



WHAT'S COVERED – 2014
Women's Way CPT Code Medicare Part B Rate List
Effective January 14, 2014
For questions, call the Women's Way state office at
1.800.280.5512.

- Screening services should include CBE, mammogram and a Pap test.
- Reimbursement for treatment services is not allowed. (See note on page 6.)
- Procedures specifically not allowed in *Women's Way* screening program include:
 - Cervista HPV 16/18 (See page 5.)
- Centers for Medicare and Medicaid Services (CMS) have eliminated all consultation codes which includes 99241-99244. 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.
- The following CPT codes have been removed from the What's Covered list of reimbursable codes for 2014: 77031,77032,19102,19103,19290,19291,19295 and 88342.
- CPT codes added to the list for 2014 are bolded.

2014 – The following CPT codes are approved for billing through *Women's Way*.

Description of Services	CPT	\$ Rate
Office Visits		
New patient; history, exam, straightforward decision-making; 10 minutes	99201	42.68
New patient; <i>expanded</i> history, exam, straightforward decision-making; 20 minutes	99202	73.35
New patient; <i>detailed</i> history, exam, straightforward decision-making; 30 minutes	99203	106.02
Established patient; evaluation and management, may not require presence of physician; 5 minutes	99211	19.89
Established patient; history, exam, straightforward decision-making; 10 minutes	99212	43.04
Established patient; <i>expanded</i> history, exam, straightforward decision-making; 15 minutes	99213	71.91
Established patient; office visit (25 minutes face to face)	99214	71.91
Established patient; office visit (40 minutes face to face)	99215	71.91
<i>Initial</i> comprehensive preventive medicine evaluation and management; history, examination, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc; 18 to 39 years of age	99385	106.02
<i>Initial</i> comprehensive preventive medicine evaluation and management; same as 99385 but 40 to 64 years of age	99386	106.02
<i>Initial</i> comprehensive preventive medicine evaluation and management; same as 99385 but 65 years and older	99387	106.02
<i>Periodic</i> comprehensive preventive medicine evaluation and management; history, examination, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc; 18 to 39 years of age	99395	71.91
<i>Periodic</i> comprehensive preventive medicine evaluation and management; same as 99395 but 40 to 64 years of age	99396	71.91
<i>Periodic</i> comprehensive preventive medicine evaluation and management; same as 99395 but 65 years and older	99397	71.91
Consultation visit only; <i>comprehensive</i> history, exam, moderate complexity decision-making; 45 minutes (Consultation billed must meet criteria for this code. This code is not appropriate for <i>Women's Way</i> screening visits.)	99204	162.56
Consultation visit only; <i>comprehensive</i> history, exam, high complexity decision-making; 60 minutes (Consultation billed must meet criteria for this code. This code is not appropriate for <i>Women's Way</i> screening visits.)	99205	202.73

Description of Services	CPT	\$ Rate
Breast Screening		
Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of film radiographic images; screening mammography.	77052	10.06
Technical Component	77052-TC	7.00
Professional Component	77052-26	3.06
Screening mammogram, Bilateral (two view film study of each breast)	77057	81.92
Technical Component	77057-TC	46.76
Professional Component	77057-26	35.16
Screening mammography, Digital, Bilateral	G0202	134.22
Technical Component	G0202-TC	99.42
Professional Component	G0202-26	34.80
Mammary ductogram or galactogram, single duct	77053	59.85
Technical Component	77053-TC	42.10
Professional Component	77053-26	17.75
Magnetic Resonance Imaging, breast, with and/or without contrast, unilateral Breast MRI can be reimbursed by the <i>Women's Way</i> in conjunction with a mammogram when a client has BRCA mutation, a first-degree relative who is a BRCA carrier, or has a lifetime risk of 20-25% or greater as defined by risk assessment models such as BRCAPro that are largely dependent on family history. Breast MRI can also be 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. Breast MRI cannot be reimbursed for by <i>Women's Way</i> to assess the extent of disease in a woman who is already diagnosed with breast cancer. Breast MRI should never be done alone as a breast cancer screening tool.	77058	551.99
Technical Component	77058-TC	470.55
Professional Component	77058-26	81.45
Magnetic Resonance Imaging, breast, with and/or without contrast, bilateral Same as above in regard when can be reimbursed for.	77059	549.84
Technical Component	77059-TC	468.40
Professional Component	77059-26	81.45
Breast Diagnostics		
Fine needle aspiration; without imaging guidance	10021	146.97
Fine needle aspiration; with imaging guidance	10022	138.98
Puncture aspiration of cyst of breast (surgical procedure only)	19000	111.37
Puncture aspiration of cyst of breast, each additional cyst, <i>used with 19000</i>	19001	26.39
Breast biopsy; percutaneous, needle core, not using imaging guidance	19100	147.02
Breast biopsy, open, incisional	19101	330.75
Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion, open, one or more lesions	19120	476.92
Excision of breast lesion identified by preoperative placement of radiological marker; open; single lesion	19125	528.35
Excision of breast lesion identified by preoperative placement of radiological marker; open; <i>ea add'l lesion separately identified by a preop radiological marker</i>	19126	154.81
❖ Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion	19081	669.93

