

West Virginia Breast and Cervical Cancer Screening Program

FY 2021-2022 PAYMENT FEE SCHEDULE

Effective Date: June 30, 2021

WVBCCSP will pay up to the amount listed within this approved fee schedule. Provider may charge any amount up to the approved amount listed below.

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
Initial Comprehensive Med Exam (ages 18-39)	99385	\$107.31	\$102.87
Initial 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	88307	\$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
<i>Technical Component</i>		\$36.34	\$36.34
<i>Professional Component</i>		\$59.72	\$59.72
Pathology consult during surgery, each additional tissue block, with frozen section(s)	88332	\$50.46	\$50.46
<i>Technical Component</i>		\$20.78	\$20.78
<i>Professional Component</i>		\$29.69	\$29.69
Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain	88341	\$83.43	\$83.43
<i>Technical Component</i>		\$55.98	\$55.98
<i>Professional Component</i>		\$27.44	\$27.44
Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain	88342	\$94.72	\$94.72
<i>Technical Component</i>		\$60.89	\$60.89
<i>Professional Component</i>		\$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
<i>Technical Component</i>		\$17.18	\$17.18
<i>Professional Component</i>		\$34.37	\$34.37
Evaluation of Fine Needle Aspiration, cytopathology, interpretation and report	88173	\$142.02	\$142.02
<i>Technical Component</i>		\$73.59	\$73.59
<i>Professional Component</i>		\$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
<i>Technical Component</i>		\$71.07	\$71.07
<i>Professional Component</i>		\$40.56	\$40.56
Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology	88361	\$111.52	\$111.52
<i>Technical Component</i>		\$68.98	\$68.98
<i>Professional Component</i>		\$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.