West Virginia Breast and Cervical Cancer Screening Program FY 2021-2022 PAYMENT FEE SCHEDULE

Effective Date: June 30, 2021

| | CPT | | |
|----------------------------------------------------|-------|----------------|----------------------|
| Screening Service Description/Procedure | Code | Allowable Rate | Medicare Rate |
| New Patient, history/exam; (15-29 min.) | 99202 | \$69.14 | \$69.14 |
| New Patient, history/exam (30-44 min.) | 99203 | \$107.31 | \$107.31 |
| New Patient, history/exam (45-59 min.) * | 99204 | \$161.41 | \$161.41 |
| New Patient, history/exam (60-74 min.) * | 99205 | \$213.52 | \$213.52 |
| Initial Comprehensive Med Exam (ages 18-39) | 99385 | \$107.31 | \$102.87 |
| <i>Initial</i> Comprehensive Med Exam (ages 40-64) | 99386 | \$107.31 | \$102.87 |
| Repeat Visit (PAP Test or CBE) | 99211 | \$20.77 | \$20.77 |
| Annual Breast or Cervical Screening (10-19 min) | 99212 | \$52.86 | \$52.86 |
| Annual Routine Screening (20-29 min) | 99213 | \$86.96 | \$86.96 |
| Annual Routine Screening (30-39 min) | 99214 | \$123.74 | \$123.74 |
| Periodic Comprehensive Med Exam (ages 18-39) | 99395 | \$78.33 | \$78.33 |
| Periodic Comprehensive Med Exam (ages 40-64) | 99396 | \$78.33 | \$78.33 |
| Patient Navigation | G9012 | \$50.00 | \$50.00 |
| Patient Referral/Enrollment | N/A | \$20.00 | |

| | СРТ | | |
|--------------------------------------------------------------|-------|----------------|----------------|
| Referral Service Description/Procedure | Code | Allowable Rate | |
| Mammogram, Screening (Bilateral) (including CAD) | 77067 | \$119.62 | \$119.62 |
| Technical Component | | \$83.05 | \$83.05 |
| Professional Component | | \$36.57 | <i>\$36.57</i> |
| Mammogram, Diagnostic (Unilateral) (including CAD) | 77065 | \$117.17 | \$117.17 |
| Technical Component | | <i>\$78.56</i> | <i>\$78.56</i> |
| Professional Component | | \$38.62 | \$38.62 |
| Mammogram, Diagnostic (Bilateral) (including CAD) | 77066 | \$148.17 | \$148.17 |
| Technical Component | | \$100.41 | \$100.41 |
| Professional Component | | <i>\$47.76</i> | <i>\$47.76</i> |
| Screening digital breast tomosynthesis, bilateral | 77063 | \$51.05 | \$51.05 |
| Technical Component | | \$21.85 | \$21.85 |
| Professional Component | | \$29.19 | \$29.19 |
| Diagnostic breast tomosynthesis, unilateral or bilateral | G0279 | \$51.05 | \$51.05 |
| Technical Component | | \$21.85 | \$21.85 |
| Professional Component | | \$29.19 | \$29.19 |
| Mammary ductogram or galactogram, single duct | 77053 | \$50.64 | \$50.64 |
| Technical Component | | \$33.35 | \$33.35 |
| Professional Component | | \$17.29 | \$17.29 |
| Radiological Exam, Surgical Specimen | 76098 | \$38.72 | \$38.72 |
| Technical Component | | \$23.47 | \$23.47 |
| Professional Component | | \$15.25 | \$15.25 |
| Ultrasound, complete examination of breast including axilla, | 76641 | \$97.62 | \$97.62 |
| Technical Component | | \$62.69 | \$62.69 |
| Professional Component | | \$34.93 | \$34.93 |

