



FY26 NM BCC Program CPT Codes: 2025 Medicare Reimbursement Rates
July 2025 - June 2026
 (Updated July 2025)

CPT CODE	SERVICE DESCRIPTION	FY26 PAYMENT
10004	Fine needle aspiration biopsy without imaging guidance, each additional lesion	\$50.48
10005	Fine needle aspiration biopsy including ultrasound guidance, first lesion	\$122.90
10006	Fine needle aspiration biopsy including ultrasound guidance, each additional lesion	\$56.70
10007	Fine needle aspiration biopsy including fluoroscopic guidance, first lesion	\$274.33
10008	Fine needle aspiration biopsy including fluoroscopic guidance, each additional lesion	\$129.70
10009	Fine needle aspiration biopsy including CT guidance, first lesion	\$376.91
10010	Fine needle aspiration biopsy including CT guidance, each additional lesion	\$213.47
10011 ¹	Fine needle aspiration biopsy including MRI guidance, first lesion	\$376.91
10012 ¹	Fine needle aspiration biopsy including MRI guidance, each additional lesion	\$213.47
10021	Fine needle aspiration biopsy without imaging guidance, first lesion only	\$93.05
10035	Placement of soft tissue localization device(s)	\$315.11
19000	Puncture aspiration of cyst of breast	\$88.99
19001	Puncture aspiration of cyst of breast, each additional cyst, <i>used with 19000</i>	\$24.50
19030	Injection of duct for breast x-ray	\$148.28
19081	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance, first lesion	\$440.24
19082	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance, each additional lesion	\$331.70
19083	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance, first lesion	\$434.72
19084	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance, each additional lesion	\$325.24
19085	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance, first lesion	\$660.10
19086	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance, each additional lesion	\$504.03
19100	Breast biopsy, percutaneous, needle core, not using imaging guidance	\$134.90
19101	Breast biopsy, open, incisional	\$298.11
19110	Nipple exploration	\$447.48
19120	Excision of cyst, fibroadenoma or other benign or malignant tumor, aberrant breast tissue, duct lesion, or nipple or areolar lesion, open, one or more lesions	\$493.55
19125	Excision of breast lesion identified by preoperative placement of radiological marker; open; single lesion	\$545.39
19126	Excision of breast lesion identified by preoperative placement of radiological marker, open; <i>each additional lesion separately identified by a preoperative radiological marker</i>	\$155.26
19281	Placement of breast localization device, percutaneous; mammographic guidance; first lesion	\$217.99
19282	Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion	\$151.39
19283	Placement of breast localization device, percutaneous; stereotactic guidance; first lesion	\$232.05
19284	Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion	\$165.37



