

Kentucky Women's Cancer Screening Program

Approved CPT Codes and Reimbursement Rates for Breast and Cervical Cancer Screening and Follow-up (Services may be provided either on site or off site as appropriate)

CPT Code	CPT Code Description
	Effective. 07/01/2008 Revised. 04/01/2013
00400 ^a	Anesthesiology, breast (per unit)
10021	Fine needle aspiration without image guidance
10022	Fine needle aspiration with image guidance
19000	Puncture aspiration of cyst of breast
19001	Puncture aspiration of cyst of breast, each additional cyst, used with CPT code 19000
19100	Breast biopsy, percutaneous, needle core, not using imaging guidance
19101	Breast biopsy, incisional, open
19102	Breast biopsy, percutaneous, needle core, using imaging guidance; for placement of localization clip use CPT 19295
19103	Breast biopsy, percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance
19120	Excision of cyst, fibroadenoma or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion; open; one or more lesions
19125	Excision of breast lesion identified by preoperative placement of radiological marker; open; single lesion
19126	Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker
19290	Preoperative placement of needle localization wire, breast
19291	Preoperative placement of needle localization wire, breast; each additional lesion
19295	Image guided placement, metallic localization clip, percutaneous, during breast biopsy
57452	Colposcopy of cervix, upper/adjacent vagina
57454	Colposcopy with biopsy of cervix & endocervical curettage
57455	Colposcopy with biopsy of the cervix
57456	Colposcopy with endocervical curettage
57460	Endoscopy (Colposcopy) with loop electrode biopsy(s) of the cervix
57461	Endoscopy (Colposcopy) with loop electrode conization of the cervix
57500	Biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)
57505	Endocervical curettage (not done as part of a dilation and curettage)
57520 ^b	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser
57522 ^b	Loop electrode excision procedure
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)

CPT Code	CPT Code Description
58110 ^c	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)
S0613	Clinical Breast Exam
77055	Diagnostic mammogram, unilateral
77056	Diagnostic mammogram, bilateral
77057	Screening Mammogram, Bilateral
G0202	Screening Mammogram, Digital, Bilateral
G0204	Diagnostic Mammogram, Digital, Bilateral
G0206	Diagnostic Mammogram, Digital, Unilateral
77031	Stereotactic localization guidance for breast biopsy or needle placement
77032	Mammographic guidance for needle placement, breast
76098	Radiologic examination, surgical specimen
76645	Ultrasound, breast (s) unilateral or bilateral, B-scan and/or real time with image documentation
76942	Ultrasonic guidance for needle placement, imaging supervision and interpretation
87621 ^d	Papillomavirus, human, amplified probe <ul style="list-style-type: none"> • Hybrid Capture II from Digene-HPV Test (High Risk Typing, only) • Cervista HPV HR
88141	Conventional Pap test, cervical or vaginal any reporting system, requiring interpretation by physician
88142	Liquid-based Pap test (Thin-Prep)
88143	Pap test, thin layer preparation, automated thin layer preparation manual screening and rescreening
88164	Conventional Pap Test
88172	Cytopathology, evaluation of fine needle aspiration
88173	Cytopathology, interpretation and report of fine needle aspiration
88174	Pap test, thin layer preparation, automated thin layer preparation automated screening
88175	Pap test, thin layer preparation, automated thin layer preparation automated screening and manual rescreening
88305	Surgical pathology, gross and microscopic examination
88307	Surgical pathology, gross and microscopic examination, requiring microscopic evaluation of margins
88331	Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen
88332	Pathology consultation during surgery, each additional tissue block with frozen section(s)
99201 ^e	Initial-brief evaluation/management
99202 ^e	Initial-expanded evaluation/management
99203 ^e	Initial-detailed evaluation/management
99204 ^e	Initial-comprehensive evaluation/management
99205 ^e	Complex-evaluation/management
99211 ^e	Subsequent-brief evaluation/management
99212 ^e	Subsequent-limited evaluation/management
99213 ^e	Subsequent-expanded evaluation/management
99385 ^f	Initial preventative medicine evaluation 21 - 39 yrs.
99386 ^f	Initial preventative medicine evaluation 40 - 64 yrs.

