

Alaska Breast and Cervical Screening Assistance Program List of APPROVED CPT CODES – 2026

Alaska Breast and Cervical Screening Assistance Program is a statewide program focused on providing breast and cervical cancer screening and diagnostic services to women who meet certain age, income and insurance coverage guidelines. Alaska Breast and Cervical Screening Assistance Program does not require preauthorization.

OFFICE VISITS				
DESCRIPTION OF SERVICE	CPT CODE	AK RATE	PROFESSIONAL	TECHNICAL
New Patient - Office Visit (20 minutes face to face)	99202	87.03		
New Patient - Office Visit (30 minutes face to face)	99203	136.99		
New Patient - Office Visit (45 minutes face to face) <i>[see note 1]</i>	99204	208.02		
New Patient - Office Visit (60 minutes face to face) <i>[see note 1]</i>	99205	275.29		
Established Patient - Office Visit (5 minutes face to face)	99211	26.76		
Established Patient - Office Visit (10 minutes face to face)	99212	68.14		
Established Patient - Office Visit (15 minutes face to face)	99213	112.2		
Established Patient - Office Visit (25 minutes face to face)	99214	158.97		
New Patient – Initial Preventive. Medicine Visit, 18-39 Years <i>[see note 2]</i>	99385	140.26		
New Patient – Initial Preventive Medicine Visit, 40-64 Years <i>[see note 2]</i>	99386	140.26		
New Patient – Initial Preventive Medicine Visit, 65 Years and older <i>[see note 2]</i>	99387	140.26		
Established Patient–Periodic Prev. Medicine Visit, 18-39 Years <i>[see note 2]</i>	99395	114.74		
Established Patient – Periodic Prev. Medicine Visit, 40-64 Years <i>[see note 2]</i>	99396	114.74		
Established Patient – Periodic Prev. Medicine Visit, 65 Years and older <i>[see note 2]</i>	99397	114.74		
Pelvic examination (List separately, in addition to primary procedure) <i>[see note 3]</i>	99459	114.74		

BREAST SCREENING & DIAGNOSTIC PROCEDURES				
DESCRIPTION OF SERVICE	CPT CODE	AK RATE	PROFESSIONAL	TECHNICAL
Magnetic resonance imaging (MRI), breast, without contrast, unilateral <i>[see note 9]</i>	77046	243.92	89.69	154.24
Magnetic resonance imaging (MRI), breast, without contrast, bilateral <i>[see note 9]</i>	77047	252.79	99.25	153.54
Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, unilateral <i>[see note 9]</i>	77048	383.45	130.76	252.68
Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, bilateral <i>[see note 9]</i>	77049	392.64	143.11	249.54
Screening mammography, bilateral	77067	144.13	47.43	96.7
Diagnostic mammography, bilateral, includes CAD	77066	178.7	61.87	116.82
Diagnostic mammography, unilateral, includes CAD	77065	141.85	50.21	91.65
Screening digital breast tomosynthesis; bilateral <i>[see note 10]</i>	77063	62.55	37.38	25.18
Diagnostic digital breast tomosynthesis; unilateral or bilateral <i>[see note 4]</i>	G0279	53.81	37.38	16.43
Mammary ductogram or galactogram, single duct	77053	60.7	22.4	38.31

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DESCRIPTION OF SERVICE	CPT CODE	AK RATE	PROFESSIONAL	TECHNICAL
Radiological Exam, surgical specimen	76098	48.83	19.62	29.21
Ultrasound, complete examination of breast including axilla, unilateral	76641	116.1	45.63	70.47
Ultrasound, limited examination of breast including axilla, unilateral	76642	97.24	42.5	54.74
Ultrasonic guidance for needle placement, imaging supervision and interpretation	76942	70.34	40.08	30.26
Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), first evaluation only	88172	68.13	45.21	22.92
Cytopathology, evaluation of fine needle aspirate; <i>interpretation and report</i>	88173	197.62	89.16	108.46
Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), each separate additional evaluation episode	88177	36.65	27.56	9.09
Surgical pathology, gross and microscopic examination	88305	85.03	47.77	37.26
Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	88307	321.15	103.95	217.21
Morphometric analysis, tumor immunohistochemistry, per specimen; manual	88360	136.03	53.32	82.71
Morphometric analysis, tumor immunohistochemistry, per specimen; using computer assisted technology	88361	133.89	56.43	77.47

