



WHAT'S COVERED – 2018
Women's Way CPT Code Medicare Part B Rate List
Effective January 1, 2018
For questions, call the Women's Way state office at
800.280.5512 or 701.328.2389

- Screening services includes CBE, mammogram, pelvic exam and Pap test.
- Reimbursement for treatment services is not allowed. (See note on page 6.)
- CPT codes added to the list for 2018 are: 77065, 77066, 77067, 81025, 88360 and 88361 which are **bolded**.
- The following CPT codes **are not** reimbursable by *Women's Way*: CPT codes 77061, 77062 and 87623.
- CPT codes G0202, G0204 and G0206 have been removed from the list.

2018 – 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	44.15
New patient; <i>expanded</i> history, exam, straightforward decision-making; 20 minutes	99202	74.26
New patient; <i>detailed</i> history, exam, straightforward decision-making; 30 minutes	99203	106.19
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	161.83
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	203.28
Established patient; evaluation and management, may not require presence of physician; 5 minutes	99211	21.65
Established patient; history, exam, straightforward decision-making; 10 minutes	99212	43.60
Established patient; <i>expanded</i> history, exam, straightforward decision-making; 15 minutes	99213	72.23
Established patient; detailed history exam, moderately complex decision making; 25 minutes	99214	106.59
Established patient; comprehensive history exam, high complex decision making; 40 minutes	99215	106.59
<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	106.19
<i>Initial</i> comprehensive preventive medicine evaluation and management; same as 99385 but 40 to 64 years of age	99386	106.19
<i>Initial</i> comprehensive preventive medicine evaluation and management; same as 99385 but 65 years and older	99387	106.19
<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	72.23
<i>Periodic</i> comprehensive preventive medicine evaluation and management; same as 99395 but 40 to 64 years of age	99396	72.23
<i>Periodic</i> comprehensive preventive medicine evaluation and management; same as 99395 but 65 years and older	99397	72.23

Description of Services	CPT	\$ Rate
Breast Screening		
Screening mammography, bilateral, including CAD when performed	77067	138.25
Technical Component	77067-TC	101.35
Professional Component	77067-26	36.90
Screening digital breast tomosynthesis, bilateral	77063	55.19
Technical Component	77063-TC	25.56
Professional Component	77063-26	29.63
Mammary ductogram or galactogram, single duct	77053	58.62
Technical Component	77053-TC	40.87
Professional Component	77053-26	17.75
Magnetic Resonance Imaging, breast, with and/or without contrast, unilateral can be reimbursed for by <i>Women's Way</i> in conjunction with a mammogram when a client has a BRCA mutation, a first-degree relative who is a BRCA carrier, or a lifetime risk of 20% or greater as defined by risk assessment models such as BRCAPRO that depend largely on family history. Breast MRI also can be used to assess areas of concern on a mammogram, or to evaluate a client with a history of breast cancer after completing treatment. Breast MRI should never be done alone as a breast cancer screening tool. Breast MRI cannot be reimbursed for by <i>Women's Way</i> to assess the extent of disease in a woman who has just been diagnosed with breast cancer.	77058	536.72
Technical Component	77058-TC	455.98
Professional Component	77058-26	80.74
Magnetic Resonance Imaging, breast, with and/or without contrast, bilateral Same as above regarding reimbursement	77059	536.72
Technical Component	77059-TC	455.98
Professional Component	77059-26	80.74
Gadobutrol injection (0.1 ML per unit)	A9585	0.38 per unit
Breast Diagnostics		
Fine needle aspiration; without imaging guidance	10021	121.10
Fine needle aspiration; with imaging guidance	10022	140.84
Puncture aspiration of cyst of breast (surgical procedure only)	19000	112.71
ASC	19000-SG	81.00
OPPS	19000	572.85
Puncture aspiration of cyst of breast, each additional cyst, used with 19000	19001	26.56
Breast biopsy; percutaneous, needle core, not using imaging guidance	19100	148.63
ASC	19100-SG	542.88
OPPS	19100	1,348.03
Breast biopsy, open, incisional	19101	335.99
ACS	19101-SG	1,029.97
OPPS	19101	2,727.84
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	482.05
ASC	19120-SG	1,029.97
OPPS	19120	2,727.84
Excision of breast lesion identified by preoperative placement of radiological marker; open; single lesion	19125	532.85
ASC	19125-SG	1,029.97
OPPS	19125	2,727.84
Excision of breast lesion identified by preoperative placement of radiological marker; open; each additional lesion separately identified by a pre-operative radiological marker	19126	154.21

