

# Kentucky Women's Cancer Screening Program (KWCSF)

## Approved CPT Codes and Reimbursement Rates for Breast and Cervical Cancer Screening and Follow-up

Effective 01/01/2022

Revised 02/14/2022

Section A: Office Visits						
CPT Code	CPT Code Description	Technical Component (TC)	Professional Component (26)	Total Out Pt. Rate	Cost Ctr - Minor Obj	Foot Notes
99202	Initial-expanded evaluation/management			\$74.77	700-201	1
99203	Initial-detailed evaluation/management			\$115.75	700-201	1
99204	Initial-comprehensive eval/management			\$173.48	700-201	1
99205	Complex-evaluation/management			\$229.72	700-201	1
99211	Subsequent-brief evaluation/management			\$23.22	700-201	
99212	Subsequent-limited eval/management			\$57.89	700-201	
99213	Subsequent-expanded eval/management			\$93.67	700-201	
99214	Established Patient Office Visit/outpatient			\$132.52	700-201	
99385	Initial preventative medicine evaluation 21-39 yrs.			\$115.75	700-201	
99386	Initial preventative medicine evaluation 40-64 yrs.			\$115.75	700-201	
99387	Initial preventative medicine evaluation 65 years or older			\$115.75	700-201	
99395	Periodic preventative medicine evaluation 21-39 yrs.			\$93.67	700-201	
99396	Periodic preventative medicine evaluation 40-64 yrs.			\$93.67	700-201	
99397	Periodic preventative medicine evaluation 65 years or older			\$93.67	700-201	
Section B: Breast Cancer Screening and Diagnostic Procedures						
10021	Fine needle aspiration without image guidance			\$104.13	813-304	
10004	Fine needle aspiration with image guidance			\$53.40	813-304	
10005	Fine needle aspiration biopsy including ultrasound guidance, first lesion			\$141.99	813-304	

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10006	Fine needle aspiration biopsy including ultrasound guidance, each additional lesion			\$63.28	813-304	
10007	Fine needle aspiration biopsy including fluoroscopic guidance, first lesion			\$305.00	813-304	
10008	Fine needle aspiration biopsy including fluoroscopic guidance, each additional lesion			\$167.31	813-304	
10009	Fine needle aspiration biopsy including CT guidance, first lesion			\$456.68	813-304	
10010	Fine needle aspiration biopsy including CT guidance, each additional lesion			\$269.47	813-304	
10011	Fine needle aspiration biopsy including MRI guidance, first lesion			\$456.68	813-304	
10012	Fine needle aspiration biopsy including MRI guidance, each additional lesion			\$269.47	813-304	
19000	Puncture aspiration of cyst of breast			\$105.19	813-304	
19001	Puncture aspiration of cyst of breast, each additional cyst, used with CPT code 19000			\$27.96	813-304	
19081	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion			\$519.76	813-304	2
19082	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion			\$402.81	813-304	2
19083	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion			\$525.08	813-304	2

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19084	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion			\$398.10	813-304	2
19085	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion			\$801.77	813-304	2
19086	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion			\$620.54	813-304	2
19100	Breast biopsy, percutaneous, needle core, not using imaging guidance			\$158.57	813-304	
19101	Breast biopsy, incisional, open			\$343.32	813-304	
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			\$537.61	813-304	
19125	Excision of breast lesion identified by preoperative placement of radiological marker; open; single lesion			\$593.62	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			\$170.07	813-304	
19281	Placement of breast localization device, percutaneous; mammographic guidance; first lesion			\$245.19	813-304	3
19282	Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion			\$172.70	813-304	3