Description of Services	CPT	\$ Rate
Breast Diagnostics Continued		
❖ Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion	19082	546.97
❖ Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion	19083	666.44
❖ Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion	19084	539.78
❖ Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion	19085	1,012.78
❖ Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion	19086	816.12
❖ Placement of breast localization device, percutaneous; mammographic guidance; first lesion	19281	242.59
❖ Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion	19282	170.02
❖ Placement of breast localization device, percutaneous; stereotactic guidance; first lesion	19283	275.90
❖ Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion	19284	204.05
❖ Placement of breast localization device, percutaneous; ultrasound guidance; first lesion	19285	469.49
❖ Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion	19286	395.34
❖ Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion	19287	865.65
❖ Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion	19288	695.73
Biopsy or excision of lymph node(s); open, superficial; separate procedure	38500	323.19
Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of film radiographic images; diagnostic mammography.	77051	10.06
Technical Component	77051-TC	7.00
Professional Component	77051-26	3.06
Diagnostic/Follow-Up, Unilateral Mammogram	77055	89.44
Technical Component	77055-TC	54.28
Professional Component	77055-26	35.16
Diagnostic/Follow-Up, Bilateral Mammogram	77056	115.07
Technical Component	77056-TC	71.48
Professional Component	77056-26	43.59
Diagnostic mammography, Digital, Bilateral	G0204	163.79
Technical Component	G0204-TC	120.20
Professional Component	G0204-26	43.59
Diagnostic mammography, Digital, Unilateral	G0206	128.85
Technical Component	G0206-TC	94.05
Professional Component	G0206-26	34.80
Radiological examination, surgical specimen	76098	19.01
Technical Component	76098-TC	10.94
Professional Component	76098-26	8.07

Description of Services	CPT	\$ Rate
Breast Diagnostics Continued		
Ultrasound, breast(s) (unilateral or bilateral), B-scan and/or real time with image documentation	76645	99.11
Technical Component	76645-TC	71.84
Professional Component	76645-26	27.28
Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), imaging supervision and interpretation	76942	73.32
Technical Component	76942-TC	39.96
Professional Component	76942-26	33.37
Cytopathology, smears, any other source (i.e., nipple discharge on a slide), screening and interpretation	88160	64.15
Technical Component	88160-TC	37.81
Professional Component	88160-26	26.34
Cytopathology, evaluation of fine-needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s)	88172	54.12
Technical Component	88172-TC	18.10
Professional Component	88172-26	36.01
Cytopathology, evaluation of fine-needle aspirate; <i>interpretation and report</i>	88173	146.04
Technical Component	88173-TC	74.70
Professional Component	88173-26	71.73
Breast biopsy - Surgical pathology, gross and microscopic examination; not requiring microscopic evaluation of surgical margins	88305	70.24
Technical Component	88305-TC	32.07
Professional Component	88305-26	38.16
Breast, excision of lesion - Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	88307	287.54
Technical Component	88307-TC	204.02
Professional Component	88307-26	83.52
Cervical Screening		
Cytopathology, cervical or vaginal, any reporting system, requiring interpretation by physician (Use in conjunction with 88142, 88143, 88164, 88174, 88175)	88141	31.38
Cytopathology (Liquid-based Pap test), cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	88142	27.64 see page 5
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening and rescreening under physician supervision	88143	* 27.64 see page 5
Cytopathology (Conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening under physician supervision	88164	* 14.42 see page 5
Cytopathology (Conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening and rescreening under physician supervision	88165	14.42
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	88174	* 27.64 see page 5
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system and manual rescreening, under physician supervision	88175	* 27.64 see page 5
Pap test handling fee	99000	* 4.80

