

**Medicare/Medicaid 2016 Reimbursement Rates (Effective 1/1/2016)
Office Visit Codes - Medicare Rates Published January 2016**

<u>Code</u>	<u>Description</u>	<u>Provider Setting</u>	<u>Rates Region 1</u>	<u>Rates Region 99</u>	<u>Rates D.C. Region</u>	<u>Medicaid Rate (all Regions)</u>	
99201*	<u>New Patient: Single Exam</u> Problem focused history, a problem focused examination, and straightforward medical decision making.	Provider's Office	47.19	45.15	50.55		
99202*	<u>New Patient: Single Exam</u> Expanded focused history, expanded focused examination and straightforward medical decision making. (e.g. either a Pap test with a pelvic exam or a clinical breast exam; can also be both Pap test and CBE)	Provider's Office	80.26	77.01	85.69		
99203*	<u>New Patient: Exam</u> Detailed history, a detailed examination, and medical decision making of low complexity. (e.g., Pap test, pelvic exam, and clinical breast exam. Can also be billed in conjunction with a colposcopy [with or without biopsy] procedure.	Provider's Office	116.09	111.35	123.73		
99204*	<u>New Patient: Exam</u> Comprehensive history, examination, and medical decision making of moderate complexity. Average visit 45 minutes.	Provider's Office	176.47	169.77	187.38		
99386	<u>New Patient: Initial Preventive Medicine visit</u> Age 40-64 years (e.g., Pap smear, pelvic exam, and clinical breast exam. If CBE or Pap test only, reimburse at 99202 rates).	Provider's Office	No M-Care rates established. Reimburse at 99203 rates				
99387	Same as 99386, but 65 years and older						

* All consultations should be billed through 'new patient' office visit CPT codes 99201-99205. Consultations billed as 99204 and 99205 must meet the criteria for these codes and are not appropriate for screening visits.

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99211	<u>Established Patient: Single or Repeat Exam</u> Problem focused history, a problem focused examination, and straightforward medical decision making.	Provider's Office	21.55	20.61	23.20		
99212	<u>Established Patient: Single or Repeat Exam</u> Focused history, focused examination and/or straightforward medical decision making. (e.g. either a Pap smear with a pelvic or a clinical breast exam; can also be both CBE and Pap test)	Provider's Office	46.77	44.80	50.10		
99213	<u>Established Patient: Exam</u> Expanded history, expanded examination and/or medical decision making of low complexity. (e.g. Pap smear, pelvic exam, and clinical breast exam. Can also be billed in conjunction with a colposcopy [with or without biopsy] procedure.)	Provider's Office	78.16	75.15	83.29		
99214	<u>Established Patient: Exam</u> Includes at least two of the following: A detailed history, a detailed exam, moderate-complexity medical decision-making. Average visit 25 minutes	Provider's Office	114.94	110.66	122.29		
99396	<u>Est. Patient: Preventive Medicine visit 40-64 years</u> Age 40-64 years (e.g., Pap smear, pelvic exam, and clinical breast exam. If CBE or Pap test only, reimburse at 99212 rates).	Provider's Office	No M-Care rates established. Reimburse at 99213 rates				
99397	Same as 99396, but 65 years and older						
99070	<u>Supplies and materials (except spectacles)</u> 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)	Provider's Office				9.99	

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88142	<u>Cytopathology, Cervical or Vaginal</u> Collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision. Reported in Bethesda system.	All	27.60	27.60	27.60	
88143	<u>Cytopathology, Cervical or Vaginal</u> Collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision. Reported in Bethesda system.	All	27.60	27.60	27.60	
88305	<u>Surgical Biopsy, Biopsy of Cervix</u> Global	All	79.41	76.15	85.25	79.23
	Technical Component (TC)		37.74	35.59	41.45	52.04
	Interpretation (26)		41.67	40.56	43.81	27.19
88307	<u>Surgical Biopsy, Biopsy of Cervix</u> Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	All				
	Global					155.70
	Technical Component (TC)					97.28
	Interpretation (26)					58.42
88331	<u>Pathology Consult during Surgery</u> First tissue block, with frozen section(s), single specimen	All				
	Global					66.39
	Technical Component (TC)					22.57
	Interpretation (26)					43.82
88332	<u>Pathology Consult during Surgery</u> First tissue block, with frozen section(s), each additional specimen	All				
	Global					29.78
	Technical Component (TC)					8.01
	Interpretation (26)					21.77
87624*	<u>HPV Hybrid Capture II test (high-risk panel)</u>	All	42.32	42.32	47.80	
87625*	<u>HPV Hybrid Capture II test (types 16-18 only)</u>	All	42.32	42.32	47.80	

