

CURRENT PROCEDURAL TERMINOLOGY CODES (CPT[®] CODES)

Current Procedural Terminology © 2009 American Medical Association

Breast Cancer (Screening)	
77057	Screening mammography, bilateral
77052	Computer aided detection with further physician review for interpretation, with or without digitization of film radiographic images; screening mammography
76499	Electrical impedance scan of the breast, bilateral (risk assessment device for breast cancer)
99386	Initial preventive medicine evaluation and management, 40 to 64 years, new patient
99387	Initial preventive medicine evaluation and management, 65 years and older
99396	Periodic preventive medicine evaluation and management, 40 to 64 years, established patient
99397	Periodic preventive medicine evaluation and management, 65 years and older
S8075*	Computer analysis of full-field digital mammogram and further physician review and interpretation, mammography
Breast Cancer Genetic Risk Assessment and BRCA Mutation Testing (Counseling)	
99401	Preventive medicine counseling/risk factor reduction, 15 minutes
99402	Preventive medicine counseling/risk factor reduction, 30 minutes
99403	Preventive medicine counseling/risk factor reduction, 45 minutes
99404	Preventive medicine counseling/risk factor reduction, 60 minutes
Breast Cancer Genetic Risk Assessment and BRCA Mutation Testing (Testing)	
83890	Molecular diagnostics; molecular isolation or extraction
83891	Molecular diagnostics; isolation or extraction of highly purified nucleic acid
83892	Molecular diagnostics; enzymatic digestion
83893	Molecular diagnostics; dot/slot blot production
83894	Molecular diagnostics; separation by gel electrophoresis
83896	Molecular diagnostics; nucleic acid probe, each

CURRENT PROCEDURAL TERMINOLOGY CODES (CPT[®] CODES)

Current Procedural Terminology © 2009 American Medical Association

83897	Molecular diagnostics; nucleic acid transfer
83898	Molecular diagnostics; amplification of patient nucleic acid, each nucleic acid sequence
83900	Molecular diagnostics; amplification of patient nucleic acid, multiplex, first two nucleic acid sequences
83901	Molecular diagnostics; amplification of patient nucleic acid, multiplex, each additional nucleic acid
83902	Molecular diagnostics; reverse transcription
83903	Molecular diagnostics; mutation scanning by physical properties, single segment, each
83904	Molecular diagnostics; mutation identification by sequencing, single segment, each segment
83905	Molecular diagnostics; mutation identification by allele specific transcription, single segment, each segment
83906	Molecular diagnostics; mutation identification by allele specific translation, single segment, each segment
83907	Molecular diagnostics; lysis of cells prior to nucleic acid extraction
83908	Molecular diagnostics; signal amplification of patient nucleic acid, each nucleic acid sequence
83909	Molecular diagnostics; separation and identification by high resolution technique
83912	Molecular diagnostics; interpretation and report
88271	Molecular cytogenetics; DNA probe, each
88272	Molecular cytogenetics; chromosomal in situ hybridization, analyze 3 – 5 cells
S3818*	Complete gene sequence analysis; BRCA1 gene
S3819*	Complete gene sequence analysis; BRCA2 gene
S3820*	Complete BRCA1 and BRCA2 gene sequence analysis for susceptibility to breast and ovarian cancer
S3822*	Single mutation analysis (in individual with a known BRCA1 or BRCA2 mutation in the family) for susceptibility to breast and ovarian cancer

CURRENT PROCEDURAL TERMINOLOGY CODES (CPT[®] CODES)

Current Procedural Terminology © 2009 American Medical Association

S3823*	Three-mutation BRCA1 and BRCA2 analysis for susceptibility to breast and ovarian cancer in Ashkenazi individuals
Breast Cancer Preventive Medication and Preventive Treatment (Counseling)	
99401	Preventive medicine counseling/risk factor reduction, 15 minutes
99402	Preventive medicine counseling/risk factor reduction, 30 minutes
99403	Preventive medicine counseling/risk factor reduction, 45 minutes
99404	Preventive medicine counseling/risk factor reduction, 60 minutes
Breast Cancer (Preventive Medication)	
S0187*	Tamoxifen citrate, oral 10 mg
Breast Cancer Genetic Risk Assessment and BRCA Mutation Testing (Preventive Treatment)	
19301	Mastectomy, partial
19302	Mastectomy, partial; with axillary lymphadenectomy
19303	Mastectomy, simple, complete
19304	Mastectomy, subcutaneous
19305	Mastectomy, radical, including pectoral muscles, axillary lymph nodes
19306	Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes
19307	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle
19340	Immediate insertion of breast prosthesis following mastectomy
19342	Delayed insertion of breast prosthesis following mastectomy
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion
19361	Breast reconstruction with latissimus dorsi flap, with or without prosthetic implant
19364	Breast reconstruction with free flap

CURRENT PROCEDURAL TERMINOLOGY CODES (CPT[®] CODES)

Current Procedural Terminology © 2009 American Medical Association

19366	Breast reconstruction with other technique
19367	Breast reconstruction with transverse rectus abdominis myocutaneous flap, single pedicle, including closure of donor site
19368	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; with microvascular anastomosis
19369	Breast reconstruction with transverse rectus abdominis myocutaneous flap, double pedicle, including closure of donor site
58661	Laparoscopy, surgical; with removal of adnexal structures
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral
58940	Oophorectomy, partial or total, unilateral or bilateral
99401	Preventive medicine counseling/risk factor reduction, 15 minutes
99402	Preventive medicine counseling/risk factor reduction, 30 minutes
99403	Preventive medicine counseling/risk factor reduction, 45 minutes
99404	Preventive medicine counseling/risk factor reduction, 60 minutes

*“S” codes are national Permanent Level II HCPCS Codes that are maintained by the HCPCS National Panel, a group comprised of representatives from the Blue Cross/Blue Shield Association (BCBSA), the Health Insurance Association of America (HIAA), and the Centers for Medicare and Medicaid Services (CMS). Permanent Level II HCPCS Codes provide a standardized coding system that is managed jointly by public and private insurers, thus providing a stable system for claims processing. These codes can be used by all private and public insurers.