fluoroscopic Guidance, First Lesion	<b>\$288.85</b>	<b>\$82.32</b>	-	-	-
<b>10008</b>	FNA Biopsy, Fluoroscopic Guidance, Each Additional Lesion	<b>\$134.32</b>	<b>\$47.59</b>	-	-	-

Procedure Code	Procedure Description	Non-Facility	Facility	Global	Tech Mod TC	Prof Mod 26
<b>Screening and Diagnostic Services (Continued)</b>						
<b>10009</b>	FNA Biopsy, CT Guidance, First Lesion	<b>\$399.92</b>	<b>\$100.24</b>	-	-	-
<b>10010</b>	FNA Biopsy, CT Guidance, Each Additional Lesion	<b>\$223.27</b>	<b>\$66.21</b>	-	-	-
<b>10011</b>	FNA Biopsy, MRI Guidance, First Lesion	<b>\$399.92</b>	<b>\$100.24</b>	-	-	-
<b>10012</b>	FNA Biopsy, MRI Guidance, Each Additional Lesion	<b>\$223.27</b>	<b>\$66.21</b>	-	-	-
<b>10021</b>	FNA Biopsy, First Lesion	<b>\$94.93</b>	<b>\$50.93</b>	-	-	-
<b>19000</b>	Aspiration of Cyst of Breast, First Cyst	<b>\$91.82</b>	<b>\$39.14</b>	-	-	-
<b>19001</b>	Aspiration of Cyst of Breast, Each Additional Cyst	<b>\$24.53</b>	<b>\$19.07</b>	-	-	-
<b>19081</b>	Breast Biopsy and Placement of Localization Device, X-ray Guidance, First Lesion	<b>\$463.34</b>	<b>\$150.49</b>	-	-	-
<b>19082</b>	Breast Biopsy and Placement of Localization Device, X-ray Guidance, Each Additional Lesion	<b>\$353.81</b>	<b>\$75.32</b>	-	-	-
<b>19083</b>	Breast Biopsy and Placement of Localization Device, Ultrasonic Guidance, First Lesion	<b>\$458.62</b>	<b>\$141.60</b>	-	-	-

Procedure Code	Procedure Description	Non-Facility	Facility	Global	Tech Mod TC	Prof Mod 26
<b>Screening and Diagnostic Services (Continued)</b>						
<b>19084</b>	Breast Biopsy and Placement of Localization Device, Ultrasonic Guidance, Each Additional Lesion	<b>\$347.04</b>	<b>\$71.13</b>	-	-	-
<b>19085</b>	Breast Biopsy and Placement of Localization Device, MRI Guidance, First Lesion	<b>\$702.72</b>	<b>\$165.99</b>	-	-	-
<b>19086</b>	Breast Biopsy and Placement of Localization Device, MRI Guidance, Each Additional Lesion	<b>\$541.75</b>	<b>\$82.75</b>	-	-	-
<b>19100</b>	Breast Biopsy, Percutaneous	<b>\$136.52</b>	<b>\$61.68</b>	-	-	-
<b>19101</b>	Breast Biopsy, Open, Incisional	<b>\$296.47</b>	<b>\$206.53</b>	-	-	-
<b>19120</b>	Excision of Breast Lesion	<b>\$485.76</b>	<b>\$388.76</b>	-	-	-
<b>19125</b>	Excision of Breast Lesion, Identified by X-ray Marker, First Lesion	<b>\$534.44</b>	<b>\$428.76</b>	-	-	-
<b>19126</b>	Excision of Breast Lesion, Identified by X-ray Marker, Each Additional Lesion	-	-	<b>\$143.13</b>	-	-
<b>19281</b>	Placement of Localization Device in Breast, Mammographic Guidance, First Lesion	<b>\$228.14</b>	<b>\$90.99</b>	-	-	-
<b>19282</b>	Placement of Localization Device in Breast, Mammographic Guidance, Each Additional Lesion	<b>\$160.56</b>	<b>\$45.57</b>	-	-	-

Procedure Code	Procedure Description	Non-Facility	Facility	Global	Tech Mod TC	Prof Mod 26
<b>Screening and Diagnostic Services (Continued)</b>						
<b>19283</b>	Placement of Localization Device in Breast, X-ray Guidance, First Lesion	<b>\$242.78</b>	<b>\$91.49</b>	-	-	-
<b>19284</b>	Placement of Localization Device in Breast, X-ray Guidance, Each Additional Lesion	<b>\$175.35</b>	<b>\$45.59</b>	-	-	-
<b>19285</b>	Placement of Localization Device in Breast, Ultrasonic Guidance, First Lesion	<b>\$338.40</b>	<b>\$77.58</b>	-	-	-
<b>19286</b>	Placement of Localization Device in Breast, Ultrasonic Guidance, Each Additional Lesion	<b>\$275.20</b>	<b>\$38.79</b>	-	-	-
<b>19287</b>	Placement of Localization Device in Breast, MRI Guidance, First Lesion	<b>\$583.39</b>	<b>\$116.04</b>	-	-	-
<b>19288</b>	Placement of Localization Device in Breast, MRI Guidance, Each Additional Lesion	<b>\$447.81</b>	<b>\$58.51</b>	-	-	-
<b>38505</b>	Biopsy or Excision of Surface Lymph Node(s)	<b>\$163.32</b>	<b>\$79.81</b>	-	-	-
<b>57452</b>	Colposcopy of Cervix	<b>\$118.71</b>	<b>\$84.66</b>	-	-	-
<b>57454</b>	Colposcopy of Cervix, Biopsy, Endocervical Curettage	<b>\$157.38</b>	<b>\$123.66</b>	-	-	-
<b>57455</b>	Colposcopy of Cervix, Biopsy	<b>\$151.33</b>	<b>\$100.26</b>	-	-	-

