Kentucky Women’s Cancer Screening Program (KWCSP) Training Manual
Kentucky Women’s Cancer Screening Program (KWCSP)
Eligibility: women • 21 or older • no health insurance • household income at or below 250% of federal poverty level

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1. Welcome
2. Program Overview

The Breast and Cervical Cancer Mortality Prevention Act of 1990 (Public Law 101-354) established the Centers for Disease Control and Prevention’s (CDC’s) National Breast and Cervical Cancer Early Detection Program (NBCCEDP). The program provides grant awards to states for breast and cervical cancer screening exams to underserved women, including those who have low incomes or are members of racial and ethnic minority groups. The program operates in all 50 states, the District of Columbia, 6 U.S. territories, and 13 tribes or tribal organizations. Additionally, in 1990, legislation (KRS 214.554) established the Kentucky Women’s Cancer Screening Program (KWCSP) in the Department for Public Health, in the Division of Women’s Health.

Program Eligibility

The KWCSP provides breast and cervical cancer screenings, diagnostic follow-up services and case management for women:
• 21 years of age or older
• Household income at or below 250% of the federal poverty level
• Uninsured (no Medicare, no Medicaid and no private health insurance)

The Kentucky Department for Public Health’s KWCSP is the state branch of the NBCCEDP and is 100% funded by the CDC. The KWCSP allocates awarded federal funds to local health departments who commit to provide KWCSP services; to federally qualified health centers (FQHCs), FQHC Look-a-Like, Rural Health Clinics, and university based primary care clinics. KWCSP allocations are determined annually based on a formula which includes the availability of funds, and the number of unduplicated KWCSP clients seen in the previous calendar year. Reimbursements to health systems occur through contractual agreements approved by the Cabinet for Health and Family Services.
2. Program Overview cont.

Program Requirements

Fiscal
- Clinic EMR is able to increase sliding fee scale to 250% of FPL for program eligibility determination
- Clinic EMR identifies KWCS-eligibles and waives nominal fee/co-pay charges for KWCSP services
- Clinic EMR is able to track ALL women utilizing patient navigation services, no matter the payor source
- Clinic will accept reimbursements at 100% of the Medicare Part B rate

Clinical
- Clinic provides program covered services and promotes regular screening and early detection
- Clinic ensures women with abnormal screening result be provided patient navigation services
- Clinic ensures patient navigation services include the required activities per federal guidelines
- Clinic EMR client assessment includes tobacco smoking status and QUIT line discussion
- Clinic EMR client assessment includes high risk cancer assessments (breast and cervical)
- Clinic EMR tracks referral process for mammography, lab services and all diagnostic follow-up
- Clinic ensures a woman’s cycle of care is completely closed in a timely manner
  - Time between abnormal breast cancer screening and final diagnosis should be no more than 60 days
  - Time between abnormal cervical cancer screening and final diagnosis should be no more than 90 days
- Clinic ensures a woman with a diagnosis of breast/cervical cancer receives timely referral to BCCTP
  - Time from final diagnosis to initiation of treatment should be no more than 60 days

Data and Reporting
- Clinic assures required program specific data elements are obtainable
- Clinic submits MDEs to DWH on a monthly basis initially (first 6 months) and then quarterly thereafter
- Clinic submits baseline clinic-level data (KWCSP will provide template)
- Clinic submits patient navigation data, if applicable (KWCSP will provide template)
- Clinic submits clinical service delivery invoices accurately, timely and complete

KWCSP Will Provide
- Minimum Data Elements (MDEs) training and technical assistance to appropriate staff
- Clinical service delivery invoicing and reimbursement training for covered services
- Patient navigation training (if applicable) to appropriate clinic staff and include:
  - Partnership Goals, Identifying Eligibles, Clinical Service Delivery Overview, Breast and Cervical Cancer Treatment Program (BCCTP).
3. Covered Services

