

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

Effective Date: June 30, 2021

Screening Service Description/Procedure	CPT 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
<i>Initial</i> 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	

Referral Service Description/Procedure	CPT Code	Allowable Rate	Medicare Rate
Mammogram, Screening (Bilateral) (including CAD)	77067	\$119.62	\$119.62
<i>Technical Component</i>		\$83.05	\$83.05
<i>Professional Component</i>		\$36.57	\$36.57
Mammogram, Diagnostic (Unilateral) (including CAD)	77065	\$117.17	\$117.17
<i>Technical Component</i>		\$78.56	\$78.56
<i>Professional Component</i>		\$38.62	\$38.62
Mammogram, Diagnostic (Bilateral) (including CAD)	77066	\$148.17	\$148.17
<i>Technical Component</i>		\$100.41	\$100.41
<i>Professional Component</i>		\$47.76	\$47.76
Screening digital breast tomosynthesis, bilateral	77063	\$51.05	\$51.05
<i>Technical Component</i>		\$21.85	\$21.85
<i>Professional Component</i>		\$29.19	\$29.19
Diagnostic breast tomosynthesis, unilateral or bilateral	G0279	\$51.05	\$51.05
<i>Technical Component</i>		\$21.85	\$21.85
<i>Professional Component</i>		\$29.19	\$29.19
Mammary ductogram or galactogram, single duct	77053	\$50.64	\$50.64
<i>Technical Component</i>		\$33.35	\$33.35
<i>Professional Component</i>		\$17.29	\$17.29
Radiological Exam, Surgical Specimen	76098	\$38.72	\$38.72
<i>Technical Component</i>		\$23.47	\$23.47
<i>Professional Component</i>		\$15.25	\$15.25
Ultrasound, complete examination of breast including axilla,	76641	\$97.62	\$97.62
<i>Technical Component</i>		\$62.69	\$62.69
<i>Professional Component</i>		\$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
<i>Technical Component</i>		\$48.02	\$48.02
<i>Professional Component</i>		\$32.88	\$32.88
Ultrasound Guided Biopsy	76942	\$54.51	\$54.51
<i>Technical Component</i>		\$23.77	\$23.77
<i>Professional Component</i>		\$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; ultrasound guidance; first lesion	19083	\$524.81	\$524.81
Breast Biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion	19084	\$406.74	\$406.74
Placement of breast localization device, percutaneous; mammographic guidance; first lesion	19281	\$228.56	\$228.56
Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion	19282	\$160.80	\$160.80
Placement of breast localization device, percutaneous; stereotactic guidance; first lesion	19283	\$251.79	\$251.79
Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion	19284	\$189.42	\$189.42
Placement of breast localization device, percutaneous; ultrasound guidance; first lesion	19285	\$389.82	\$389.82
Placement of breast localization device, percutaneous; ultrasound guidance; each additional	19286	\$325.92	\$325.92
Breast Biopsy - Surgical Pathology	88305	\$65.33	\$65.33
<i>Technical Component</i>		\$29.16	\$29.167
<i>Professional Component</i>		\$36.17	\$36.17
Breast Biopsy - Surgical Pathology		\$257.91	\$257.91
<i>Technical Component</i>		\$178.01	\$178.01
<i>Professional Component</i>		\$79.91	\$79.91

Referral Service Description/Procedure	CPT	Allowable Rate	Medicare Rate
	Code		
Pathology consult during surgery, first tissue block, with frozen section(s), single specimen	88331	\$96.07	\$96.07
Technical Component		\$36.34	\$36.34
Professional Component		\$59.72	\$59.72
Pathology consult during surgery, each additional tissue block, with frozen section(s)	88332	\$50.46	\$50.46
Technical Component		\$20.78	\$20.78
Professional Component		\$29.69	\$29.69
Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain	88341	\$83.43	\$83.43
Technical Component		\$55.98	\$55.98
Professional Component		\$27.44	\$27.44
Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain	88342	\$94.72	\$94.72
Technical Component		\$60.89	\$60.89
Professional Component		\$35.82	\$35.82
Fine Needle Aspiration Without Imaging Guidance	10021	\$97.18	\$97.18
Evaluation of Fine Needle Aspiration, cytopathology; immediate cytohistologic study to determine adequacy of specimen(s)	88172	\$51.56	\$51.56
Technical Component		\$17.18	\$17.18
Professional Component		\$34.37	\$34.37
Evaluation of Fine Needle Aspiration, cytopathology, interpretation and report	88173	\$142.02	\$142.02
Technical Component		\$73.59	\$73.59
Professional Component		\$68.44	\$68.44
Surgical Consultation, Breast Referral (20 min.)	99202	\$69.14	\$69.14
Surgical Consultation, Breast Referral (30 min.)	99203	\$107.31	\$107.31
Morphometric analysis, tumor immunochemistry, per specimen; manual	88360	\$111.63	\$111.63
Technical Component		\$71.07	\$71.07
Professional Component		\$40.56	\$40.56
Morphometric analysis, tumor immunohistochemistry, 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	57454	\$164.13	\$164.13
Colposcopy with Biopsy of Cervix	57455	\$154.55	\$154.55
Colposcopy with Endocervical Curettage	57456	\$144.82	\$144.82