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19285	Placement of breast localization device, percutaneous; ultrasound guidance; first lesion	\$317.75
19286	Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion	\$255.80
19287	Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion	\$545.48
19288	Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion	\$415.73
20206*	Biopsy of the muscle with percutaneous needle (*Prior authorization required before performing procedure and for reimbursement)	\$191.18
21550*	Biopsy of soft tissue of the neck or thorax (*Prior authorization required before performing procedure and for reimbursement)	\$242.04
38500*	Biopsy or excision of lymph node(s); open, superficial (*Prior authorization required before performing procedure and for reimbursement)	\$316.02
38505*	Biopsy or excision of lymph nodes by needle, superficial (e.g., cervical, inguinal, axillary) (*Prior authorization required before performing procedure and for reimbursement)	\$157.36
38525*	Biopsy or excision of lymph node(s) open, deep axillary node(s) (*Prior authorization required before performing procedure and for reimbursement)	\$427.16
57452	Colposcopy of the cervix (without biopsy)	\$118.12
57454	Colposcopy of the cervix, with biopsy and endocervical curettage	\$159.17
57455	Colposcopy of the cervix, with biopsy	\$151.57
57456	Colposcopy of the cervix, with endocervical curettage	\$141.62
57460*	Colposcopy with loop electrode, biopsy(s) of the cervix (Diagnostic only) (*Prior authorization required before performing procedure and for reimbursement)	\$283.99
57461*	Colposcopy with loop electrode, conization of the cervix (Diagnostic only) (*Prior authorization required before performing procedure and for reimbursement)	\$318.85
57500	Biopsy of the cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure) (for cervical diagnostic providers only)	\$138.03
57505	Endocervical curettage (not done as part of a dilation and curettage)	\$140.06
57520*	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser (Diagnostic only) (*Prior authorization required before performing procedure and for reimbursement)	\$330.04
57522*	Loop electrode excision procedure (LEEP) (Diagnostic only) (*Prior authorization required before performing procedure and for reimbursement)	\$283.40
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	\$93.71
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)	\$47.46
71260*	Computed tomography (CT), thorax; with contrast material (*Prior authorization required before performing procedure and for reimbursement)	\$153.25
71260-26*	Computed tomography (CT), thorax; with contrast material - Professional Component (*Prior authorization required before performing procedure and for reimbursement)	\$52.05
71260-TC*	Computed tomography (CT), thorax; with contrast material - Technical Component (*Prior authorization required before performing procedure and for reimbursement)	\$101.21
72193*	Computed tomography (CT), pelvis; with contrast material (*Prior authorization required before performing procedure and for reimbursement)	\$206.71



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72193-26*	Computed tomography (CT), pelvis; with contrast material – Professional Component (*Prior authorization required before performing procedure and for reimbursement)	\$51.75
72193-TC*	Computed tomography (CT), pelvis; with contrast material – Technical Component (*Prior authorization required before performing procedure and for reimbursement)	\$154.95
72195*	Magnetic resonance imaging, pelvis; without contrast material(s) (*Prior authorization required before performing procedure and for reimbursement)	\$208.95
72195-26*	Magnetic resonance imaging, pelvis; without contrast material(s) – Professional Component (*Prior authorization required before performing procedure and for reimbursement)	\$65.45
72195-TC*	Magnetic resonance imaging, pelvis; without contrast material(s) – Technical Component (*Prior authorization required before performing procedure and for reimbursement)	\$143.50
72196*	Magnetic resonance imaging, pelvis; with contrast materials(s) (*Prior authorization required before performing procedure and for reimbursement)	\$246.05
72196-26*	Magnetic resonance imaging, pelvis; with contrast materials(s) – Professional Component (*Prior authorization required before performing procedure and for reimbursement)	\$77.20
72196-TC*	Magnetic resonance imaging, pelvis; with contrast materials(s) – Technical Component (*Prior authorization required before performing procedure and for reimbursement)	\$168.84
74177*	Computed tomography (CT), abdomen pelvis combination; with contrast material (*Prior authorization required before performing procedure and for reimbursement)	\$276.36
74177-26*	Computed tomography (CT), abdomen pelvis combination; with contrast material - Professional Component (*Prior authorization required before performing procedure and for reimbursement)	\$82.05
74177-TC*	Computed tomography (CT), abdomen pelvis combination; with contrast material - Technical Component (*Prior authorization required before performing procedure and for reimbursement)	\$194.31
76098	Radiological examination, surgical specimen	\$39.07
76098-26	Radiological examination, surgical specimen - Professional Component	\$14.31
76098-TC	Radiological examination, surgical specimen - Technical Component	\$24.76
76604*	Ultrasound of the chest (*Prior authorization required before performing procedure and for reimbursement)	\$53.20
76604-26*	Ultrasound of the chest - Professional Component (*Prior authorization required before performing procedure and for reimbursement)	\$25.80
76604-TC*	Ultrasound of the chest - Technical Component (*Prior authorization required before performing procedure and for reimbursement)	\$27.40
76641	Ultrasound, complete examination of breast including axilla, unilateral	\$92.47
76641-26	Ultrasound, complete examination of breast including axilla, unilateral - Professional Component	\$33.06
76641-TC	Ultrasound, complete examination of breast including axilla, unilateral - Technical Component	\$59.41
76641-50	Ultrasound, complete examination of breast including axilla, bilateral	\$138.71
76641-2650	Ultrasound, complete examination of breast including axilla, bilateral - Professional Component	\$49.59
76641-TC50	Ultrasound, complete examination of breast including axilla, bilateral - Technical Component	\$89.12
76642	Ultrasound, limited examination of breast including axilla, unilateral	\$77.05



