



Sage Program Reimbursement Rates

EFFECTIVE JAN. 1, 2026 THROUGH DEC. 31, 2026

SCREENING SERVICES		
Code	Description of Service	Allowable Rates
Visit (Sage will only pay one visit charge per date of service. Either the professional or institutional visit charge, but not both.)		
Visit - New Patient		
99202	Medically appropriate history/exam; straightforward decision making; 15-29 minutes	\$74.72
99203	Medically appropriate history/exam; low level decision making; 30-44 minutes	\$115.51
Visit - Established Patient		
99211	Evaluation and management, may not require presence of physician; presenting problems are minimal	\$24.67
99212	Medically appropriate history/exam; straightforward decision making; 10-19 minutes	\$59.03
99213	Medically appropriate history/exam; low level decision making; 20-29 minutes	\$94.49
99214	Medically appropriate history/exam; moderate level decision making; 30-39 minutes	\$134.25
G0101	Pelvic and clinical breast exam	\$38.76
99459	Pelvic examination	\$17.87
G0463	Hospital outpatient clinic visit for assessment and management of a patient	\$136.02
99385 - 99387	Will be reimbursed at or below the 99203 rate.	
99395 - 99397	Will be reimbursed at or below the 99213 rate.	
Cervical Screening		
88150, 88164, P3000	Conventional Screening Pap	\$18.54
88142, G0123	Liquid-based, thin layer prep Screening Pap	\$20.26
88143	Liquid-based, thin layer prep Screening Pap, manual screening, and rescreening under physician supervision	\$23.04
88174	Liquid-based, thin layer prep Screening Pap, screening by automated system	\$25.37

G0144	Liquid-based, thin layer prep Screening Pap, screening by automated system	\$43.97		
88175	Liquid-based, thin layer prep Screening Pap, screening by automated system and manual rescreening	\$26.61		
G0145	Liquid-based, thin layer prep Screening Pap, screening by automated system, and manual rescreening	\$26.49		
Pap Smear/Pathology with Additional Interpretation				
88141, G0124	Cytopathology, cervical / vaginal; requiring physician interpretation	\$24.26		
P3001	Screening Pap Smear, requiring interpretation by physician	\$24.26		
HPV Test				
87624	Human Papillomavirus (HPV) Test – high-risk types	\$35.09		
87625	Human Papillomavirus (HPV) Test – types 16 & 18 only	\$40.55		
87626	Human Papillomavirus (HPV) Test – separately reported high-risk types and high-risk pooled result(s)	\$70.20		
Mammography		Global	TC	26
77067	Screening Mammogram w/CAD Bilateral	\$127.98	\$93.58	\$34.39
Tomosynthesis/ 3D Mammogram		Global	TC	26
77063	Screening digital breast Tomosynthesis	\$51.28	\$24.06	\$27.22

DIAGNOSTIC SERVICES		
Code	Description of Service	Allowable Rates
Visit (Sage will only pay one visit charge per date of service. Either the professional or institutional visit charge, but not both.)		
Visit - Includes rates listed under Screening Services above.		
99204	New patient; medically appropriate history/exam; moderate level decision making; 45-59 minutes	\$174.11
99205	New patient; medically appropriate history/exam; high level decision making; 60-74 minutes	\$231.48
99215	Established patient; medically appropriate history/exam; high level decision making; 40-54 minutes	\$190.11
Colposcopy		
57452	Colposcopy - Without Cervical Biopsy	\$121.45
57454	Colposcopy - With Cervical Biopsy(s) and Endocervical Curettage	\$158.82
57455	Colposcopy - With Cervical Biopsy(s)	\$154.97

57456	Colposcopy - With Endocervical Curettage	\$145.18		
Endometrial Biopsy				
58100	Endometrial Biopsy	\$94.76		
58110	Endometrial Biopsy performed in conjunction with Colposcopy	\$48.43		
Pathology		Global	TC	26
88305	Surgical Cervical Pathology, Global	\$70.98	\$35.84	\$35.84
Diagnostic Mammography		Global	TC	26
77065	Diagnostic Mammogram w/CAD Unilateral	\$125.28	\$88.43	\$36.85
77066	Diagnostic Mammogram w/CAD Bilateral	\$158.63	\$113.27	\$45.36
Tomosynthesis / 3D Mammogram		Global	TC	26
G0279	Diagnostic digital breast, Tomosynthesis	\$40.28	\$13.06	\$27.22
Breast Ultrasound		Global	TC	26
76641	Ultrasound breast complete, Unilateral	\$101.20	\$68.15	\$33.05
76642	Ultrasound breast limited, Unilateral	\$84.06	\$53.37	\$30.62
Fine Needle Aspiration (FNA)		Allowable Rates		
10021	Fine Needle Aspiration (without imaging guidance)	\$95.78		
19000	Aspiration of Cyst	\$92.99		
FNA Cytology		Global	TC	26
88172	Evaluation of Fine Needle Aspirate	\$55.01	\$21.65	\$33.36
88173	Interpretation and Report	\$167.89	\$102.51	\$65.38
Breast Diagnostic Procedures		PFS (11)	OPPS (13)	
10021	Fine needle aspiration without imaging guidance	\$99.40	\$415.32	
19000	Puncture aspiration of cyst of breast	\$95.50	\$723.47	
10004	Fine needle aspiration biopsy without imaging guidance, each additional lesion	\$50.71	Bundled	
10005	Fine needle aspiration biopsy including ultrasound guidance, first lesion	\$130.57	\$723.47	
10006	Fine needle aspiration biopsy including ultrasound guidance, each additional lesion	\$58.22	Bundled	

