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</table>
| 77057 -TC -26    | Screening mammography, bilateral (two view film study of each breast) | Screening mammogram  
- Two views of each breast  
- Performed on an _asymptomatic_ woman |
| G0202 -TC -26    | Screening mammography producing direct digital image, bilateral, all views | Digital screening mammogram  
- Two views of each breast  
- Performed on an _asymptomatic_ woman |
| 77055 -TC -26    | Mammography; unilateral | Diagnostic mammogram  
- Two or more views of one breast  
- Performed on a _symptomatic_ woman |
| G0206 -TC -26    | Diagnostic mammography, producing direct digital image, unilateral, all views | Digital diagnostic mammogram  
- Two or more views of one breast  
- Performed on a _symptomatic_ woman |
| 77056 -TC -26    | Mammography; bilateral | Diagnostic mammogram  
- Two or more views of each breast  
- Performed on a _symptomatic_ woman |
| G0204 -TC -26    | Diagnostic mammography, producing direct digital image, bilateral, all views | Digital diagnostic mammogram  
- Two or more views of each breast  
- Performed on a _symptomatic_ woman |
| 88141            | Cytopathology, cervical or vaginal (any reporting system); requiring interpretation by physician (List separately in addition to code for technical service) | Pap test  
- Laboratory professional services  
- Use in conjunction with codes 88142, 88143, 88164, 88165 when physician interpretation of Pap test is required |
| 88142            | Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision | Thin Prep Pap test  
- Laboratory technical services  
- Manual screening  
- Professional component indicated by 88141 when physician interpretation required |
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| 88143            | Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening under physician supervision | Thin Prep Pap test - Rescreening  
• Laboratory technical services  
• Manual screening  
• Professional component indicted by 88141 when physician interpretation required |
| 88164            | Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision | Conventional Pap test  
• Laboratory technical services  
• Professional component indicated by 88141 when physician interpretation required |
| 88165            | Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening under physician supervision | Conventional Pap test – Rescreening  
• Laboratory technical services  
• Professional component indicated by 88141 when physician interpretation required |
| 88174            | Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision | Thin Prep Pap test  
• Laboratory technical services  
• Automated screening |
| 88175            | Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening, under physician supervision | Thin Prep Pap test - Rescreening  
• Laboratory technical services  
• Automated screening  
• Professional component indicated by 88141 when physician interpretation required |
| G0123            | Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotecnologist under physician supervision. | Thin Prep Pap test  
• Laboratory technical services  
• Automated screening |
| G0124            | Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician. | Thin Prep Pap test  
• Automated screening  
• Professional component indicated by 88141 when physician interpretation required |
| G0145            | Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreening under physician supervision. | Thin Prep Pap test  
• Laboratory technical services  
• Automated screening with manual rescreening |
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<tr>
<td>87621</td>
<td>Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, amplified probe technique</td>
<td>HPV typing of high-risk strain</td>
</tr>
<tr>
<td>G0101</td>
<td>Cervical or vaginal cancer screening; pelvic and clinical breast examination</td>
<td>Full annual clinical exam&lt;br&gt;• CBE AND pelvic/Pap (if due for Pap test)</td>
</tr>
<tr>
<td>99201</td>
<td>Office or other outpatient visit for the evaluation and management of a <strong>new patient</strong>, which requires these three key components:&lt;br&gt;• a problem focused history;&lt;br&gt;• a problem focused examination; and&lt;br&gt;• straight forward medical decision making.&lt;br&gt;Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs.&lt;br&gt;Usually, the presenting problems are self limited or minor. Providers typically spend <strong>10 minutes</strong> face-to-face with the patient and/or family.</td>
<td>Partial annual clinical exam&lt;br&gt;• Either CBE only OR pelvic/Pap only&lt;br&gt;• <em>Symptomatic</em> or <em>diagnosed</em> new patient</td>
</tr>
<tr>
<td>99202</td>
<td>Office or other outpatient visit for the evaluation and management of a <strong>new patient</strong>, which requires these three key components:&lt;br&gt;• an expanded problem focused history;&lt;br&gt;• an expanded problem focused examination; and&lt;br&gt;• straight forward medical decision making.&lt;br&gt;Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs.&lt;br&gt;Usually, the presenting problem(s) are of low to moderate severity. Providers typically spend <strong>20 minutes</strong> face-to-face with the patient and/or family.</td>
<td>Partial annual clinical exam&lt;br&gt;• Either CBE only OR pelvic/Pap only&lt;br&gt;• <em>Symptomatic</em> or <em>diagnosed</em> new patient OR colposcopy office visit</td>
</tr>
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</table>
| 99203            | Office or other outpatient visit for the evaluation and management of a **new patient**, which requires these three key components:  
  • a detailed history;  
  • a detailed examination; and  
  • medical decision making of low complexity.  
  Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs.  
  Usually the presenting problem(s) are of moderate severity. Providers typically spend **30 minutes** face-to-face with the patient and/or family. | Full annual clinical exam  
  • CBE AND pelvic/Pap (if due for Pap test)  
  • *Symptomatic* or *diagnosed* new patient |
| 99204            | Breast or Cervical Consultation  
  Office or other outpatient visit for the evaluation and management of a **new patient**, which requires these three key components:  
  • a comprehensive history;  
  • a comprehensive examination; and  
  • medical decision making of moderate complexity.  
  Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs.  
  Usually the presenting problem(s) are of moderate to high severity. Providers typically spend **45 minutes** face-to-face with the patient and/or family. | Full annual clinical exam  
  • CBE AND pelvic/Pap (if due for Pap test)  
  • *Symptomatic* or *diagnosed* new patient |
### FY 2015 BCCCP Procedure Code Reference Chart

<table>
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<tr>
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| 99205            | Breast or Cervical Consultation (Office or other outpatient visit for the evaluation and management of a **new patient**, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs. Usually the presenting problem(s) are of moderate to high severity. Providers typically spend **60 minutes** face-to-face with the patient and/or family.) | Full annual clinical exam  
  - CBE AND pelvic/Pap (if due for Pap test)  
  - *Symptomatic* or *diagnosed* new patient |
| 99211            | Office or other outpatient visit for the evaluation and management of an **established patient** that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, **5 minutes** are spent performing or supervising these services. | Partial annual clinical exam  
  - Either CBE only OR pelvic/Pap only (including repeat Paps) |
| 99212            | Office or other outpatient visit for the evaluation and management of an **established patient**, which requires at least two of these three components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs. Usually, the presenting problem(s) are self limited or minor. Providers typically spend **10 minutes** face-to-face with the patient and/or family. | Partial annual clinical exam  
  - Either CBE only OR pelvic/pap only (includes repeat Paps) |
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| 99213            | Office or other outpatient visit for the evaluation and management of an **established patient**, which requires at least two of these three key components:  
• an expanded problem focused history;  
• an expanded problem focused examination;  
• medical decision making of low complexity.  
Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs.  
Usually, the presenting problem(s) are of low to moderate severity. Providers typically spend **15 minutes** face-to-face with the patient and/or family. | Full annual clinical exam  
• CBE AND pelvic/Pap (if due for Pap test)  
• *Symptomatic* or *diagnosed* established patient |
| 99214            | Office or other outpatient visit for the evaluation and management of an **established patient**, which requires at least two of these three key components:  
• a detailed history;  
• a detailed examination;  
• medical decision making of moderate complexity.  
Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs.  
Usually the presenting problem(s) are of moderate to high severity. Providers typically spend **25 minutes** face-to-face with the patient and/or family. | Full annual clinical exam  
• CBE AND pelvic/Pap (if due for Pap test)  
• *Symptomatic* or *diagnosed* established patient |
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| 99215            | Office or other outpatient visit for the evaluation and management of an **established patient**, which requires at least two of these three key components:  
• a comprehensive history;  
• a comprehensive examination;  
• medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs.  
