



FY 2025 BC3NP Unit Cost Reimbursement Rate Schedule

Rates and Codes are subject to change at any time due to Federal Funding and Centers for Medicare & Medicaid Services licensing.

Breast and Cervical Cancer Control Navigation Program

BC3NP reimbursement rates are based on the Centers for Medicare Services (CMS) Detroit rate, and our approved procedures provided to us by our funder, the Centers for Disease Control and Prevention (CDC). Rates are reviewed bi-annually and are subject to change at any time without notice.

The following breast and cervical services require pre-approval by MDHHS Nurse Consultants PRIOR to scheduling the client for the service. If pre-approval not obtained, the service may not be reimbursed by BC3NP.

BREAST SERVICES REQUIRING PRE-APPROVAL BY MDHHS NURSE CONSULTANT		
BC3NP Service	CPT Code	FY 2025 Rate
MRI – Breast, without contrast, <i>Unilateral</i>		
a. Global	77046	\$225.34
b. Technical Component	77046-TC	\$154.76
c. Professional Component	77046-26	\$70.58
MRI – Breast, without contrast, <i>Bilateral</i>		
a. Global	77047	\$233.67
b. Technical Component	77047-TC	\$155.43
c. Professional Component	77047-26	\$78.24
MRI – Breast, with and without contrast, including CAD, <i>Unilateral</i>		
a. Global	77048	\$358.33
b. Technical Component	77048-TC	\$255.39
c. Professional Component	77048-26	\$102.94
MRI – Breast, with and without contrast, including CAD, <i>Bilateral</i>		
a. Global	77049	\$366.01
b. Technical Component	77049-TC	\$ 253.38
c. Professional Component	77049-26	\$112.63
Mammary <u>Ductogram</u> or Galactogram, <i>Single Duct</i>, Radiological Supervision, and Interpretation		
a. Global	77053	\$54.57
b. Technical Component	77053-TC	\$36.87
c. Professional Component	77053-26	\$17.70
Mammary <u>Ductogram</u> or Galactogram, <i>Multiple Ducts</i>, Radiological Supervision, and Interpretation		
a. Global	77054	\$70.40
b. Technical Component	77054-TC	\$48.64
c. Professional Component	77054-26	\$21.76
Excisional procedure: <u>Breast nipple exploration</u>, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct		
a. Professional/Surgical	19110	\$519.96
b. Technical/Facility	19110-TC	\$382.47
Incision – Injection procedure (only) for mammary Ductogram/Galactogram.		
a. Professional/Surgical	19030	\$171.06
b. Technical/Facility	19030-TC	\$80.29



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CERVICAL SERVICES REQUIRING PRE-APPROVAL BY MDHHS NURSE CONSULTANT		
BC3NP Service	CPT Code	FY 2025 Rate
<u>Cone</u> - Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser **Cannot bill in conjunction with 57522 a. Professional/Surgical b. Technical/Facility	57520 57520-TC	\$374.86 \$316.36
<u>Cone</u> - Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser; loop electrode excision **Cannot bill in conjunction with 57520 a. Professional/Surgical b. Technical/Facility	57522 57522-TC	\$322.14 \$272.39
<u>EMB</u> - Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method **Cannot bill in conjunction with 58110 a. Professional/Surgical b. Technical/Facility	58100 58100-TC	\$107.56 \$67.89
<u>EMB</u> - Endometrial sampling (biopsy) performed in conjunction with a colposcopy (List separately in addition to code for primary procedure ~ (Colposcopy 57452, 57454, 57455, 57456)) **Cannot bill in conjunction with 58100 a. Professional/Surgical b. Technical/Facility	58110 58110-TC	\$53.05 \$42.97
<u>LEEP</u> - Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix **Cannot bill in conjunction with 57461 a. Professional/Surgical b. Technical/Facility	57460 57460-TC	\$331.36 \$171.01
<u>LEEP</u> - Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix **Cannot bill in conjunction with 57460 a. Professional/Surgical b. Technical/Facility	57461 57461-TC	\$370.46 \$197.34
Anesthesia – Payable w/ CONE, LEEP & EMB ONLY		
Anesthesia services performed personally by anesthesiologist	00940 AA	\$109.85
Medical supervision by a physician: more than four concurrent anesthesia procedures	00940 AD	\$65.91
Medical direction of 2, 3, or 4 concurrent anesthesia procedures involving qualified individuals	00940 QK	\$54.93
CRNA service: with medical direction by a physician	00940 QX	\$54.93
Anesthesiologist medically directs one CRNA	00940 QY	\$54.93
CRNA service: (supervised) without medical direction by a physician	00940 QZ	\$109.85
<i>Rates are based on a flat fee. Only one unit is reimbursable – as indicated on the rate schedule.</i>		



