

2025

YOU FIRST

BILLING GUIDE & FEE SCHEDULE

January 1, 2025 – December 31, 2025

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Program and Coverage Overview

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

- Schedule and pay for breast and cervical cancer screenings – plus any diagnostic follow-ups.
- Navigate the health care system – from answering questions, to scheduling appointments, to arranging transportation.
- For members 35-64, schedule and pay for cardiovascular disease risk factor screenings, and provide lifestyle benefits like fitness memberships, blood pressure equipment and support, coupons for local farmers markets – and much more.

Eligible patients must be enrolled in the You First program to receive coverage. For further information on eligibility and enrollment please visit [YouFirstVT.org](https://www.youfirstvt.org) or contact us at (800) 508-2222.

Coverage Details

The You First program covers clinical services in these categories:

- breast or cervical cancer screening and diagnostic tests, and
- cardiovascular disease risk factor screenings for members aged 35-64.

Covered procedure and diagnosis codes are listed in this document. Fees are based on the Medicare Part B Physician and Clinical Laboratory Fee Schedules.

Coverage Limitations

It is important to note that You First:

- only covers services within the scope of the program,
- serves as the **payor of last resort**,
- cannot pay cancer treatment, and
- cannot pay for clinical services for patients with traditional Medicaid or Medicare Part B insurance coverage.

Screening and Diagnostic Services

- Procedure codes 19081-19086 are for the placement of localization devices with imaging guidance AND subsequent breast biopsy(s). These codes should NOT be submitted in conjunction with codes 19281–19288.
- Procedure codes 19281-19288 are for the placement of localization devices with imaging guidance. These codes should NOT be submitted in conjunction with codes 19081-19086.
- Please use G0279 for Diagnostic Tomosynthesis instead of procedure codes 77061 and 77062.
- Breast MRIs **can** be reimbursed by You First when recommended for patients with a high risk for developing breast cancer.
- Breast MRIs **cannot** be reimbursed by You First to assess the extent of disease in a patient who has just been newly diagnosed with breast cancer to determine treatment.
- Procedure code 87623 (Detection for HPV, Low Risk Types) is not covered by You First.

Laboratory Services

- Cardiovascular disease risk factor screening services are only covered for members aged 35 to 64. These procedure codes have been color-coded in red on the fee schedule.
- Procedure code 36415 is only covered when submitted with one or more of the other blood tests listed below.
- Procedure codes 80047, 80048, 80053, 80061, 82465, 82947, 83036, 83718, 83721, 84478 and G0444 are only covered when performed for disease risk factor screening purposes.
- You First does **not** cover CBC, TSH, STD, or any other blood test(s) not listed in the fee schedule.

Evaluation & Management and Other Professional Services

- Evaluation and management and other professional services are only covered when performed for:
 - breast or cervical cancer risk assessment, screening, and diagnosis, or
 - cardiovascular disease risk factor screening for patients aged 35-64.
- Procedure code provides fees for the cost of pelvic examination packs and in-room chaperones. This is only covered when a pelvic exam is done to do a Pap or HPV test.

Coverage Exceptions

In some cases, You First may cover procedure codes not listed on the fee schedule when they are performed for breast or cervical cancer diagnostics (i.e., pre-operative testing required to perform one of the covered diagnostic procedures). Questions about coverage exceptions should be directed to the You First program, **NOT** Medicaid/Gainwell.

Billing Procedures

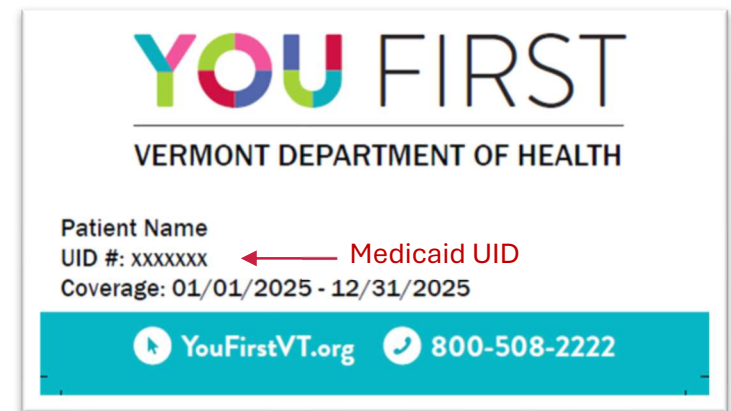
Our goal is to make billing and reimbursement as efficient as possible for both You First members and providers. Ideally, members should present their You First membership card when they check-in for their visit. However, membership status and effective dates can be verified anytime via [Medicaid's Eligibility Verification System \(EVS\)](#). You First coverage is denoted by the **aid category, LF**. You First coverage will not be visible for patients with traditional Medicaid or Medicare Part B insurance. As a Vermont Medicaid provider, you agree to write-off any remaining balances of You First covered procedures.