Procedure Code	Procedure Description	Non-Facility	Facility	Global	Tech Mod TC	Prof Mod 26
<b>Screening and Diagnostic Services (Continued)</b>						
<b>57456</b>	Colposcopy of Cervix, Endocervical Curettage	<b>\$142.11</b>	<b>\$92.64</b>	-	-	-
<b>57460</b>	Colposcopy of Cervix, Biopsy, Loop Electrode	<b>\$289.90</b>	<b>\$147.61</b>	-	-	-
<b>57461</b>	Colposcopy of Cervix, Loop Electrode Conization	<b>\$323.99</b>	<b>\$168.53</b>	-	-	-
<b>57500</b>	Biopsy or Excision of Cervical Lesion(s), w/wo Fulguration	<b>\$142.38</b>	<b>\$70.11</b>	-	-	-
<b>57505</b>	Endocervical Curettage Only <b>(Not Part of D&amp;C)</b>	<b>\$144.63</b>	<b>\$103.19</b>	-	-	-
<b>57520</b>	Conization of Cervix, Cold Knife or Laser Excision, w/wo Fulguration, w/wo D&C	<b>\$331.44</b>	<b>\$279.09</b>	-	-	-
<b>57522</b>	Conization of Cervix, Loop Electrode Excision, w/wo Fulguration, w/wo D&C	<b>\$283.75</b>	<b>\$239.75</b>	-	-	-
<b>58100</b>	Endometrial Biopsy, w/wo Endocervical Biopsy, w/o Cervical Dilatation	<b>\$93.88</b>	<b>\$57.91</b>	-	-	-
<b>58110</b>	Endometrial Biopsy, Performed in Conjunction with Colposcopy <b>(List Separately in Addition to Code for Primary Procedure)</b>	<b>\$46.36</b>	<b>\$37.04</b>	-	-	-
<b>76098</b>	Intraoperative Radiological Exam of Surgical Specimen	-	-	<b>\$41.04</b>	<b>\$26.83</b>	<b>\$14.22</b>

Procedure Code	Procedure Description	Non-Facility	Facility	Global	Tech Mod TC	Prof Mod 26
<b>Screening and Diagnostic Services (Continued)</b>						
<b>76641</b>	Ultrasound, Breast and Axilla, Complete Exam, Unilateral	-	-	<b>\$97.68</b>	<b>\$64.73</b>	<b>\$32.96</b>
<b>76642</b>	Ultrasound, Breast and Axilla, Limited Exam, Unilateral	-	-	<b>\$80.97</b>	<b>\$50.27</b>	<b>\$30.70</b>
<b>76641-50</b>	Ultrasound, Breast and Axilla, Complete Exam, Bilateral	-	-	<b>\$146.52</b>	<b>\$97.10</b>	<b>\$49.44</b>
<b>76642-50</b>	Ultrasound, Breast and Axilla, Limited Exam, Bilateral	-	-	<b>\$121.46</b>	<b>\$75.41</b>	<b>\$46.05</b>
<b>76942</b>	Ultrasonic Guidance for Needle Placement	-	-	<b>\$56.39</b>	<b>\$27.79</b>	<b>\$28.60</b>
<b>77046</b>	MRI, Breast, w/o Contrast, Unilateral	-	-	<b>\$206.27</b>	<b>\$141.66</b>	<b>\$64.61</b>
<b>77047</b>	MRI, Breast, w/o Contrast, Bilateral	-	-	<b>\$212.58</b>	<b>\$141.02</b>	<b>\$71.56</b>
<b>77048</b>	MRI, Breast, with CAD, w/wo Contrast, Unilateral	-	-	<b>\$326.44</b>	<b>\$232.09</b>	<b>\$94.35</b>
<b>77049</b>	MRI, Breast, with CAD, w/wo Contrast, Bilateral	-	-	<b>\$332.43</b>	<b>\$229.20</b>	<b>\$103.23</b>
<b>77053</b>	Mammary Ductogram/Galactogram, Single Duct	-	-	<b>\$51.33</b>	<b>\$35.18</b>	<b>\$16.16</b>

Procedure Code	Procedure Description	Non-Facility	Facility	Global	Tech Mod TC	Prof Mod 26
<b>Screening and Diagnostic Services (Continued)</b>						
<b>77063</b>	Breast Tomosynthesis, Screening, Bilateral <b>(List separately in addition to primary procedure 77067)</b>	-	-	<b>\$50.10</b>	<b>\$23.13</b>	<b>\$26.98</b>
<b>77065</b>	Mammogram, Diagnostic, with CAD, Unilateral	-	-	<b>\$120.35</b>	<b>\$84.17</b>	<b>\$36.19</b>
<b>77066</b>	Mammogram, Diagnostic, with CAD, Bilateral	-	-	<b>\$151.87</b>	<b>\$107.29</b>	<b>\$44.58</b>
<b>77067</b>	Mammogram, Screening, with CAD, Bilateral	-	-	<b>\$123.07</b>	<b>\$88.82</b>	<b>\$34.25</b>
<b>G0279</b>	Breast Tomosynthesis, Diagnostic, Unilateral or Bilateral <b>(List Separately in Addition to 77065 or 77066)</b>	-	-	<b>\$42.07</b>	<b>\$15.10</b>	<b>\$26.98</b>
<b>Laboratory Services</b>						
<b>36415</b>	Routine Venipuncture for Collection of Specimen(s)	-	-	<b>\$9.09</b>	-	-
<b>80047</b>	Basic Metabolic Panel (Calcium, Ionized)	-	-	<b>\$13.73</b>	-	-
<b>80048</b>	Basic Metabolic Panel (Calcium, Total)	-	-	<b>\$8.46</b>	-	-
<b>80053</b>	Comprehensive Metabolic Panel	-	-	<b>\$10.56</b>	-	-