| Referral Service Description/Procedure | CPT Code | Allowable Rate | Medicare Rate |
|------------------------------------------------------------------------------------------|-------------|-----------------|---------------|
| Ultrasound, limited examination of breast including | | | |
| axilla, unilateral | 76642 | \$80.90 | \$80.90 |
| Technical Component | | \$48.02 | \$48.02 |
| Professional Component | | \$32.88 | \$32.88 |
| Ultrasound Guided Biopsy | 76942 | \$54.51 | \$54.51 |
| Technical Component | | \$23.77 | \$23.77 |
| Professional Component | | \$30.74 | \$30.74 |
| Puncture Aspiration of Cyst | 19000 | \$100.37 | \$100.37 |
| Each Additional Cyst | 19001 | \$26.33 | \$26.33 |
| Biopsy of Breast, Needle Core | 19100 | \$149.96 | \$149.96 |
| Breast Biopsy - Incisional | 19101 | \$328.96 | \$328.96 |
| Breast Biopsy - Excisional | 19120 | \$504.71 | \$504.71 |
| Breast Biopsy - Radiological Marker | 19125 | \$558.02 | \$558.02 |
| Each Additional Lesion | 19126 | \$164.85 | \$164.85 |
| Breast Biopsy, with placement of localization device and | | | |
| imaging biopsy specimen, percutaneous; stereotactic | | | |
| guidance; first lesion | 19081 | \$525.16 | \$525.16 |
| Breast Biopsy, with placement of localization device and | | | |
| imaging of biopsy specimen, percutaneous; stereotactic | | | |
| guidance; each additional lesion | 19082 | \$414.54 | \$414.54 |
| Breast Biopsy, with placement of localization device | | | |
| and imaging of biopsy specimen, percutaneous; | 10002 | Φ504.01 | Φ524.01 |
| ultrasound guidance; first lesion | 19083 | \$524.81 | \$524.81 |
| Breast Biopsy, with placement of localization device and | | | |
| imaging of biopsy specimen, percutaneous; ultrasound | 10004 | \$406.74 | ¢406.74 |
| guidance; each additional lesion Placement of breast localization device, percutaneous; | 19084 | \$406.74 | \$406.74 |
| mammographic guidance; first lesion | 19281 | \$228.56 | \$228.56 |
| Placement of breast localization device, percutaneous; | 19201 | \$220.30 | \$220.30 |
| mammographic guidance; each additional lesion | 19282 | \$160.80 | \$160.80 |
| Placement of breast localization device, percutaneous; | 17202 | ψ100.00 | Ψ100.00 |
| stereotactic guidance; first lesion | 19283 | \$251.79 | \$251.79 |
| Placement of breast localization device, percutaneous; | 17200 | Ψ=01177 | Ψ=υ1> |
| stereotactic guidance; each additional lesion | 19284 | \$189.42 | \$189.42 |
| Placement of breast localization device, | | Ψ1071. <u>2</u> | Ψ107 2 |
| percutaneous; ultrasound guidance; first lesion | 19285 | \$389.82 | \$389.82 |
| Placement of breast localization device, | | φεονίο <u>σ</u> | Ψ307.02 |
| percutaneous; ultrasound guidance; each additional | 19286 | \$325.92 | \$325.92 |
| Breast Biopsy - Surgical Pathology | 88305 | \$65.33 | \$65.33 |
| Technical Component | 30202 | \$29.16 | \$29.167 |
| Professional Component | | \$36.17 | \$36.17 |
| Breast Biopsy - Surgical Pathology | | \$257.91 | \$257.91 |
| Technical Component | | \$178.01 | \$178.01 |
| Professional Component | | \$79.91 | \$79.91 |

| Referral Service Description/Procedure Code Allowable Rate Medicare Rate Pathology consult during surgery, first tissue block, with frozen section(s), single specimen 88331 \$96.07 \$96.07 Technical Component \$35.3.4 \$36.34 \$36.34 Professional Component \$59.72 \$59.72 \$59.72 Pathology consult during surgery, each additional tissue block, with frozen section(s) \$8332 \$50.46 \$50.46 Technical Component \$20.78 \$20.78 \$20.78 Professional Component \$29.69 \$20.69 Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain \$83.41 \$83.43 \$83.43 Perforessional Component \$55.98 \$55.98 \$55.98 Professional Component \$83.42 \$94.72 \$94.72 Technical Component \$60.89 \$60.89 Professional Component \$35.82 \$97.18 Fine Needle Aspiration, cytopathology, immediate cytohistologic study to determine adequacy of specimen(s) \$817.18 \$17.18 Evaluation of Fine Needle Aspiration, cytopathology, interpretation and report \$817. | | CPT | | |
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| Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology **Technical Component** **Technical Component** **Professional Component** **Fine needle aspiration biopsy including ultrasound guidance, first lesion** Fine needle aspiration biopsy including ultrasound guidance, each additional lesion** **Surgical Consultation, Breast Referral** **Surgical Consultation, Brea | • | | | |
| per specimen; using computer-assisted technology 88361 \$111.52 \$111.52 Technical Component \$68.98 \$68.98 Professional Component \$42.55 \$42.55 Fine needle aspiration biopsy including ultrasound guidance, first lesion 10005 \$128.47 \$128.47 Fine needle aspiration biopsy including ultrasound guidance, each additional lesion 10006 \$59.13 \$59.13 Surgical Consultation, Breast Referral* 99204 \$161.41 \$161.41 Surgical Consultation, Breast Referral* 99205 \$213.52 \$213.52 Colposcopy without Biopsy 57452 \$120.03 \$120.03 Colposcopy with Biopsy of Cervix 57454 \$164.13 \$164.13 Colposcopy with Biopsy of Cervix 57455 \$154.55 \$154.55 | | | φ+0.50 | φ+0.50 |
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| Colposcopy with Biopsy of Cervix 57455 \$154.55 \$154.55 | 1 1 1 | | + + | \$164.13 |
| * ** | | | | |
| | Colposcopy with Endocervical Curettage | | + + | |