Claims Submission

All You First claims are processed thru Vermont Medicaid (Gainwell Technologies). Electronic submission is highly preferred. As a result, each member has a Medicaid UID, but it does **not** mean they have traditional Medicaid. This UID can be found on the patient's membership card and should be used when submitting claims.

If the member has primary insurance, then:

- 1) Submit the claim to primary insurance first; You First is the payor of last resort.
- 2) Once primary insurance has processed the claim (regardless of reimbursement) submit the claim and explanation of benefits (EOB) to Vermont Medicaid (Gainwell Technologies) for You First covered services.



You First Membership Card

If the member is uninsured, then:

- 3) submit the claim to Vermont Medicaid (Gainwell Technologies) for You First covered services.

If a provider is unable to submit claims electronically, paper submission is acceptable. Paper claims should be mailed to Vermont Medicaid for processing at:

Gainwell Technologies

PO Box 888

Williston, VT 05495-0888

Status and payment information of claims submitted for processing can be found in the remittance advice (RA) provided by Vermont Medicaid. This can be accessed electronically through the Vermont Medicaid Portal or received weekly by mail.

FQHCs & RHCs

Claims submitted by FQHCs have a higher rate of denial due to the use of procedure code T1015. While this is correct coding for a traditional Medicaid claim, it will cause a You First claim to automatically deny as it is not a reimbursable code on the fee schedule. To avoid this type of denial please make the following adjustments to You First claims prior to submission.

- **Do not** submit a claim with procedure code T1015.
- Submit a claim using an appropriate E&M code listed on the fee schedule in place of T1015.
- Submit a claim using the **billing facility's non-FQHC taxonomy number** in field 33b. This will prevent the denial that would typically occur when a claim is missing T1015. Examples of non-FQHC taxonomies: 193200000X (Group/Multi-Specialty), 207Q00000X (Allopathic and Osteopathic Physicians/Family Medicine).

Manual Payments

On rare occasions, You First will need to reimburse providers for covered services via a manual payment. A manual payment is a physical check or ACH transaction that comes directly from the Vermont Department of Health. This primarily occurs when You First covers services that are not listed on the fee schedule (such as an ECG prior to biopsy with anesthesia or moderate sedation). If this occurs, You First staff will provide further instruction on how to proceed.

Claims Monitoring & Contact Information

You First billing and claims are co-managed by two staff members. All claims, including those that deny or go into suspension, are monitored and addressed on a weekly basis. Every effort is made to work with billers to ensure successful submission of claims and timely reimbursement. If questions arise regarding You First's scope of coverage or successful claim submission please contact the You First program at (800) 508-2222 or YouFirst@vermont.gov.

Procedure Code	Procedure Description	Non-Facility	Facility	Global	Tech Mod TC	Prof Mod 26
Anesthesia and Moderate Sedation Services						
00400	Anesthesia for Procedures on Integument System or Anterior Trunk (Base Units (3) + Time Units) x CF = Reimbursement	-	-	CF \$19.66	-	-
00940	Anesthesia for Vaginal Procedures (Including Biopsy of Cervix) (Base Units (3) + Time Units) x CF = Reimbursement	-	-	CF \$19.66	-	-
99156	Moderate Sedation by Physician Not Performing Procedure, Initial 10-22 Minutes	-	-	\$68.58	-	-
99157	Moderate Sedation by Physician Not Performing Procedure, Each Additional 15 Minutes	-	-	\$53.21	-	-
Screening and Diagnostic Services						
10004	FNA Biopsy, Each Additional Lesion	\$49.58	\$39.94	-	-	-
10005	FNA Biopsy, Ultrasonic Guidance, First Lesion	\$126.03	\$67.57	-	-	-
10006	FNA Biopsy, Ultrasonic Guidance, Each Additional Lesion	\$56.51	\$46.23	-	-	-
10007	FNA Biopsy, Fluoroscopic Guidance, First Lesion	\$288.85	\$82.32	-	-	-
10008	FNA Biopsy, Fluoroscopic Guidance, Each Additional Lesion	\$134.32	\$47.59	-	-	-