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76642-26	Ultrasound, limited examination of breast including axilla, unilateral - Professional Component	\$30.85
76642-TC	Ultrasound, limited examination of breast including axilla, unilateral - Technical Component	\$46.20
76642-50	Ultrasound, limited examination of breast including axilla, bilateral	\$115.58
76642-2650	Ultrasound, limited examination of breast including axilla, bilateral – Professional Component	\$46.28
76642-TC50	Ultrasound, limited examination of breast including axilla, bilateral – Technical Component	\$69.30
76882	Ultrasound, limited, non-vascular extremity structure such as peri-articular tendon(s), joint space, muscle(s), nerve(s), other soft tissue structure(s), or soft tissue mass(es)	\$59.17
76882-26	Ultrasound, limited, non-vascular extremity structure such as peri-articular tendon(s), joint space, muscle(s), nerve(s), other soft tissue structure(s), or soft tissue mass(es) - Professional Component	\$31.18
76882-TC	Ultrasound, limited, non-vascular extremity structure such as peri-articular tendon(s), joint space, muscle(s), nerve(s), other soft tissue structure(s), or soft tissue mass(es) - Technical Component	\$27.99
76942	Ultrasonic guidance for needle placement, imaging supervision and interpretation	\$54.32
76942-26	Ultrasonic guidance for needle placement – Professional Component	\$28.68
76942-TC	Ultrasonic guidance for needle placement - Technical Component	\$25.64
76982	Ultrasound, elastography; first target lesion	\$83.45
76982-26	Ultrasound, elastography; first target lesion - Professional Component	\$26.68
76982-TC	Ultrasound, elastography; first target lesion - Technical Component	\$56.77
76983	Ultrasound, elastography; each additional target lesion; list separately in addition to code for primary procedure	\$53.93
76983-26	Ultrasound, elastography; each additional target lesion; list separately in addition to code for primary procedure - Professional Component	\$21.84
76983-TC	Ultrasound, elastography; each additional target lesion; list separately in addition to code for primary procedure - Technical Component	\$32.10
77046*	Magnetic resonance imaging (MRI), breast, without contrast, unilateral (*Prior authorization required before performing procedure and for reimbursement)	\$194.44
77046-26*	Magnetic resonance imaging (MRI), breast, without contrast, unilateral - Professional Component (*Prior authorization required before performing procedure and for reimbursement)	\$64.45
77046-TC*	Magnetic resonance imaging (MRI), breast, without contrast, unilateral - Technical Component (*Prior authorization required before performing procedure and for reimbursement)	\$129.99
77047*	Magnetic resonance imaging (MRI), breast, without contrast, bilateral (*Prior authorization required before performing procedure and for reimbursement)	\$200.84
77047-26*	Magnetic resonance imaging (MRI), breast, without contrast, bilateral - Professional Component (*Prior authorization required before performing procedure and for reimbursement)	\$71.44
77047-TC*	Magnetic resonance imaging (MRI), breast, without contrast, bilateral - Technical Component (*Prior authorization required before performing procedure and for reimbursement)	\$129.40
77048*	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, unilateral (*Prior authorization required before performing procedure and for reimbursement)	\$307.70