Referral Service Description/Procedure	CPT 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
<i>Technical Component</i>		\$29.16	\$29.16
<i>Professional Component</i>		\$36.17	\$36.17
Magnetic resonance imaging (MRI), breast, without contrast, unilateral ^	77046	\$216.80	\$216.80
<i>Technical Component</i>		\$148.13	\$148.13
<i>Professional Component</i>		\$68.67	\$68.67
Magnetic resonance imaging (MRI), breast, without contrast, bilateral ^	77047	\$223.23	\$223.23
<i>Technical Component</i>		\$147.53	\$147.53
<i>Professional Component</i>		\$75.70	\$75.70
Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, unilateral ^	77048	\$344.14	\$344.14
<i>Technical Component</i>		\$243.93	\$243.93
<i>Professional Component</i>		\$100.21	\$100.21
Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, bilateral ^	77049	\$352.44	\$352.44
<i>Technical Component</i>		\$242.74	\$242.74
<i>Professional Component</i>		\$109.70	\$109.70
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion ^	19085	\$798.49	\$798.49
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion ^	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; magnetic resonance guidance; each additional lesion ^	19288	\$522.88	\$522.88
Fine needle aspiration biopsy including MRI guidance first lesion ^	10011	\$430.13	\$430.13
Fine needle aspiration biopsy including MRI guidance, each 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 lesion, with or without fulguration (separate procedure)	57500	\$144.54	\$144.54
Endocervical curettage (not done as part of D&C)	57505	\$137.78	\$137.78
Conization of cervix, with or without fulguration, with or without D&C, with or without repair, cold knife or laser	57520	\$336.02	\$336.02
LEEP	57522	\$290.14	\$290.143
Endometrial sampling (biopsy) performed in conjunction with colposcopy	58110	\$49.97	\$49.97

Referral Service Description/Procedure	CPT Code	Allowable Rate	Medicare Rate
In situ hybridization (FISH) per specimen, initial single probe stain procedure #	88365	\$164.41	\$164.41
<i>Technical Component</i>		\$122.09	\$122.09
<i>Professional Component</i>		\$42.32	\$42.32
Each additional single probe procedure (list separately in addition to code for primary procedure - 88365)	88364	\$127.65	\$127.65
<i>Technical Component</i>		\$94.12	\$94.12
<i>Professional Component</i>		\$33.53	\$33.53
Each multiplex stain probe procedure #	88366	\$258.40	\$258.40
<i>Technical Component</i>		\$198.43	\$198.43
<i>Professional Component</i>		\$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
<i>Technical Component</i>		\$70.47	\$70.47
<i>Professional Component</i>		\$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
<i>Technical Component</i>		\$40.42	\$40.42
<i>Professional Component</i>		\$25.45	\$25.45
Each multiplex probe stain procedure (list separately in addition to code for primary procedure) +	88374	\$65.86	\$65.86
<i>Technical Component</i>		\$40.42	\$40.42
<i>Professional Component</i>		\$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
<i>Technical Component</i>		\$82.27	\$82.27
<i>Professional Component</i>		\$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
<i>Technical Component</i>		\$73.77	\$71.77
<i>Professional Component</i>		\$31.43	\$31.43
Each multiplex probe stain procedure (list separately in addition to code for primary procedure)	88377	\$371.76	\$371.76
<i>Technical Component</i>		\$309.20	\$309.20
<i>Professional Component</i>		\$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 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.