Procedure Code	Procedure Description	Non-Facility	Facility	Global	Tech Mod TC	Prof Mod 26
<b>Laboratory Services (Continued)</b>						
<b>80061</b>	Lipid Profile	-	-	<b>\$13.39</b>	-	-
<b>82465</b>	Cholesterol, Total	-	-	<b>\$4.35</b>	-	-
<b>82947</b>	Glucose, Except Urine	-	-	<b>\$3.93</b>	-	-
<b>83036</b>	Hemoglobin, Glycosylated (A1C)	-	-	<b>\$9.71</b>	-	-
<b>83718</b>	High Density Lipoprotein (HDL Cholesterol), Precipitation Method	-	-	<b>\$8.19</b>	-	-
<b>83721</b>	Low Density Lipoprotein (LDL Cholesterol), Direct Measurement	-	-	<b>\$10.50</b>	-	-
<b>84478</b>	Triglycerides, Blood	-	-	<b>\$5.74</b>	-	-
<b>Pathology Services</b>						
<b>87624</b>	Detection Test by Nucleic Acid for HPV, High-Risk Types	-	-	<b>\$35.09</b>	-	-
<b>87625</b>	Detection Test by Nucleic Acid for HPV, Types 16 and 18	-	-	<b>\$40.55</b>	-	-



Procedure Code	Procedure Description	Non-Facility	Facility	Global	Tech Mod TC	Prof Mod 26
<b>Pathology Services (Continued)</b>						
<b>87626</b>	Detection Test by Nucleic Acid for HPV, Separately Reported High-Risk Types			<b>\$70.20</b>		
<b>88141</b>	Pap Test	-	-	<b>\$24.00</b>	-	-
<b>88142</b>	Pap Test, Manual Screening	-	-	<b>\$20.26</b>	-	-
<b>88143</b>	Pap Test, Manual Screening and Rescreening	-	-	<b>\$23.04</b>	-	-
<b>88164</b>	Pap Test, Slides, Manual Screening (Bethesda)	-	-	<b>\$18.19</b>	-	-
<b>88165</b>	Pap Test, Slides, Manual Screening and Rescreening (Bethesda)	-	-	<b>\$42.22</b>	-	-
<b>88172</b>	Cytopathology, Evaluation of FNA, Immediate, First Episode	-	-	<b>\$54.13</b>	<b>\$21.05</b>	<b>\$33.09</b>
<b>88173</b>	Cytopathology, Evaluation of FNA, Interpretation and Report	-	-	<b>\$164.49</b>	<b>\$99.60</b>	<b>\$64.89</b>
<b>88174</b>	Pap Test, Automated Thin Layer Preparation, Automated System	-	-	<b>\$25.37</b>	-	-
<b>88175</b>	Pap Test, Automated Thin Layer Preparation, Automated System and Manual Rescreening	-	-	<b>\$26.61</b>	-	-

Procedure Code	Procedure Description	Non-Facility	Facility	Global	Tech Mod TC	Prof Mod 26
<b>Pathology Services (Continued)</b>						
<b>88177</b>	Pap Test, Evaluation of FNA, Immediate, Each Additional Episode	-	-	<b>\$28.53</b>	<b>\$8.35</b>	<b>\$20.18</b>
<b>88305</b>	Surgical Pathology, Level IV, Gross and Microscopic Exam	-	-	<b>\$68.92</b>	<b>\$34.21</b>	<b>\$34.71</b>
<b>88307</b>	Surgical Pathology, Level V, Gross and Microscopic Exam	-	-	<b>\$275.52</b>	<b>\$199.49</b>	<b>\$76.02</b>
<b>88321</b>	Surgical Pathology, Consultation and Report on Slides Prepared Elsewhere	<b>\$92.44</b>	<b>\$77.99</b>	-	-	-
<b>88331</b>	Intraoperative Pathology Exam of Specimen, First Tissue Block	-	-	<b>\$96.81</b>	<b>\$39.03</b>	<b>\$57.78</b>
<b>88332</b>	Intraoperative Pathology Exam of Specimen, Each Additional Tissue Block	-	-	<b>\$52.50</b>	<b>\$23.94</b>	<b>\$28.57</b>
<b>88341</b>	Special Stained Specimen Slides to Examine Tissue, Each Additional Procedure	-	-	<b>\$92.80</b>	<b>\$66.49</b>	<b>\$26.31</b>
<b>88342</b>	Special Stained Specimen Slides to Examine Tissue, Initial Procedure	-	-	<b>\$108.10</b>	<b>\$75.65</b>	<b>\$32.45</b>
<b>88360</b>	Microscopic Genetic Analysis of Tumor, Manual	-	-	<b>\$114.55</b>	<b>\$75.97</b>	<b>\$38.58</b>
<b>88361</b>	Microscopic Genetic Analysis of Tumor, Computer-Assisted	-	-	<b>\$111.36</b>	<b>\$71.15</b>	<b>\$40.21</b>