**Allowable Use of Funds for KWCSP-Eligible**

**Breast Cancer Screening**

- Screening/diagnostics for women age 40 and older, every 1-2 years*
  - **Priority population - women age 50 and older**
- Screening/diagnostics for transgender women (male to female) who have taken or are taking hormones
- Screening/diagnostics for transgender men (female to male) who have not undergone a bilateral mastectomy
- Assess women for high-risk status, age 25-30, update regularly
  - Provider can determine what method/tool to use for determining high-risk status. Below are two options to consider:
    - [https://ibis.ikonopedia.com/](https://ibis.ikonopedia.com/)
    - [https://bcrisktool.cancer.gov/](https://bcrisktool.cancer.gov/)
- Use CDC’s definition of high-risk
  - High-risk means any of the following are true, if the woman has a:
    - Known BRCA mutation
    - History of breast cancer
    - First-degree relative with a history of premenopausal breast cancer or a known BRCA mutation
    - Lifetime risk of 20% or greater for developing breast cancer, as defined by a risk assessment model that is largely dependent on family history
    - History of radiation treatment to the chest wall
    - Personal or family history of genetic syndromes such as Li-Fraumeni syndrome
- Screening high-risk women with both an annual mammogram and annual breast MRI
- Evaluating women under the age of 40 who are determined to be high-risk
- Evaluating women under the age of 40 who are symptomatic
- Surveillance of program-eligible woman with a history of breast cancer
- Breast MRI, only when:
  - MRI is used with a mammogram as part of screening for a high-risk woman
  - MRI is used to better assess an area of concern on a mammogram
  - MRI is used for evaluation of a client with a history of breast cancer, after completing treatment
- Funds **cannot** be used for breast MRI when:
  - MRI is used alone as a screening tool
  - MRI is used to assess the extent of disease in a woman already diagnosed (with breast cancer)
- Counsel women on the benefits/risks of mammography
- Follow-up intervals:
  - Timeframe between abnormal breast cancer screening and final diagnosis should be **60 days or less**
  - Timeframe between diagnosis of breast cancer and initiation of treatment should be **60 days or less**

*Providers can determine which nationally recognized breast cancer screening guidelines to follow. ACS, USPSTF, and ACOG guidelines are all compatible with KWCSP reimbursement.*

**Note:** For reimbursement details, refer to the current KWCSP list of approved CPT codes. KWCSP pays 100% of the Medicare Part B rate.
3. Covered Services cont.

Cervical Cancer Screening

- Screening/diagnostics for women 21-65
  - **Priority population** – women never screened
  - Average-risk women age 21-29 screened with the Pap test every 3 years
  - Average-risk women age 30-65 screened with one of three options:
    - Pap testing alone, every 3 years
    - Co-testing (Pap and HPV) every 5 years
    - Primary hrHPV testing every 5 years

- Screening/diagnostics for transgender men (female to male) who still have a cervix

- Screening/diagnostics for women past the age of 65, if she:
  - Has not yet had a 10 year history of negative screening results
  - Has less than 20 years of screening since treatment for a cervical neoplasia or in situ disease
  - Is still in good health and has a history of invasive cervical cancer

- Assess for high-risk status. *High-risk* includes:
  - History of cervical cancer or pre-cancer
  - In-utero DES exposure
  - Immuno-compromised

- Frequent screening (as often as annually) of women considered high-risk

- Testing for high-risk HPV types. Low risk HPV types will not be reimbursed

- Screening women who have had a hysterectomy, if:
  - She still has a portion of the cervix
  - She no longer has a cervix, but the reason for the hysterectomy was treatment for cervical neoplasia or cervical cancer
  - The reason for her hysterectomy is unknown or not documented
    - These women should be screened until there is a 10-year history of negative screening results, including the documentation that the Pap tests were technically satisfactory
  - It is unknown if the cervix was removed at the time of the hysterectomy, funds can be used for an office visit (to perform a pelvic exam) to determine if the cervix is present

- Follow-up Intervals:
  - Timeframe between abnormal cervical cancer screening and final diagnosis should be **90** days or less
  - Timeframe between diagnosis of cervical neoplasia and initiation of treatment should be **90** days or less
  - Timeframe between diagnosis of cervical cancer and initiation of treatment should be **60** days or less