Description of Services	CPT	\$ Rate
Cervical Screening Continued		
HPV test - Hybrid Capture II from Digene (High Risk Typing only) or Cervista HPV HR is a reimbursable procedure if used for screening in conjunction with Pap testing or for follow-up of an abnormal Pap result or surveillance as per ASCCP guidelines. It is not reimbursable as a primary screening test. Providers should specify the high-risk HPV DNA panel only. Reimbursement of screening for low-risk genotypes is not permitted. Also reimbursement of Cervista HPV 16/18 is not permitted.	87621	47.87
Cervical Diagnostics		
Colposcopy without biopsy, (surgical procedure only)	57452	107.94
Colposcopy w/biopsy(s) of cervix &/or endocervical curettage (surgical procedure only)	57454	151.99
Colposcopy with biopsy(s) of the cervix	57455	141.55
Colposcopy with endocervical curettage	57456	134.01
Biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	57500	126.88
Colposcopy biopsy, interpretation – surgical pathology, gross & microscopic exam	88305	70.24
Technical Component	88305-TC	32.07
Professional Component	88305-26	38.16
Pathology consultation during surgery (this code should only be used when a pathologist is consulted during surgery)	88329	56.65
<p>A LEEP or conization of the cervix, as a diagnostic procedure, may be reimbursed based on ASCCP recommendations and according to their algorithm on management of women with HSIL. Copies of the ASCCP recommended algorithms for management of women with cervical cytological abnormalities, which includes the algorithm for HSIL, are available from your <i>Women's Way</i> local coordinator.</p> <p>If a LEEP or cold-knife conization of the cervix is needed as a treatment procedure, it cannot be paid for by <i>Women's Way</i>. Refer the <i>Women's Way</i> client to her local coordinator. The local coordinator will determine her eligibility for the Medicaid – <i>Women's Way</i> Treatment Program.</p>		
Endoscopy with loop electrode biopsy(s) of the cervix	57460	281.09
Endoscopy with loop electrode conization of the cervix	57461	317.75
Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	57520	302.65
Loop electrode excision procedure	57522	261.21
Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure). For <i>Women's Way</i> clients 35 years and older who have <u>AGC</u> Pap test results. For <i>Women's Way</i> clients younger than 35 years only if recent abnormal vaginal bleeding is verified.	58100	108.33
Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure). For <i>Women's Way</i> clients 35 years and older who have <u>AGC</u> Pap test results. For <i>Women's Way</i> clients younger than 35 years only if recent abnormal vaginal bleeding is verified.	58110	47.61
Immunohistochemistry or immunocytochemistry, per specimen; first stain	G0461	87.98
Technical Component	G0461-TC	57.51
Professional Component	G0461-26	30.48
Immunohistochemistry or immunocytochemistry, per specimen; each add'l stain	G0462	68.09
Technical Component	G0462-TC	55.72
Professional Component	G0462-26	12.37

Description of Services	CPT	\$ Rate
Other fees associated with the above procedures may be reimbursable on an outpatient basis		
Anesthesia for procedures on anterior integumentary system of chest, including subcutaneous tissue; not otherwise specified \$65.40 plus \$21.80 for each 15 minutes	00400 ANES	To a Max of 239.80 ← see formula
Endoscopy with biopsy(s) of the cervix and endocervical curettage	57454	151.99
Excision, endocervical curettage (not done as part of a dilation and curettage)	57505	101.09
Surgical pathology, first tissue block, with frozen section(s) single specimen	88331	98.54
Technical Component	88331-TC	36.01
Professional Component	88331-26	65.52
Each additional tissue block with frozen section	88332	43.37
Technical Component	88332-TC	12.37
Professional Component	88332-26	31.00
Supplies and materials (except spectacles), <u>specifically used for breast and/or cervical cancer screening and/or diagnostic procedures</u> , provided by the physician over and above those usually included with the covered office visit or other covered services rendered (list drugs, trays, supplies, or material provided.)	99070	83% of billed charges - to a max of \$100

Fees are based on current Medicare-Part B maximum reimbursement rate.

*Fee based on current North Dakota Medicaid maximum reimbursement rate.

*** Women's Way will reimburse for a conventional or liquid-based Pap test every three years with Pap test alone, or every five years with a combination of Pap test and HPV testing for women who want to lengthen the screening interval. In the event of an abnormal Pap test, Women's Way will reimburse for the follow-up Pap tests.**

Note: For a *Women's Way* client who has had at least one screening or diagnostic test paid by *Women's Way*, and has been diagnosed with breast or cervical cancer, or cervical abnormalities requiring treatment, contact your *Women's Way* local coordinator at 800.449.6636 or state office at 800.280.5512 to enroll her in the Medicaid – *Women's Way* Treatment Program.

❖ **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, which are for image guidance placement of localization device without image-guided biopsy. Use one or the other, not both.**

The following procedures have been determined as not allowable in the *Women's Way* screening program:

➤ Any **treatment** of breast cancer, cervical intraepithelial neoplasia and cervical cancer.