CPT Code	CPT Code Description
99395 ^f	Periodic preventative medicine evaluation 21 - 39 yrs.
99396 ^f	Periodic preventative medicine evaluation 40 - 64 yrs.
W9201 ^e	Initial-brief evaluation/management
W9202 ^e	Initial-expanded evaluation/management
W9203 ^e	Initial-detailed evaluation/management
W9204 ^e	Initial-comprehensive evaluation/management
W9205 ^e	Complex-evaluation/management
W9211 ^e	Subsequent-brief evaluation/management
W9212 ^e	Subsequent-limited evaluation/management
W9213 ^e	Subsequent-expanded evaluation/management
W9385 ^f	Initial preventative medicine evaluation 21 - 39 yrs.
W9386 ^f	Initial preventative medicine evaluation 40 - 64 yrs.
W9395 ^f	Periodic preventative medicine evaluation 21 - 39 yrs.
W9396 ^f	Periodic preventative medicine evaluation 40 - 64 yrs.
99214 ^g	Subsequent-detailed evaluation/management
99215 ^g	Subsequent-comprehensive evaluation/management
W9214 ^g	Subsequent-detailed evaluation/management
W9215 ^g	Subsequent-comprehensive evaluation/management
77052 ^g	Computer Aided Detection (CAD)
77053 ^g	Ductogram
77054 ^g	Ductogram, multiple ducts
00940 ^{ag}	Anesthesiology, vaginal (cervical) procedures (per unit)
19030 ^g	Injection procedure only for ductogram or galactogram
76937 ^g	Ultrasonic guidance for cyst aspiration (use in conjunction with 19000 or 19001)
88104 ^{gh}	Cytopathology, fluids, washings or brushings (breast)
W0166 ^g	Charge for use of hospital room (outpatient)
END NOTES	
a. The KWCSP will reimburse LHDs a maximum of 3 units (\$63.00) at the rate \$21.00 per unit of anesthesia.	
b. Treatment of breast cancer, cervical intraepithelial neoplasia and cervical cancer are not allowed by the Program. Please refer the patients to the Breast and Cervical Cancer Treatment Program (BCCTP) in order for patients to receive treatment services.	
c. Use CPT code 58110 in conjunction with 57452, 57454-57456, and 57460-57461.	
d. HPV Testing:	
<ul style="list-style-type: none"> • HPV DNA testing is a reimbursable procedure if used for screening in conjunction with Pap testing or for follow-up of an abnormal Pap result or surveillance as per American Society for Colposcopy and Cervical Pathology (ASCCP) guidelines. • It is not reimbursable as a primary screening test for women of all ages or as an adjunctive screening test to the Pap for women under 30 years of age. • Due to the new screening guidelines, co-testing is an option for women 30-64 who meet specific clinical criteria and it will be reimbursed only for those women. For more details please refer to the cancer section in the Core Clinical Services Guide (CCSG). • Local Health Departments (LHDs) should specify the high-risk HPV DNA panel only; reimbursement of screening for low-risk HPV types is not permitted. 	

	<ul style="list-style-type: none"> The program will reimburse Cervista HPV HR, however, only at the same rate as the Digene Hybrid-Capture 2 HPV DNA Assay. KWCSP funds cannot be used for reimbursement of genotyping (e.g., Cervista HPV 16/18).
e.	When this evaluation/management or preventative service is performed in-house by a Registered Nurse, code W920- should be billed instead of 9920- for a new patient and code W921- instead of 9921- for established patients.
f.	Office visit CPT codes 99385 and 99386 codes shall be reimbursed at or below the 99203 rate and 99395 and 99396 codes shall be reimbursed at or below the 99213 rate.
g.	KWCSP will <u>NOT</u> reimburse LHDs for this procedure. However, LHDs <u>CAN</u> use their state block grants or local tax dollars to reimburse for this procedure.
h.	Effective October 1, 2001, this pathology code is not to be used on routine breast cysts (clear fluid/disappears on ultrasound). Only to be used for cases with bloody/abnormal fluid or cysts that does not disappear on ultrasound.

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