Patient Navigation Services, if applicable

For all services funded by KWCSP:

- Submit required data elements to KWCSP
- Provide patient navigation on all women receiving an abnormal screening/diagnostic result, which includes CDC required navigation activities
- Complete smoking status assessment and provide referrals to tobacco QUITlines for users

**Note:** For reimbursement details, refer to the current KWCSP list of approved CPT codes. KWCSP pays 100% of the Medicare Part B rate.
4. Breast and Cervical Cancer Treatment Program (BCCTP)
Administered by the KY Department for Medicaid Services

Introduction – Once a woman is screened and/or diagnosed through the KWCSP and is found to have a biopsy-confirmed diagnosis of pre-cancer or cancer of the breast or cervix, the staff shall begin the application process for the Breast and Cervical Cancer Treatment Program (BCCTP). A BCCTP eligible receives the full range of Medicaid Services in addition to her cancer treatment. Services include: visits to primary care physicians, dentists, hospital emergency rooms, independent laboratory services, inpatient hospitalization, vision services, screening services and health department services.

Eligibility Requirements – A woman is eligible for the BCCTP if she:

- Has been screened or diagnosed with cancer or precancerous condition by a KWCSP provider
- Has been found to be in need of treatment for either breast or cervical cancer, including a precancerous condition or early stage cancer*
- Is 21 or older and less than 65 years of age
- Has a household income at or below 250% of the federal poverty guideline
- Does not have creditable health insurance coverage
- Is a United States citizen or qualified alien
- Is a resident of Kentucky
- Is not eligible for medical assistance or public insurance in any other eligible group
- Is not a resident of a public institution (e.g. prison)

NOTE: Eligibility for the KWCSP does not guarantee eligibility for Medicaid services via the BCCTP (e.g., women over the age of 65, undocumented women not eligible).

*Below are some conditions that are considered pre-cancerous conditions. If a woman receives one of these diagnoses, or a diagnosis of cancer, she is eligible to apply for the BCCTP:

- **Breast conditions**
  - Lobular carcinoma-in-situ
  - Atypical hyperplasia
  - Benign phylloides tumors
  - Some types of papillomatosis
  - Radial scar, sometimes referred to as sclerosing lesions

- **Cervical conditions**
  - High grade squamous epithelial lesions (HSIL)
  - Adenocarcinoma-in-Situ

Eligibility Periods – The length of Medicaid coverage is below:

- Breast Cancer: 4 months
- Cervical Cancer: 3 months
- Precancerous Condition: 2 months
Kentucky Women’s Cancer Screening Program (KWCP)

Eligibility: 
• women 
• 21 or older 
• no health insurance 
• household income at or below 250% of federal poverty level

4. Breast and Cervical Cancer Treatment Program (BCCTP) cont.

Administered by the KY Department for Medicaid Services

Enrollment – **Clinics Determine Eligibility & Submit the BCCTP Application Through Benefind**

The **MAP-813B** is a pre-screening eligibility form, which will help identify which clients are eligible to apply for the BCCTP. It's use is optional. It cannot be completed online.

The client for whom the BCCTP application is being filed should be instructed to provide the following, to be copied and saved in the client’s chart:

- Social Security Number
- Health Insurance (if any)
- Proof of immigration status for non-citizens
- Proof of citizenship
- Proof of identity

The **MAP-813** form is a paper application and must be completed, signed and saved in the patient’s chart. The information can then be transferred to the on-line application, which will be the one submitted to DMS. To gain access to the on-line application, the designated staff at the KWCP-participating clinic must send a request to [dms.eligibility@ky.gov](mailto:dms.eligibility@ky.gov). Consult the **Consolidated BCCTP Design Job Aid** for guidance in completing the online application. Once the online application is submitted a BCCTP Confirmation page will pop up. This should be printed and given to the client to serve as her BCCTP card.