Procedure Code	Procedure Description	Non-Facility	Facility	Global	Tech Mod TC	Prof Mod 26
Screening and Diagnostic Services (Continued)						
10009	FNA Biopsy, CT Guidance, First Lesion	\$399.92	\$100.24	-	-	-
10010	FNA Biopsy, CT Guidance, Each Additional Lesion	\$223.27	\$66.21	-	-	-
10011	FNA Biopsy, MRI Guidance, First Lesion	\$399.92	\$100.24	-	-	-
10012	FNA Biopsy, MRI Guidance, Each Additional Lesion	\$223.27	\$66.21	-	-	-
10021	FNA Biopsy, First Lesion	\$94.93	\$50.93	-	-	-
19000	Aspiration of Cyst of Breast, First Cyst	\$91.82	\$39.14	-	-	-
19001	Aspiration of Cyst of Breast, Each Additional Cyst	\$24.53	\$19.07	-	-	-
19081	Breast Biopsy and Placement of Localization Device, X-ray Guidance, First Lesion	\$463.34	\$150.49	-	-	-
19082	Breast Biopsy and Placement of Localization Device, X-ray Guidance, Each Additional Lesion	\$353.81	\$75.32	-	-	-
19083	Breast Biopsy and Placement of Localization Device, Ultrasonic Guidance, First Lesion	\$458.62	\$141.60	-	-	-

Procedure Code	Procedure Description	Non-Facility	Facility	Global	Tech Mod TC	Prof Mod 26
Screening and Diagnostic Services (Continued)						
19084	Breast Biopsy and Placement of Localization Device, Ultrasonic Guidance, Each Additional Lesion	\$347.04	\$71.13	-	-	-
19085	Breast Biopsy and Placement of Localization Device, MRI Guidance, First Lesion	\$702.72	\$165.99	-	-	-
19086	Breast Biopsy and Placement of Localization Device, MRI Guidance, Each Additional Lesion	\$541.75	\$82.75	-	-	-
19100	Breast Biopsy, Percutaneous	\$136.52	\$61.68	-	-	-
19101	Breast Biopsy, Open, Incisional	\$296.47	\$206.53	-	-	-
19120	Excision of Breast Lesion	\$485.76	\$388.76	-	-	-
19125	Excision of Breast Lesion, Identified by X-ray Marker, First Lesion	\$534.44	\$428.76	-	-	-
19126	Excision of Breast Lesion, Identified by X-ray Marker, Each Additional Lesion	-	-	\$143.13	-	-
19281	Placement of Localization Device in Breast, Mammographic Guidance, First Lesion	\$228.14	\$90.99	-	-	-
19282	Placement of Localization Device in Breast, Mammographic Guidance, Each Additional Lesion	\$160.56	\$45.57	-	-	-

Procedure Code	Procedure Description	Non-Facility	Facility	Global	Tech Mod TC	Prof Mod 26
Screening and Diagnostic Services (Continued)						
19283	Placement of Localization Device in Breast, X-ray Guidance, First Lesion	\$242.78	\$91.49	-	-	-
19284	Placement of Localization Device in Breast, X-ray Guidance, Each Additional Lesion	\$175.35	\$45.59	-	-	-
19285	Placement of Localization Device in Breast, Ultrasonic Guidance, First Lesion	\$338.40	\$77.58	-	-	-
19286	Placement of Localization Device in Breast, Ultrasonic Guidance, Each Additional Lesion	\$275.20	\$38.79	-	-	-
19287	Placement of Localization Device in Breast, MRI Guidance, First Lesion	\$583.39	\$116.04	-	-	-
19288	Placement of Localization Device in Breast, MRI Guidance, Each Additional Lesion	\$447.81	\$58.51	-	-	-
38505	Biopsy or Excision of Surface Lymph Node(s)	\$163.32	\$79.81	-	-	-
57452	Colposcopy of Cervix	\$118.71	\$84.66	-	-	-
57454	Colposcopy of Cervix, Biopsy, Endocervical Curettage	\$157.38	\$123.66	-	-	-
57455	Colposcopy of Cervix, Biopsy	\$151.33	\$100.26	-	-	-

