

FY08 BCCCP Procedure Code Reference Chart

| CPT / HCPCS Code | Procedure Description (2006 CPT / HCPCS Manual Definition) | BCCCP Service Billable with CPT / HCPCS Code (BCCCP Definition) |
|---------------------|--|--|
| 77057 -TC -26 | Screening mammography, bilateral (two view film study of each breast) Technical/Facility Component Professional Component | Screening mammogram <ul style="list-style-type: none"> • Two views of each breast • Performed on an <i>asymptomatic</i> woman |
| 77055 -TC -26 | Mammography; unilateral Technical/Facility Component Professional Component | Diagnostic mammogram <ul style="list-style-type: none"> • Two or more views of one breast • Performed on a <i>symptomatic</i> woman |
| 77056 -TC -26 | Mammography; bilateral Technical/Facility Component Professional Component | Diagnostic mammogram <ul style="list-style-type: none"> • Two or more views of each breast • Performed on a <i>symptomatic</i> woman |
| G0202 -TC -26 | Screening mammography producing direct digital image, bilateral, all views Technical/Facility Component Professional Component | Digital screening mammogram <ul style="list-style-type: none"> • Two views of each breast • Performed on an <i>asymptomatic</i> woman |
| G0206 -TC -26 | Diagnostic mammography, producing direct digital image, unilateral, all views Technical/Facility Component Professional Component | Digital diagnostic mammogram <ul style="list-style-type: none"> • Two or more views of one breast • Performed on a <i>symptomatic</i> woman |
| G0204 -TC -26 | Diagnostic mammography, producing direct digital image, bilateral, all views Technical/Facility Component Professional Component | Digital diagnostic mammogram <ul style="list-style-type: none"> • Two or more views of each breast • Performed on a <i>symptomatic</i> woman |
| 88164 | Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision | <i>Conventional</i> Pap test <ul style="list-style-type: none"> • 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 | <i>Conventional</i> Pap test – Rescreening <ul style="list-style-type: none"> • Laboratory technical services • Professional component indicated by 88141 when physician interpretation required |
| 88141 | Cytopathology, cervical or vaginal (any reporting system); requiring interpretation by physician (List separately in addition to code for technical service) | Pap test <ul style="list-style-type: none"> • Laboratory professional services • Use in conjunction with codes 88142, 88143, 88164, 88165 when physician interpretation of Pap test is required |

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| 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 <ul style="list-style-type: none"> • Laboratory technical services • Manual screening • Professional component indicated by 88141 when physician interpretation required |
| 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 <ul style="list-style-type: none"> • Laboratory technical services • Manual screening • 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 <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • Laboratory technical services • Automated screening with manual rescreening |
| 99203 | Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: <ul style="list-style-type: none"> • 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. Physicians typically spend 30 minutes face-to-face with the patient and/or family. | Full annual clinical exam <ul style="list-style-type: none"> • CBE AND pelvic/Pap • <i>Symptomatic or diagnosed</i> new patient |

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| 99204 | <p>Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components:</p> <ul style="list-style-type: none"> • a comprehensive history; • a comprehensive examination; and • medical decision making of moderate complexity. <p>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.</p> <p>Usually the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.</p> | <p>Full annual clinical exam</p> <ul style="list-style-type: none"> • CBE AND pelvic/Pap • <i>Symptomatic</i> or <i>diagnosed</i> new patient |
| 99386 | <p>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</p> | <p>Full annual clinical exam</p> <ul style="list-style-type: none"> • CBE AND pelvic/Pap • <i>Asymptomatic</i> new patient between the ages of 40 and 64 |
| 99387 | <p>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</p> | <p>Full annual clinical exam</p> <ul style="list-style-type: none"> • CBE AND pelvic/Pap • <i>Asymptomatic</i> new patient age 65 and older |
| 99201 | <p>Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components:</p> <ul style="list-style-type: none"> • a problem focused history; • a problem focused examination; and • straight forward medical decision making. <p>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.</p> <p>Usually, the presenting problems are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.</p> | <p>Partial annual clinical exam</p> <ul style="list-style-type: none"> • Either CBE only OR pelvic/Pap only • <i>Symptomatic</i> or <i>diagnosed</i> new patient |

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| 99202 | <p>Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components:</p> <ul style="list-style-type: none"> • an expanded problem focused history; • an expanded problem focused examination; and • straight forward medical decision making. <p>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.</p> <p>Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.</p> | <p>Partial annual clinical exam</p> <ul style="list-style-type: none"> • Either CBE only OR pelvic/Pap only • <i>Symptomatic</i> or <i>diagnosed</i> new patient OR colposcopy office visit |
| 99213 | <p>Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components:</p> <ul style="list-style-type: none"> • an expanded problem focused history; • an expanded problem focused examination; • medical decision making of low complexity. <p>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.</p> <p>Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.</p> | <p>Full annual clinical exam</p> <ul style="list-style-type: none"> • CBE AND pelvic/Pap • <i>Symptomatic</i> or <i>diagnosed</i> established patient |
| 99214 | <p>Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components:</p> <ul style="list-style-type: none"> • a detailed history; • a detailed examination; • medical decision making of moderate complexity. <p>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.</p> <p>Usually the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.</p> | <p>Full annual clinical exam</p> <ul style="list-style-type: none"> • CBE AND pelvic/Pap • <i>Symptomatic</i> or <i>diagnosed</i> established patient |