Procedure Code	Procedure Description	Non-Facility	Facility	Global	Tech Mod TC	Prof Mod 26
<b>Pathology Services (Continued)</b>						
<b>88364</b>	Genetic Sequencing Localization, Each Additional Procedure	-	-	<b>\$124.16</b>	<b>\$92.67</b>	<b>\$31.48</b>
<b>88365</b>	Genetic Sequencing Localization, Initial Procedure	-	-	<b>\$167.41</b>	<b>\$127.53</b>	<b>\$39.87</b>
<b>88366</b>	Genetic Sequencing Localization, Each Multiplex Procedure	-	-	<b>\$257.76</b>	<b>\$200.29</b>	<b>\$57.47</b>
<b>88367</b>	Microscopic Genetic Analysis of Tissue, Computer-Assisted, Initial Procedure	-	-	<b>\$104.74</b>	<b>\$73.89</b>	<b>\$30.85</b>
<b>88368</b>	Microscopic Genetic Analysis of Tissue, Manual, Initial Procedure	-	-	<b>\$143.32</b>	<b>\$103.76</b>	<b>\$39.55</b>
<b>88369</b>	Microscopic Genetic Analysis of Tissue, Manual, Each Additional Procedure	-	-	<b>\$125.76</b>	<b>\$93.96</b>	<b>\$31.80</b>
<b>88373</b>	Microscopic Genetic Analysis of Tissue, Computer-Assisted, Each Additional Procedure	-	-	<b>\$63.25</b>	<b>\$39.68</b>	<b>\$23.58</b>
<b>88374</b>	Microscopic Genetic Analysis of Tissue, Computer-Assisted, Each Initial Multiplex Procedure	-	-	<b>\$262.17</b>	<b>\$223.25</b>	<b>\$38.92</b>
<b>88377</b>	Microscopic Genetic Analysis of Tissue, Manual, Each Additional Multiplex Stain Procedure	-	-	<b>\$373.26</b>	<b>\$313.03</b>	<b>\$60.23</b>

Procedure Code	Procedure Description	Non-Facility	Facility	Global	Tech Mod TC	Prof Mod 26
<b>Evaluation &amp; Management and Other Professional Services</b>						
<b>99070</b>	Provision of Supply and Material by Physician	<b>Contact You First</b>	<b>Contact You First</b>	-	-	-
<b>99202</b>	New Patient Office/Other Outpatient Visit, Straightforward, 15-29 Minutes	<b>\$68.51</b>	<b>\$44.10</b>	-	-	-
<b>99203</b>	New Patient Office/Other Outpatient Visit, Low Level, 30-44 Minutes	<b>\$106.15</b>	<b>\$76.60</b>	-	-	-
<b>99204</b>	New Patient Office/Other Outpatient Visit, Moderate Level, 45-59 Minutes	<b>\$159.11</b>	<b>\$125.06</b>	-	-	-
<b>99205</b>	New Patient Office/Other Outpatient Visit, High Level, 60-74 Minutes	<b>\$209.81</b>	<b>\$169.98</b>	-	-	-
<b>99211</b>	Established Patient Office/Other Outpatient Visit for Evaluation and Management	<b>\$22.37</b>	<b>\$8.24</b>	-	-	-
<b>99212</b>	Established Patient Office/Other Outpatient Visit, Straightforward, 10-19 Minutes	<b>\$53.99</b>	<b>\$33.12</b>	-	-	-
<b>99213</b>	Established Patient Office/Other Outpatient Visit, Low Level, 20-29 Minutes	<b>\$87.09</b>	<b>\$62.03</b>	-	-	-
<b>99214</b>	Established Patient Office/Other Outpatient Visit, Moderate Level, 30-39 Minutes	<b>\$122.43</b>	<b>\$91.28</b>	-	-	-
<b>99215</b>	Established Patient Office/Other Outpatient Visit, High Level, 40-54 Minutes	<b>\$171.82</b>	<b>\$135.20</b>	-	-	-

Procedure Code	Procedure Description	Non-Facility	Facility	Global	Tech Mod TC	Prof Mod 26
<b>Evaluation &amp; Management and Other Professional Services (Continued)</b>						
<b>99385</b>	Initial New Patient Preventive Medicine Evaluation, 18-39 Years	<b>\$106.15</b>	<b>\$76.60</b>	-	-	-
<b>99386</b>	Initial New Patient Preventive Medicine Evaluation, 40-64 Years	<b>\$106.15</b>	<b>\$76.60</b>	-	-	-
<b>99387</b>	Initial New Patient Preventive Medicine Evaluation, 65 Years or Older	<b>\$106.15</b>	<b>\$76.60</b>	-	-	-
<b>99395</b>	Established Patient Periodic Preventive Medicine Examination, 18-39 Years	<b>\$87.09</b>	<b>\$62.03</b>	-	-	-
<b>99396</b>	Established Patient Periodic Preventive Medicine Examination, 40-64 Years	<b>\$87.09</b>	<b>\$62.03</b>	-	-	-
<b>99397</b>	Established Patient Periodic Preventive Medicine Examination, 65 Years Old or Older	<b>\$87.09</b>	<b>\$62.03</b>	-	-	-
<b>99459</b>	Pelvic Exam <b>(List Separately in Addition to Primary Procedure)</b>	-	-	<b>\$20.56</b>	-	-
<b>G0019</b>	Community Health Integration Services, Performed by Certified or Trained Auxiliary Personnel	<b>\$76.71</b>	<b>\$46.52</b>	-	-	-
<b>G0022</b>	Community Health Integration Services, Each Additional 30 Minutes Per Calendar Month	<b>\$47.72</b>	<b>\$32.63</b>	-	-	-
<b>G0136</b>	Social Determinants of Health Risk Assessment, Evidence-Based, 5-15 Minutes	<b>\$18.20</b>	<b>\$8.56</b>	-	-	-