Procedure Code	Procedure Description	Non-Facility	Facility	Global	Tech Mod TC	Prof Mod 26
Screening and Diagnostic Services (Continued)						
57456	Colposcopy of Cervix, Endocervical Curettage	\$142.11	\$92.64	-	-	-
57460	Colposcopy of Cervix, Biopsy, Loop Electrode	\$289.90	\$147.61	-	-	-
57461	Colposcopy of Cervix, Loop Electrode Conization	\$323.99	\$168.53	-	-	-
57500	Biopsy or Excision of Cervical Lesion(s), w/wo Fulguration	\$142.38	\$70.11	-	-	-
57505	Endocervical Curettage Only (Not Part of D&C)	\$144.63	\$103.19	-	-	-
57520	Conization of Cervix, Cold Knife or Laser Excision, w/wo Fulguration, w/wo D&C	\$331.44	\$279.09	-	-	-
57522	Conization of Cervix, Loop Electrode Excision, w/wo Fulguration, w/wo D&C	\$283.75	\$239.75	-	-	-
58100	Endometrial Biopsy, w/wo Endocervical Biopsy, w/o Cervical Dilation	\$93.88	\$57.91	-	-	-
58110	Endometrial Biopsy, Performed in Conjunction with Colposcopy (List Separately in Addition to Code for Primary Procedure)	\$46.36	\$37.04	-	-	-
76098	Intraoperative Radiological Exam of Surgical Specimen	-	-	\$41.04	\$26.83	\$14.22

Procedure Code	Procedure Description	Non-Facility	Facility	Global	Tech Mod TC	Prof Mod 26
Screening and Diagnostic Services (Continued)						
76641	Ultrasound, Breast and Axilla, Complete Exam, Unilateral	-	-	\$97.68	\$64.73	\$32.96
76642	Ultrasound, Breast and Axilla, Limited Exam, Unilateral	-	-	\$80.97	\$50.27	\$30.70
76641-50	Ultrasound, Breast and Axilla, Complete Exam, Bilateral	-	-	\$146.52	\$97.10	\$49.44
76642-50	Ultrasound, Breast and Axilla, Limited Exam, Bilateral	-	-	\$121.46	\$75.41	\$46.05
76942	Ultrasonic Guidance for Needle Placement	-	-	\$56.39	\$27.79	\$28.60
77046	MRI, Breast, w/o Contrast, Unilateral	-	-	\$206.27	\$141.66	\$64.61
77047	MRI, Breast, w/o Contrast, Bilateral	-	-	\$212.58	\$141.02	\$71.56
77048	MRI, Breast, with CAD, w/wo Contrast, Unilateral	-	-	\$326.44	\$232.09	\$94.35
77049	MRI, Breast, with CAD, w/wo Contrast, Bilateral	-	-	\$332.43	\$229.20	\$103.23
77053	Mammary Ductogram/Galactogram, Single Duct	-	-	\$51.33	\$35.18	\$16.16

Procedure Code	Procedure Description	Non-Facility	Facility	Global	Tech Mod TC	Prof Mod 26
Screening and Diagnostic Services (Continued)						
77063	Breast Tomosynthesis, Screening, Bilateral (List separately in addition to primary procedure 77067)	-	-	\$50.10	\$23.13	\$26.98
77065	Mammogram, Diagnostic, with CAD, Unilateral	-	-	\$120.35	\$84.17	\$36.19
77066	Mammogram, Diagnostic, with CAD, Bilateral	-	-	\$151.87	\$107.29	\$44.58
77067	Mammogram, Screening, with CAD, Bilateral	-	-	\$123.07	\$88.82	\$34.25
G0279	Breast Tomosynthesis, Diagnostic, Unilateral or Bilateral (List Separately in Addition to 77065 or 77066)	-	-	\$42.07	\$15.10	\$26.98
Laboratory Services						
36415	Routine Venipuncture for Collection of Specimen(s)	-	-	\$9.09	-	-
80047	Basic Metabolic Panel (Calcium, Ionized)	-	-	\$13.73	-	-
80048	Basic Metabolic Panel (Calcium, Total)	-	-	\$8.46	-	-
80053	Comprehensive Metabolic Panel	-	-	\$10.56	-	-