**Extension of Eligibility Period** – Some patients may require longer than the standard period of treatment and may be granted a Medicaid eligibility extension. During the initial BCCTP application process the patient must be informed to contact her provider at the clinic 2 weeks prior to the end of her Medicaid eligibility period if her treatment plan will extend past that eligibility period. The KWCP-provider will initiate a Request for Treatment Extension using a **MAP-813D** form to be faxed to the treating physician to complete and sign. The treating physician will then send the form back to the clinic. The clinic **will fax the MAP-813D form to BCCTP Extensions: 502-564-0039**. Call Medicaid’s extension office at 502-564-6890, ext. 2278 or 2255, to ensure receipt and uninterrupted coverage. When a MAP-813D form is used, a signed copy of that form must also be saved in the patient’s chart.

Refer to the DMS website for forms related to the BCCTP: [https://chfs.ky.gov/agencies/dms/dpo/epb/Pages/bcctp.aspx](https://chfs.ky.gov/agencies/dms/dpo/epb/Pages/bcctp.aspx).

Call 800-635-2570 for all BCCTP inquiries.
5. Data Requirements

What are Minimum Data Elements (MDEs)?

MDEs are a set of standardized data elements used to collect demographic and clinical information (screening and/or diagnostic) on women screened using KWCSP funds. The MDEs are collected from our partners and reported to CDC’s National Breast and Cervical Cancer Early Detection Program (NBCCEDP) twice a year. Each MDE record describes a screening cycle that starts with a screening test and tracks the women through any immediate follow-up of abnormal findings needed to complete diagnostic evaluation and initiate treatment*. A unique patient identification number facilitates tracking screening services to a woman over time. MDEs must meet all data quality standards set by CDC.

Data Collection

- Provides quality assurance and evaluation of services rendered by health system
- Ensures services are **timely, complete, accurate**
- Measures KWCSP’s efficiency and effectiveness
- Drives federal grant award amount
- Communicates efforts and successes to the public, legislators, Congress, and advocates.

The KWCSP’s primary goal is to increase the number of quality screenings and diagnostics among our partnering health systems to decrease the burden of cancer in our Commonwealth. Data collection on increased breast/cervical cancer screening services drives the KWCSP funding amounts to our partners – the more we screen the more funds we receive from our federal partners.

There are 36 data elements, most of which we are confident you are already collection in your EMR.

Five (5) data collection CATEGORIES for both BREAST and CERVICAL services:

1. DEMOGRAPHICS on ALL KWCSP patients
2. SCREENING services
3. RESULTS of screening services
4. DIAGNOSIS services
5. TREATMENT if needed*

*Historically, only 10% of women diagnosed with cancer through the program are eligible for treatment through Medicaid’s Breast and Cervical Cancer Treatment Program (BCCTP). Since BCCTP’s inception in 2001, the KWCSP referred more than 7,000 patients to the BCCTP for cancer treatment services of the breast and cervix.

Your Data Will Be Part of the Big Picture

KWCSP has been recognized by the CDC as one of a dozen programs, among the 68 national programs, that continues to meet all the performance indicators for quality of breast and cervical cancers!
6. Invoicing and Reimbursements

Identify KWCSP-Eligible
During the patient’s registration/check-in at the clinic, office staff will identify women who are eligible to receive their breast/cervical cancer screening/diagnostic services paid for through KWCSP. Again, there are only three requirements for KWCSP eligibility:

1. Woman must be at least 21 years of age
2. Household income at or below 250% of the federal poverty level
3. No health insurance (No Medicaid or Medicare, or any other third party payor source)

Once a woman is deemed KWCSP eligible, the EMR should reflect KWCSP as her payer source.

KWCSP-Approved CPT Codes
The program will provide a list of KWCSP-approved CPT codes and rates. The list of CPT codes/rates include technical, professional and global components. The CDC determines the program’s reimbursable codes and CMS (Centers for Medicare and Medicaid Services) determines the reimbursable rates. This list is adjusted and updated annually. KWCSP will send the health system a revised listing, usually in January or February.

