SOUTH DAKOTA DEPARTMENT OF HEALTH

DIVISION OF FAMILY & COMMUNITY HEALTH

Office of Chronic Disease Prevention & Health Promotion

January 29, 2026

Thank you for your continued participation in the All Women Count! (AWC!) Program. The South Dakota Department of Health is committed to providing breast and cervical cancer screening services to as many South Dakota women as possible. The AWC! program would not be possible without the continued support and efforts of your facility in providing lifesaving breast and cervical cancer screening services for these women.

Enclosed are the following updated materials, effective February 1, to assist you in promoting AWC! and enrolling women in the program:

- **2026 Income Guidelines [Effective February 1, 2026]**
- **2026 Current Procedural Terminology (CPT) Codes [Effective February 1, 2026]**

The following resources are also available:

- **Updated AWC! Rack Cards and Posters:** The AWC! Program is pleased to release updated rack cards and posters, which will be available to order free of charge at https://apps.sd.gov/ph18publications/secure/PubOrder.aspx
- **AWC! Informational Webinar**: The AWC! Program hosted an informational webinar on December 3, 2025. A link to the recording of the webinar, along with the slides from the presentation, have been posted to https://www.getscreenedsd.org/awc-provider-resources
- **Online Learning Module on TRAIN:** This course offers an introduction to the AWC! Program for healthcare professionals: https://www.train.org/sd/course/1120865/details
- **Clinic-Level Training:** If you are interested in receiving one-on-one training for your clinic staff, please reach out to Caleb Nordquist at CNordquist@bhssc.org

If you have any questions, please call the All Women Count! Program at 1-800-738-2301 or email us at SDAllWomenCount@state.sd.us.

All Women Count! Program Staff
1-800-738-2301
SDAllWomenCount@state.sd.us

All Women Count!
BREAST & CERVICAL CANCER EARLY DETECTION PROGRAM

2026 Cancer Screening Programs
South Dakota Department of Health

All Women Count!

Income Guidelines for Screening Eligibility

Household Size	Annual Income	Monthly Income	Weekly Income
1	$39,900	$3,325	$767
2	$54,100	$4,508	$1,040
3	$68,300	$5,692	$1,313
4	$82,500	$6,875	$1,587
5	$96,700	$8,058	$1,860
6	$110,900	$9,242	$2,133
7	$125,100	$10,425	$2,406
8	$139,300	$11,608	$2,679
9	$153,500	$12,792	$2,952
10	$167,700	$13,975	$3,225
11	$181,900	$15,158	$3,498
12	$196,100	$16,342	$3,771
13	$210,300	$17,525	$4,044
14	$224,500	$18,708	$4,317
15	$238,700	$19,892	$4,590

- **Household combined income before taxes should be at or below levels listed for household size.**
- **Single income before taxes should be at or below levels listed for household size.**
- **Reminder: Use the Yellow Visit Form, pink Mammogram Summary and Green PAP/HPV Summary**
- **For further clarification, call the South Dakota Department of Health, All Women Count! Program at 1-800-738-2301 or email SDAllWomenCount@state.sd.us**

February 1, 2026

SOUTH DAKOTA DEPARTMENT OF HEALTH

All Women Count!