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THE FOLLOWING SERVICES DO NOT REQUIRE PRE-APPROVAL		
BC3NP Service	CPT Code	FY 2025 Rate
Screening Mammogram (Bilateral); including CAD a. Global b. Technical/Facility Only c. Professional Only	77067 77067-TC 77067-26	\$130.78 \$93.35 \$37.43
Screening Digital Breast Tomosynthesis (Bilateral) – 3D Mammogram ** Only payable w/ screening mammography (77067) ** a. Global b. Technical/Facility Only c. Professional Only	77063 77063-TC 77063-26	\$54.20 \$24.20 \$29.99
* Note: Breast tomosynthesis, unilateral (77061) and bilateral (77062) have not been approved for coverage by Medicare and therefore are NOT payable by BC3NP.		
Diagnostic Mammogram (Unilateral); including CAD a. Global b. Technical/Facility Only c. Professional Only	77065 77065-TC 77065-26	\$127.76 \$88.30 \$39.46
Diagnostic Mammogram (Bilateral); including CAD a. Global b. Technical/Facility Only c. Professional Only	77066 77066-TC 77066-26	\$160.76 \$112.51 \$48.25
Diagnostic Digital Breast Tomosynthesis (Bilateral) – 3D Mammogram ** Only payable w/ diagnostic mammogram (77065 & 77066) ** a. Global b. Technical/Facility Only c. Professional Only	G0279 G0279-TC G0279-26	\$54.20 \$24.20 \$29.99
Pap test, (any reporting system) requiring interpretation by physician	88141 or G0124	\$23.16
Pap test, (any reporting system) collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	88142 or G0123	\$20.26
Pap test, (any reporting system) collected in preservative fluid, automated thin layer preparation; manual screening and rescreening under physician supervision	88143	\$23.04
Pap test, slides, (Bethesda System); manual screening under physician supervision	88164	\$17.31
Pap test, slides, (Bethesda System); manual screening and rescreening under physician supervision	88165	\$42.22
Pap test, (any reporting system) collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	88174	\$25.37
Pap test (any reporting system) collected in preservative fluid, automated thin layer preparation; screening by automated system and manual rescreening or review, under physician supervision	88175 or G0145	\$26.49
Obtaining screening pap smear	Q0091	\$15.88
HPV Typing, High-risk types	87624	\$35.09



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BC3NP Service	CPT Code	FY 2025 Rate
HPV Typing; High Risk, Types 16 and 18 <i>ONLY</i>	87625	\$40.55
Consultation / Risk Assessment, Breast or Cervical	99204 – 45-59 min	\$115.00
	99205 – 60-74 min	\$115.00
Office Visit, Family Planning, New Patient	99385 – 18-39 y/o	\$73.70
Office Visit, Family Planning, Established Patient	99395 – 18-39 y/o	\$23.35
Office Visit, New Patient Full Exam	99203 – 30-44 min	\$114.76
	99386 – 40-64 y/o	\$114.76
	99387 – 65 +	\$114.76
Office Visit, Established Patient Full Exam	99213 – 20-29 min	\$92.78
	99214 – 30-39 min	\$92.78
	99396 – 40-64 y/o	\$92.78
	99397 – 65 +	\$92.78
Office Visit, New Patient Partial Exam	99202 – 15-29 min	\$73.70
Office Visit, Established Patient Partial Exam	99211 – 5 min	\$23.32
	99212 – 10-19 min	\$23.32
Urine test: pregnancy ~ To be billed with colposcopy services <i>only</i>	81025	\$8.61
Colposcopy ** Cannot be billed with pathology – 88305/88307**	57452	\$134.56
	57452-TC	\$97.25
Colposcopy with Biopsy of the Cervix and Endocervical Curettage (Colp Bx & ECC) ** Cannot be billed in conjunction with 57505** ** Cannot be billed with Level V pathology – 88307**	57454	\$179.90
	57454-TC	\$142.25
Colposcopy with Biopsy of the Cervix (Colp w/ Bx) ** Cannot be billed in conjunction with 57505** ** Cannot be billed with Level V pathology – 88307**	57455	\$170.70
	57455-TC	\$116.24
Colposcopy with Endocervical Curettage (Colp w/ ECC) ** Cannot be billed in conjunction with 57505** ** Cannot be billed with Level V pathology – 88307**	57456	\$161.36
	57456-TC	\$108.58
Endocervical Curettage (not part of D & C)	57505	\$162.36
	57505-TC	\$115.28
Fine Needle Aspiration biopsy without imaging guidance; First lesion	10021	\$106.02
	10021-TC	\$58.29
Fine Needle Aspiration biopsy without imaging guidance; Each additional lesion	10004	\$53.84
	10004-TC	\$45.10
Fine Needle Aspiration biopsy including ultrasound guidance; First lesion	10005	\$141.12
	10005-TC	\$77.58
Fine Needle Aspiration biopsy including ultrasound guidance; Each additional lesion	10006	\$62.74
	10006-TC	\$52.32
Fine Needle Aspiration biopsy including fluoroscopic guidance; First lesion	10007	\$304.04
	10007-TC	\$92.93
Fine Needle Aspiration biopsy including fluoroscopic guidance; Each additional lesion	10008	\$149.11
	10008-TC	\$56.33