Creating an Invoice
After the woman receives her KWCSP services, the health system will track those services by entering the appropriate KWCSP-approved CPT codes in the EMR. The health system will then send to KWCSP a listing of all the KWCSP-approved CPT codes used, representing services rendered, during an agreed upon time-period (monthly or quarterly). This listing should also include services rendered by the health system’s contracted providers. This listing may serve as the invoice for reimbursement. You may also contact KWCSP to request a billing invoice template. The KWCSP reimburses the health system for these CPT codes at 100% of the Medicare Part B rate.

In addition to the CPT codes, invoices should include the following components:
- Name and address
- KWCSP contract #
- Dates of services (e.g. Feb. 1, 2021-Feb. 28, 2021)
- Invoice #
- Invoice date (date the invoice is completed)
- Amount due for the agreed upon billing period (e.g. monthly)
- Cumulative total for all invoices to date
- Description of services provided (CPT codes)

E-mail invoices to: womenshealthinvoices@ky.gov and copy (cc) Alex.Glykas@ky.gov.
6. Invoicing and Reimbursements cont.

Reimbursements

Reimbursements from the KWCSP are based upon the CDC-approved KWCSP CPT codes and the CMS-approved rates. Payment from KWCSP is conditional upon:

- receipt of appropriate, accurate and acceptable invoices submitted in a timely manner
- availability of federal funds

The Kentucky Department for Public Health/KWCSP will reimburse the health system for services provided during the agreed upon time period (e.g. monthly). Reimbursement will be at 100% of the Medicare Part B rate. The health system will then reimburse their contracted providers at a previously negotiated rate, exhibited in the provider contract.

*Note: Any negotiated rate that is greater than the KWCSP rate of reimbursement will be the responsibility of the health system.*

KWCSP Invoicing / Reimbursement Contacts:

- Invoicing: Contact Alex - alex.glyas@ky.gov
- Contracts: Contact Ellen - ellen.barnard@ky.gov
- CPT codes/reimbursement rates: Contact Ram - sivaramr.maratha@ky.gov

*Note: Facilities may use their own invoices or may request the KWCSP invoice template.*
Kentucky Women’s Cancer Screening Program (KWCSP)

Eligibility: women • 21 or older • no health insurance • household income at or below 250% of federal poverty level

7. Contacts

Division Contacts

Division of Women’s Health, Director
Jan Chamness

Assistant Director
Cindy Arflack

KWCSP Contacts

Program Director
Ellen Barnard

Data Manager
Sivaram “Ram” Maratha

Clinical Coordinator
Colleen Toftness

Outreach Coordinator
Emily Goodwin

Nurse Consultant
Holly Mullins

IT consultant
Manisha Sharma

Resource Management Analyst
Alex Glykas

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IT consultant
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Resource Management Analyst
alex.glykas@ky.gov

Areas of Expertise

- Health System’s Contract with the State
  Ellen Barnard

- Health System’s Technical Assistance Coordinator
  Holly Mullins

- Program / Eligibility Requirements
  Ellen Barnard

- Clinical Covered Services
  Colleen Toftness

- Breast and Cervical Cancer Treatment Program (BCCTP)
  Colleen Toftness

- Data Requirements
  Ram Maratha

- CPT Codes and Tracking Covered Services
  Ram Maratha

- Billing
  Alex Glykas

- Invoicing
  Alex Glykas

Thank you for being a part of the KWCSP family!
Kentucky Women's Cancer Screening Program (KWCSP)
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 01/01/2021
Revised 03/15/2021

### Section A: Office Visits

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### Section B: Breast Cancer Screening and Diagnostic Procedures

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# Kentucky Women's Cancer Screening Program (KWCSP)

**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)

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<td>19000</td>
<td>Puncture aspiration of cyst of breast</td>
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<td>19001</td>
<td>Puncture aspiration of cyst of breast, each additional cyst, used with CPT code 19000</td>
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<td>$28.19</td>
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<td>19081</td>
<td>Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion</td>
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<td>$574.77</td>
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<tr>
<td>19082</td>
<td>Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion</td>
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<td>$455.53</td>
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<td>19083</td>
<td>Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion</td>
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<tr>
<td>19084</td>
<td>Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion</td>
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<td>19085</td>
<td>Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion</td>
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<td>19086</td>
<td>Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion</td>
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<td>$689.94</td>
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</table>
## Kentucky Women's Cancer Screening Program (KWCSP)