BREAST SCREENING & DIAGNOSTIC PROCEDURES				
DESCRIPTION OF SERVICE	CPT CODE	OFFICE	FACILITY	
Fine needle aspiration without imaging guidance, each additional lesion	10004	64.73	54.24	
Fine needle aspiration biopsy including ultrasound guidance, first lesion	10005	156.77	93.13	
Fine needle aspiration biopsy including ultrasound guidance, each additional lesion	10006	74.91	63.72	
Fine needle aspiration biopsy including fluoroscopic guidance, first lesion	10007	338.74	113.90	
Fine needle aspiration biopsy including fluoroscopic guidance, each additional lesion	10008	162.07	67.66	
Fine needle aspiration biopsy including CT guidance, first lesion	10009	465.63	139.39	
Fine needle aspiration biopsy including CT guidance, each additional lesion	10010	265.21	94.22	
Fine needle aspiration biopsy including MRI guidance, first lesion [see note 5]	10011	465.63	139.39	
Fine needle aspiration biopsy including MRI guidance, each additional lesion [see note5]	10012	265.21	94.22	
Fine needle aspiration without imaging guidance, first lesion only	10021	117.19	69.28	
Placement of soft tissue localization device (eg, clip) [see note 6]	10035	389.01	96.97	
Placement of soft tissue localization device (eg, clip), each add'l lesion [see note 6]	10036	319.65	49.30	
Puncture aspiration of cyst of breast	19000	111.24	53.89	
Puncture aspiration of cyst of breast, each additional cyst, used with 19000	19001	32.33	26.39	
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion [see note 7]	19081	548.48	207.91	
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion [see note 7]	19082	407.26	104.10	

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BREAST SCREENING & DIAGNOSTIC PROCEDURES			
DESCRIPTION OF SERVICE	CPT CODE	OFFICE	FACILITY
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion <i>[see note 7]</i>	19083	540.79	195.67
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion <i>[see note 7]</i>	19084	398.56	98.20
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion <i>[see note 7]</i>	19085	813.73	229.44
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion <i>[see note 7]</i>	19086	614.12	114.45
Breast biopsy, percutaneous, needle core, not using imaging guidance	19100	165.78	84.31
Breast biopsy, open, incisional	19101	366.45	268.55
Excision of cyst, fibro adenoma or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion; open; one or more lesions	19120	608.91	503.31
Excision of breast lesion identified by preoperative placement of radiological marker; open; single lesion	19125	672.36	557.32
Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker	19126	195.46	195.46
Placement of breast localization device, percutaneous; mammographic guidance; first lesion <i>[see note 8]</i>	19281	275.13	125.82
Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion <i>[see note 8]</i>	19282	188.17	62.99
Placement of breast localization device, percutaneous; stereotactic guidance; first lesion <i>[see note 8]</i>	19283	291.09	126.39
Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion <i>[see note 8]</i>	19284	204.29	63.02
Placement of breast localization device, percutaneous; ultrasound guidance; first lesion <i>[see note 8]</i>	19285	391.16	107.23
Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion <i>[see note 8]</i>	19286	310.97	53.61
Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion <i>[see note 8]</i>	19287	669.22	160.46

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BREAST SCREENING & DIAGNOSTIC PROCEDURES			
DESCRIPTION OF SERVICE	CPT CODE	OFFICE	FACILITY
Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion [see note 8]	19288	504.63	80.84
Needle biopsy of an axillary lymph node	38505	199.1	108.18
Anesthesia for procedures on the integumentary system, anterior trunk, not otherwise specified. Reimbursement Amount= \$30.89 x (Time Units + Base Units) Anesthesia for procedures on the integumentary system, anterior trunk, not otherwise specified. Medicare Base Units= 3 [see note 10, 12]	00400		125.33
Pre-operative testing; complete blood count, urinalysis, pregnancy test, other procedures medically necessary for the planned surgical procedure.	Various		