Procedure Code	Procedure Description	Non-Facility	Facility	Global	Tech Mod TC	Prof Mod 26
Evaluation & Management and Other Professional Services (Continued)						
<b>G0444</b>	Annual Depression Screening, 5-15 Minutes	<b>\$16.91</b>	<b>\$8.56</b>	-	-	-

<b>Dx Code</b>	<b>Description</b>
<b>C50</b>	Malignant Neoplasm of Breast
<b>C50.0</b>	Malignant Neoplasm of Nipple and Areola
<b>C50.01</b>	Malignant Neoplasm of Nipple and Areola, Female
<b>C50.011</b>	Malignant Neoplasm of Nipple and Areola, Right Female Breast
<b>C50.012</b>	Malignant Neoplasm of Nipple and Areola, Left Female Breast
<b>C50.1</b>	Malignant Neoplasm of Central Portion of Breast
<b>C50.11</b>	Malignant Neoplasm of Central Portion of Breast, Female
<b>C50.111</b>	Malignant Neoplasm of Central Portion of Right Female Breast
<b>C50.112</b>	Malignant Neoplasm of Central Portion of Left Female Breast
<b>C50.2</b>	Malignant Neoplasm of Upper-Inner Quadrant of Breast
<b>C50.21</b>	Malignant Neoplasm of Upper-Inner Quadrant of Breast, Female
<b>C50.211</b>	Malignant Neoplasm of Upper-Inner Quadrant of Right Female Breast
<b>C50.212</b>	Malignant Neoplasm of Upper-Inner Quadrant of Left Female Breast
<b>C50.3</b>	Malignant Neoplasm of Lower-Inner Quadrant of Breast

<b>Dx Code</b>	<b>Description</b>
<b>C50.31</b>	Malignant Neoplasm of Lower-Inner Quadrant of Breast, Female
<b>C50.311</b>	Malignant Neoplasm of Lower-Inner Quadrant of Right Female Breast
<b>C50.312</b>	Malignant Neoplasm of Lower-Inner Quadrant of Left Female Breast
<b>C50.4</b>	Malignant Neoplasm of Upper-Outer Quadrant of Breast
<b>C50.41</b>	Malignant Neoplasm of Upper-Outer Quadrant of Breast, Female
<b>C50.411</b>	Malignant Neoplasm of Upper-Outer Quadrant of Right Female Breast
<b>C50.412</b>	Malignant Neoplasm of Upper-Outer Quadrant of Left Female Breast
<b>C50.5</b>	Malignant Neoplasm of Lower-Outer Quadrant of Breast
<b>C50.51</b>	Malignant Neoplasm of Lower-Outer Quadrant of Breast, Female
<b>C50.511</b>	Malignant Neoplasm of Lower-Outer Quadrant of Right Female Breast
<b>C50.512</b>	Malignant Neoplasm of Lower-Outer Quadrant of Left Female Breast
<b>C50.6</b>	Malignant Neoplasm of Axillary Tail of Breast
<b>C50.61</b>	Malignant Neoplasm of Axillary Tail of Breast, Female
<b>C50.611</b>	Malignant Neoplasm of Axillary Tail of Right Female Breast

Dx Code	Description
<b>C50.612</b>	Malignant Neoplasm of Axillary Tail of Left Female Breast
<b>C50.8</b>	Malignant Neoplasm of Overlapping Sites of Breast
<b>C50.81</b>	Malignant Neoplasm of Overlapping Sites of Breast, Female
<b>C50.811</b>	Malignant Neoplasm of Overlapping Sites of Right Female Breast
<b>C50.812</b>	Malignant Neoplasm of Overlapping Sites of Left Female Breast
<b>C50.9</b>	Malignant Neoplasm of Breast of Unspecified Site
<b>C50.91</b>	Malignant Neoplasm of Breast of Unspecified Site, Female
<b>C50.911</b>	Malignant Neoplasm of Unspecified Site of Right Female Breast
<b>C50.912</b>	Malignant Neoplasm of Unspecified Site of Left Female Breast
<b>C53</b>	Malignant Neoplasm of Cervix Uteri
<b>C53.0</b>	Malignant Neoplasm of Endocervix
<b>C53.1</b>	Malignant Neoplasm of Exocervix
<b>C53.8</b>	Malignant Neoplasm of Overlapping Sites of Cervix Uteri
<b>C53.9</b>	Malignant Neoplasm of Cervix Uteri, Unspecified

Dx Code	Description
<b>C79.81</b>	Secondary Malignant Neoplasm of Breast
<b>C79.82</b>	Secondary Malignant Neoplasm of Genital Organs
<b>D05</b>	Carcinoma In-Situ of Breast
<b>D05.0</b>	Lobular Carcinoma In-Situ of Breast
<b>D05.01</b>	Lobular Carcinoma In-Situ of Right Breast
<b>D05.02</b>	Lobular Carcinoma In-Situ of Left Breast
<b>D05.1</b>	Intraductal Carcinoma In-Situ of Breast
<b>D05.11</b>	Intraductal Carcinoma In-Situ of Right Breast
<b>D05.12</b>	Intraductal Carcinoma In-Situ of Left Breast
<b>D05.8</b>	Other Specified Type of Carcinoma In-Situ of Breast
<b>D05.81</b>	Other Specified Type of Carcinoma In-Situ of Right Breast
<b>D05.82</b>	Other Specified Type of Carcinoma In-Situ of Left Breast
<b>D05.9</b>	Unspecified Type of Carcinoma In-Situ of Breast
<b>D05.91</b>	Unspecified Type of Carcinoma In-Situ of Right Breast