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THE FOLLOWING SERVICES DO NOT REQUIRE PRE-APPROVAL		
BC3NP Service	CPT Code	FY 2025 Rate
Fine Needle Aspiration biopsy including CT guidance; First lesion	10009	\$445.03
	10009-TC	\$113.91
Fine Needle Aspiration biopsy including CT guidance; Each additional lesion	10010	\$245.50
	10010-TC	\$76.08
Fine Needle Aspiration biopsy including MRI guidance; First lesion	10011	\$445.03
	10011-TC	\$113.91
Fine Needle Aspiration biopsy including fluoroscopic guidance; Each additional lesion	10012	\$245.50
	10012-TC	\$76.08
Fine Needle Aspiration (FNA), Breast Cyst	19000	\$105.62
	19000-TC	\$45.11
Fine Needle Aspiration (FNA), Each Additional Cyst	19001	\$27.25
	19001-TC	\$21.54
*Codes 19081-19086 are to be used for breast biopsies that include image guidance, placement of a localization device		
Biopsy, breast, with placement of breast localization device(s) (e.g., clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance	19081	\$519.00
	19081-TC	\$170.73
Each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure) (Use 19082 in conjunction with 19081)	19082	\$400.24
	19082-TC	\$86.27
Biopsy, breast, with placement of breast localization device(s) (e.g., clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance	19083	\$518.26
	19083-TC	\$160.24
Each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure) (Use 19084 in conjunction with 19083)	19084	\$394.27
	19084-TC	\$81.31
Biopsy, breast, with placement of breast localization device(s) (e.g., clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance	19085	\$791.70
	19085-TC	\$185.27
Each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure) (Use 19086 in conjunction with 19085)	19086	\$613.86
	19086-TC	\$93.48
Needle biopsy; drainage of lymph node abscess or lymphadenitis; extensive	38505	\$182.50
	38505-TC	\$89.72
Breast Biopsy, Needle Core, Not Using Imaging Guidance	19100	\$159.85
	19100-TC	\$76.15
Breast Biopsy, Incisional	19101	\$352.37
	19101-TC	\$244.13
Breast Biopsy, Excisional ** Anesthesia reimbursement available	19120	\$559.44
	19120-TC	\$456.24
Breast Biopsy, Excision of Single Lesion Identified by Radiological Marker ** Anesthesia reimbursement available	19125	\$618.15
	19125-TC	\$506.21
Breast Biopsy, Excision of Each Additional Lesion	19126	\$177.01
	19126-TC	\$177.01