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19283	Placement of breast localization device, percutaneous; stereotactic guidance; first lesion			\$266.51	813-304	3
19284	Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion			\$196.98	813-304	3
19285	Placement of breast localization device, percutaneous; ultrasound guidance; first lesion			\$384.99	813-304	3
19286	Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion			\$315.20	813-304	3
19287	Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion			\$664.46	813-304	3
19288	Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion			\$513.11	813-304	3
G0279	Diagnostic digital breast tomosynthesis, unilateral or bilateral	\$23.00	\$31.16	\$54.16	813-308	
S0613	Clinical Breast Exam			\$0.00	700-110	
G0378	Charge for use of hospital room (less than 24 hours observation)			\$1,000.00	813-260	
76098	Radiologic examination, surgical specimen	\$24.95	\$16.29	\$41.24	813-304	
76641	Ultrasound complete examination of breast including axilla, unilateral	\$67.99	\$37.39	\$105.39	813-309	
76642	Ultrasound limited examination of breast	\$51.89	\$34.85	\$86.74	813-309	
76942	Ultrasonic guidance for needle placement, imaging supervision and interpretation	\$26.93	\$32.82	\$59.75	813-309	
77053	Mammary ductogram or galactogram, single duct	\$35.47	\$18.51	\$53.97	813-304	
77065	Diagnostic mammogram, unilateral, includes CAD	\$86.06	\$41.40	\$127.47	813-304/308	
77066	Diagnostic mammogram, bilateral, includes CAD	\$109.72	\$51.20	\$160.92	813-304/308	
77067	Screening mammogram, bilateral	\$90.66	\$38.85	\$129.52	813-308	

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CPT Code	CPT Code Description	Technical Component (TC)	Professional Component (26)	Total Out Pt. Rate	Cost Ctr - Minor Obj	Foot Notes
77046	Magnetic resonance imaging (MRI), breast, without contrast, unilateral	\$153.07	\$74.41	\$227.48	813-304	
77047	Magnetic resonance imaging (MRI), breast, without contrast, bilateral	\$152.41	\$81.72	\$234.13	813-304	
77048	Magnetic resonance imaging (MRI), breast,	\$251.96	\$107.16	\$359.13	813-304	4
77049	Magnetic resonance imaging (MRI), breast,	\$249.99	\$117.34	\$367.33	813-304	4
77063	Screening bilateral breast tomosynthesis	\$23.00	\$31.16	\$54.16	813-308	
<b>Section C: Cervical Cancer Screening and Diagnostic Procedures</b>						
57452	Colposcopy of cervix, upper/adjacent vagina			\$131.57	813-305	
57454	Colposcopy with biopsy of cervix & endocervical curettage			\$177.49	813-305	
57455	Colposcopy with biopsy of the cervix			\$168.36	813-305	
57456	Colposcopy with endocervical curettage			\$157.86	813-305	
57460	Endoscopy (Colposcopy) with loop electrode biopsy(s) of the cervix			\$327.74	813-305	
57461	Endoscopy (Colposcopy) with loop electrode conization of the cervix			\$366.99	813-305	
57500	Biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)			\$160.04	813-305	
57505	Endocervical curettage (not done as part of a dilation and curettage)			\$160.32	813-305	
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser			\$367.89	813-305	5
57522	Loop electrode excision procedure			\$316.86	813-305	5
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)			\$106.54	813-305	
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (list separately in addition to code for primary procedure)			\$52.25	813-305	

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G0378	Charge for use of hospital room (Less than 24 hours observation)			\$1,000.00	813-260	
<b>Section D: Pathology</b>						
87426	COVID-19 infectious agent detection by nuclei acid DNA or RNA; amplified probe technique			N/A		
87635	COVID-19 infectious agent antigen detection by immunoassay technique; qualitative or semiquantitative			\$51.31		
88364	In situ hybridization (e.g., FISH), per	\$100.52	\$35.98	\$136.50		
88365	In situ hybridization (e.g., FISH), perspecimen; initial single probe stain procedure	\$132.04	\$45.72	\$177.77		
88366	In situ hybridization (e.g., FISH), per specimen; each multiplex probe stain procedure	\$216.15	\$64.92	\$281.07		
88367	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, initial single probe stain procedure	\$77.19	\$35.47	\$112.66		
88373	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each additional probe stain procedure	\$42.38	\$27.17	\$69.55		
88374	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each multiplex stain procedure	\$273.99	\$45.66	\$319.65		
88368	Morphometric analysis, in situ hybridization, manual, per specimen, initial single probe stain procedure	\$91.96	\$43.44	\$135.40		
88369	Morphometric analysis, in situ hybridization, manual, per specimen, each additional probe stain procedure	\$80.48	\$34.01	\$114.48		