Dx Code	Description
<b>D05.92</b>	Unspecified Type of Carcinoma In-Situ of Left Breast
<b>D06</b>	Carcinoma In-Situ of Cervix Uteri
<b>D06.0</b>	Carcinoma In-Situ of Endocervix
<b>D06.1</b>	Carcinoma In-Situ of Exocervix
<b>D06.7</b>	Carcinoma In-Situ of Other Parts of Cervix
<b>D06.9</b>	Carcinoma In-Situ of Cervix, Unspecified
<b>D24</b>	Benign Neoplasm of Breast
<b>D24.1</b>	Benign Neoplasm of Right Breast
<b>D24.2</b>	Benign Neoplasm of Left Breast
<b>D26.0</b>	Other Benign Neoplasm of Cervix Uteri
<b>D48.6</b>	Neoplasm of Uncertain Behavior of Breast
<b>D48.61</b>	Neoplasm of Uncertain Behavior of Right Breast
<b>D48.62</b>	Neoplasm of Uncertain Behavior of Left Breast
<b>D49.3</b>	Neoplasm of Unspecified Behavior of Breast

Dx Code	Description
<b>E10</b>	Type 1 Diabetes Mellitus
<b>E10.6</b>	Type 1 Diabetes Mellitus with Other Specified Complications
<b>E10.65</b>	Type 1 Diabetes Mellitus with Hyperglycemia
<b>E10.69</b>	Type 1 Diabetes Mellitus with Other Specified Complication
<b>E10.8</b>	Type 1 Diabetes Mellitus with Unspecified Complications
<b>E10.9</b>	Type 1 Diabetes Mellitus without Complications
<b>E11</b>	Type 2 Diabetes Mellitus
<b>E11.6</b>	Type 2 Diabetes Mellitus with Other Specified Complications
<b>E11.65</b>	Type 2 Diabetes Mellitus with Hyperglycemia
<b>E11.69</b>	Type 2 Diabetes Mellitus with Other Specified Complication
<b>E11.8</b>	Type 2 Diabetes Mellitus with Unspecified Complications
<b>E11.9</b>	Type 2 Diabetes Mellitus without Complications
<b>E13</b>	Other Specified Diabetes Mellitus
<b>E13.6</b>	Other Specified Diabetes Mellitus with Other Specified Complications

<b>Dx Code</b>	<b>Description</b>
<b>E13.65</b>	Other Specified Diabetes Mellitus with Hyperglycemia
<b>E13.69</b>	Other Specified Diabetes Mellitus with Other Specified Complication
<b>E13.8</b>	Other Specified Diabetes Mellitus with Unspecified Complications
<b>E13.9</b>	Other Specified Diabetes Mellitus without Complications
<b>E78.0</b>	Pure Hypercholesterolemia
<b>E78.00</b>	Pure Hypercholesterolemia, Unspecified
<b>E78.01</b>	Familial Hypercholesterolemia
<b>E78.1</b>	Pure Hyperglyceridemia
<b>E78.2</b>	Mixed Hyperlipidemia
<b>E78.3</b>	Hyperchylomicronemia
<b>E78.4</b>	Other Hyperlipidemia
<b>E78.41</b>	Elevated Lipoprotein(a)
<b>E78.49</b>	Other Hyperlipidemia
<b>E78.5</b>	Hyperlipidemia, Unspecified

<b>Dx Code</b>	<b>Description</b>
<b>I10</b>	Essential (Primary) Hypertension
<b>I11</b>	Hypertensive Heart Disease
<b>I15</b>	Secondary Hypertension
<b>I15.0</b>	Renovascular Hypertension
<b>I15.1</b>	Hypertension Secondary to Other Renal Disorders
<b>I15.2</b>	Hypertension Secondary to Endocrine Disorders
<b>I15.8</b>	Other Secondary Hypertension
<b>I15.9</b>	Secondary Hypertension, Unspecified
<b>N60</b>	Benign Mammary Dysplasia
<b>N60.0</b>	Solitary Cyst of Breast
<b>N60.01</b>	Solitary Cyst of Right Breast
<b>N60.02</b>	Solitary Cyst of Left Breast
<b>N60.1</b>	Diffuse Cystic Mastopathy
<b>N60.11</b>	Diffuse Cystic Mastopathy of Right Breast

<b>Dx Code</b>	<b>Description</b>
<b>N60.12</b>	Diffuse Cystic Mastopathy of Left Breast
<b>N60.2</b>	Fibroadenosis of Breast
<b>N60.21</b>	Fibroadenosis of Right Breast
<b>N60.22</b>	Fibroadenosis of Left Breast
<b>N60.3</b>	Fibrosclerosis of Breast
<b>N60.31</b>	Fibrosclerosis of Right Breast
<b>N60.32</b>	Fibrosclerosis of Left Breast
<b>N60.4</b>	Mammary Duct Ectasia
<b>N60.41</b>	Mammary Duct Ectasia of Right Breast
<b>N60.42</b>	Mammary Duct Ectasia of Left Breast
<b>N60.8</b>	Other Benign Mammary Dysplasia(s)
<b>N60.81</b>	Other Benign Mammary Dysplasia(s) of Right Breast
<b>N60.82</b>	Other Benign Mammary Dysplasia(s) of Left Breast
<b>N60.9</b>	Unspecified Benign Mammary Dysplasia