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77048-26*	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, unilateral - Professional Component (*Prior authorization required before performing procedure and for reimbursement)	\$94.80
77048-TC*	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, unilateral - Technical Component (*Prior authorization required before performing procedure and for reimbursement)	\$212.90
77049*	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, bilateral (*Prior authorization required before performing procedure and for reimbursement)	\$313.96
77049-26*	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, bilateral - Professional Component (*Prior authorization required before performing procedure and for reimbursement)	\$103.70
77049-TC*	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, bilateral - Technical Component (*Prior authorization required before performing procedure and for reimbursement)	\$210.26
77053*	Mammary ductogram or galactogram, single duct (*Prior authorization required before performing procedure and for reimbursement)	\$48.61
77053-26*	Mammary ductogram or galactogram, single duct – Professional Component (*Prior authorization required before performing procedure and for reimbursement)	\$16.22
77053-TC*	Mammary ductogram or galactogram, single duct – Technical Component (*Prior authorization required before performing procedure and for reimbursement)	\$32.39
77063	Screening digital breast tomosynthesis, bilateral (add to 77067 only)	\$48.15
77063-26	Screening digital breast tomosynthesis, bilateral (add to 77067-26 only) – Professional Component	\$27.01
77063-TC	Screening digital breast tomosynthesis, bilateral (add to 77067-TC only) – Technical Component	\$21.15
77065	Mammography, diagnostic, unilateral	\$113.65
77065-26	Mammography, diagnostic, unilateral - Professional Component	\$36.23
77065-TC	Mammography, diagnostic, unilateral - Technical Component	\$77.42
77066	Mammography, diagnostic, bilateral	\$143.00
77066-26	Mammography, diagnostic, bilateral - Professional Component	\$44.44
77066-TC	Mammography, diagnostic, bilateral - Technical Component	\$98.56
77067	Mammography, screening, bilateral (2-view study of each breast)	\$115.77
77067-26	Mammography, screening, bilateral (2-view study of each breast) – Professional Component	\$34.32
77067-TC	Mammography, screening, bilateral (2-view study of each breast) – Technical Component	\$81.44
77067-52	Mammography, screening, unilateral (2-view study of one breast)	\$115.77
G0279	Diagnostic digital breast tomosynthesis, unilateral or bilateral (add to 77065 or 77066 only)	\$40.81
G0279-26	Diagnostic digital breast tomosynthesis, unilateral or bilateral (add to 77065-26 or 77066-26 only) – Professional Component	\$27.01
G0279-TC	Diagnostic digital breast tomosynthesis, unilateral or bilateral (add to 77065-TC or 77066-TC only) – Technical Component	\$13.80



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78811*	Tumor Imaging, positron emission tomography (PET); <u>limited area, e.g., chest, head/neck</u> (*Prior authorization required before performing procedure and for reimbursement)	\$1,252.55
78811-26*	Tumor Imaging, positron emission tomography (PET); <u>limited area, e.g., chest, head/neck</u> – Professional Component (*Prior authorization required before performing procedure and for reimbursement)	\$67.07
78811-TC*	Tumor Imaging, positron emission tomography (PET); <u>limited area, e.g., chest, head/neck</u> - Technical Component (*Prior authorization required before performing procedure and for reimbursement)	\$1,185.48
78814*	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; <u>limited area, e.g., chest, head/neck</u> (*Prior authorization required before performing procedure and for reimbursement)	\$1,420.22
78814-26*	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; <u>limited area, e.g., chest, head/neck</u> - Professional Component (*Prior authorization required before performing procedure and for reimbursement)	\$95.81
78814-TC*	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; <u>limited area, e.g., chest, head/neck</u> - Technical Component (*Prior authorization required before performing procedure and for reimbursement)	\$1,324.41
78815*	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; <u>skull to thigh</u> (*Prior authorization required before performing procedure and for reimbursement)	\$1,431.67
78815-26*	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; <u>skull to thigh</u> - Professional Component (*Prior authorization required before performing procedure and for reimbursement)	\$107.26
78815-TC*	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; <u>skull to thigh</u> - Technical Component (*Prior authorization required before performing procedure and for reimbursement)	\$1,324.41
78816*	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; <u>full body</u> (*Prior authorization required before performing procedure and for reimbursement)	\$1,432.27
78816-26*	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; <u>full body</u> – Professional Component (*Prior authorization required before performing procedure and for reimbursement)	\$107.86
78816-TC*	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; <u>full body</u> - Technical Component (*Prior authorization required before performing procedure and for reimbursement)	\$1,324.41
81025 ²	Urine pregnancy test, by visual color comparison methods	\$8.61
82565*	Creatinine: Blood (*Prior authorization required before performing procedure and for reimbursement)	\$5.12
84520*	Blood Urea Nitrogen [BUN] (*Prior authorization required before performing procedure and for reimbursement)	\$3.95