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88377	Morphometric analysis, in situ hybridization, manual, per specimen, each multiplex stain procedure	\$330.49	\$67.35	\$397.84		
87624	Human Papillomavirus, high risk types			\$35.09	813-305	6
87625	Human Papillomavirus, types 16 and 18 only			\$40.55	813-305	6
88141	Conventional Pap test, cervical or vaginal			\$22.63	813-305	
88142	Liquid-based Pap test (Thin-Prep)			\$20.26	813-305	
88143	Pap test, thin layer preparation, automated thin layer preparation manual screening and rescreening			\$23.04	813-305	
88164	Conventional Pap test			\$15.92	813-305	
88165	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening and rescreening under physician supervision			\$42.22	813-305	
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), first evaluation episode	\$18.71	\$36.91	\$55.62	813-304	
88173	Cytopathology, evaluation of fine needle aspirate; interpretation and report	\$84.70	\$73.52	\$158.22	813-304	
88174	Pap test, thin layer preparation, automated thin layer preparation automated screening			\$25.37	813-305	
88175	Pap test, thin layer preparation, automated thin layer preparation automated screening and manual rescreening			\$26.61	813-305	
88177	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), each separate additional evaluation episode	\$6.90	\$22.76	\$29.66	813-304	

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88305	Surgical pathology, gross and microscopic	\$32.84	\$39.18	\$72.02	813-	
88307	Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	\$197.72	\$86.01	\$283.73	813-305	
88331	Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen	\$39.41	\$64.67	\$104.08	813-305	
88332	Pathology consultation during surgery, each additional tissue block, with frozen section(s)	\$23.31	\$31.82	\$55.13	813-305	
88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure	\$58.48	\$29.37	\$87.85	813-305	
88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	\$64.38	\$36.31	\$100.69	813-305	
88360	Morphometric analysis, tumor	\$76.86	\$43.62	\$120.48	813-304	
88361	Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology	\$74.56	\$46.09	\$120.65	813-304	

### Section E: Anesthesia

00400	Anesthesia for procedures on the integumentary system, anterior trunk, not otherwise specified (per unit)			\$20.87	813-205	
00940	Anesthesiology, vaginal (cervical) procedures (per unit)			\$20.87	813-305	
99156	Conscious Sedation Anesthesia for 5 years and older			\$81.15	813-305	
99157	Conscious Sedation Anesthesia for 5 years and older; for each additional minute			\$65.81	813-305	

### Section E: Procedures that may be paid with other sources. KWCSF federal funds

77061	Breast tomosynthesis, unilateral	Rates not available				
77062	Breast tomosynthesis, bilateral	Rates not available				
87623	Human papillomavirus, low-risk types			\$35.09		

### 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.



# Kentucky Women's Cancer Screening Program (KWCSPP)

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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: <ul style="list-style-type: none"><li>• KWCSPP will reimburse Breast MRI when performed in conjunction with a mammogram when a client is considered high risk.</li><li>• KWCSPP 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.</li><li>• KWCSPP will <b>not</b> reimburse Breast MRI when performed alone as a breast cancer screening tool.</li><li>• KWCSPP will <b>not</b> reimburse Breast MRI when performed to assess the extent of disease in women who are already diagnosed with breast cancer.</li></ul>
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 <b>not</b> reimbursed (CPT code 87623).
<b>Notes:</b> <ul style="list-style-type: none"><li>a. Pre-operating testing procedures medically necessary for the planned surgical procedures are reimbursed</li><li>b. CPT rates are based on the Center's for Medicare &amp; Medicaid Services' physician fee schedule Non-Facility Limiting Charge.</li><li>c. The program will reimburse all screening services (mammogram, Pap and/or HPV tests, and preventive office visits) at 100% rate, therefore these services are <b>FREE</b> to KWCSPP eligible patients.</li></ul>
Please direct your questions to Sivaram "Ram" Maratha, Epidemiologist / Data Manager, KWCSPP <a href="tel:502-229-4599">Tel: 502-229-4599</a> , <a href="tel:502-564-1552">Fax: 502-564-1552</a> , <a href="mailto:sivaramr.maratha@ky.gov">E-mail: sivaramr.maratha@ky.gov</a>

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