# 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)

|  | |  |  | **Effective 01/01/2018**  **Revised 02/26/2018** | | |
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| **Section A: Office Visits** | | | | | | |
| **CPT Code** | **CPT Code Description** | **Technical**  **Component (TC)** | **Professional**  **Component (26)** | **Total Outpatient Rate** | **Cost Ctr- Minor Obj** | **Foot Notes** |
| 99201 | Initial-brief evaluation/management |  |  | $45.26 | 700-201 | 1 |
| 99202 | Initial-expanded evaluation/management |  |  | $76.62 | 700-201 | 1 |
| 99203 | Initial-detailed evaluation/management |  |  | $110.45 | 700-201 | 1 |
| 99204 | Initial-comprehensive evaluation/management |  |  | $169.39 | 700-201 | 1 |
| 99205 | Complex-evaluation/management |  |  | $213.49 | 700-201 | 1 |
| 99211 | Subsequent-brief evaluation/management |  |  | $21.75 | 700-201 |  |
| 99212 | Subsequent-limited evaluation/management |  |  | $44.60 | 700-201 |  |
| 99213 | Subsequent-expanded evaluation/management |  |  | $74.71 | 700-201 |  |
| 99214 | Established Patient Office Visit/outpatient |  |  | $110.52 | 700-201 |  |
| 99385 | Initial preventative medicine evaluation 21 - 39 yrs. |  |  | $110.45 | 700-201 | 2 |
| 99386 | Initial preventative medicine evaluation 40 - 64 yrs. |  |  | $110.45 | 700-201 | 2 |
| 99395 | Periodic preventative medicine evaluation 21 - 39 yrs. |  |  | $74.71 | 700-201 | 2 |
| 99396 | Periodic preventative medicine evaluation 40 - 64 yrs. |  |  | $74.71 | 700-201 | 2 |
| W9201 | Initial-brief evaluation/management |  |  | $45.26 | 700 | 3 |
| W9202 | Initial-expanded evaluation/management |  |  | $76.62 | 700 | 3 |
| W9203 | Initial-detailed evaluation/management |  |  | $110.45 | 700 | 3 |
| W9204 | Initial-comprehensive evaluation/management |  |  | $169.39 | 700 | 3 |
| W9205 | Complex-evaluation/management |  |  | $213.49 | 700 | 3 |
| W9211 | Subsequent-brief evaluation/management |  |  | $21.75 | 700 | 3 |
| W9212 | Subsequent-limited evaluation/management |  |  | $44.60 | 700 | 3 |
| W9213 | Subsequent-expanded evaluation/management |  |  | $74.71 | 700 | 3 |
| W9214 | Established Patient Office Visit/outpatient |  |  | $110.52 | 700 | 3 |
| W9385 | Initial preventative medicine evaluation 21 - 39 yrs. |  |  | $110.45 | 700 | 2 & 3 |
| W9386 | Initial preventative medicine evaluation 40 – 64 yrs. |  |  | $110.45 | 700 | 2 & 3 |
| **CPT Code** | **CPT Code Description** | **Technical**  **Component (TC)** | **Professional**  **Component (26)** | **Total Outpatient Rate** | **Cost Ctr- Minor Obj** | **Foot Notes** |
| W9395 | Periodic preventative medicine evaluation 21 - 39 yrs. |  |  | $74.71 | 700 | 2 & 3 |
| W9396 | Periodic preventative medicine evaluation 40 - 64 yrs. |  |  | $74.71 | 700 | 2 & 3 |
| **Section B: Breast Cancer Screening and Diagnostic Procedures** | | | | | | |
| 00400 | Anesthesia for procedures on the integumentary system, anterior trunk, not otherwise specified. |  |  | $21.08 | 813-205 | 4 |
| 10021 | Fine needle aspiration without image guidance |  |  | $124.38 | 813-304 |  |
| 10022 | Fine needle aspiration with image guidance |  |  | $142.82 | 813-304 |  |
| 19000 | Puncture aspiration of cyst of breast |  |  | $113.59 | 813-304 |  |
| 19001 | Puncture aspiration of cyst of breast, each additional cyst, used with CPT code 19000 |  |  | $28.08 | 813-304 |  |
| 19081 | Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion |  |  | $690.69 | 813-304 | 5 |
| 19082 | Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion |  |  | $566.67 | 813-304 | 5 |
| 19083 | Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion |  |  | $671.37 | 813-304 | 5 |
| 19084 | Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion |  |  | $543.88 | 813-304 | 5 |
| 19085 | Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion |  |  | $999.79 | 813-304 | 5 |
