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VERMONT DEPARTMENT OF HEALTH

# Fee Schedule & Billing Manual

FOR HEALTHCARE AND BILLING PROFESSIONALS

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Effective January 1, 2026 – December 31, 2026

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# Program Basics

## Overview

You First is a collaboration between the Vermont Department of Health, the Centers for Disease Control and Prevention (CDC), and Vermont Medicaid providers. The program operates as a **membership-based service** that helps [eligible](#) women and anyone with breasts or a cervix to:

- Schedule and pay for breast and cervical cancer screenings and diagnostic follow-ups
- Navigate the health care system, including assistance with questions, appointment scheduling, and transportation
- For members aged 35–64, schedule and pay for cardiovascular disease risk factor screenings and access lifestyle benefits such as fitness memberships, blood pressure equipment and support, and coupons for local farmers markets

## Eligibility & Enrollment

Individuals must be enrolled in the You First program to receive coverage. For eligibility criteria or enrollment assistance, visit [YouFirstVT.org](http://YouFirstVT.org) or call **(800) 508-2222**.

# Coverage Overview

## Covered Services

You First covers clinical services in the following categories:

- Breast and cervical cancer screening and diagnostic services
- Cardiovascular disease risk-factor screenings for members aged 35–64 (referred to throughout this manual as **Heart Health services**)

Covered procedure codes and ICD-10 diagnosis codes are listed in [Appendix A](#) and [Appendix B](#).

Fees are based on the Medicare Part B Physician and Clinical Laboratory Fee Schedules.

## Service Limitations

It is important to note that You First:

- Covers only services within the scope of the program
- Serves as the **payor of last resort**
- Cannot pay for cancer treatment
- Cannot pay for clinical services for members with Medicaid or Medicare Part B coverage

# Service-Specific Coding Guidance

## Breast Screening & Diagnostics

- Procedure codes **19081–19086** include placement of localization devices with imaging guidance **and** subsequent breast biopsy(ies). Do **not** submit these with **19281–19288**.
- Procedure codes **19281–19288** include placement of localization devices with imaging guidance **only**. Do **not** submit these with **19081–19086**.
- Use **G0279** for diagnostic tomosynthesis instead of **77061** and **77062**.
- Breast MRIs may be reimbursed when recommended for screening members at **high risk** for developing breast cancer or when utilized as part of a **diagnostic evaluation** to diagnose breast cancer.
- Breast MRIs **cannot** be reimbursed to assess extent of disease after a new diagnosis for treatment planning.

## Cervical Screening & Diagnostics

- Procedure code **87626** cannot be reimbursed with **87624** or **87625**.
- You First cannot cover low-risk HPV testing or any other STI testing.

## Heart Health Services

- Heart Health services (cardiovascular disease risk factor screening) are covered **only** for members aged **35–64**.
- Procedure code **36415** is covered only when billed with another Heart Health blood test listed below.
- The following procedure codes are covered **only** when performed as part of Heart Health services: **80047, 80048, 80053, 80061, 82465, 82947, 83036, 83718, 83721** and **84478**.
- You First cannot cover CBC, TSH or any other blood tests outside the Heart Health services list.

## Office & Other Outpatient Services

Office visits and other outpatient services are covered only when performed for:

- Breast or cervical cancer risk assessment, screening, or diagnosis
- Heart Health services (cardiovascular risk screening) for members aged 35–64

Fees for pelvic examination packs and in-room chaperones are covered only when a pelvic exam is performed for a Pap or HPV test.

# Claims & Provider Guidance

## Member Verification & Billing

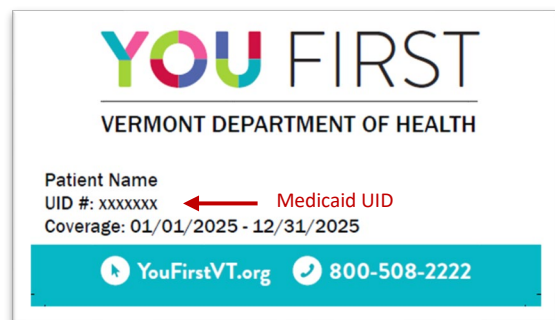
Members are encouraged to present their You First membership card at check-in. Membership status and effective dates can be verified through Vermont Medicaid's [Eligibility Verification System](#) (EVS).

- You First coverage is indicated by [aid category LF](#).
- You First coverage will **not** appear for members with Medicaid or Medicare Part B.
- As a Vermont Medicaid provider, you agree to **write off any remaining balance** for covered services.