**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)

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>CPT Code Description</th>
<th>Technical Component (TC)</th>
<th>Professional Component (26)</th>
<th>Total Out Pt. Rate</th>
<th>Cost Ctr Obj</th>
<th>Foot Notes</th>
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<tr>
<td>19100</td>
<td>Breast biopsy, percutaneous, needle core, not using imaging guidance</td>
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<td>$160.90</td>
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<td>19101</td>
<td>Breast biopsy, incisional, open</td>
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<td>19120</td>
<td>Excision of cyst, fibroadenoma or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion; open; one or more lesions</td>
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<td>19125</td>
<td>Excision of breast lesion identified by preoperative placement of radiological marker; open; single lesion</td>
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<td>19126</td>
<td>Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker</td>
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<td>19281</td>
<td>Placement of breast localization device, percutaneous; mammographic guidance; first lesion</td>
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<td>19282</td>
<td>Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion</td>
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<td>$176.12</td>
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<td>Placement of breast localization device, percutaneous; stereotactic guidance; first lesion</td>
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<td>Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion</td>
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<td>19287</td>
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</tbody>
</table>
# Kentucky Women's Cancer Screening Program (KWCSP)

**Approved CPT Codes and Reimbursement Rates**

for Breast and Cervical Cancer Screening and Follow-up

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**Effective 01/01/2021**  
**Revised 03/15/2021**

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<td>Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion</td>
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<td>G0279</td>
<td>Diagnostic digital breast tomosynthesis, unilateral or bilateral</td>
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<td>S0613</td>
<td>Clinical Breast Exam</td>
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<td>G0378</td>
<td>Charge for use of hospital room (Less than 24 hours observation)</td>
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<td>$1000.00</td>
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<td>76098</td>
<td>Radiologic examination, surgical specimen</td>
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<td>76641</td>
<td>Ultrasound complete examination of breast including axilla, unilateral</td>
<td>$69.22</td>
<td>$37.70</td>
<td>$106.92</td>
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<td>76642</td>
<td>Ultrasound limited examination of breast including axilla, unilateral</td>
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<td>$35.47</td>
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<td>76942</td>
<td>Ultrasonic guidance for needle placement, imaging supervision and interpretation</td>
<td>$26.15</td>
<td>$33.10</td>
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<tr>
<td>77053</td>
<td>Mammary ductogram or galactogram, single duct</td>
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<td>$18.66</td>
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<td>77065</td>
<td>Diagnostic mammogram, unilateral, includes CAD</td>
<td>$86.75</td>
<td>$41.75</td>
<td>$128.52</td>
<td>813-304/308</td>
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<tr>
<td>77066</td>
<td>Diagnostic mammogram, bilateral, includes CAD</td>
<td>$110.96</td>
<td>$51.62</td>
<td>$162.58</td>
<td>813-304/308</td>
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<tr>
<td>77067</td>
<td>Screening mammogram, bilateral</td>
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<td>$39.51</td>
<td>$131.25</td>
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<tr>
<td>77046</td>
<td>Magnetic resonance imaging (MRI), breast, without contrast, unilateral</td>
<td>$163.62</td>
<td>$74.39</td>
<td>$238.01</td>
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<td>77047</td>
<td>Magnetic resonance imaging (MRI), breast, without contrast, bilateral</td>
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<td>77048</td>
<td>Magnetic resonance imaging (MRI), breast, including CAD, with &amp; without contrast, unilateral</td>
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<td>77049</td>
<td>Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, bilateral</td>
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<tr>
<td>77063</td>
<td>Screening bilateral breast tomosynthesis</td>
<td>$24.18</td>
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<td>$55.60</td>
<td>813-308</td>
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## Section C: Cervical Cancer Screening and Diagnostic Procedures