10007	Fine needle aspiration biopsy including fluoroscopic guidance, first lesion	\$346.03	\$723.47	
10008	Fine needle aspiration biopsy including fluoroscopic guidance, each additional lesion	\$140.60	Bundled	
19001	Puncture aspiration of cyst of breast, each additional cyst, used with 19000	\$25.53	Bundled	
19081	Breast biopsy, with placement of localization devise and imaging biopsy specimen, percutaneous; stereotactic guidance; first lesion	\$480.49	\$1,687.37	
19082	Code 19081 plus each additional lesion	\$ 368.22	Bundled	
19083	Breast biopsy, with placement of localization devise and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion	\$ 478.17	\$ 1,687.37	
19084	Code 19083 plus each additional lesion	\$362.37	Bundled	
19100	Breast biopsy, percutaneous, needle core, not using imaging guidance	\$ 159.52	\$ 1,687.37	
19101	Breast biopsy, open, incisional	\$ 338.14	\$ 4,000.24	
19112	Excise breast duct fistula	\$ 492.03	\$ 4,000.24	
19120	Breast biopsy, open, incisional	\$ 548.69	\$ 4,000.24	
19125	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion	\$ 605.92	\$ 4,000.24	
19126	Code 19125 plus each additional lesion separately identified by a preoperative radiological marker	\$ 127.49	Bundled	
19281	Placement of breast localization device, percutaneous; mammographic guidance; first lesion	\$ 235.08	\$ 1,687.37	
19282	Code 19281 plus each additional lesion	\$ 166.52	Bundled	
19283	Placement of breast localization device, percutaneous; stereotactic guidance; first lesion	\$ 250.40	\$ 723.47	
19284	Code 19283 plus each additional lesion	\$ 183.33	Bundled	
19285	Placement of breast localization device, percutaneous; ultrasound guidance; first lesion	\$ 354.52	\$ 723.47	
19286	Code 19285 plus each additional lesion	\$ 291.88	Bundled	
76942	Ultrasonic guidance for needle placement, imaging supervision and interpretation, Global	\$ 64.38	Bundled	
Anesthesia¹		Formula		
00400	Anesthesia for procedures on the integumentary system, anterior trunk, not otherwise specified. Base (B): 3 units	[B+(Times/15min)] *\$19.63* X%		
Cytology & Pathology		Global	TC	26
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s)	\$ 54.54	\$ 21.41	\$ 33.13
88177	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), each separate additional evaluation episode	\$ 29.26	\$ 8.94	\$ 20.32

88173	Cytopathology, evaluation of fine needle aspirate; interpretation and report	\$168.96	\$103.41	\$65.56
88305	Surgical pathology, gross and microscopic examination	\$70.98	\$35.84	\$35.14
Cytology & Pathology (continued)		Global	TC	26
88307	Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	\$282.74	\$206.27	\$76.47
88360	Morphometric analysis, tumor immunohistochemistry, per specimen; manual	\$122.44	\$83.27	\$39.16
88361	Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology	\$116.50	\$76.06	\$40.44
Supplies		Rate		
Various	Pre-operative testing; complete blood count, urinalysis, pregnancy test, or other procedures medically necessary for the planned surgical procedure.	Please call 651-201-5904 for instructions and/or prior authorization for each procedure.		
Outpatient Breast Diagnostic Procedures (special arrangements must be made with SAGE prior to offering these services)				
Itemized charges for each procedure code	Patient Breast Diagnostic Procedures (must receive prior authorization for each procedure). Please call 651-201-5904 for instructions.	Varies		

¹Anesthesia (x) percentages by Modifier:

AA	Anesthesia personally provided by a physician	100%
QZ	Anesthesia personally provided by CRNA	100%
AD	Anesthesia supervised by a physician	100%
QY	Medical direction of Anesthesia services by a physician	50%
QK	Medical direction of multiple Anesthesia services by a physician	50%
QX	Anesthesia services provided by a CRNA under medical direction by a physician	50%

TC: Technical Component

26: Professional

Component70

PFS: Rate from the Physician Fee Schedule

OPPS: Hospital Outpatient Fee Schedule

Sage rates are based on Medicare CMS rates and subject to adjustment whenever CMS does the same (some rates on this sheet are based on non-facility fees and subject to adjustment based upon place of service).

Minnesota Department of Health

Sage Screening Program

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To obtain this information in a different format, call: 888-643-2584.

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