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BC3NP Service	CPT Code	FY 2025 Rate
Codes 19281-19288 are for image guidance placement of a localization device without image-guided biopsy. These codes should not be used in conjunction with 19081 – 19086.		
Placement of breast localization device(s) (e.g., clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including <i>mammographic</i> guidance	19281 19281-TC	\$248.73 \$102.50
Each additional lesion, including <i>mammographic</i> guidance (List separately in addition to code for primary procedure); (Use 19282 in conjunction with 19281)	19282 19282-TC	\$176.03 \$51.98
Placement of breast localization device(s) (e.g., clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including <i>stereotactic</i> guidance	19283 19283-TC	\$268.69 \$103.63
Each additional lesion, including <i>stereotactic</i> guidance (List separately in addition to code for primary procedure); (Use 19284 in conjunction with 19283)	19284 19284-TC	\$197.10 \$52.21
Placement of breast localization device(s) (e.g., clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including <i>ultrasound</i> guidance	19285 19285-TC	\$382.11 \$88.64
Each additional lesion, including <i>ultrasound</i> guidance (List separately in addition to code for primary procedure); (Use 19286 in conjunction with 19285)	19286 19286-TC	\$312.47 \$44.88
Placement of breast localization device(s) (e.g., clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including <i>magnetic resonance</i> guidance	19287 19287-TC	\$656.55 \$130.13
Each additional lesion, including <i>magnetic resonance</i> guidance (List separately in addition to code for primary procedure); (Use 19288 in conjunction with 19287)	19288 19288-TC	\$506.78 \$65.40
Radiological Examination, Surgical Specimen		
a. Global		
b. Technical/Facility Only	76098	\$43.13
c. Professional Only	76098-TC	\$27.46
d.	76098-26	\$15.67
Breast Ultrasound, Complete exam, including axilla, UNI-Lateral	(One unit)	\$105.89
a. Global	76641	\$69.82
b. Technical Component	76641-TC	\$36.08
c. Professional Component	76641-26	
	(2 units or -50)	\$158.84
	76641	\$104.73
<i>BI-Lateral reporting: Provider will receive 150% of the payment for a single side (unilateral) if the code is reported with modifier -50, or modifiers RT and LT, or with two units of service.</i>	76641-TC	\$54.12
	76641-26	
	(2-line items)	\$79.42 ea.
	76641-2L	\$52.37 ea.
	76641-TC2L	\$27.06 ea.
	76641-262L	



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BC3NP Service	CPT Code	FY 2025 Rate
Breast Ultrasound, Limited exam, including axilla, UNI-Lateral	(One unit)	
a. Global	76642	\$87.39
b. Technical Component	76642-TC	\$53.68
c. Professional Component	76642-26	\$33.71
	(2 units or -50)	
	76642	\$131.09
<i>BI-Lateral reporting: Provider will receive 150% of the payment for a single side (unilateral) if the code is reported with modifier -50, or modifiers RT and LT, or with two units of service.</i>	76642-TC	\$80.52
	76642-26	\$50.57
	(2-line items)	
	76642-2L	\$65.54 ea.
	76642-TC2L	\$40.26 ea.
	76642-262L	\$25.28 ea.
<u>Ultrasound; Axilla</u>		
a. Global	76882	\$43.69
b. Technical Component	76882-TC	\$9.64
c. Professional Component	76882-26	\$34.05
<u>Ultrasound; Elastography</u>		
a. Global	76982	\$95.77
b. Technical Component	76982-TC	\$66.12
c. Professional Component	76982-26	\$29.65
Ultrasonic Guidance/Breast Needle Biopsy, Radiologic Supervision/Interpretation		
a. Global	76942	\$59.82
b. Technical Component	76942-TC	\$28.47
c. Professional Component	76942-26	\$31.36
Surgical Pathology, Breast or Cervical Biopsy - Level IV		
a. Global	88305	\$71.93
b. Technical/Facility Only	88305-TC	\$35.19
c. Professional Only	88305-26	\$36.74
Surgical Pathology, Breast or Cervical Biopsy - Level V		
a. Global	88307	\$292.71
b. Technical/Facility Only	88307-TC	\$211.02
c. Professional Only	88307-26	\$81.69
<i>**Cannot bill with 57505, 57452, 57454, 57455 or 57456**</i>		
Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen		
a. Global	88331	\$102.87
b. Technical Component	88331-TC	\$41.58
c. Professional Component	88331-26	\$61.29
Pathology consultation during surgery, each additional tissue block, with frozen section(s)		
a. Global	88332	\$55.41
b. Technical Component	88332-TC	\$25.11
c. Professional Component	88332-26	\$30.31