| 19086 | Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion |  |  | $806.18 | 813-304 | 5 |
| 19100 | Breast biopsy, percutaneous, needle core, not using imaging guidance |  |  | $152.48 | 813-304 |  |
| 19101 | Breast biopsy, incisional, open |  |  | $347.29 | 813-304 |  |
| **CPT Code** | **CPT Code Description** | **Technical**  **Component**  **(TC)** | **Professional**  **Component**  **(26)** | **Total Outpatient Rate** | **Cost Ctr- Minor Obj** | **Foot Notes** |
| 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 |  |  | $508.63 | 813-304 |  |
| 19125 | Excision of breast lesion identified by preoperative placement of radiological marker; open; single lesion |  |  | $563.60 | 813-304 |  |
| 19126 | Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker |  |  | $156.32 | 813-304 |  |
| 19281 | Placement of breast localization device, percutaneous; mammographic guidance; first lesion |  |  | $243.35 | 813-304 | 6 |
| 19282 | Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion |  |  | $167.53 | 813-304 | 6 |
| 19283 | Placement of breast localization device, percutaneous; stereotactic guidance; first lesion |  |  | $274.08 | 813-304 | 6 |
| 19284 | Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion |  |  | $204.47 | 813-304 | 6 |
| 19285 | Placement of breast localization device, percutaneous; ultrasound guidance; first lesion |  |  | $515.68 | 813-304 | 6 |
| 19286 | Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion |  |  | $449.05 | 813-304 | 6 |
| 19287 | Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion |  |  | $854.40 | 813-304 | 6 |
| 19288 | Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion |  |  | $687.67 | 813-304 | 6 |
| 76098 | Radiologic examination, surgical specimen | $8.63 | $8.53 | $17.16 | 813-304 |  |
| 76641 | Ultrasound complete examination of breast including axilla, unilateral | $69.89 | $38.60 | $108.49 | 813-309 |  |
| **CPT Code** | **CPT Code Description** | **Technical**  **Component**  **(TC)** | **Professional**  **Component**  **(26)** | **Total Outpatient Rate** | **Cost Ctr- Minor Obj** | **Foot Notes** |
| 76642 | Ultrasound limited examination of breast including axilla, unilateral | $53.28 | $35.99 | $89.27 | 813-309 |  |
| 76942 | Ultrasonic guidance for needle placement, imaging supervision and interpretation | $26.97 | $34.25 | $61.22 | 813-309 |  |
| 77053 | Mammary ductogram or galactogram, single duct | $39.43 | $18.93 | $58.37 | 813-304 |  |
| 77065 | Diagnostic mammogram, unilateral, includes CAD | $92.38 | $43.02 | $135.41 | 813-304/308 |  |
| 77066 | Diagnostic mammogram, bilateral, includes CAD | $118.00 | $53.05 | $171.04 | 813-304/308 |  |
| 77067 | Screening Mammogram, Bilateral | $97.58 | $40.09 | $137.67 | 813-308 |  |
| 77058 | Magnetic Resonance Imaging, breast, with and/or without contrast, unilateral | $450.55 | $86.11 | $536.66 | 813-304 | 7 |
| 77059 | Magnetic Resonance Imaging, breast, with and/or without contrast, bilateral | $448.13 | $86.11 | $534.23 | 813-304 | 7 |
| 77063 | Screening bilateral breast tomosynthesis | $24.57 | $31.56 | $56.14 | 813-308 |  |
| 88172 | Cytopathology, evaluation of fine needle aspiration | $20.05 | 39.19 | $59.24 | 813-304 |  |
| 88173 | Cytopathology, interpretation and report of fine needle aspiration | $79.90 | $77.06 | $156.96 | 813-304 |  |
| 88305 | Surgical pathology, gross and microscopic examination | $29.05 | $41.14 | $70.19 | 813-304/305 |  |
| 88307 | Surgical pathology, gross and microscopic examination, requiring microscopic evaluation of margins | $175.08 | $90.23 | $265.31 | 813-304/305 |  |
| 88360 | Morphometric analysis, tumor immunohistochemistry, per specimen; manual | $86.15 | $48.09 | $134.24 | 813-304 |  |
| 88361 | Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted  technology | $94.81 | $51.23 | $146.03 | 813-304 |  |
| G0279 | Diagnostic digital breast tomosynthesis, unilateral or bilateral | $24.57 | $31.56 | $56.14 | 813-308 |  |