| | CPT | | |
|----------------------------------------------------------------------------------------------------|----------------|------------------|-----------------------|
| Referral Service Description/Procedure | Code | Allowable Rate | Medicare Rate |
| Endometrial Biopsy with Colposcopy | 58110 | \$49.97 | \$49.97 |
| Surgical Pathology, Cervical Biopsy (Limit 2 Specimens) | 88305 | \$65.53 | \$65.53 |
| Technical Component | | \$29.16 | \$29.16 |
| Professional Component | | \$36.17 | \$36.17 |
| Magnetic resonance imaging (MRI), breast, without | | | , |
| contrast, unilateral ^ | 77046 | \$216.80 | \$216.80 |
| Technical Component | | \$148.13 | \$148.13 |
| Professional Component | | \$68.67 | \$68.67 |
| Magnetic resonance imaging (MRI), breast, without | | | |
| contrast, bilateral ^ | 77047 | \$223.23 | \$223.23 |
| Technical Component | | \$147.53 | \$147.53 |
| Professional Component | | \$75.70 | \$75.70 |
| Magnetic resonance imaging (MRI), breast, including CAD, | | | |
| with and without contrast, unilateral ^ | 77048 | \$344.14 | \$344.14 |
| Technical Component | | \$243.93 | \$243.93 |
| Professional Component | | \$100.21 | \$100.21 |
| Magnetic resonance imaging (MRI), breast, including CAD, | | | |
| with and without contrast, bilateral ^ | 77049 | \$352.44 | \$352.44 |
| Technical Component | | \$242.74 | \$242.74 |
| Professional Component | | \$109.70 | \$109.70 |
| Breast biopsy, with placement of localization device and | | | |
| imaging of biopsy specimen, percutaneous; magnetic | 10095 | \$709.40 | ¢709.40 |
| resonance guidance; first lesion ^ Breast biopsy, with placement of localization device and | 19085 | \$798.49 | \$798.49 |
| imaging of biopsy specimen, percutaneous; magnetic | | | |
| resonance guidance; each additional lesion ^ | 10096 | \$626.22 | \$606.22 |
| | 19086 | \$626.33 | \$626.33 |
| Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion ^ | | | |
| | 19287 | \$667.18 | \$667.18 |
| Placement of breast localization device, percutaneous; | | 4 | 4 |
| magnetic resonance guidance; each additional lesion ^ | 19288 | \$522.88 | \$522.88 |
| Fine needle aspiration biopsy including MRI guidance first | 10011 | \$120.12 | \$420.12 |
| lesion ^ | 10011 | \$430.13 | \$430.13 |
| Fine needle aspiration biopsy including MRI guidance, each | 10010 | \$25.6.05 | Φ256.05 |
| additional lesion ^ | 10012 | \$256.05 | \$256.05 |
| Colposcopy with loop electrode biopsy(s) of cervix | 57460 | \$303.18 | \$303.18 |
| Colposcopy with loop electrode conization of cervix | 57461 | \$339.25 | \$339.25 |
| Cervical biopsy, single or multiple, or local excision of | 57500 | 014474 | ф1 4 4 <i>7</i> 4 |
| lesion, with or without fulguration (separate procedure) | 57500 57505 | \$144.54 | \$144.54 \$137.79 |
| Endocervical curettage (not done as part of D&C) | 57505 | \$137.78 | \$137.78 |
| Conization of cervix, with or without fulguration, with or | 57520 | \$336.02 | \$336.02 |
| without D&C, with or without repair, cold knife or laser LEEP | 57522 | \$290.14 | \$336.02 \$290.143 |
| Endometrial sampling (biopsy) performed in conjunction | 31344 | ΨΔ30.14 | Ψ470.143 |
| with colposcopy | 58110 | \$49.97 | \$49.97 |
| with corposcopy | 20110 | Φ + 2.77 | Φ 47. 77 |