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85027*	Complete Blood Count (CBC) Automated (Hgb, Hct, RBC, WBC and platelet count) (*Prior authorization required before performing procedure and for reimbursement)	\$6.47
87624	Papillomavirus, Human, high-risk types (specify the high-risk HPV DNA panel only) (Hybrid Capture II from Digene-HPV Test [High Risk Typing, only]; Cervista HPV HR can be reimbursed at the same rate as the Digene Hybrid Capture II HPV DNA Assay, but funds cannot be used for geno-typing (e.g., Cervista HPV 16/18))	\$35.09
87625	Papillomavirus, Human, types 16 and 18 only	\$40.55
87626	Papillomavirus, Human, reported high-risk types separately and pooled	\$70.20
88141	Cytopathology, cervical or vaginal, any reporting system, <i>requiring interpretation by physician</i>	\$22.89
88142	Cytopathology (liquid-based pap test), cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	\$20.26
88143	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening and rescreening under physician supervision	\$23.04
88164	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening under physician supervision	\$18.19
88165	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening and rescreening under physician supervision	\$42.22
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), first evaluation episode	\$51.86
88172-26	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), first evaluation episode - Professional Component	\$32.39
88172-TC	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), first evaluation episode - Technical Component	\$19.47
88177	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), each separate additional evaluation episode	\$27.48
88177-26	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), each separate additional evaluation episode - Professional Component	\$19.84
88177-TC	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), each separate additional evaluation episode - Technical Component	\$7.64
88173	Cytopathology, evaluation of fine needle aspirate; <i>interpretation and report</i>	\$155.61
88173-26	Cytopathology, evaluation of fine needle aspirate - Professional Component	\$63.64
88173-TC	Cytopathology, evaluation of fine needle aspirate - Technical Component	\$91.98
88174	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	\$25.37
88175	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system and manual rescreening, under physician supervision	\$26.61
88305	Surgical pathology, gross and microscopic examination	\$65.55



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88305-26	Surgical pathology, gross and microscopic examination – Professional Component	\$34.04
88305-TC	Surgical pathology, gross and microscopic examination - Technical Component	\$31.51
88307	Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	\$257.92
88307-26	Surgical pathology, gross and microscopic examination – Professional Component	\$74.60
88307-TC	Surgical pathology, gross and microscopic examination – Technical Component	\$183.32
88331	Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen.	\$92.50
88331-26	Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen - Professional Component	\$56.58
88331-TC	Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen - Technical Component	\$35.92
88332	Pathology consultation during surgery, with frozen section(s), each additional specimen.	\$50.09
88332-26	Pathology consultation during surgery, with frozen section(s), each additional specimen - Professional Component	\$27.98
88332-TC	Pathology consultation during surgery, with frozen section(s), each additional specimen - Technical Component	\$22.11
88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	\$101.23
88342-26	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure - Professional Component	\$31.83
88342-TC	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure - Technical Component	\$69.40
88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (list separately in addition to code for primary procedure)	\$86.63
88341-26	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (list separately in addition to code for primary procedure) - Professional Component	\$25.84
88341-TC	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (list separately in addition to code for primary procedure) - Technical Component	\$60.80
88360	Morphometric analysis, tumor immunohistochemistry, per specimen; manual	\$107.55
88360-26	Morphometric analysis, tumor immunohistochemistry, per specimen; manual – Professional Component	\$37.86
88360-TC	Morphometric analysis, tumor immunohistochemistry, per specimen; manual – Technical Component	\$69.69
88361	Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology	\$104.91
88361-26	Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology – Professional Component	\$39.63
88361-TC	Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology – Technical Component	\$65.29
88365	In situ hybridization (e.g., FISH), per specimen; initial single probe stain procedure	\$156.19
88365-26	In situ hybridization (e.g., FISH), per specimen; initial single probe stain procedure – Professional Component	\$39.12
88365-TC	In situ hybridization (e.g., FISH), per specimen; initial single probe stain procedure – Technical Component	\$117.07