| S0613 | Clinical Breast Exam |  |  | $0.00 | 700-110 |  |
| W0166 | Charge for use of hospital room (Less than 24 hours observation) |  |  | $800.00 | 813-260 |  |
| G0378 | Charge for use of hospital room (Less than 24 hours observation) |  |  | $800.00 | 813-260 |  |

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| **Section C: Cervical Cancer Screening and Diagnostic Procedures** | | | | | | |
| **CPT Code** | **CPT Code Description** | **Technical**  **Component**  **(TC)** | **Professional**  **Component**  **(26)** | **Total Outpatient Rate** | **Cost Ctr- Minor Obj** | **Foot Notes** |
| 00940 | Anesthesiology, vaginal (cervical) procedures (per unit) |  |  | $21.08 | 813-305 | 4 |
| 57452 | Colposcopy of cervix, upper/adjacent vagina |  |  | $112.01 | 813-305 |  |
| 57454 | Colposcopy with biopsy of cervix & endocervical curettage |  |  | $157.14 | 813-305 |  |
| 57455 | Colposcopy with biopsy of the cervix |  |  | $146.58 | 813-305 |  |
| 57456 | Colposcopy with endocervical curettage |  |  | $138.15 | 813-305 |  |
| 57460 | Endoscopy (Colposcopy) with loop electrode biopsy(s) of the cervix |  |  | $285.49 | 813-305 |  |
| 57461 | Endoscopy (Colposcopy) with loop electrode conization of the cervix |  |  | $323.83 | 813-305 |  |
| 57500 | Biopsy, single or multiple, or local excision of lesion, with or without fulguration  (separate procedure) |  |  | $129.02 | 813-305 |  |
| 57505 | Endocervical curettage (not done as part of a dilation and curettage) |  |  | $104.73 | 813-305 |  |
| 57520 | Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser |  |  | $316.62 | 813-305 | 8 |
| 57522 | Loop electrode excision procedure |  |  | $270.98 | 813-305 | 8 |
| 58100 | Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure) |  |  | $111.80 | 813-305 |  |
| 58110 | Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure) |  |  | $50.02 | 813-305 |  |
| 87624 | Human Papillomavirus, High Risk Types |  |  | $43.33 | 813-305 | 9 |
| 87625 | Human Papillomavirus, types 16 and 18 only |  |  | $43.33 | 813-305 | 9 |
| 88141 | Conventional Pap test, cervical or vaginal any reporting system, requiring interpretation by physician |  |  | $42.05 | 813-305 |  |
| 88142 | Liquid-based Pap test (Thin-Prep) |  |  | $25.01 | 813-305 |  |
| 88143 | Pap test, thin layer preparation, automated thin layer preparation manual screening and rescreening |  |  | $25.01 | 813-305 |  |
| 88164 | Conventional Pap Test |  |  | $14.65 | 813-305 |  |

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| **CPT Code** | **CPT Code Description** | **Technical**  **Component**  **(TC)** | **Professional**  **Component**  **(26)** | **Total Outpatient Rate** | **Cost Ctr- Minor Obj** | **Foot Notes** |
| 88165 | Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening and rescreening under physician supervision |  |  | 42.22 | 813-305 |  |
| 88174 | Pap test, thin layer preparation, automated thin layer preparation automated screening |  |  | $26.38 | 813-305 |  |
| 88175 | Pap test, thin layer preparation, automated thin layer preparation automated screening and manual rescreening |  |  | $32.71 | 813-305 |  |
| 88305 | Surgical pathology, gross and microscopic examination | $29.05 | $41.14 | $70.19 | 813-304/305 |  |
| 88307 | Surgical pathology, gross and microscopic examination, requiring microscopic evaluation of margins | $175.08 | $90.23 | $265.31 | 813-305 |  |
| 88331 | Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen | $29.12 | $62.57 | $91.69 | 813-305 |  |
| 88332 | Pathology consultation during surgery, each additional tissue block with frozen section(s) | $20.74 | $33.65 | $54.39 | 813-305 |  |
| 88341 | Immunohistochemistry or Immunocytochemistry, per specimen; each additional single antibody stained procedure (list separately in addition to code for primary procedure) | $62.30 | $30.77 | $93.07 | 813-305 |  |