ALL WOMEN COUNT! PROGRAM
PAYMENT SCHEDULE OF ALLOWED SERVICES BY CPT CODE
EFFECTIVE February 1, 2026

CPT CODE	SERVICE DESCRIPTION	Medicare B rates
00400	Anesthesia for procedures on the anterior trunk and perineum	Per ABU
00940	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified	Per ABU
10004	Fine needle aspiration biopsy without imaging guidance, each additional lesion	$50.22
10005	Fine needle aspiration biopsy including ultrasound guidance, first lesion	$128.50
10006	Fine needle aspiration biopsy including ultrasound guidance, each additional lesion	$57.68
10007	Fine needle aspiration biopsy including fluoroscopic guidance, first lesion	$338.38
10008	Fine needle aspiration biopsy including fluoroscopic guidance, each additional lesion	$137.96
10021	Fine needle aspiration without imaging guidance	$97.77
10035	**Placement of Soft Tissue Localization Device (e.g. clip); first lesion. DO NOT use for breast tissue sites**	**$341.60**
10036	**Placement of Soft Tissue Localization Device (e.g. clip); each additional lesion. DO NOT use for breast tissue sites**	**$288.15**
19000	Puncture Aspiration of Cyst of Breast	$91.75
19001	Aspiration, each additional Cyst used in conjunction with 19000	$25.28
19081	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion DO NOT use in conjunction with 19281-19286	$470.54
19082	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion DO NOT use in conjunction with 19281-19286	$359.63
19083	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion DO NOT use in conjunction with 19281-19286	$468.09
19084	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion DO NOT use in conjunction with 19281-19286	$353.84
19100	Biopsy of Breast; Needle Core	$156.68
19101	Biopsy of Breast; Incisional	$332.85
19120	Excision of Cyst, Fibroadenoma, or Other Benign or Malignant Tumor Aberrant Breast Tissue, Duct Lesion or Nipple Lesion (except 19140)	$541.00
19125	Excision of Breast Lesion Identified by Preoperative Placement of Radiological Marker; Single Lesion	$597.69
19126	Excision, Each Additional Lesion	$127.77
19281	Placement of breast localization device, percutaneous; mammographic guidance; first lesion DO NOT use in conjunction with 19081-19084	$230.59
19282	Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion DO NOT use in conjunction with 19081-19084	$162.89
19283	Placement of breast localization device, percutaneous; stereotactic guidance; first lesion DO NOT use in conjunction with 19081-19084	$245.52
19284	Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion DO NOT use in conjunction with 19081-19084	$179.26
19285	Placement of breast localization device, percutaneous; ultrasound guidance; first lesion DO NOT use in conjunction with 19081-19084	$346.38

19286	Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion DO NOT use in conjunction with 19081-19084	$284.58
38505	Needle biopsy of axillary lymph node	$166.57
57452	Colposcopy without Biopsy	$119.82
57454	Colposcopy with Directed Cervical Biopsy	$157.13
57455	Colposcopy with biopsy(s) of the cervix	$153.01
57456	Colposcopy with endocervical curettage	$143.32
57460	Colposcopy with loop electrode biopsy(s) of the cervix	$298.31
57461	Colposcopy with loop electrode conization of the cervix	$336.07
57500	Biopsy, single or multiple, or local excision of lesion, with or without fulguration	$146.65
57505	Endocervical curettage (not done as part of a dilation and curettage).	$144.31
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage; with or without repair; cold knife or laser.	$342.87
57522	Loop electrode excision	$286.41
76098-YN	Radiological Examination, Surgical Specimen	$42.42
76098-TC	Radiological Examination, Surgical Specimen	$28.17
76098-26	Radiological Examination, Surgical Specimen	$14.25
76641-YN	Ultrasound, complete, examination of breast including axilla, unilateral	$99.09
76641-TC	Ultrasound, complete examination of breast including axilla, unilateral	$66.25
76641-26	Ultrasound, complete examination of breast including axilla, unilateral	$32.85
76642-YN	Ultrasound, limited examination of breast including axilla, unilateral	$82.39
76642-TC	Ultrasound, limited examination of breast including axilla, unilateral	$51.88
76642-26	Ultrasound, limited examination of breast including axilla, unilateral	$30.51
76942-YN	Ultrasound Guidance Needle Biopsy	$63.24
76942-TC	Ultrasound Guidance Needle Biopsy	$32.51
76942-26	Ultrasound Guidance Needle Biopsy	$30.73
77048- YN	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, unilateral CALL PROGRAM BEFORE ORDERING / PREAUTHORIZATION PROCESS INVOLVED Used for screening high risk women only.	$330.68
77048- TC	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, unilateral CALL PROGRAM BEFORE ORDERING / PREAUTHORIZATION PROCESS INVOLVED Used for screening high risk women only.	$236.48
77048- 26	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, unilateral CALL PROGRAM BEFORE ORDERING / PREAUTHORIZATION PROCESS INVOLVED Used for screening high risk women only.	$94.20
77049-YN	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, bilateral CALL PROGRAM BEFORE ORDERING / PREAUTHORIZATION PROCESS INVOLVED Used for screening high risk women only.	$336.14
77049-TC	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, bilateral CALL PROGRAM BEFORE ORDERING / PREAUTHORIZATION PROCESS INVOLVED Used for screening high risk women only.	$233.14
77049-26	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, bilateral CALL PROGRAM BEFORE ORDERING / PREAUTHORIZATION PROCESS INVOLVED Used for screening high risk women only.	$103.00