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BC3NP Service	CPT Code	FY 2025 Rate
Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure		
a. Global	88341	\$86.77
b. Technical Component	88341-TC	\$58.83
c. Professional Component	88341-26	\$27.95
Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (list separately in addition to code for primary procedure (88341))		
a. Global	88342	\$100.83
b. Technical Component	88342-TC	\$66.45
c. Professional Component	88342-26	\$34.37
Morphometric analysis, tumor immunohistochemistry (e.g., Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semi quantitative, per specimen, each single antibody stain procedure; manual		
a. Global	88360	\$119.02
b. Technical Component	88360-TC	\$77.88
c. Professional Component	88360-26	\$41.14
Morphometric analysis, tumor immunohistochemistry (e.g., Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semi quantitative, per specimen, each single antibody stain procedure; manual; using computer assisted technology		
a. Global	88361	\$119.05
b. Technical Component	88361-TC	\$75.87
c. Professional Component	88361-26	\$43.18
Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), first evaluation episode		
a. Global	88172	\$56.11
b. Technical Component	88172-TC	\$21.07
c. Professional Component	88172-26	\$35.04
Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), each separate additional evaluation episode (Bill in conjunction w/ 88172)		
a. Global	88177	\$29.59
b. Technical Component	88177-TC	\$8.07
c. Professional Component	88177-26	\$21.52
Cytopathology, evaluation of fine needle aspirate; interpretation and Report		
a. Global	88173	\$163.43
b. Technical Component	88173-TC	\$94.37
c. Professional Component	88173-26	\$69.08
In situ hybridization (e.g., FISH), per specimen; each additional single probe stain procedure		
a. Global	88364	\$137.47
b. Technical Component	88364-TC	\$103.77
c. Professional Component	88364-26	\$33.70



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In situ hybridization (e.g., FISH), per specimen; initial single probe stain procedure		
a. Global	88365	\$181.78
b. Technical Component	88365-TC	\$139.29
c. Professional Component	88365-26	\$42.49
In situ hybridization (e.g., FISH), per specimen; each multiplex probe stain procedure		
a. Global	88366	\$280.60
b. Technical Component	88366-TC	\$219.30
c. Professional Component	88366-26	\$61.30
Morphometric analysis, in situ hybridization, computer-assisted, per specimen, initial single probe stain procedure		
a. Global	88367	\$114.62
b. Technical Component	88367-TC	\$81.58
c. Professional Component	88367-26	\$33.04
Morphometric analysis, in situ hybridization, manual, per specimen, initial single probe stain procedure		
a. Global	88368	\$143.46
b. Technical Component	88368-TC	\$102.32
c. Professional Component	88368-26	\$41.14
Morphometric analysis, in situ hybridization, manual, per specimen, each additional probe stain procedure		
a. Global	88369	\$123.01
b. Technical Component	88369-TC	\$90.32
c. Professional Component	88369-26	\$32.69
Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each additional probe stain procedure		
a. Global	88373	\$68.73
b. Technical Component	88373-TC	\$44.04
c. Professional Component	88373-26	\$24.70
Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each multiplex stain procedure		
a. Global	88374	\$304.60
b. Technical Component	88374-TC	\$262.44
c. Professional Component	88374-26	\$42.17
Morphometric analysis, in situ hybridization, manual, per specimen, each multiplex stain procedure		
a. Global	88377	\$398.07
b. Technical Component	88377-TC	\$335.28
c. Professional Component	88377-26	\$62.80
BC3NP Transportation Reimbursement* (Pre-approval by MDHHS BC3NP staff required)	G9012	\$20.00



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BC3NP ANESTHESIA Services No Pre-Approval Required	CPT Code	FY 2025 Rate
Anesthesia – Payable w/ Excisional Breast Biopsies ONLY (*19120 & *19125)		
Anesthesia services performed personally by anesthesiologist	00400 AA	\$109.85
Medical supervision by a physician: more than four concurrent anesthesia procedures	00400 AD	\$65.91
Medical direction of 2, 3, or 4 concurrent anesthesia procedures involving qualified individuals	00400 QK	\$54.93
CRNA service: with medical direction by a physician	00400 QX	\$54.93
Anesthesiologist medically directs one CRNA	00400 QY	\$54.93
CRNA service: (supervised) without medical direction by a physician	00400 QZ	\$109.85
<i>Rates are based on a flat fee. Only <u>one unit</u> is reimbursable – as indicated on the rate schedule.</i>		