CERVICAL SCREENING & DIAGNOSTIC PROCEDURES				
DESCRIPTION OF SERVICE	CPT CODE	AK RATE	PROFESSIONAL	TECHNICAL
Cytopathology, cervical or vaginal, any reporting system, requiring interpretation by physician	88141	29.59		
Cytopathology (Liquid-based Pap test), cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	88142	29.59		
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening and rescreening under physician supervision	88143	29.59		
Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening under physician supervision	88164	29.59		
Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening and rescreening under physician supervision	88165	42.22		
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	88174	26.38		
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system and manual rescreening	88175	32.71		
Surgical pathology, gross and microscopic examination	88305	85.03	47.77	37.26
Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	88307	321.15	103.95	217.21
Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen	88331	121.25	78.75	42.50

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CERVICAL SCREENING & DIAGNOSTIC PROCEDURES				
DESCRIPTION OF SERVICE	CPT CODE	AK RATE	PROFESSIONAL	TECHNICAL
Pathology consultation during surgery, each additional tissue block, with frozen section(s)	88332	65.03	38.96	26.07
Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	88341	108.48	36.1	72.38
Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	88342	127.01	44.65	82.36
Human Papillomavirus, high-risk types <i>[see note 11]</i>	87624	43.33		
Human Papillomavirus, types 16 and 18 only <i>[see note 11]</i>	87625	43.33		
HPV high-risk types separate and pooled <i>[see note 11]</i>	87626	43.33		
Colposcopy of the cervix	57452	149.41		
Colposcopy of the cervix, with biopsy and endocervical curettage	57454	202.69		
Colposcopy of the cervix, with biopsy	57455	191.53		
Colposcopy of the cervix, with endocervical curettage	57456	179.58		
Colposcopy with loop electrode biopsy(s) of the cervix	57460	353.7		
Colposcopy with loop electrode conization of the cervix	57461	398.87		
Cervical biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	57500	171.15		
Endocervical curettage (not done as part of a dilation and curettage)	57505	173.46		
Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	57520	416.13		
Loop electrode excision procedure	57522	358.29		
Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	58100	118.49		
Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)	58110	60.83		
Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided) <i>[see note 12]</i>	99070	See note		
Pre-operative testing; complete blood count, urinalysis, pregnancy test, or other procedures medically necessary for the planned surgical procedure.	Various			

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PATHOLOGY/OTHER				
DESCRIPTION OF SERVICE	CPT CODE	AK RATE (Global)	PROFESSIONAL	TECHNICAL
COVID-19 Infectious agent detection by nuclei acid DNA or RNA; amplified probe technique [see note 12]	87426	35.33		
COVID-19 Infectious agent detection by nuclei acid DNA or RNA; amplified probe technique [see note 12]	87635	51.31		
In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure outpatient ER procedure follow-up	88365	193.98	55.13	138.85
In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure	88364	144.49	43.6	100.9
In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure	88366	297.15	79.08	218.07
Morphometric analysis, in situ hybridization, computer-assisted, per specimen, initial single probe stain procedure	88367	123.76	43.3	80.46
Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each additional probe stain procedure	88373	76.59	33.39	43.2
Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each multiplex stain procedure	88374	297.81	54.76	243.05
Infectious agent detection by nucleic acid (dna or rna); severe acute	U0003	75.00		
Morphometric analysis, in situ hybridization, manual, per specimen, initial single probe stain procedure	88368	167.75	54.78	112.98
Morphometric analysis, in situ hybridization, manual, per specimen, each additional probe stain procedure	88369	146.24	43.95	102.29
Morphometric analysis, in situ hybridization, manual, per specimen, each additional multiplex stain procedure	88377	425	84.2	340.8
Outpatient ER services procedure follow-up	93010	10.54		
ER visit procedure	96360	34.66		
ER visit procedure follow-up	96361	13.65		