Usually the presenting problem(s) are of moderate to high severity. Providers typically spend **40 minutes** face-to-face with the patient and/or family. | Full annual clinical exam  
• CBE AND pelvic/Pap (if due for Pap test)  
• Symptomatic or diagnosed established patient |
| 99385            | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunizations(s), laboratory/diagnostic procedures, **new patient; 18-39 years** |  
• Cervical Consult on day of colposcopy |
| 99386            | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunizations(s), laboratory/diagnostic procedures, **new patient; 40-64 years** | Full annual clinical exam  
• CBE AND pelvic/Pap (if due for Pap test)  
• Asymptomatic new patient between the ages of 40 and 64 |
| 99387            | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunizations(s), laboratory/diagnostic procedures, **new patient; 65 years and over** | Full annual clinical exam  
• CBE AND pelvic/Pap (if due for Pap test)  
• Asymptomatic new patient age 65 and older |
| 99395            | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, **established patient; 18-39 years** |  
• Cervical Consult on day of colposcopy |
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| 99396            | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; 40-64 years | Full annual clinical exam  
  - CBE AND pelvic/Pap (if due for Pap test)  
  - *Asymptomatic* established patient between the ages of 40 and 64 |
| 99397            | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; 65 years and over | Full annual clinical exam  
  - CBE AND pelvic/Pap (if due for Pap test)  
  - *Asymptomatic* established patient age 65 and older |
| 81025            | Urine pregnancy test | Urine pregnancy test; with colposcopy |
| 57452            | Colposcopy of the cervix including upper/adjacent vagina | Colposcopy  
  - Office visit billed separately |
| 57454            | Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage | Colposcopy with biopsy of the cervix and endocervical curettage  
  - Office visit billed separately |
| 57455            | Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix | Colposcopy with biopsy of the cervix  
  - Office visit billed separately |
| 57456            | Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage | Colposcopy with endocervical curettage  
  - Office visit billed separately |
| 57505            | Endocervical curettage (not done as part of a dilation and curettage) | ECC – Endocervical curettage  
  - Not part of D & C |
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</table>
| 10021 (Professional and Facility Fee) | Fine needle aspiration; without imaging guidance | Fine needle aspiration of superficial breast tissue  
• Not using imaging guidance |
| 10022 (Professional and Facility Fee) | Fine needle aspiration; with imaging guidance | Fine needle aspiration of superficial breast tissue  
• Using imaging guidance |
| 19000 (Professional and Facility Fee) | Puncture aspiration of cyst of breast | Puncture aspiration, breast cyst |
| 19001 (Professional and Facility Fee) | Puncture aspiration of cyst of breast; each additional cyst (List separately in addition to code for primary procedure); (Use 19001 in conjunction with code 19000) | Puncture aspiration, breast cyst  
• Each additional cyst |
| 19081 (Professional and Facility Fee) | Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance | Stereotactic localization placement of metallic clip during breast biopsy |
| 19082 (Professional and Facility Fee) | Each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure) (Use 19082 in conjunction with 19081) | Stereotactic localization placement of metallic clip during breast biopsy  
• Each additional lesion |
| 19083 (Professional and Facility Fee) | Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance | Ultrasonic guidance placement of metallic localization clip during breast biopsy  
• Imaging supervision and interpretation |
| 19084 (Professional and Facility Fee) | Each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure) (Use 19084 in conjunction with 19083) | Ultrasonic guidance placement of metallic localization clip during breast biopsy  
• Imaging supervision and interpretation  
• Each additional lesion |
| 19085 (Professional and Facility Fee) | Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance | Magnetic resonance guidance placement of metallic localization clip during breast biopsy  
• Imaging supervision and interpretation |
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| 19086 (Professional and Facility Fee) | Each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure) (Use 19086 in conjunction with 19085) | Magnetic resonance guidance placement of metallic localization clip during breast biopsy  
  • Imaging supervision and interpretation  
  • Each additional lesion |
| 19100 (Professional and Facility Fee) | Biopsy of breast; percutaneous, needle core, not using imaging guidance | Breast biopsy, needle core  
  • Not using imaging guidance |
| 19101 (Professional and Facility Fee) | Biopsy of breast; open, incisional | Breast biopsy, incisional |
| 19120 (Professional and Facility Fee) | Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion, open, male or female, one or more lesions | Breast biopsy, excisional |
| 19125 (Professional and Facility Fee) | Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion | Breast biopsy, excision of single lesion identified by radiological marker |
| 19126 (Professional and Facility Fee) | Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker (List separately in addition to code for primary procedure); (Use in conjunction with code 19125) | Breast biopsy, excision of lesion identified by radiological marker  
  • Each additional lesion |
| 19281 (Professional and Facility Fee) | Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance | Mammographic localization guidance for needle placement  
  • Radiological supervision/interpretation |