Procedure Code	Procedure Description	Non-Facility	Facility	Global	Tech Mod TC	Prof Mod 26
Laboratory Services (Continued)						
80061	Lipid Profile	-	-	\$13.39	-	-
82465	Cholesterol, Total	-	-	\$4.35	-	-
82947	Glucose, Except Urine	-	-	\$3.93	-	-
83036	Hemoglobin, Glycosylated (A1C)	-	-	\$9.71	-	-
83718	High Density Lipoprotein (HDL Cholesterol), Precipitation Method	-	-	\$8.19	-	-
83721	Low Density Lipoprotein (LDL Cholesterol), Direct Measurement	-	-	\$10.50	-	-
84478	Triglycerides, Blood	-	-	\$5.74	-	-
Pathology Services						
87624	Detection Test by Nucleic Acid for HPV, High-Risk Types	-	-	\$35.09	-	-
87625	Detection Test by Nucleic Acid for HPV, Types 16 and 18	-	-	\$40.55	-	-

Procedure Code	Procedure Description	Non-Facility	Facility	Global	Tech Mod TC	Prof Mod 26
Pathology Services (Continued)						
88141	Pap Test	-	-	\$24.00	-	-
88142	Pap Test, Manual Screening	-	-	\$20.26	-	-
88143	Pap Test, Manual Screening and Rescreening	-	-	\$23.04	-	-
88164	Pap Test, Slides, Manual Screening (Bethesda)	-	-	\$18.19	-	-
88165	Pap Test, Slides, Manual Screening and Rescreening (Bethesda)	-	-	\$42.22	-	-
88172	Cytopathology, Evaluation of FNA, Immediate, First Episode	-	-	\$54.13	\$21.05	\$33.09
88173	Cytopathology, Evaluation of FNA, Interpretation and Report	-	-	\$164.49	\$99.60	\$64.89
88174	Pap Test, Automated Thin Layer Preparation, Automated System	-	-	\$25.37	-	-
88175	Pap Test, Automated Thin Layer Preparation, Automated System and Manual Rescreening	-	-	\$26.61	-	-
88177	Pap Test, Evaluation of FNA, Immediate, Each Additional Episode	-	-	\$28.53	\$8.35	\$20.18

Procedure Code	Procedure Description	Non-Facility	Facility	Global	Tech Mod TC	Prof Mod 26
Pathology Services (Continued)						
88305	Surgical Pathology, Level IV, Gross and Microscopic Exam	-	-	\$68.92	\$34.21	\$34.71
88307	Surgical Pathology, Level V, Gross and Microscopic Exam	-	-	\$275.52	\$199.49	\$76.02
88321	Surgical Pathology, Consultation and Report on Slides Prepared Elsewhere	\$92.44	\$77.99	-	-	-
88331	Intraoperative Pathology Exam of Specimen, First Tissue Block	-	-	\$96.81	\$39.03	\$57.78
88332	Intraoperative Pathology Exam of Specimen, Each Additional Tissue Block	-	-	\$52.50	\$23.94	\$28.57
88341	Special Stained Specimen Slides to Examine Tissue, Each Additional Procedure	-	-	\$92.80	\$66.49	\$26.31
88342	Special Stained Specimen Slides to Examine Tissue, Initial Procedure	-	-	\$108.10	\$75.65	\$32.45
88360	Microscopic Genetic Analysis of Tumor, Manual	-	-	\$114.55	\$75.97	\$38.58
88361	Microscopic Genetic Analysis of Tumor, Computer-Assisted	-	-	\$111.36	\$71.15	\$40.21
88364	Genetic Sequencing Localization, Each Additional Procedure	-	-	\$124.16	\$92.67	\$31.48