## Claims Submission

All You First claims are processed through Vermont Medicaid (Gainwell Technologies). Electronic submission is preferred.

Each member has a Medicaid UID for claims processing but is **not** an indicator of traditional Medicaid coverage. The UID is printed on the member's You First membership card.



*You First Membership Card*

### **If the member has primary insurance:**

- Submit the claim to the primary insurer first.
- After processing—regardless of payment, submit the claim and the explanation of benefits (EOB) to Vermont Medicaid for covered services.

### **If the member is uninsured:**

- Submit the claim directly to Vermont Medicaid for covered services.

## Paper Claims

If electronic submission is not possible, mail paper claims to:

### **Gainwell Technologies**

PO Box 888  
Williston, VT 05495-0888

Claim status and payment information are available via remittance advice (RA) through the Vermont Medicaid Portal or weekly mailings.

## Federally Qualified Health Centers & Rural Health Clinics

Claims from Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) often deny due to the use of **T1015**, which cannot be reimbursed by You First.

To avoid denials:

- Do **not** submit claims with **T1015**.
- Use an appropriate evaluation and management (E&M) code from [Appendix A](#) instead.
- Use the billing facility's **non-FQHC taxonomy** in field 33b. Examples include:
  - **193200000X** (Group/Multi-Specialty)
  - **207Q00000X** (Family Medicine)

## Reimbursement Guidelines & Exceptions

### Anesthesia

Allowed amounts for anesthesia procedure codes **00400** and **00940** are calculated as:

$$(\text{ANESTHESIA BASE UNITS} + \text{TIME UNITS}) \times \text{CONVERSION FACTOR} = \text{ALLOWED AMOUNT}$$

- Base unit value for both codes: **3**
- One time unit = **15 minutes**
- Conversion factors are listed in [Appendix A](#)

#### Example:

75 minutes of anesthesia time for **CPT 00400**

- Base Units = 3
- Time Units =  $75 \div 15 = 5$
- Conversion Factor = \$19.80

$$(3 + 5) \times \$19.80 = \$158.40$$

### Coverage Exceptions

You First may cover procedure codes not listed in [Appendix A](#) when they are performed for breast or cervical cancer diagnostic purposes (e.g., pre-operative testing needed for a covered diagnostic procedure).

Questions about exceptions should be directed to **You First**, not Vermont Medicaid or Gainwell Technologies.

## Manual Payments

In some cases, You First reimburses providers through a manual payment (check or ACH) issued directly by the State of Vermont.

This typically occurs when a procedure code or ICD-10 diagnosis code not listed in [Appendix A](#) or [Appendix B](#) is approved as a coverage exception.

You First staff will provide instructions when this occurs.

## Claims Support & Contact Information

You First billing and claims are co-managed by two dedicated staff members. All claims—including denials and suspended claims—are monitored and addressed weekly. We work closely with billers to support successful and timely claims submission and reimbursement.

For questions related to coverage, billing, or claims, or if you need help accessing or understanding this information, contact:

### **You First**

Vermont Department of Health  
280 State Drive  
Waterbury, VT 05671-8380

Website: [YouFirstVT.org](http://YouFirstVT.org)

Hours: Monday–Friday, 7:45 a.m.–4:30 p.m.

Phone: **(800) 508-2222**

Email: [YouFirst@vermont.gov](mailto:YouFirst@vermont.gov)

## Appendix A: Procedure Codes & Fee Schedule

All prices shown are in United States Dollars (USD).