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<tr>
<td>57452</td>
<td>Colposcopy of cervix, upper/adjacent vagina</td>
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<td></td>
<td>$128.70</td>
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<td>57454</td>
<td>Colposcopy with biopsy of cervix &amp; endocervical curettage</td>
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<td></td>
<td>$175.02</td>
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<td>57455</td>
<td>Colposcopy with biopsy of the cervix</td>
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<td>$165.47</td>
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<td>57456</td>
<td>Colposcopy with endocervical curettage</td>
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<td>$155.21</td>
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<td>57460</td>
<td>Endoscopy (Colposcopy) with loop electrode biopsy(s) of the cervix</td>
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<td>$327.46</td>
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<tr>
<td>57461</td>
<td>Endoscopy (Colposcopy) with loop electrode conization of the cervix</td>
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<td>$365.75</td>
<td>813-305</td>
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<tr>
<td>57500</td>
<td>Biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)</td>
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<td>$156.40</td>
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<td>57505</td>
<td>Endocervical curettage (not done as part of a dilation and curettage)</td>
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<td>$149.08</td>
<td>813-305</td>
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<tr>
<td>57520</td>
<td>Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser</td>
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<td>$360.38</td>
<td>813-305</td>
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<tr>
<td>57522</td>
<td>Loop electrode excision procedure</td>
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<td>$310.56</td>
<td>813-305</td>
<td>5</td>
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<td>58100</td>
<td>Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)</td>
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<td>$105.43</td>
<td>813-305</td>
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<tr>
<td>58110</td>
<td>Endometrial sampling (biopsy) performed in conjunction with colposcopy (list separately in addition to code for primary procedure)</td>
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<td>$53.00</td>
<td>813-305</td>
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<td>G0378</td>
<td>Charge for use of hospital room (Less than 24 hours observation)</td>
<td></td>
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<td>$1000.00</td>
<td>813-260</td>
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### Kentucky Women's Cancer Screening Program (KWCSP)

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for Breast and Cervical Cancer Screening and Follow-up  
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**Effective 01/01/2021**  
**Revised 03/15/2021**

#### Section D: Pathology

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<tbody>
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<td>87426</td>
<td>COVID-19 infectious agent detection by nucleic acid DNA or RNA; amplified probe technique</td>
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<td>87635</td>
<td>COVID-19 infectious agent antigen detection by immunoassay technique; qualitative or semiquantitative</td>
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<td>In situ hybridization (eg,FISH), per specimen; initial single probe stain procedure</td>
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<td>88367</td>
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<td>Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each multiplex stain procedure</td>
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<td>Morphometric analysis, in situ hybridization, manual, per specimen, initial single probe stain procedure</td>
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<td>Morphometric analysis, in situ hybridization, manual, per specimen, each additional probe stain procedure</td>
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<td>Morphometric analysis, in situ hybridization, manual, per specimen, each multiplex stain procedure</td>
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<td>Human Papillomavirus, high risk types</td>
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<td>88141</td>
<td>Conventional Pap test, cervical or vaginal any reporting system, req. interpret. by physician</td>
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<tr>
<td>88142</td>
<td>Liquid-based Pap test (Thin-Prep)</td>
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<td>$20.26</td>
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<td>88143</td>
<td>Pap test, thin layer preparation, automated thin layer preparation manual screening and rescreening</td>
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<td>Conventional Pap test</td>
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<td>Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening and rescreening under physician supervision</td>
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<td>Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), first evaluation episode</td>
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<td>Cytopathology, evaluation of fine needle aspirate; interpretation and report</td>
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<td>Pap test, thin layer preparation, automated thin layer preparation automated screening</td>
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<td>Pap test, thin layer preparation, automated thin layer preparation automated screening and manual rescreening</td>
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<td>Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), each separate additional evaluation episode</td>
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<td>Surgical pathology, gross and microscopic examination</td>
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<td>Surgical pathology, gross and microscopic exam, requiring microsco evaluation of margins</td>
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<td>Pathology consult. during surgery, first tissue block, with frozen section(s), single specimen</td>
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<td>Pathology consultation during surgery, each additional tissue block with frozen section(s)</td>
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<td>Immunohistochemistry or Immuno cytochemistry, per specimen; each add. single antibody stained procedure (list separately in addition to code for primary procedure)</td>
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<td>Immunohistochemistry or Immunocytochemistry, per specimen; initial single antibody staining procedure</td>
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</tr>
</tbody>
</table>
## Kentucky Women's Cancer Screening Program (KWCSP)