Procedure Code	Procedure Description	Non-Facility	Facility	Global	Tech Mod TC	Prof Mod 26
Pathology Services (Continued)						
88365	Genetic Sequencing Localization, Initial Procedure	-	-	\$167.41	\$127.53	\$39.87
88366	Genetic Sequencing Localization, Each Multiplex Procedure	-	-	\$257.76	\$200.29	\$57.47
88367	Microscopic Genetic Analysis of Tissue, Computer-Assisted, Initial Procedure	-	-	\$104.74	\$73.89	\$30.85
88368	Microscopic Genetic Analysis of Tissue, Manual, Initial Procedure	-	-	\$143.32	\$103.76	\$39.55
88369	Microscopic Genetic Analysis of Tissue, Manual, Each Additional Procedure	-	-	\$125.76	\$93.96	\$31.80
88373	Microscopic Genetic Analysis of Tissue, Computer-Assisted, Each Additional Procedure	-	-	\$63.25	\$39.68	\$23.58
88374	Microscopic Genetic Analysis of Tissue, Computer-Assisted, Each Initial Multiplex Procedure	-	-	\$262.17	\$223.25	\$38.92
88377	Microscopic Genetic Analysis of Tissue, Manual, Each Additional Multiplex Stain Procedure	-	-	\$373.26	\$313.03	\$60.23
Evaluation & Management and Other Professional Services						
99070	Provision of Supply and Material by Physician	Contact You First	Contact You First	-	-	-

Procedure Code	Procedure Description	Non-Facility	Facility	Global	Tech Mod TC	Prof Mod 26
Evaluation & Management and Other Professional Services (Continued)						
99202	New Patient Office/Other Outpatient Visit, Straightforward, 15-29 Minutes	\$68.51	\$44.10	-	-	-
99203	New Patient Office/Other Outpatient Visit, Low Level, 30-44 Minutes	\$106.15	\$76.60	-	-	-
99204	New Patient Office/Other Outpatient Visit, Moderate Level, 45-59 Minutes	\$159.11	\$125.06	-	-	-
99205	New Patient Office/Other Outpatient Visit, High Level, 60-74 Minutes	\$209.81	\$169.98	-	-	-
99211	Established Patient Office/Other Outpatient Visit for Evaluation and Management	\$22.37	\$8.24	-	-	-
99212	Established Patient Office/Other Outpatient Visit, Straightforward, 10-19 Minutes	\$53.99	\$33.12	-	-	-
99213	Established Patient Office/Other Outpatient Visit, Low Level, 20-29 Minutes	\$87.09	\$62.03	-	-	-
99214	Established Patient Office/Other Outpatient Visit, Moderate Level, 30-39 Minutes	\$122.43	\$91.28	-	-	-
99215	Established Patient Office/Other Outpatient Visit, High Level, 40-54 Minutes	\$171.82	\$135.20	-	-	-
99385	Initial New Patient Preventive Medicine Evaluation, 18-39 Years	\$106.15	\$76.60	-	-	-

Procedure Code	Procedure Description	Non-Facility	Facility	Global	Tech Mod TC	Prof Mod 26
Evaluation & Management and Other Professional Services (Continued)						
99386	Initial New Patient Preventive Medicine Evaluation, 40-64 Years	\$106.15	\$76.60	-	-	-
99387	Initial New Patient Preventive Medicine Evaluation, 65 Years or Older	\$106.15	\$76.60	-	-	-
99395	Established Patient Periodic Preventive Medicine Examination, 18-39 Years	\$87.09	\$62.03	-	-	-
99396	Established Patient Periodic Preventive Medicine Examination, 40-64 Years	\$87.09	\$62.03	-	-	-
99397	Established Patient Periodic Preventive Medicine Examination, 65 Years Old or Older	\$87.09	\$62.03	-	-	-
99459	Pelvic Exam (List Separately in Addition to Primary Procedure)	-	-	\$20.56	-	-
G0019	Community Health Integration Services, Performed by Certified or Trained Auxiliary Personnel	\$76.71	\$46.52	-	-	-
G0022	Community Health Integration Services, Each Additional 30 Minutes Per Calendar Month	\$47.72	\$32.63	-	-	-
G0136	Social Determinants of Health Risk Assessment, Evidence-Based, 5-15 Minutes	\$18.20	\$8.56	-	-	-
G0444	Annual Depression Screening, 5-15 Minutes	\$16.91	\$8.56	-	-	-