Proc Code	Description	Non-Facility	Facility	Global	Tech	Prof
00400	Anes Proc Integ Sys/Trunk			19.80		
00940	Anes Proc Vag Incl Cervix			19.80		
10004	FNA Biopsy w/o Imag Gdn Ea Addl Lesion	50.74	34.53			
10005	FNA Biopsy w/US Gdn 1st Lesion	128.67	59.56			
10006	FNA Biopsy w/US Gdn Ea Addl Lesion	58.07	41.21			
10007	FNA Biopsy w/Fluoro Gdn 1st Lesion	337.14	75.58			
10008	FNA Biopsy w/Fluoro Gdn Ea Addl Lesion	137.83	44.58			
10009	FNA Biopsy w/CT Gdn 1st Lesion	405.72	89.27			
10010	FNA Biopsy w/CT Gdn Ea Addl Lesion	229.93	62.28			
10011	FNA Biopsy w/MR Gdn 1st Lesion	405.72	89.27			
10012	FNA Biopsy w/MR Gdn Ea Addl Lesion	229.93	62.28			
10021	FNA Biopsy w/o Imag Gdn 1st Lesion	98.26	43.70			
10035	Plmt Sft Tiss Locljz Dev 1st	340.05	68.24			
10036	Plmt Sft Tiss Locljz Dev Ea Addl	286.18	34.87			
19000	Puncture Aspir Cyst Breast 1st	93.73	34.54			
19001	Puncture Aspir Cyst Breast Ea Addl	25.45	17.18			
19081	Biopsy Breast w/Strtctc Gdn 1st Lesion	469.26	132.31			
19082	Biopsy Breast w/Strtctc Gdn Ea Addl Lesion	357.89	66.57			
19083	Biopsy Breast w/US Gdn 1st Lesion	466.72	124.80			
19084	Biopsy Breast w/US Gdn Ea Addl Lesion	351.73	62.40			
19085	Biopsy Breast w/MR Gdn 1st Lesion	707.79	145.32			
19086	Biopsy Breast w/MR Gdn Ea Addl Lesion	545.76	72.57			
19100	Biopsy Breast Percut w/o Imag Gdn	157.26	56.74			
19101	Biopsy of Breast Open	335.15	202.55			
19120	Removal of Breast Lesion	545.91	382.23			
19125	Excision Breast 1st Lesion	603.62	423.08			

Proc Code	Description	Non-Facility	Facility	Global	Tech	Prof
19126	Excision Breast Addl Lesion			131.67		
19281	Percut Dev Breast w/Imag Gdn 1st	230.04	79.92			
19282	Percut Dev Breast w/Imag Gdn Ea Addl	162.05	40.04			
19283	Percut Dev Breast w/Strtctc Gdn 1st	245.26	80.59			
19284	Percut Dev Breast w/Strtctc Gdn Ea Addl	178.43	40.54			
19285	Percut Dev Breast w/US Gdn 1st	344.52	68.74			
19286	Percut Dev Breast w/US Gdn Ea Addl	282.87	34.53			
19287	Percut Dev Breast w/MR Gdn 1st	590.99	101.94			
19288	Percut Dev Breast w/MR Gdn Ea Addl	451.16	51.38			
36415	Coll Venous Blood Venipuncture			9.34		
38505	Needle Biopsy Surface Lymph Nodes	166.41	71.84			
57452	Colposcopy of Cervix	120.62	77.96			
57454	Colposcopy of Cervix w/Biopsy & ECC	158.96	112.01			
57455	Colposcopy of Cervix w/Biopsy	154.21	90.39			
57456	Colposcopy of Cervix w/ECC	144.40	83.56			
57460	Colposcopy of Cervix w/LEEP Biopsy	299.36	133.37			
57461	Colposcopy of Cervix w/LEEP Conization	337.30	151.46			
57500	Biopsy of Cervix	147.12	64.78			
57505	Endocervical Curettage (ECC)	144.47	95.53			
57520	Conization of Cervix w/Cold Knife/Laser	345.19	259.22			
57522	Conization of Cervix w/LEEP	288.45	220.00			
58100	Biopsy of Uterine Lining	94.22	51.56			
58110	Biopsy of Uterine Lining, Colpo Add-On	48.58	33.04			
76098	Radiological Exam Surgical Specimen			42.27	27.95	14.33
76641	US Breast Complete, Unilateral			98.63	65.64	32.99
76642	US Breast Limited, Unilateral			82.08	51.42	30.66
76942	Needle Placement w/US Gdn			63.06	32.24	30.82
77046	MRI Breast C- Unilateral			210.31	145.50	64.81