* Please refer to MCE's for circumstances where HPV test can be reimbursed.

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88164	<u>Cytopathology, Slides, Cervical or Vaginal</u> The Bethesda System, up to 3 smears, manual screening by technician under physician supervision	All	14.39	14.39	14.39	
88172	<u>Cytopathology,</u> Evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s) Global Technical Component (TC) Interpretation (26)	All				40.61 17.64 22.97
88173	<u>Cytopathology,</u> Evaluation of fine needle aspirate; interpretation and report Global Technical Component (TC) Interpretation (26)	All				104.85 52.69 52.16
88174	<u>Cytopathology, Cervical or Vaginal</u> Collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	All	29.11	29.11	29.11	
88175	<u>Cytopathology, Cervical or Vaginal</u> Collected in preservative fluid, automated thin layer preparation; screening by automated system and manual rescreening, under physician supervision	All	36.09	36.09	36.09	
88141	<u>Cytopathology, Cervical or Vaginal</u> 1 smear requiring interpretation by physician. It should not include a physician modifier.	All	35.08	33.76	37.43	

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76098	<u>Radiological examination, surgical specimen</u>	All				
	Imaging supervision and interpretation					16.40
	Global					10.68
	Technical Component (TC)					5.72
	Interpretation (26)					
76942	<u>Ultrasonic guidance for needle placement</u>	All				
	Imaging supervision and interpretation					136.73
	Global					112.41
	Technical Component (TC)					24.32
	Interpretation (26)					
G0202 *	<u>Screening mammogram, Digital, Bilateral</u>	All				
	Global		117.70	112.12	127.44	
	Technical Component (TC)		80.35	75.84	88.26	
	Interpretation (26)		37.35	36.29	39.18	
G0204 *	<u>Diagnostic mammogram, Digital, Bilateral</u>	All				
	Global		152.04	144.80	164.71	
	Technical Component (TC)		105.49	99.57	115.87	
	Interpretation (26)		46.55	45.23	48.84	
G0206*	<u>Diagnostic mammogram, Digital, Unilateral</u>	All				
	Global		118.88	113.23	128.73	
	Technical Component (TC)		81.53	76.95	89.56	
	Interpretation (26)		37.35	36.29	39.18	

* BCCP digital mammogram Medicare rates are the average of Medicare digital and film rates.

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77055	<u>Unilateral Mammography/Diagnostic</u>	All				
	Global		97.27	92.83	105.00	
	Technical Component (TC)		59.73	56.36	65.61	
	Interpretation (26)		37.54	36.47	39.39	
77056	<u>Bilateral Mammography/Diagnostic</u>	All				
	Global		125.13	119.39	135.15	
	Technical Component (TC)		78.58	74.16	86.32	
	Interpretation (26)		46.55	45.23	48.84	
77057	<u>Screening Mammography</u>	All				
	Global		89.03	85.04	95.94	
	Technical Component (TC)		51.48	48.57	56.55	
	Interpretation (26)		37.54	36.47	39.39	
76641*	<u>Ultrasound</u>					
	Complete exam of the breast, unilateral	All				
	Global		117.62	112.10	127.27	
	Technical Component (TC)		78.58	74.16	86.32	
	Interpretation (26)		39.03	37.94	40.95	
76642*	<u>Ultrasound</u>					
	Limited exam of the breast, unilateral	All				
	Global		96.54	92.11	104.25	
	Technical Component (TC)		60.12	56.73	66.04	
	Interpretation (26)		36.42	35.38	38.21	

* *Ultrasound CPT code 76645 no longer valid.*