77063-YN	Screening Breast Tomosynthesis Bilateral (List Separately in addition to code for primary procedure G0202 or 77057)	$50.44
77063-TC	Screening Breast Tomosynthesis Bilateral (List Separately in addition to code for primary procedure G0202 or 77057)	$23.38
77063-26	Screening Breast Tomosynthesis Bilateral (List Separately in addition to code for primary procedure G0202 or 77057)	$27.06
77065-YN	Diagnostic Mammogram, including CAD when performed, Unilateral	$122.59
77065-TC	Diagnostic Mammogram, including CAD when performed, Unilateral (Technical/Facility Only)	$85.95
77065-26	Diagnostic Mammogram, including CAD when performed, Unilateral (Professional Only)	$36.63
77066-YN	Diagnostic Mammogram, including CAD when performed, Bilateral	$155.21
77066-TC	Diagnostic Mammogram, including CAD when performed, Bilateral (Technical/Facility Only)	$110.11
77066-26	Diagnostic Mammogram, including CAD when performed, Bilateral (Professional Only)	$45.10
77067-YN	Screening Mammogram, including CAD when performed, Bilateral	$125.15
77067-TC	Screening Mammogram, including CAD when performed, Bilateral (Technical/Facility Only)	$90.96
77067-26	Screening Mammogram, including CAD when performed, Bilateral (Professional Only)	$34.18
G0279-YN	Diagnostic Breast Tomosynthesis (List Separately in addition to code for primary procedure 77065 or 77066)	$39.75
G0279-TC	Diagnostic Breast Tomosynthesis (List Separately in addition to code for primary procedure 77065 or 77066)	$12.69
G0279-26	Diagnostic Breast Tomosynthesis (List Separately in addition to code for primary procedure 77065 or 77066)	$27.06
87624	Human Papillomavirus, High Risk Types	$35.09
87625	Human Papillomavirus, Genotyping High Risk 16 and 18 only: reimbursable if used for screening in conjunction with Pap testing or for follow-up of an abnormal Pap result or surveillance as per ASCCP guidelines.	$40.55
87626	Human Papillomavirus, reported high-risk types separately and pooled (DO NOT use in conjunction with 87624 or 87625)	$70.20
88141	PAP- Cytopathology Smear, Cervical or Vaginal Requiring Interpretation by a Physician	$23.83
88142	PAP -Cytopathology, cervical or vaginal collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	$20.26
88143	PAP- Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening and rescreening under physician supervision	$23.04
88164	PAP- Cytopathology Smear, Cervical or Vaginal, TBS, Technician	$18.54
88165	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening and rescreening under physician supervision	$42.22
88172-YN	Evaluation of Fine Needle Aspiration with or without Preparation of Smears - Immediate Cytohistologic Study	$53.67
88172-TC	Evaluation of Fine Needle Aspiration (Technical/Facility Only)	$20.82
88172-26	Evaluation of Fine Needle Aspiration (Professional Only)	$32.85
88173-YN	Interpretation and Report of Fine Needle Aspiration	$165.56
88173-TC	Interpretation and Report of Fine Needle Aspiration (Technical/Facility Only)	$100.54
88173-26	Interpretation and Report of Fine Needle (professional only)	$65.02
88174	PAP- Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	$25.37
88175	PAP- Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system and manual rescreening, under physician supervision.	$26.61