Proc Code	Description	Non-Facility	Facility	Global	Tech	Prof
77047	MRI Breast C- Bilateral			213.51	141.86	71.64
77048	MRI Breast C+ w/CAD Unilateral			329.26	234.62	94.64
77049	MRI Breast C+ w/CAD Bilateral			334.78	231.31	103.47
77053	X-Ray of Mammary Duct			52.21	35.88	16.33
77063	Scr Breast Tomosynthesis Bilateral			50.64	23.48	27.16
77065	Dx Mammo w/CAD Unilateral			121.97	85.15	36.82
77066	Dx Mammo w/CAD Bilateral			154.45	109.13	45.32
77067	Scr Mammo w/CAD Bilateral			124.43	90.11	34.32
80047	Basic Metabolic Panel Ionized Ca			13.73		
80048	Basic Metabolic Panel Total Ca			8.46		
80053	Comprehensive Metabolic Panel			10.56		
80061	Lipid Panel			13.39		
82465	Blood/Serum Cholesterol			4.35		
82947	Blood Glucose Quant			3.93		
83036	Hemoglobin Glycosylated A1c			9.71		
83718	High Density Lipoprotein (HDL)			8.19		
83721	Low Density Lipoprotein (LDL)			10.50		
84478	Triglycerides			5.74		
87624	HPV Hi-Risk Type Pooled Result			35.09		
87625	HPV Types 16 & 18 Only			40.55		
87626	HPV Sep Hi-Risk Type & Pooled Result			70.20		
88141	Cytopath C/V Interpretation			24.06		
88142	Cytopath C/V Fluid Manual			20.26		
88143	Cytopath C/V Fluid Manual w/Rescreen			23.04		
88164	Cytopath TBS C/V Manual			18.54		
88165	Cytopath TBS C/V Manual w/Rescreen			42.22		
88172	Cytopath Dx Eval FNA 1st Ea Site			53.80	21.00	32.80
88173	Cytopath Eval FNA Report			164.65	99.71	64.94

Proc Code	Description	Non-Facility	Facility	Global	Tech	Prof
88174	Cytopath C/V Fluid Auto			25.37		
88175	Cytopath C/V Fluid Auto w/Manual Rescreen			26.61		
88177	Cytopath Dx Eval FNA Ea Addl			28.74	8.60	20.15
88305	Tissue Exam By Pathologist Level IV			69.36	34.56	34.80
88307	Tissue Exam By Pathologist Level V			274.50	198.75	75.76
88321	Consltj & Report Slide Prep Elswr	92.32	66.19			
88331	Path Consltj Surg Block 1st			96.13	38.86	57.27
88332	Path Consltj Surg Block Ea Addl			52.78	23.98	28.80
88341	Imhchem/Imcytchm Ab Stain Ea Addl			93.27	66.80	26.48
88342	Imhchem/Imcytchm Ab Stain 1st			109.02	76.55	32.47
88360	Tumor Immunohistochem Manual			119.33	80.52	38.80
88361	Tumor Immunohistochem Auto			113.74	73.58	40.16
88364	Insitu Hybridization (ISH) Ea Addl			125.56	94.08	31.48
88365	Insitu Hybridization (ISH) 1st			167.12	126.98	40.14
88366	Insitu Hybridization (ISH) Multiplex Ea			262.31	205.02	57.29
88367	Insitu Hybridization (ISH) Auto 1st			104.07	73.25	30.83
88368	Insitu Hybridization (ISH) Manual 1st			144.30	104.50	39.81
88369	M/Phmtrc Analysis ISH Manual Ea Addl			127.87	96.06	31.81
88373	M/Phmtrc Analysis ISH Auto Ea Addl			62.86	39.19	23.67
88374	M/Phmtrc Analysis ISH Multiplex Auto Ea			263.85	224.69	39.16
88377	M/Phmtrc Analysis ISH Multiplex Manual Ea			380.41	319.93	60.48
99156	Mod Sed Oth Phys/QHP 1st 15 Min			67.91		
99157	Mod Sed Oth Phys/QHP Ea Addl 15 Min			51.72		
99202	Office O/P New Sf 15 Min	73.58	39.85			
99203	Office O/P New Low 30 Min	114.34	68.71			
99204	Office O/P New Mod 45 Min	172.57	112.72			
99205	Office O/P New Hi 60 Min	229.79	154.07			
99211	Office O/P Est May X Req Phy/QHP	24.04	7.50			

Proc Code	Description	Non-Facility	Facility	Global	Tech	Prof
99212	Office O/P Est Sf 10 Min	58.12	30.02			
99213	Office O/P Est Low 20 Min	93.22	55.85			
99214	Office O/P Est Mod 30 Min	132.63	82.04			
99215	Office O/P Est Hi 40 Min	188.01	121.87			
99385	Prev Visit New Age 18–39	114.34	68.71			
99386	Prev Visit New Age 40–64	114.34	68.71			
99387	Prev Visit New Age 65+	114.34	68.71			
99395	Prev Visit Est Age 18–39	93.22	55.85			
99396	Prev Visit Est Age 40–64	93.22	55.85			
99397	Prev Visit Est Age 65+	93.22	55.85			
99459	Pelvic Examination Add-On			17.19		
G0019	Comm Health Intg Svs 1st 60 Min	84.85	42.85			
G0022	Comm Health Intg Svs Addl 30 Min	52.99	29.85			
G0136	SDOH Assessment Biannual 5–15 Min	19.74	7.83			
G0279	Dx Breast Tomosynthesis Uni/Bilateral			39.72	12.57	27.16
G0444	Depression Screen Annual 5–15 Min	18.42	7.83			