<b>Dx Code</b>	<b>Description</b>
<b>N60.91</b>	Unspecified Benign Mammary Dysplasia of Right Breast
<b>N60.92</b>	Unspecified Benign Mammary Dysplasia of Left Breast
<b>N61</b>	Inflammatory Disorders of the Breast
<b>N61.0</b>	Mastitis without Abscess
<b>N61.1</b>	Abscess of the Breast and Nipple
<b>N61.21</b>	Granulomatous Mastitis, Right Breast
<b>N61.22</b>	Granulomatous Mastitis, Left Breast
<b>N61.23</b>	Granulomatous Mastitis, Bilateral Breast
<b>N62</b>	Hypertrophy of Breast
<b>N63</b>	Unspecified Lump in Breast
<b>N63.1</b>	Unspecified Lump in the Right Breast
<b>N63.10</b>	Unspecified Lump in the Right Breast, Unspecified Quadrant
<b>N63.11</b>	Unspecified Lump in the Right Breast, Upper Outer Quadrant
<b>N63.12</b>	Unspecified Lump in the Right Breast, Upper Inner Quadrant

<b>Dx Code</b>	<b>Description</b>
<b>N63.13</b>	Unspecified Lump in the Right Breast, Lower Outer Quadrant
<b>N63.14</b>	Unspecified Lump in the Right Breast, Lower Inner Quadrant
<b>N63.15</b>	Unspecified Lump in the Right Breast, Overlapping Quadrants
<b>N63.2</b>	Unspecified Lump in the Left Breast
<b>N63.20</b>	Unspecified Lump in the Left Breast, Unspecified Quadrant
<b>N63.21</b>	Unspecified Lump in the Left Breast, Upper Outer Quadrant
<b>N63.22</b>	Unspecified Lump in the Left Breast, Upper Inner Quadrant
<b>N63.23</b>	Unspecified Lump in the Left Breast, Lower Outer Quadrant
<b>N63.24</b>	Unspecified Lump in the Left Breast, Lower Inner Quadrant
<b>N63.25</b>	Unspecified Lump in the Left Breast, Overlapping Quadrants
<b>N63.3</b>	Unspecified Lump in Axillary Tail
<b>N63.31</b>	Unspecified Lump in Axillary Tail of the Right Breast
<b>N63.32</b>	Unspecified Lump in Axillary Tail of the Left Breast
<b>N63.4</b>	Unspecified Lump in Breast, Subareolar

<b>Dx Code</b>	<b>Description</b>
<b>N63.41</b>	Unspecified Lump in Right Breast, Subareolar
<b>N63.42</b>	Unspecified Lump in Left Breast, Subareolar
<b>N64</b>	Other Disorders of Breast
<b>N64.0</b>	Fissure and Fistula of Nipple
<b>N64.1</b>	Fat Necrosis of Breast
<b>N64.2</b>	Atrophy of Breast
<b>N64.3</b>	Galactorrhea Not Associated with Childbirth
<b>N64.4</b>	Mastodynia
<b>N64.5</b>	Other Signs and Symptoms in Breast
<b>N64.51</b>	Induration of Breast
<b>N64.52</b>	Nipple Discharge
<b>N64.53</b>	Retraction of Nipple
<b>N64.59</b>	Other Signs and Symptoms in Breast
<b>N64.8</b>	Other Specified Disorders of Breast

Dx Code	Description
<b>N64.81</b>	Ptosis of Breast
<b>N64.89</b>	Other Specified Disorders of Breast
<b>N64.9</b>	Disorder of Breast, Unspecified
<b>N72</b>	Inflammatory Disease of Cervix Uteri
<b>N84.1</b>	Polyp of Cervix Uteri
<b>N86</b>	Erosion and Ectropion of Cervix Uteri
<b>N87</b>	Dysplasia of Cervix Uteri
<b>N87.0</b>	Mild Cervical Dysplasia
<b>N87.1</b>	Moderate Cervical Dysplasia
<b>N87.9</b>	Dysplasia of Cervix Uteri, Unspecified
<b>N88.8</b>	Other Specified Noninflammatory Disorders of Cervix Uteri
<b>N93.8</b>	Other Specified Abnormal Uterine and Vaginal Bleeding
<b>N93.9</b>	Abnormal Uterine and Vaginal Bleeding, Unspecified
<b>R03.0</b>	Elevated Blood-Pressure Reading, without Diagnosis of Hypertension

Dx Code	Description
<b>R73</b>	Elevated Blood Glucose Level
<b>R73.01</b>	Impaired Fasting Glucose
<b>R73.03</b>	Prediabetes
<b>R73.09</b>	Other Abnormal Glucose
<b>R73.9</b>	Hyperglycemia, Unspecified
<b>R87.61</b>	Abnormal Cytological Findings in Specimens from Cervix Uteri
<b>R87.610</b>	Atypical Squamous Cells of Undetermined Significance on Cytologic Smear of Cervix (ASC-US)
<b>R87.611</b>	Atyp Squam Cells Cannot Exclude High Grade Squam Intraepith Lesion on Cytologic Smear of Cervix (ASC-H)
<b>R87.612</b>	Low Grade Squamous Intraepithelial Lesion on Cytologic Smear of Cervix (LGSIL)
<b>R87.613</b>	High Grade Squamous Intraepithelial Lesion on Cytologic Smear of Cervix (HGSIL)
<b>R87.614</b>	Cytologic Evidence of Malignancy on Smear of Cervix
<b>R87.615</b>	Unsatisfactory Cytologic Smear of Cervix
<b>R87.616</b>	Satisfactory Cervical Smear but Lacking Transformation Zone
<b>R87.618</b>	Other Abnormal Cytological Findings on Specimens from Cervix Uteri