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88364	In situ hybridization (e.g., FISH), per specimen; each additional single probe stain procedure (list separately in addition to code for primary procedure)	\$115.92
88364-26	In situ hybridization (e.g., FISH), per specimen; each additional single probe stain procedure (list separately in addition to code for primary procedure) – Professional Component	\$30.95
88364-TC	In situ hybridization (e.g., FISH), per specimen; each additional single probe stain procedure (list separately in addition to code for primary procedure) – Technical Component	\$84.97
88366	In situ hybridization (e.g., FISH), per specimen; each multiplex probe stain procedure	\$240.26
88366-26	In situ hybridization (e.g., FISH), per specimen; each multiplex probe stain procedure – Professional Component	\$56.43
88366-TC	In situ hybridization (e.g., FISH), per specimen; each multiplex probe stain procedure – Technical Component	\$183.82
88367	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure	\$98.47
88367-26	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure – Professional Component	\$30.45
88367-TC	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure – Technical Component	\$68.02
88373	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure	\$59.67
88373-26	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure – Professional Component	\$23.17
88373-TC	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure – Technical Component	\$36.50
88368	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure	\$134.16
88368-26	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure – Professional Component	\$38.83
88368-TC	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure – Technical Component	\$95.33
88369	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each additional single probe stain procedure	\$117.39
88369-26	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each additional single probe stain procedure – Professional Component	\$31.25
88369-TC	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each additional single probe stain procedure – Technical Component	\$86.14
88374	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure	\$242.98



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88374-26	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure – Professional Component	\$38.39
88374-TC	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure – Technical Component	\$204.59
88377	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure	\$346.09
88377-26	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure – Professional Component	\$59.17
88377-TC	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure – Technical Component	\$286.91
96160 ³	IMAGING FACILITIES ONLY: patient-focused health risk assessment utilizing a licensed, standardized breast cancer risk assessment tool (e.g., Tyrer-Cuzick) to provide a risk score and documentation.	\$2.64
99156	Conscious sedation anesthesia: 10-22 minutes for individuals 5 years or older	\$70.89
99157	Conscious sedation anesthesia: For each additional 15 minutes	\$55.05
99202	New patient; <i>medically appropriate</i> history, exam, straightforward decision-making; 15-29 minutes (add appropriate Pap and/or HPV test CPT code(s) when test(s) also performed)	\$66.81
99203	New patient; <i>medically appropriate</i> history, exam, low level decision-making; 30-44 minutes (add appropriate Pap and/or HPV test CPT code(s) when test(s) also performed)	\$105.11
99204	New patient; <i>medically appropriate</i> history, exam, moderate level decision-making; 45-59 minutes (i.e., surgical consult, not screening visit)	\$158.11
99205	New patient; <i>medically appropriate</i> history, exam, high level decision-making; 60-74 minutes (i.e., surgical consult, not screening visit)	\$209.22
99211	Established patient; evaluation and management, may not require presence of physician; presenting problems are minimal (add appropriate Pap and/or HPV test CPT code(s) when test(s) also performed)	\$21.18
99212	Established patient; medically appropriate history, exam, straightforward decision-making; 10-19 minutes (add appropriate Pap and/or HPV test CPT code(s) when test(s) also performed)	\$52.44
99213	Established patient; medically appropriate history, exam, low level decision-making; 20-29 minutes (add appropriate Pap and/or HPV test CPT code(s) when test(s) also performed)	\$85.49
99214	Established patient; medically appropriate history, exam, moderate level decision-making; 30-39 minutes	\$120.66
99385	New patient, 18-39 years of age, initial comprehensive preventive medicine evaluation and management, including but not limited to history and examination (add appropriate Pap and/or HPV test CPT code(s) when test(s) also performed) (Approved by the CDC at the CPT code 99203 reimbursement rate)	\$105.11
99386	New patient, 40-64 years of age, initial comprehensive preventive medicine evaluation and management, including but not limited to history and examination (add appropriate Pap and/or HPV test CPT code(s) when test(s) also performed) (Approved by the CDC at the CPT code 99203 reimbursement rate)	\$105.11