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## Appendix B: ICD-10 Diagnosis Codes

ICD-10 <sup>®</sup> Code	Description
C50	Malignant Neoplasm of Breast
C50.0	Malignant Neoplasm of Nipple and Areola
C50.01	Malignant Neoplasm of Nipple and Areola, Female
C50.011	Malignant Neoplasm of Nipple and Areola, Right Female Breast
C50.012	Malignant Neoplasm of Nipple and Areola, Left Female Breast
C50.1	Malignant Neoplasm of Central Portion of Breast
C50.11	Malignant Neoplasm of Central Portion of Breast, Female
C50.111	Malignant Neoplasm of Central Portion of Right Female Breast
C50.112	Malignant Neoplasm of Central Portion of Left Female Breast
C50.2	Malignant Neoplasm of Upper Inner Quad of Breast
C50.21	Malignant Neoplasm of Upper Inner Quad of Breast, Female
C50.211	Malignant Neoplasm of Upper Inner Quad Right Female Breast
C50.212	Malignant Neoplasm of Upper Inner Quad of Left Female Breast
C50.3	Malignant Neoplasm of Lower Inner Quad of Breast
C50.31	Malignant Neoplasm of Lower Inner Quad of Breast, Female
C50.311	Malignant Neoplasm of Lower Inner Quad Right Female Breast
C50.312	Malignant Neoplasm of Lower Inner Quad of Left Female Breast
C50.4	Malignant Neoplasm of Upper Outer Quad of Breast
C50.41	Malignant Neoplasm of Upper Outer Quad of Breast, Female
C50.411	Malignant Neoplasm of Upper Outer Quad Right Female Breast
C50.412	Malignant Neoplasm of Upper Outer Quad of Left Female Breast
C50.5	Malignant Neoplasm of Lower Outer Quad of Breast
C50.51	Malignant Neoplasm of Lower Outer Quad of Breast, Female
C50.511	Malignant Neoplasm of Lower Outer Quad Right Female Breast
C50.512	Malignant Neoplasm of Lower Outer Quad of Left Female Breast
C50.6	Malignant Neoplasm of Axillary Tail of Breast
C50.61	Malignant Neoplasm of Axillary Tail of Breast, Female

ICD-10 <sup>®</sup> Code	Description
C50.611	Malignant Neoplasm of Axillary Tail of Right Female Breast
C50.612	Malignant Neoplasm of Axillary Tail of Left Female Breast
C50.8	Malignant Neoplasm of Overlapping Sites of Breast
C50.81	Malignant Neoplasm of Overlapping Sites of Breast, Female
C50.811	Malignant Neoplasm of Ovrlp Sites of Right Female Breast
C50.812	Malignant Neoplasm of Ovrlp Sites of Left Female Breast
C50.9	Malignant Neoplasm of Breast of Unspecified Site
C50.91	Malignant Neoplasm of Breast of Unspecified Site, Female
C50.911	Malignant Neoplasm of Unsp Site of Right Female Breast
C50.912	Malignant Neoplasm of Unspecified Site of Left Female Breast
C50.A1	Malignant Inflammatory Neoplasm of Right Breast
C50.A2	Malignant Inflammatory Neoplasm of Left Breast
C53	Malignant Neoplasm of Cervix Uteri
C53.0	Malignant Neoplasm of Endocervix
C53.1	Malignant Neoplasm of Exocervix
C53.8	Malignant Neoplasm of Overlapping Sites of Cervix Uteri
C53.9	Malignant Neoplasm of Cervix Uteri, Unspecified
C79.81	Secondary Malignant Neoplasm of Breast
C79.82	Secondary Malignant Neoplasm of Genital Organs
D05	Carcinoma In Situ of Breast
D05.0	Lobular Carcinoma In Situ of Breast
D05.01	Lobular Carcinoma In Situ of Right Breast
D05.02	Lobular Carcinoma In Situ of Left Breast
D05.1	Intraductal Carcinoma In Situ of Breast
D05.11	Intraductal Carcinoma In Situ of Right Breast
D05.12	Intraductal Carcinoma In Situ of Left Breast
D05.8	Other Specified Type of Carcinoma In Situ of Breast
D05.81	Other Specified Type of Carcinoma In Situ of Right Breast