Dx 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 Quadrant of Breast
C50.21	Malignant Neoplasm of Upper-Inner Quadrant of Breast, Female
C50.211	Malignant Neoplasm of Upper-Inner Quadrant of Right Female Breast
C50.212	Malignant Neoplasm of Upper-Inner Quadrant of Left Female Breast
C50.3	Malignant Neoplasm of Lower-Inner Quadrant of Breast

Dx Code	Description
C50.31	Malignant Neoplasm of Lower-Inner Quadrant of Breast, Female
C50.311	Malignant Neoplasm of Lower-Inner Quadrant of Right Female Breast
C50.312	Malignant Neoplasm of Lower-Inner Quadrant of Left Female Breast
C50.4	Malignant Neoplasm of Upper-Outer Quadrant of Breast
C50.41	Malignant Neoplasm of Upper-Outer Quadrant of Breast, Female
C50.411	Malignant Neoplasm of Upper-Outer Quadrant of Right Female Breast
C50.412	Malignant Neoplasm of Upper-Outer Quadrant of Left Female Breast
C50.5	Malignant Neoplasm of Lower-Outer Quadrant of Breast
C50.51	Malignant Neoplasm of Lower-Outer Quadrant of Breast, Female
C50.511	Malignant Neoplasm of Lower-Outer Quadrant of Right Female Breast
C50.512	Malignant Neoplasm of Lower-Outer Quadrant of Left Female Breast
C50.6	Malignant Neoplasm of Axillary Tail of Breast
C50.61	Malignant Neoplasm of Axillary Tail of Breast, Female
C50.611	Malignant Neoplasm of Axillary Tail of Right Female Breast

Dx Code	Description
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 Overlapping Sites of Right Female Breast
C50.812	Malignant Neoplasm of Overlapping 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 Unspecified Site of Right Female Breast
C50.912	Malignant Neoplasm of Unspecified Site of Left Female 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

Dx Code	Description
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
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

Dx Code	Description
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

Dx Code	Description
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
E11.9	Type 2 Diabetes Mellitus without Complications
E13	Other Specified Diabetes Mellitus
E13.6	Other Specified Diabetes Mellitus with Other Specified Complications

Dx Code	Description
E13.65	Other Specified Diabetes Mellitus with Hyperglycemia
E13.69	Other Specified Diabetes Mellitus with Other Specified Complication
E13.8	Other Specified 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

Dx Code	Description
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
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

Dx Code	Description
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 Dysplasia(s)
N60.81	Other Benign Mammary Dysplasia(s) of Right Breast
N60.82	Other Benign Mammary Dysplasia(s) of Left Breast
N60.9	Unspecified Benign Mammary Dysplasia

Dx Code	Description
N60.91	Unspecified Benign Mammary Dysplasia of Right Breast
N60.92	Unspecified Benign Mammary Dysplasia of Left Breast
N61	Inflammatory Disorders of the 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
N63.1	Unspecified Lump in the Right Breast
N63.10	Unspecified Lump in the Right Breast, Unspecified Quadrant
N63.11	Unspecified Lump in the Right Breast, Upper Outer Quadrant
N63.12	Unspecified Lump in the Right Breast, Upper Inner Quadrant

Dx Code	Description
N63.13	Unspecified Lump in the Right Breast, Lower Outer Quadrant
N63.14	Unspecified Lump in the Right Breast, Lower Inner Quadrant
N63.15	Unspecified Lump in the Right Breast, Overlapping Quadrants
N63.2	Unspecified Lump in the Left Breast
N63.20	Unspecified Lump in the Left Breast, Unspecified Quadrant
N63.21	Unspecified Lump in the Left Breast, Upper Outer Quadrant
N63.22	Unspecified Lump in the Left Breast, Upper Inner Quadrant
N63.23	Unspecified Lump in the Left Breast, Lower Outer Quadrant
N63.24	Unspecified Lump in the Left Breast, Lower Inner Quadrant
N63.25	Unspecified Lump in the Left Breast, Overlapping Quadrants
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

Dx Code	Description
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
N64.52	Nipple Discharge
N64.53	Retraction of Nipple
N64.59	Other Signs and Symptoms in Breast
N64.8	Other Specified Disorders of Breast