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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 <ul style="list-style-type: none"> • CBE AND pelvic/Pap • <i>Asymptomatic</i> 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 <ul style="list-style-type: none"> • CBE AND pelvic/Pap • <i>Asymptomatic</i> established patient age 65 and older |
| 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 <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • a problem focused history; • a problem focused examination; • straight forward 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. Physicians typically spend 10 minutes face-to-face with the patient and/or family. | Partial annual clinical exam <ul style="list-style-type: none"> • Either CBE only OR pelvic/pap only (includes repeat Paps) |

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| 99241 | <p>Office consultation for a new or established patient, which requires these three key components:</p> <ul style="list-style-type: none"> • a problem focused history; • a problem focused examination; and • straight forward medical decision making. <p>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.</p> <p>Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.</p> | <p>Breast or cervical consultation</p> <ul style="list-style-type: none"> • Referral for follow-up problem(s) identified during screening • New or established patient |
| 99242 | <p>Office consultation for a new or established patient, which requires these three key components:</p> <ul style="list-style-type: none"> • an expanded problem focused history; • an expanded problem focused examination; and • straight forward medical decision making. <p>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.</p> <p>Usually, the presenting problem(s) are of low severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.</p> | <p>Breast or cervical consultation</p> <ul style="list-style-type: none"> • Referral for follow-up of problem(s) identified during screening • New or established patient |
| 99243 | <p>Office consultation for a new or established patient, which requires these three key components:</p> <ul style="list-style-type: none"> • a detailed history; • a detailed examination; and • medical decision making of low complexity. <p>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.</p> <p>Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.</p> | <p>Breast or cervical consultation</p> <ul style="list-style-type: none"> • Referral for follow-up of problem(s) identified during screening • New or established patient |

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| 99244 | <p>Office consultation for a new or established patient, which requires these three key component:</p> <ul style="list-style-type: none"> • a comprehensive history; • a comprehensive examination; and • medical decision making of moderate complexity. <p>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.</p> <p>Usually, the presenting problem(s) are of moderate to high severity.</p> <p>Physicians typically spend 60 minutes face-to-face with the patient and/or family.</p> | <p>Breast or cervical consultation</p> <ul style="list-style-type: none"> • Referral for follow-up of problem(s) identified during screening • New or established patient |
| 57452 | Colposcopy of the cervix including upper/adjacent vagina; Service includes surgical procedure only | <p>Colposcopy</p> <ul style="list-style-type: none"> • Surgical procedure only • Office visit billed separately |
| 57454 | Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage; Service includes surgical procedure only | <p>Colposcopy with biopsy of the cervix and endocervical curettage</p> <ul style="list-style-type: none"> • Surgical procedure only • Office visit billed separately |
| 57455 | Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix | <p>Colposcopy with biopsy of the cervix</p> <ul style="list-style-type: none"> • Office visit billed separately |
| 57456 | Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage | <p>Colposcopy with endocervical curettage</p> <ul style="list-style-type: none"> • Office visit billed separately |
| 87621 | Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, amplified probe technique | HPV typing of high-risk strain |
| 88305 | Level IV – Surgical pathology, gross and microscopic examination; Breast, biopsy, not requiring microscopic evaluation of surgical margins; Cervix, biopsy | <p>Breast or cervical biopsy, laboratory evaluation of tissue sample</p> <ul style="list-style-type: none"> • Level IV |
| -TC | Technical/Facility Component | |
| -26 | Professional Component | |