88305-YN	Surgical Pathology/Biopsy Lab	$69.70
88305-TC	Surgical Pathology/Biopsy Lab (Technical/Facility Only)	$34.85
88305-26	Surgical Pathology/Biopsy Lab (Professional Only)	$34.85
88307-YN	Surgical Pathology, gross and microscopic examination requiring microscopic evaluation of surgical margins	$276.34
88307-TC	Surgical Pathology, gross and microscopic examination requiring microscopic evaluation of surgical margins (Technical/Facility Only)	$200.52
88307-26	Surgical Pathology, gross and microscopic examination requiring microscopic evaluation of surgical margins (Professional Only)	$75.82
88331-YN	Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen.	$96.53
88331-TC	Pathology consultation, (Technical/Facility Only)	$39.19
88331-26	Pathology consultation, (Professional Only)	$57.34
88332-YN	Pathology consultation during surgery, each additional tissue block with frozen section(s)	$53.00
88332-TC	Pathology consultation during surgery, each additional tissue block with frozen section(s) (Technical/Facility Only)	$24.16
88332-26	Pathology consultation during surgery, each additional tissue block with frozen section(s) (Professional Only)	$28.84
88341-YN	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	$93.97
88341-TC	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure (Technical/Facility Only)	$67.47
88341-26	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure (Professional Only)	$26.50
88342-YN	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	$109.78
88342-TC	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	$77.27
88342-26	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	$32.51
88360-YN	Morphometric analysis, tumor immunohistochemistry, per specimen; manual	$119.80
88360-TC	Morphometric analysis, tumor immunohistochemistry, per specimen; manual	$80.94
88360-26	Morphometric analysis, tumor immunohistochemistry, per specimen; manual	$38.86
88361-YN	Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology	$114.12
88361-TC	Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology	$73.93
88361-26	Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology	$40.19
99156	Conscious sedation anesthesia 10-20 minutes for individuals 5 years or older	$66.93
99157	Conscious sedation anesthesia for each additional 15 minutes	$51.00
99202	OFFICE VISIT- New Patient; expanded history, exam, straightforward decision-making; 15-29 minutes	$73.60
99203	OFFICE VISIT- New Patient; detailed history, exam, straightforward decision-making; 30-44 minutes	$114.02

99204	Office / Outpatient Visit/ decision making moderate complexity 45-59 minutes New SURGICAL CONSULT ONLY	$172.04
99205	Office / Outpatient Visit / decision making high complexity 60-74 minutes New SURGICAL CONSULT ONLY	$228.83
99211	OFFICE VISIT- Established Patient; evaluation and management, may not require presence of physician; presenting problems are minimal	$24.16
99212	OFFICE VISIT- Established Patient; history, exam, straightforward decision making 10-19 minutes	$58.12
99213	OFFICE VISIT- Established Patient; expanded history, exam, straightforward decision- making; 20- 29 minutes	$93.20
99214	OFFICE VISIT- Established Patient; detailed history, exam, moderately complex decision making; 30-39 minutes	$132.50
99385	OFFICE VISIT-New Patient; initial comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction; ordering appropriate immunization, lab procedures, etc.; 30-39 years	$93.20
99386	OFFICE VISIT- Same as 99385, but 40-64 years of age	$93.20
99395	OFFICE VISIT- Periodic comprehensive preventive medicine evaluation and management; history, examination, counseling/guidance; risk factor reduction; ordering appropriate immunization, lab procedures, etc.; 30-39 years	$93.20
99396	OFFICE VISIT- Same as 99395, but 40-64 years of age	$93.20
99397	OFFICE VISIT- Same as 99395, but 65+ years of age (ONLY IF NO MEDICARE B)	$93.20