| | СРТ | | |
|-----------------------------------------------------------------|-------|----------------|---------------|
| Referral Service Description/Procedure | Code | Allowable Rate | Medicare Rate |
| In situ hybridization (FISH) per specimen, initial single probe | | | |
| stain procedure # | 88365 | \$164.41 | \$164.41 |
| Technical Component | | \$122.09 | \$122.09 |
| Professional Component | | \$42.32 | \$42.32 |
| Each additional single probe procedure (list separately in | | | |
| addition to code for primary procedure - 88365) | 88364 | \$127.65 | \$127.65 |
| Technical Component | | \$94.12 | \$94.12 |
| Professional Component | | \$33.53 | \$33.53 |
| | | | |
| Each multiplex stain probe procedure # | 88366 | \$258.40 | \$258.40 |
| Technical Component | | \$198.43 | \$198.43 |
| Professional Component | | \$59.97 | \$59.97 |
| Morphometric analysis, in situ hybridization (quantitative or | | | |
| semi quantitative), using computer-assisted technology, per | | | |
| specimen; initial single probe stain procedure + | 88367 | \$103.25 | \$103.25 |
| Technical Component | | \$70.47 | \$70.47 |
| Professional Component | | \$32.78 | \$32.78 |
| Each additional single probe stain procedure (list separately | | | |
| in addition to code for primary procedure - 88367) # | 88373 | \$65.86 | \$65.86 |
| Technical Component | | \$40.42 | \$40.42 |
| Professional Component | | \$25.45 | \$25.45 |
| Each multiplex probe stain procedure (list separately in | | | |
| addition to code for primary procedure) + | 88374 | \$65.86 | \$65.86 |
| Technical Component | | \$40.42 | \$40.42 |
| Professional Component | | \$25.45 | \$25.45 |
| Morphometric analysis, in situ hybridization (quantitative or | | | |
| semi quantitative), manual, per specimen; initial single probe | | | |
| stain procedure | 88368 | \$122.37 | \$122.37 |
| Technical Component | | \$82.27 | \$82.27 |
| Professional Component | | \$40.11 | \$40.11 |
| Each additional single probe stain procedure (list separately | | | |
| in addition to code for primary procedure - 88368) | 88369 | \$105.20 | \$105.20 |
| Technical Component | | \$73.77 | \$71.77 |
| Professional Component | | \$31.43 | \$31.43 |
| Each multiplex probe stain procedure (list separately in | | | |
| addition to code for primary procedure) | 88377 | \$371.76 | \$371.76 |
| Technical Component | | \$309.20 | \$309.20 |
| Professional Component | | \$62.56 | \$62.56 |

| Cytology Procedures | CPT Code | Allowable Rate | Medicare Rate |
|-----------------------------------------------------------|-------------|----------------|---------------------|
| Cytopathology requiring interpretation by physician | 88141 | \$20.27 | \$20.27 |
| Cytopathology, cervical or vaginal, collected in | | w = v. = i | ~_ ~ |
| preservation fluid, automated thin layer preparation; | | | |
| manual screening under physician supervision | 88142 | \$20.26 | \$20.26 |
| Cytopathology, collected in preservative fluid, automated | | | |
| thin layer prep; manual screening and rescreening under | | | |
| physician supervision | 88143 | \$23.04 | \$23.04 |
| Pap Test, Liquid Based (Reported in Bethesda System) | 88174 | \$25.37 | \$25.37 |
| Cytopathology, cervical or vaginal, collected in | | | |
| preservative fluid, automated thin layer preparation; | | | |
| screening by automated system and manual rescreening, | | | |
| under physician supervision | 88175 | \$26.61 | \$26.61 |
| Human Papillomavirus, high-risk types | 87624 | \$35.09 | \$35.09 |
| Human Papillomavirus, types 16 & 18 only | 87625 | \$40.55 | \$40.55 |

^{*} These codes are typically **not** appropriate for screening visits. However, they may be used when provider spends extra time to do a detailed risk assessment.

[^] These codes require prior approval from the WVBCCSP Program and will not be reimbursed without prior authorization – **no exceptions**.

[#] Do not report 88365, 88366 in conjunction with 88367, 88368, 88374, 88377 for the same probe.

⁺ Do not report 88367,88374 in conjunction with 88365, 88366, 88368, 88377 for the same probe.