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)

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>00400</td>
<td>Anesthesia for procedures on the integumentary system, anterior trunk, not otherwise specified (per unit)</td>
<td></td>
<td></td>
<td>$20.89</td>
<td>813-205</td>
<td></td>
</tr>
<tr>
<td>00940</td>
<td>Anesthesiology, vaginal (cervical) procedures  (per unit)</td>
<td></td>
<td></td>
<td>$20.89</td>
<td>813-305</td>
<td></td>
</tr>
<tr>
<td>99156</td>
<td>Conscious Sedation Anesthesia for 5 years and older</td>
<td></td>
<td></td>
<td>$81.53</td>
<td>813-305</td>
<td></td>
</tr>
<tr>
<td>99157</td>
<td>Conscious Sedation Anesthesia for 5 years and older; for each additional minutes</td>
<td></td>
<td></td>
<td>$66.69</td>
<td>813-305</td>
<td></td>
</tr>
</tbody>
</table>

### Section E: Procedures that may be paid with other sources. KWCSP federal funds cannot be used to reimburse the services below.

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>CPT Code Description</th>
<th>Total Out Pt. Rate</th>
<th>Cost Ctr -Minor Obj</th>
<th>Foot Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>77061</td>
<td>Breast tomosynthesis, unilateral</td>
<td>Rates not available</td>
<td></td>
<td></td>
</tr>
<tr>
<td>77062</td>
<td>Breast tomosynthesis, bilateral</td>
<td>Rates not available</td>
<td></td>
<td></td>
</tr>
<tr>
<td>87623</td>
<td>Human papillomavirus, low-risk types</td>
<td>$35.09</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Kentucky Women's Cancer Screening Program (KWCSBP)
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)

Section F: 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.

2. 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.

3. 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.

4. Breast MRI:
   - KWCSBP 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, a lifetime risk of 20-25% or greater as defined by risk assessment models such as BRCAPRO that are largely dependent on family history.
   - KWCSBP 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.
   - KWCSBP will not reimburse Breast MRI when performed alone as a breast cancer screening tool. KWCSBP will not reimburse Breast MRI when performed to assess the extent of disease in women who are already diagnosed with breast cancer.

5. Treatment of breast cancer, cervical intraepithelial neoplasia and cervical cancer are not reimbursed by the Program. Please refer patients to the Breast and Cervical Cancer Treatment Program (BCCTP) for treatment services.

6. HPV Testing: Specify the high-risk HPV DNA panel only; reimbursement of screening for low-risk HPV types is not reimbursed (CPT code: 87623).

Notes:
   a. Pre-operating testing procedures medically necessary for the planned surgical procedures are reimbursed (e.g., complete blood count, urinalysis, pregnancy test, pre-operative CXR, etc.)
   b. CPT rates are based on the Center’s for Medicare & Medicaid Services’ physician fee schedule Non-Facility Limiting Charge.

Please direct your questions to Sivaram “Ram” Maratha, Epidemiologist / Data Manager, KWCSBP
Tel: 502-229-4599, Fax: 502-564-1552, E-mail: sivaramr.maratha@ky.gov

Version 1.0: February 9, 2012
Version 2.0: July 01, 2012
Version 3.0: April 01, 2013
Version 4.0: January 01, 2014
Version 4.1: April 1, 2014
Version 5.0: April 15, 2015
Version 6.0: May 15, 2016

Version 6.1: July 1, 2016
Version 6.2: December 1, 2016
Version 7.0: January 1, 2017
Version 8.0: January 1, 2018
Version 9.0: January 1, 2019
Version 10.0: January 1, 2020
Version 11.0: January 1, 2021