| 88342 | Immunohistochemistry or Immunocytochemistry, per specimen; initial single antibody staining procedure. | $71.27 | $38.53 | $109.81 | 813-305 |  |
| W0166 | Charge for use of hospital room (Less than 24 hours observation) |  |  | $800.00 | 813-260 |  |
| G0378 | Charge for use of hospital room (Less than 24 hours observation) |  |  | $800.00 | 813-260 |  |
| **Section D: Procedures that may be paid with other sources. KWCSP federal funds cannot used to reimburse the services listed below.** | | | | | | |
| 77061 | Breast tomosynthesis, unilateral | Rates not available | | | | |
| 77062 | Breast tomosynthesis, bilateral | Rates not available | | | | |
| 87623 | Human papillomavirus, low-risk types |  |  | $48.14 |  | 10 |

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| **Section E: Foot Notes** |  |
| 1. All consultations should be billed through the standard “new patient” office visit CPT codes: 99201-99205. Consultations billed as 99204 or 99205 must meet the criteria for these codes. | |
| 1. Office visit CPT codes 99385, 99386 W9385 and W9386 codes shall be reimbursed at or below the 99203 rate. Office visit CPT codes 99395, 99396, W9395 and W9396 codes shall be reimbursed at or below the 99213 rate. | |
| 1. 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. Code W921- instead of 9921- for established patients. | |
| 1. The KWCSP will reimburse LHDs at the rate $21.08 per unit of anesthesia. Medicare Base Units = 3   (Additional single units for time can be reported and included in the overall total number of units) | |
| 1. Codes 19081­-19086 are to be used for breast biopsies that include image guidance, placement of localization device, and imaging of specimen. These codes should not be used in conjunction with 19281-19288. | |
| 1. CPT Codes 19281-19288 are for image guidance placement of localization device without image-guided biopsy. These codes should not be used in conjunction with 19081-19086. | |
| 1. Breast MRI:  * KWCSP will reimburse Breast MRI when performed in conjunction with a mammogram when a client has a BRCA mutation, a first-degree relative who is a BRCA carrier, or a lifetime risk of 20-25% or greater as defined by risk assessment models such as BRCAPRO that are largely dependent on family history. * KWCSP will reimburse Breast MRI when used to better assess areas of concern on a mammogram or for evaluation of a client with a past history of breast cancer after completing treatment. * KWCSP will not reimburse Breast MRI when performed alone as a breast cancer screening tool. KWCSP will not reimburse Breast MRI when performed to assess the extent of disease in women who are already diagnosed with breast cancer. | |
| 1. Treatment of breast cancer, cervical intraepithelial neoplasia and cervical cancer are not allowed by the Program. Please refer patients to the Breast and Cervical Cancer Treatment Program (BCCTP) for treatment services. | |
| 1. HPV Testing:  * 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. * HPV testing 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. * Per the current cervical cancer screening guidelines, co-testing is an option for women 30-64 who meet specific clinical criteria and HPV co-testing 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. * 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). * KWCSP will not reimburse Human Papillomavirus, low-risk types procedure (CPT code: 87623). | |
| 1. These procedures cannot be reimbursed with the KWCSP federal funds. However, LHDs **may** use other sources to reimburse for these procedures. | |
| Notes:   1. Please refer to the Kentucky Women’s Cancer Screening Program Reimbursement Policy version 4.0 for details. 2. CPT rates are based on the Center’s for Medicare & Medicaid Services’ physician fee schedule Non-Facility Limiting Charge. | |

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