ICD-10 <sup>®</sup> Code	Description
D05.82	Other Specified Type of Carcinoma In Situ of Left Breast
D05.9	Unspecified Type of Carcinoma In Situ of Breast
D05.91	Unspecified Type of Carcinoma In Situ of Right Breast
D05.92	Unspecified Type of Carcinoma In Situ of Left Breast
D06	Carcinoma In Situ of Cervix Uteri
D06.0	Carcinoma In Situ of Endocervix
D06.1	Carcinoma In Situ of Exocervix
D06.7	Carcinoma In Situ of Other Parts of Cervix
D06.9	Carcinoma In Situ of Cervix, Unspecified
D24	Benign Neoplasm of Breast
D24.1	Benign Neoplasm of Right Breast
D24.2	Benign Neoplasm of Left Breast
D26.0	Other Benign Neoplasm of Cervix Uteri
D48.6	Neoplasm of Uncertain Behavior of Breast
D48.61	Neoplasm of Uncertain Behavior of Right Breast
D48.62	Neoplasm of Uncertain Behavior of Left Breast
D49.3	Neoplasm of Unspecified Behavior of Breast
E10	Type 1 Diabetes Mellitus
E10.6	Type 1 Diabetes Mellitus with Other Specified Complications
E10.65	Type 1 Diabetes Mellitus with Hyperglycemia
E10.69	Type 1 Diabetes Mellitus with Other Specified Complication
E10.8	Type 1 Diabetes Mellitus with Unspecified Complications
E10.9	Type 1 Diabetes Mellitus without Complications
E11	Type 2 Diabetes Mellitus
E11.6	Type 2 Diabetes Mellitus with Other Specified Complications
E11.65	Type 2 Diabetes Mellitus with Hyperglycemia
E11.69	Type 2 Diabetes Mellitus with Other Specified Complication
E11.8	Type 2 Diabetes Mellitus with Unspecified Complications

ICD-10 <sup>®</sup> Code	Description
E11.9	Type 2 Diabetes Mellitus without Complications
E11.A	Type 2 Diabetes Mellitus without Complications in Remission
E13	Other Specified Diabetes Mellitus
E13.6	Other Diabetes Mellitus with Other Specified Complications
E13.65	Other Specified Diabetes Mellitus with Hyperglycemia
E13.69	Other Diabetes Mellitus with Other Specified Complication
E13.8	Other Diabetes Mellitus with Unspecified Complications
E13.9	Other Specified Diabetes Mellitus without Complications
E78.0	Pure Hypercholesterolemia
E78.00	Pure Hypercholesterolemia, Unspecified
E78.01	Familial Hypercholesterolemia
E78.1	Pure Hyperglyceridemia
E78.2	Mixed Hyperlipidemia
E78.3	Hyperchylomicronemia
E78.4	Other Hyperlipidemia
E78.41	Elevated Lipoprotein(a)
E78.49	Other Hyperlipidemia
E78.5	Hyperlipidemia, Unspecified
I10	Essential (Primary) Hypertension
I11	Hypertensive Heart Disease
I15	Secondary Hypertension
I15.0	Renovascular Hypertension
I15.1	Hypertension Secondary to Other Renal Disorders
I15.2	Hypertension Secondary to Endocrine Disorders
I15.8	Other Secondary Hypertension
I15.9	Secondary Hypertension, Unspecified
N60	Benign Mammary Dysplasia
N60.0	Solitary Cyst of Breast

ICD-10 <sup>®</sup> Code	Description
N60.01	Solitary Cyst of Right Breast
N60.02	Solitary Cyst of Left Breast
N60.1	Diffuse Cystic Mastopathy
N60.11	Diffuse Cystic Mastopathy of Right Breast
N60.12	Diffuse Cystic Mastopathy of Left Breast
N60.2	Fibroadenosis of Breast
N60.21	Fibroadenosis of Right Breast
N60.22	Fibroadenosis of Left Breast
N60.3	Fibrosclerosis of Breast
N60.31	Fibrosclerosis of Right Breast
N60.32	Fibrosclerosis of Left Breast
N60.4	Mammary Duct Ectasia
N60.41	Mammary Duct Ectasia of Right Breast
N60.42	Mammary Duct Ectasia of Left Breast
N60.8	Other Benign Mammary Dysplasias
N60.81	Other Benign Mammary Dysplasias of Right Breast
N60.82	Other Benign Mammary Dysplasias of Left Breast
N60.9	Unspecified Benign Mammary Dysplasia
N60.91	Unspecified Benign Mammary Dysplasia of Right Breast
N60.92	Unspecified Benign Mammary Dysplasia of Left Breast
N61	Inflammatory Disorders of Breast
N61.0	Mastitis without Abscess
N61.1	Abscess of the Breast and Nipple
N61.21	Granulomatous Mastitis, Right Breast
N61.22	Granulomatous Mastitis, Left Breast
N61.23	Granulomatous Mastitis, Bilateral Breast
N62	Hypertrophy of Breast
N63	Unspecified Lump in Breast