<b>Dx Code</b>	<b>Description</b>
<b>R87.619</b>	Unspecified Abnormal Cytological Findings in Specimens from Cervix Uteri
<b>R87.620</b>	Atypical Squamous Cells of Undetermined Significance on Cytologic Smear of Vagina (ASC-US)
<b>R87.621</b>	Atyp Squam Cells Cannot Exclude High Grade Squam Intraepith Lesion on Cytologic Smr of Vagina (ASC-H)
<b>R87.622</b>	Low Grade Squamous Intraepithelial Lesion on Cytologic Smear of Vagina (LGSIL)
<b>R87.623</b>	High Grade Squamous Intraepithelial Lesion on Cytologic Smear of Vagina (HGSIL)
<b>R87.624</b>	Cytologic Evidence of Malignancy on Smear of Vagina
<b>R87.625</b>	Unsatisfactory Cytologic Smear of Vagina
<b>R87.810</b>	Cervical High Risk Human Papillomavirus (HPV) DNA Test Positive
<b>R87.811</b>	Vaginal High Risk Human Papillomavirus (HPV) DNA Test Positive
<b>R92</b>	Abnormal and Inconclusive Findings on Diagnostic Imaging of Breast
<b>R92.0</b>	Mammographic Microcalcification Found on Diagnostic Imaging of Breast
<b>R92.1</b>	Mammographic Calcification Found on Diagnostic Imaging of Breast
<b>R92.2</b>	Inconclusive Mammogram
<b>R92.3</b>	Mammographic Density Found on Imaging of Breast

<b>Dx Code</b>	<b>Description</b>
<b>R92.30</b>	Dense Breasts, Unspecified
<b>R92.31</b>	Mammographic Fatty Tissue Density of Breast
<b>R92.311</b>	Mammographic Fatty Tissue Density, Right Breast
<b>R92.312</b>	Mammographic Fatty Tissue Density, Left Breast
<b>R92.313</b>	Mammographic Fatty Tissue Density, Bilateral Breasts
<b>R92.32</b>	Mammographic Fibroglandular Density of Breast
<b>R92.321</b>	Mammographic Fibroglandular Density, Right Breast
<b>R92.322</b>	Mammographic Fibroglandular Density, Left Breast
<b>R92.323</b>	Mammographic Fibroglandular Density, Bilateral Breasts
<b>R92.33</b>	Mammographic Heterogeneous Density of Breast
<b>R92.331</b>	Mammographic Heterogeneous Density, Right Breast
<b>R92.332</b>	Mammographic Heterogeneous Density, Left Breast
<b>R92.333</b>	Mammographic Heterogeneous Density, Bilateral Breasts
<b>R92.34</b>	Mammographic Extreme Density of Breast

<b>Dx Code</b>	<b>Description</b>
<b>R92.341</b>	Mammographic Extreme Density, Right Breast
<b>R92.342</b>	Mammographic Extreme Density, Left Breast
<b>R92.343</b>	Mammographic Extreme Density, Bilateral Breasts
<b>R92.8</b>	Other Abnormal and Inconclusive Findings on Diagnostic Imaging of Breast
<b>Z00</b>	Encounter for General Examination without Complaint, Suspected or Reported Diagnosis
<b>Z00.0</b>	Encounter for General Adult Medical Examination
<b>Z00.00</b>	Encounter for General Adult Medical Examination without Abnormal Findings
<b>Z00.01</b>	Encounter for General Adult Medical Examination with Abnormal Findings
<b>Z00.8</b>	Encounter for Other General Examination
<b>Z01.3</b>	Encounter for Examination of Blood Pressure
<b>Z01.30</b>	Encounter for Examination of Blood Pressure without Abnormal Findings
<b>Z01.31</b>	Encounter for Examination of Blood Pressure with Abnormal Findings
<b>Z01.4</b>	Encounter for Gynecological Examination
<b>Z01.41</b>	Encounter for Routine Gynecological Examination

<b>Dx Code</b>	<b>Description</b>
<b>Z01.411</b>	Encounter for Routine Gynecological Examination with Abnormal Findings
<b>Z01.419</b>	Encounter for Routine Gynecological Examination without Abnormal Findings
<b>Z01.42</b>	Encounter for Cervical Smear to Confirm Findings of Recent Normal Smear Following Initial Abnormal Smr
<b>Z08</b>	Encounter for Follow-Up Examination After Completed Treatment for Malignant Neoplasm
<b>Z11.51</b>	Encounter for Screening for Human Papillomavirus (HPV)
<b>Z12.3</b>	Encounter for Screening for Malignant Neoplasm of Breast
<b>Z12.31</b>	Encounter for Screening Mammogram for Malignant Neoplasm of Breast
<b>Z12.39</b>	Encounter for Other Screening for Malignant Neoplasm of Breast
<b>Z12.4</b>	Encounter for Screening for Malignant Neoplasm of Cervix
<b>Z13.1</b>	Encounter for Screening for Diabetes Mellitus
<b>Z13.220</b>	Encounter for Screening for Lipoid Disorders
<b>Z13.6</b>	Encounter for Screening for Cardiovascular Disorders
<b>Z15.01</b>	Genetic Susceptibility to Malignant Neoplasm of Breast
<b>Z80.3</b>	Family History of Malignant Neoplasm of Breast

<b>Dx Code</b>	<b>Description</b>
<b>Z85.3</b>	Personal History of Malignant Neoplasm of Breast
<b>Z85.41</b>	Personal History of Malignant Neoplasm of Cervix Uteri
<b>Z86.000</b>	Personal History of In-Situ Neoplasm of Breast
<b>Z86.001</b>	Personal History of In-Situ Neoplasm of Cervix Uteri
<b>Z87.410</b>	Personal History of Cervical Dysplasia

**For general questions or inquiries, contact us Monday to Friday, 7:45AM to 4:30PM:**

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