Dx Code	Description
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, without Diagnosis of Hypertension

Dx Code	Description
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	Atypical Squamous Cells of Undetermined Significance on Cytologic Smear of Cervix (ASC-US)
R87.611	Atyp Squam Cells Cannot Exclude High Grade Squam Intraepith Lesion on Cytologic Smear of Cervix (ASC-H)
R87.612	Low Grade Squamous Intraepithelial Lesion on Cytologic Smear of Cervix (LGSIL)
R87.613	High Grade Squamous Intraepithelial Lesion on Cytologic Smear of Cervix (HGSIL)
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 Abnormal Cytological Findings on Specimens from Cervix Uteri

Dx Code	Description
R87.619	Unspecified Abnormal Cytological Findings in Specimens from Cervix Uteri
R87.620	Atypical Squamous Cells of Undetermined Significance on Cytologic Smear of Vagina (ASC-US)
R87.621	Atyp Squam Cells Cannot Exclude High Grade Squam Intraepith Lesion on Cytologic Smr of Vagina (ASC-H)
R87.622	Low Grade Squamous Intraepithelial Lesion on Cytologic Smear of Vagina (LGSIL)
R87.623	High Grade Squamous Intraepithelial Lesion on Cytologic Smear of Vagina (HGSIL)
R87.624	Cytologic Evidence of Malignancy on Smear of Vagina
R87.625	Unsatisfactory Cytologic Smear of Vagina
R87.810	Cervical High Risk Human Papillomavirus (HPV) DNA Test Positive
R87.811	Vaginal High Risk Human Papillomavirus (HPV) DNA Test Positive
R92	Abnormal and Inconclusive Findings on Diagnostic Imaging of Breast
R92.0	Mammographic Microcalcification Found on Diagnostic Imaging of Breast
R92.1	Mammographic Calcification Found on Diagnostic Imaging of Breast
R92.2	Inconclusive Mammogram
R92.3	Mammographic Density Found on Imaging of Breast

Dx Code	Description
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
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

Dx Code	Description
R92.341	Mammographic Extreme Density, Right Breast
R92.342	Mammographic Extreme Density, Left Breast
R92.343	Mammographic Extreme Density, Bilateral Breasts
R92.8	Other Abnormal and Inconclusive Findings on Diagnostic Imaging of Breast
Z00	Encounter for General Examination without Complaint, Suspected or Reported Diagnosis
Z00.0	Encounter for General Adult Medical Examination
Z00.00	Encounter for General Adult Medical Examination without Abnormal Findings
Z00.01	Encounter for General Adult Medical Examination with Abnormal Findings
Z00.8	Encounter for Other General Examination
Z01.3	Encounter for Examination of Blood Pressure
Z01.30	Encounter for Examination of Blood Pressure without Abnormal Findings
Z01.31	Encounter for Examination of Blood Pressure with Abnormal Findings
Z01.4	Encounter for Gynecological Examination
Z01.41	Encounter for Routine Gynecological Examination

Dx Code	Description
Z01.411	Encounter for Routine Gynecological Examination with Abnormal Findings
Z01.419	Encounter for Routine Gynecological Examination without Abnormal Findings
Z01.42	Encounter for Cervical Smear to Confirm Findings of Recent Normal Smear Following Initial Abnormal Smr
Z08	Encounter for Follow-Up Examination After Completed Treatment for Malignant Neoplasm
Z11.51	Encounter for Screening for Human Papillomavirus (HPV)
Z12.3	Encounter for Screening for Malignant Neoplasm of Breast
Z12.31	Encounter for Screening Mammogram for Malignant Neoplasm of Breast
Z12.39	Encounter for Other Screening for Malignant Neoplasm of Breast
Z12.4	Encounter for Screening for Malignant Neoplasm of Cervix
Z13.1	Encounter for Screening for Diabetes Mellitus
Z13.220	Encounter for Screening for Lipoid Disorders
Z13.6	Encounter for Screening for Cardiovascular Disorders
Z15.01	Genetic Susceptibility to Malignant Neoplasm of Breast
Z80.3	Family History of Malignant Neoplasm of Breast

Dx Code	Description
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

For general questions or inquiries, contact us Monday to Friday, 7:45AM to 4:30PM:

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