FY26 NM BCC Program CPT Codes: 2025 Medicare Reimbursement Rates
July 2025 - June 2026
(Updated July 2025)

99387	New patient, 65+ years of age, initial comprehensive preventive medicine evaluation and management, including but not limited to history and examination (add appropriate Pap and/or HPV test CPT code(s) when test(s) also performed) (Approved by the CDC at the CPT code 99203 reimbursement rate)	\$105.11
99395	Established patient, 18-39 years of age, initial comprehensive preventive medicine evaluation and management, including but not limited to history and examination (add appropriate Pap and/or HPV test CPT code(s) when test(s) also performed) (Approved by the CDC at the CPT code 99213 reimbursement rate)	\$85.49
99396	Established patient; 40-64 years of age, initial comprehensive preventive medicine evaluation and management, including but not limited to history and examination (add appropriate Pap and/or HPV test CPT code(s) when test(s) also performed) (Approved by the CDC at the CPT code 99213 reimbursement rate)	\$85.49
99397	Established patient; 65+ years of age, initial comprehensive preventive medicine evaluation and management, including but not limited to history and examination (add appropriate Pap and/or HPV test CPT code(s) when test(s) also performed) (Approved by the CDC at the CPT code 99213 reimbursement rate)	\$85.49
00360	Facility fees/revenue codes, operating room services; medical surgical supplies that are used in conjunction with excisional breast biopsy (reimbursement up to \$1,000.00)	\$1,000.00
00400	Anesthesia for procedures on the integumentary system, anterior trunk, not otherwise specified; codes charged at \$20.23 per unit (breast biopsy has 3 base units plus time; time charged as 1 unit per 15 minutes)	\$20.23
00940	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium), not otherwise specified; codes charged at \$20.23 per unit (these biopsies have 3 base units plus time; time charged as 1 unit per 15 minutes)	\$20.23
A9552*	Fluorodeoxyglucose f-18 fdg, diagnostic, per study dose, up to 45 millicuries (*Prior authorization required before performing procedure and for reimbursement)	\$161.54
DC100	Approved, reimbursable services; charged at \$10.00 per unit, not to exceed regular 2025 Medicare reimbursement rate	\$10.00
G9012	Other specified case management service (i.e., patient navigation)	\$35.00
<p>¹ Per CDC guidance, code 10011 should be reimbursed at the rate for code 10009, and code 10012 should be reimbursed at the rate for code 10010.</p> <p>² Approved at 50% of the current Medicare reimbursement rate.</p> <p>³ Reimbursable once per screening cycle.</p> <p>* Prior authorization required before performing procedure and for reimbursement.</p>		