ICD-10 <sup>®</sup> Code	Description
N63.1	Unspecified Lump in the Right Breast
N63.10	Unspecified Lump in the Right Breast, Unspecified Quad
N63.11	Unspecified Lump in the Right Breast, Upper Outer Quad
N63.12	Unspecified Lump in the Right Breast, Upper Inner Quad
N63.13	Unspecified Lump in the Right Breast, Lower Outer Quad
N63.14	Unspecified Lump in the Right Breast, Lower Inner Quad
N63.15	Unspecified Lump in the Right Breast, Overlapping Quads
N63.2	Unspecified Lump in the Left Breast
N63.20	Unspecified Lump in the Left Breast, Unspecified Quad
N63.21	Unspecified Lump in the Left Breast, Upper Outer Quad
N63.22	Unspecified Lump in the Left Breast, Upper Inner Quad
N63.23	Unspecified Lump in the Left Breast, Lower Outer Quad
N63.24	Unspecified Lump in the Left Breast, Lower Inner Quad
N63.25	Unspecified Lump in the Left Breast, Overlapping Quads
N63.3	Unspecified Lump in Axillary Tail
N63.31	Unspecified Lump in Axillary Tail of the Right Breast
N63.32	Unspecified Lump in Axillary Tail of the Left Breast
N63.4	Unspecified Lump in Breast, Subareolar
N63.41	Unspecified Lump in Right Breast, Subareolar
N63.42	Unspecified Lump in Left Breast, Subareolar
N64	Other Disorders of Breast
N64.0	Fissure and Fistula of Nipple
N64.1	Fat Necrosis of Breast
N64.2	Atrophy of Breast
N64.3	Galactorrhea Not Associated with Childbirth
N64.4	Mastodynia
N64.5	Other Signs and Symptoms in Breast
N64.51	Induration of Breast

ICD-10 <sup>®</sup> Code	Description
N64.52	Nipple Discharge
N64.53	Retraction of Nipple
N64.59	Other Signs and Symptoms in Breast
N64.8	Other Specified Disorders of Breast
N64.81	Ptosis of Breast
N64.89	Other Specified Disorders of Breast
N64.9	Disorder of Breast, Unspecified
N72	Inflammatory Disease of Cervix Uteri
N84.1	Polyp of Cervix Uteri
N86	Erosion and Ectropion of Cervix Uteri
N87	Dysplasia of Cervix Uteri
N87.0	Mild Cervical Dysplasia
N87.1	Moderate Cervical Dysplasia
N87.9	Dysplasia of Cervix Uteri, Unspecified
N88.8	Other Specified Noninflammatory Disorders of Cervix Uteri
N93.8	Other Specified Abnormal Uterine and Vaginal Bleeding
N93.9	Abnormal Uterine and Vaginal Bleeding, Unspecified
R03.0	Elevated Blood Pressure Reading, w/o Diagnosis of HTN
R73	Elevated Blood Glucose Level
R73.01	Impaired Fasting Glucose
R73.03	Prediabetes
R73.09	Other Abnormal Glucose
R73.9	Hyperglycemia, Unspecified
R87.61	Abnormal Cytological Findings in Specimens From Cervix Uteri
R87.610	Atyp Squam Cell of Undet Signfc Cyto Smr Crvx (ASC-US)
R87.611	Atyp Squam Cell Not Excl Hi Grd Intrepith Lesn Cyto Smr Crvx
R87.612	Low Grade Intrepith Lesion Cyto Smr Crvx (LGSIL)
R87.613	High Grade Intrepith Lesion Cyto Smr Crvx (HGSIL)