| 19282 (Professional and Facility Fee) | Each additional lesion, including mammographic guidance (List separately in addition to code for primary procedure) (Use 19282 in conjunction with 19281) | Mammographic localization guidance for needle placement  
  • Radiological supervision/interpretation  
  • Each additional lesion |
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| 19283 (Professional and Facility Fee) | Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance | Stereotactic localization guidance for needle placement  
- Radiological supervision/interpretation |
| 19284 (Professional and Facility Fee) | Each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)  
(Use 19284 in conjunction with 19283) | Stereotactic localization guidance for needle placement  
- Radiological supervision/interpretation  
- Each additional lesion |
| 19285 (Professional and Facility Fee) | Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance | Ultrasonic guidance of breast needle placement  
- Imaging supervision and interpretation |
| 19286 (Professional and Facility Fee) | Each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)  
(Use 19286 in conjunction with 19285) | Ultrasonic guidance of breast needle placement  
- Imaging supervision and interpretation  
- Each additional lesion |
| 19287 (Professional and Facility Fee) | Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including magnetic resonance guidance | Magnetic resonance guidance for needle placement  
- Radiological supervision/interpretation |
| 19288 (Professional and Facility Fee) | Each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)  
(Use 19288 in conjunction with 19287) | Magnetic resonance guidance for needle placement  
- Radiological supervision/interpretation  
- Each additional lesion |
| 76098 (Professional and Facility Fee) | Radiological examination, surgical specimen  
-Technical/Facility Component  
-Professional Component | Radiological examination, surgical specimen |
| 77021 (Professional and Facility Fee) | Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation  
-Technical/Facility Component  
-Professional Component | Magnetic resonance guidance for needle placement  
- Radiological supervision/interpretation |
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| 76645 TC-26       | Ultrasound, breast(s) (unilateral or bilateral), B-scan and/or real time with image documentation | Breast ultrasound  
• Radiological supervision/interpretation |
| 76942 TC-26       | Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), imaging supervision and interpretation | Ultrasonic guidance of breast needle placement  
• Imaging supervision and interpretation |
| 88305 TC-26       | Level IV – Surgical pathology, gross and microscopic examination; Breast, biopsy, not requiring microscopic evaluation of surgical margins; Cervix, biopsy | Breast or cervical biopsy, laboratory evaluation of tissue sample  
• Level IV |
| 88307 TC-26       | Level V – Surgical pathology; gross and microscopic examination; Breast, excision of lesion, requiring microscopic evaluation of surgical margins; Cervix, conization | Breast or cervical biopsy, laboratory evaluation of tissue sample  
• Level V |
| G0461 TC-26       | Immunohistochemistry or immunocytochemistry, per specimen; first single or multiplex antibody stain | Immunohistochemistry or immunocytochemistry |
| G0462 TC-26       | Immunohistochemistry or immunocytochemistry, per specimen; each additional single or multiplex antibody stain (list separately in addition to code for primary procedure) | Immunohistochemistry or immunocytochemistry  
• Each additional specimen or stain |
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<tr>
<td>88172 -TC -26</td>
<td>Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s) -Technical/Facility Component -Professional Component</td>
<td>Cytopathology, evaluation of fine needle aspirate to determine specimen adequacy</td>
</tr>
<tr>
<td>88173 -TC -26</td>
<td>Cytopathology, evaluation of fine needle aspirate; interpretation and report -Technical/Facility Component -Professional Component</td>
<td>Cytopathology, evaluation of fine needle aspirate Interpretation and report</td>
</tr>
<tr>
<td>88112 -TC -26</td>
<td>Cytopathology, Selective Cellular Enhancement Technique with Interpretation (e.g. Liquid Based Slide Preparation Method), except Cervical or Vaginal <strong>Cannot bill in conjunction with 88173</strong> -Technical component -Professional Component</td>
<td>Cytopathology, Selective Cellular Enhancement Technique with Interpretation Interpretation and reports</td>
</tr>
<tr>
<td>99499</td>
<td>Unlisted evaluation and management</td>
<td>Case Management</td>
</tr>
<tr>
<td>00400 -AA</td>
<td>Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; not otherwise specified -Anesthesia service performed personally by anesthesiologist</td>
<td>Anesthesia CPT code used when billing for Breast biopsy, excisional (19120 or 19125) • Anesthesia service performed personally by anesthesiologist • Medical supervision by a physician: more than four concurrent anesthesia procedures • Medical direction of 2, 3, or 4 concurrent anesthesia procedures involving qualified individuals • CRNA service: with medical direction by a physician • Anesthesiologist medically directs one CRNA • CRNA service: (supervised) without medical direction by a physician</td>
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<tr>
<td>-AD</td>
<td>Medical supervision by a physician: more than four concurrent anesthesia procedures</td>
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<tr>
<td>-QK</td>
<td>Medical direction of 2, 3, or 4 concurrent anesthesia procedures involving qualified individuals</td>
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<tr>
<td>-QX</td>
<td>CRNA service: with medical direction by a physician</td>
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<tr>
<td>-QY</td>
<td>Anesthesiologist medically directs one CRNA</td>
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</tr>
<tr>
<td>-QZ</td>
<td>CRNA service: (supervised) without medical direction by a physician</td>
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