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| 88307 -TC -26 | Level V – Surgical pathology; gross and microscopic examination; Breast, excision of lesion, requiring microscopic evaluation of surgical margins; Cervix, conization Technical/Facility Component Professional Component | Breast or cervical biopsy, laboratory evaluation of tissue sample <ul style="list-style-type: none"> • Level V |
| 10021 | Fine needle aspiration; without imaging guidance | Fine needle aspiration of superficial breast tissue <ul style="list-style-type: none"> • Not using imaging guidance |
| 10022 | Fine needle aspiration; with imaging guidance | Fine needle aspiration of superficial breast tissue <ul style="list-style-type: none"> • Using imaging guidance |
| 19000 | Puncture aspiration of cyst of breast; Service includes surgical procedure only | Puncture aspiration, breast cyst <ul style="list-style-type: none"> • Surgical procedure only |
| 19001 | 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 <ul style="list-style-type: none"> • Each additional cyst |
| 19100 | Biopsy of breast; percutaneous, needle core, not using imaging guidance separate procedure); Service includes surgical procedure only | Breast biopsy, needle core <ul style="list-style-type: none"> • Not using imaging guidance • Surgical procedure only |
| 19101 | Biopsy of breast; open, incisional | Breast biopsy, incisional |
| 19102 | Biopsy of breast; percutaneous, needle core, using imaging guidance | Breast biopsy, excisional <ul style="list-style-type: none"> • Needle core • Using imaging guidance |
| 19103 | Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance | Breast biopsy, excisional <ul style="list-style-type: none"> • Automated vacuum assisted or rotating biopsy device • Using imaging guidance |
| 19120 | 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 |

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| 00400 -AA -AD -QK -QX -QY -QZ | Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; not otherwise specified 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 | Anesthesia CPT code used when billing for Breast biopsy, excisional (19120) 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 |
| 19125 | Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion | Breast biopsy, excision of single lesion identified by radiological marker |
| 00400 -AA -AD -QK -QX -QY -QZ | Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; not otherwise specified 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 | Anesthesia CPT code used when billing for Breast biopsy, excision of single lesion identified by radiological marker (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 |
| 19126 | 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 <ul style="list-style-type: none"> • Each additional lesion |
| 19290 | Preoperative placement of needle localization wire, breast | Preoperative placement of needle localization wire |

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| 19291 | Preoperative placement of needle localization wire, breast; each additional lesion (List separately in addition to code for primary procedure); (Use 19291 in conjunction with code 19290) | Preoperative placement of needle localization wire <ul style="list-style-type: none"> • Each additional lesion |
| 19295 | Image guided placement, metallic localization clip, percutaneous, during breast biopsy (List separately in addition to code for primary procedure); (Use in conjunction with codes 19102, 19103) | Image guided placement of metallic localization clip during breast biopsy |
| 57500 | Biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure); Service includes surgical procedure only | Cervical biopsy <ul style="list-style-type: none"> • Surgical procedure only |
| 57505 | Endocervical curettage (not done as part of a dilation and curettage) | ECC – Endocervical curettage <ul style="list-style-type: none"> • Not part of D & C |
| 77031 -TC -26 | Stereotactic localization guidance for breast biopsy or needle placement (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation Technical/Facility Component Professional Component | Stereotactic localization guidance for breast biopsy or needle placement <ul style="list-style-type: none"> • Radiological supervision/interpretation |
| 76032 -TC -26 | Mammographic guidance for needle placement, breast (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation Technical/Facility Component Professional Component | Mammographic guidance for needle placement, breast <ul style="list-style-type: none"> • Each lesion • Radiological supervision/interpretation |
| 76098 -TC -26 | Radiological examination, surgical specimen Technical/Facility Component Professional Component | Radiological examination, surgical specimen |
| 77021 -TC -26 | 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 <ul style="list-style-type: none"> • 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 Technical Component Professional Component | Breast ultrasound <ul style="list-style-type: none"> Radiological supervision/interpretation |
| 76942 -TC -26 | Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), imaging supervision and interpretation Technical/Facility Component Professional Component | Ultrasonic guidance of breast needle placement <ul style="list-style-type: none"> Imaging supervision and interpretation |
| 88172 -TC -26 | Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s) Technical/Facility Component Professional Component | Cytopathology, evaluation of fine needle aspirate to determine specimen adequacy |
| 88173 -TC -26 | Cytopathology, evaluation of fine needle aspirate; interpretation and report Technical/Facility Component Professional Component | Cytopathology, evaluation of fine needle aspirate <ul style="list-style-type: none"> Interpretation and report |
| 88325 | Consultation, comprehensive, with review of records and specimens, with report on referred material | Surgical pathology, consultation and report |
| 88329 | Pathology consultation during surgery | Pathology consultation during surgery |
| 88331 -TC -26 | Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen Technical/Facility Component Professional Component | Pathology consultation during surgery <ul style="list-style-type: none"> First tissue block With frozen section(s) Single specimen |
| 88332 -TC -26 | Pathology consultation during surgery; each additional tissue block with frozen sections Technical/Facility Component Professional Component | Pathology consultation during surgery <ul style="list-style-type: none"> Each additional tissue With frozen section(s) |
| 88112 | Cytopathology, Selective Cellular Enhancement Technique with Interpretation (e.g., Liquid Based Slide Preparation Method), except Cervical or Vaginal **Cannot bill in conjunction with 88173** | Cytopathology, Selective Cellular Enhancement Technique with Interpretation <ul style="list-style-type: none"> Interpretation and reports |
| 99499 | Unlisted evaluation and management | Case Management |