ICD-10 <sup>®</sup> Code	Description
R87.614	Cytologic Evidence of Malignancy on Smear of Cervix
R87.615	Unsatisfactory Cytologic Smear of Cervix
R87.616	Satisfactory Cervical Smear but Lacking Transformation Zone
R87.618	Other Abn Cytolog Findings on Specimens from Cervix Uteri
R87.619	Unspecified Abn Cytolog Findings in Specmn from Cervix Uteri
R87.620	Atyp Squam Cell of Undet Signfc Cyto Smr Vagn (ASC-US)
R87.621	Atyp Squam Cell Not Excl Hi Grd Intrepith Lesn Cyto Smr Vagn
R87.622	Low Grade Intrepith Lesion Cyto Smr Vagn (LGSIL)
R87.623	High Grade Intrepith Lesion Cyto Smr Vagn (HGSIL)
R87.624	Cytologic Evidence of Malignancy on Smear of Vagina
R87.625	Unsatisfactory Cytologic Smear of Vagina
R87.810	Cervical High Risk HPV DNA Test Positive
R87.811	Vaginal High Risk HPV DNA Test Positive
R92	Abnormal and Inconclusive Findings on Dx Imaging of Breast
R92.0	Mammographic Microcalcification Found on Dx Imaging of Brst
R92.1	Mammographic Calcifcn Found on Diagnostic Imaging of Breast
R92.2	Inconclusive Mammogram
R92.3	Mammographic Density Found on Imaging of Breast
R92.30	Dense Breasts, Unspecified
R92.31	Mammographic Fatty Tissue Density of Breast
R92.311	Mammographic Fatty Tissue Density, Right Breast
R92.312	Mammographic Fatty Tissue Density, Left Breast
R92.313	Mammographic Fatty Tissue Density, Bilateral Breasts
R92.32	Mammographic Fibroglandular Density of Breast
R92.321	Mammographic Fibroglandular Density, Right Breast
R92.322	Mammographic Fibroglandular Density, Left Breast
R92.323	Mammographic Fibroglandular Density, Bilateral Breasts
R92.33	Mammographic Heterogeneous Density of Breast

ICD-10 <sup>®</sup> Code	Description
R92.331	Mammographic Heterogeneous Density, Right Breast
R92.332	Mammographic Heterogeneous Density, Left Breast
R92.333	Mammographic Heterogeneous Density, Bilateral Breasts
R92.34	Mammographic Extreme Density of Breast
R92.341	Mammographic Extreme Density, Right Breast
R92.342	Mammographic Extreme Density, Left Breast
R92.343	Mammographic Extreme Density, Bilateral Breasts
R92.8	Other Abn and Inconclusive Findings on Dx Imaging of Breast
Z00	Encntr for General Exam w/o Complaint, Susp or Reprtd Dx
Z00.0	Encntr for General Adult Medical Examination
Z00.00	Encntr for General Adult Medical Exam w/o Abnormal Findings
Z00.01	Encntr for General Adult Medical Exam w Abnormal Findings
Z00.8	Encntr for Other General Examination
Z01.3	Encntr for Examination of Blood Pressure
Z01.30	Encntr for Exam of Blood Pressure w/o Abnormal Findings
Z01.31	Encntr for Exam of Blood Pressure w Abnormal Findings
Z01.4	Encntr for Gynecological Examination
Z01.41	Encntr for Routine Gynecological Examination
Z01.411	Encntr for Gyn Exam (General) (Routine) w Abnormal Findings
Z01.419	Encntr for Gyn Exam (General) (Routine) w/o Abn Findings
Z01.42	Encntr for Cerv Smear to Cnfrm Norm Smr Fol Init Abn Smear
Z08	Encntr for Follow-Up Exam After Trtmt for Malignant Neoplasm
Z11.51	Encntr for Screening for Human Papillomavirus (HPV)
Z12.3	Encntr for Screening for Malignant Neoplasm of Breast
Z12.31	Encntr for Screen Mammogram for Malignant Neoplasm of Breast
Z12.39	Encntr for Other Screening for Malignant Neoplasm of Breast
Z12.4	Encntr for Screening for Malignant Neoplasm of Cervix
Z13.1	Encntr for Screening for Diabetes Mellitus

ICD-10 <sup>®</sup> Code	Description
Z13.220	Encntr for Screening for Lipoid Disorders
Z13.6	Encntr for Screening for Cardiovascular Disorders
Z15.01	Genetic Susceptibility to Malignant Neoplasm of Breast
Z80.3	Family History of Malignant Neoplasm of Breast
Z85.3	Personal History of Malignant Neoplasm of Breast
Z85.41	Personal History of Malignant Neoplasm of Cervix Uteri
Z86.000	Personal History of In-Situ Neoplasm of Breast
Z86.001	Personal History of In-Situ Neoplasm of Cervix Uteri
Z87.410	Personal History of Cervical Dysplasia

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