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ANESTHESIA		
CPT Code		
99156	Moderate anesthesia, 10–22 minutes for individuals 5 years or older	Facility fee \$96.76
99157	Moderate anesthesia for each additional 15 minutes <i>[see note 13]</i>	Facility fee \$74.68
00400	Anesthesia for procedures on the integumentary system, anterior trunk, not otherwise specified <i>[see note 12]</i>	Facility fee \$125.33
00940	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified <i>[see note 12]</i>	Facility fee \$128.70

PROCEDURES SPECIFICALLY NOT ALLOWED	
CPT Code	
ANY	Treatment of breast carcinoma in situ, breast cancer, cervical intraepithelial neoplasia and cervical cancer
77061	Breast Tomosynthesis, unilateral <i>[see note 14]</i>
77062	Breast Tomosynthesis, bilateral <i>[see note 14]</i>
87623	Human papillomavirus, low-risk types

DESCRIPTION	
End Note	
1.	All consultations should be billed through the standard “new patient” office visit CPT codes 99201–99205. Consultations billed as 99204 or 99205 must meet the criteria for these codes. These codes (99204/99205) are typically not appropriate for NBCCEDP screening visits but may be used when provider spends extra time to do a detailed risk assessment.
2.	The 9938X codes shall be reimbursed at or below the 99203 rate, and 9939X codes shall be reimbursed at or below the 99213 rate. The type and duration of office visits should be appropriate to the level of care needed to accomplish screening and diagnostic follow-up within the NBCCEDP. While some programs may need to use 993XX-series codes, Preventive Medicine Evaluation visits are not covered by Medicare and not appropriate for the NBCCEDP.
3.	This provides fees for the cost of pelvic examination packs and in-room chaperones. This is only allowed when pelvic exam is done in order to do a Pap or HPV test.
4.	List separately in addition to 77065 or 77066.
5.	For CPT 10011 use the reimbursement rate for CPT code 10009. For CPT 10012 use the reimbursement rate for CPT code 10010.
6.	Soft tissue-marker placement with imaging guidance is reported with this code. However, if a specific site descriptor than soft tissue is applicable (eg, breast), then use that site-specific codes for marker placement.
7.	Codes 19081-19086 are to be used for breast biopsies that include image guidance, placement of localization device, and imaging of specimen. These codes should not be used in conjunction with 19281-19288.
8.	Codes 19281-19288 are for image guidance placement of localization device without image-guided biopsy. These codes should not be used in conjunction with 19081-19086.
9.	Breast MRI can be reimbursed by the NBCCEDP in conjunction with a mammogram when a client has a BRCA gene mutation, a first-degree relative who is a BRCA carrier, or a lifetime risk of 20% or greater as defined by risk assessment models, such as BRCAPRO, that depend largely on family history. Breast MRI also can be used to assess areas of concern on a mammogram, or to evaluate a client with a history of breast cancer after completing treatment. Breast MRI should never be done alone as a breast cancer screening tool. Breast MRI cannot be reimbursed for by the NBCCEDP to assess the extent of disease in a woman who has just been newly diagnosed with breast cancer in order to determine treatment plan.
10.	List separately in addition to code for primary procedure 77067.
11.	HPV DNA testing is not a reimbursable test for women under 30 years of age. 87626 cannot be reimbursed along with 87624 or 87625.
12.	Medicare’s methodology for the payment of anesthesia services are outlined in chapter 12 of the Medicare Claims Processing Manual at www.cms.hhs.gov/manuals/downloads/clm104c12.pdf . The carrier-specific Medicare anesthesia conversion rates are available at www.cms.hhs.gov/center/anesth.asp
13.	Example: If procedure is 50 minutes, code 99156 + (99157 x 2). No separate charge is allowed if procedure <10 minutes.
14.	These procedures have not been approved for coverage by Medicare.