Description of Services	CPT	\$ Rate
Breast Diagnostics Continued		
❖ Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion	19081	698.10
❖ ASC	19081-SG	542.88
❖ OPPS	19081	1,348.03
❖ Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion	19082	579.10
❖ Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion	19083	679.31
❖ ASC	19083-SG	542.88
❖ OPPS	19083	1,348.03
❖ Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion	19084	556.28
❖ Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion	19085	1,018.69
❖ ASC	19085-SG	542.88
❖ OPPS	19085	1,348.03
❖ Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion	19086	827.86
❖ Placement of breast localization device, percutaneous; mammographic guidance; first lesion	19281	241.31
❖ Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion	19282	168.36
❖ Placement of breast localization device, percutaneous; stereotactic guidance; first lesion	19283	272.86
❖ Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion	19284	206.21
❖ Placement of breast localization device, percutaneous; ultrasound guidance; first lesion	19285	526.11
❖ Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion	19286	461.87
❖ Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion	19287	873.64
❖ Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion	19288	707.80
Biopsy or excision of lymph node(s); open, superficial; separate procedure	38500	324.95
Diagnostic mammography, bilateral, includes CAD	77066	170.85
Technical Component	77066-TC	122.59
Professional Component	77066-26	48.26
Diagnostic mammography, unilateral, includes CAD	77065	134.80
Technical Component	77065-TC	95.95
Professional Component	77065-26	38.85
Diagnostic digital breast tomosynthesis, unilateral or bilateral	G0279	55.19
Technical Component	G0279-TC	25.56
Professional Component	G0279-26	29.63
Radiological examination, surgical specimen	76098	16.82
Technical Component	76098-TC	8.83
Professional Component	76098-26	7.99
Ultrasound, complete examination of breast including axilla, unilateral	76641	108.75
Technical Component	76641-TC	72.55
Professional Component	76641-26	36.20

Description of Services	CPT	\$ Rate
<i>Breast Diagnostics Continued</i>		
Ultrasound, limited examination of breast including axilla, unilateral	76642	88.99
Technical Component	76642-TC	55.27
Professional Component	76642-26	33.72
Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), imaging supervision and interpretation	76942	60.01
Technical Component	76942-TC	27.92
Professional Component	76942-26	32.09
Cytopathology, smears, any other source (i.e., nipple discharge on a slide), screening and interpretation	88160	73.43
Technical Component	88160-TC	46.63
Professional Component	88160-26	26.80
Cytopathology, evaluation of fine-needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s)	88172	58.00
Technical Component	88172-TC	20.72
Professional Component	88172-26	37.28
Cytopathology, evaluation of fine-needle aspirate; interpretation and report	88173	156.11
Technical Component	88173-TC	82.83
Professional Component	88173-26	73.28
Surgical pathology, gross and microscopic examination; not requiring microscopic evaluation of surgical margins	88305	69.11
Technical Component	88305-TC	30.08
Professional Component	88305-26	39.03
Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	88307	267.75
Technical Component	88307-TC	181.83
Professional Component	88307-26	85.92
Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	88342	110.55
Technical Component	88342-TC	73.99
Professional Component	88342-26	36.56
Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	88341	94.07
Technical Component	88341-TC	64.80
Professional Component	88341-26	29.27
Morphometric analysis, tumor immunohistochemistry, per specimen; manual	88360	135.27
Technical Component	88360-TC	89.47
Professional Component	88360-26	45.80
Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology	88361	147.07
Technical Component	88361-TC	98.47
Professional Component	88361-26	48.60
<i>Other fees associated with the above procedures may be reimbursable on an outpatient basis</i>		
Anesthesia for procedures on anterior integumentary system of chest, including subcutaneous tissue; not otherwise specified. \$63.54 plus \$21.18 for each 15 minutes When anesthesia is billed on the hospital side as part of services for a surgical procedure and is not included in the surgical role, anesthesia payment will be the same as the reimbursement for the professional fee.	00400 ANES	To a Max of 232.98 ← see formula

Description of Services	CPT	\$ Rate
<i>Cervical Screening</i>		
Cytopathology, cervical or vaginal, any reporting system, requiring interpretation by physician (Use in conjunction with 88142, 88143, 88164, 88174, 88175)	88141	32.46
Cytopathology (liquid-based Pap test), cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	88142	25.01
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening and rescreening under physician supervision	88143	25.01
Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening under physician supervision	88164	14.65
Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening and rescreening under physician supervision	88165	42.22
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	88174	26.38
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system and manual rescreening, under physician supervision	88175	32.71
Pap test handling fee	99000	4.80
Human Papillomavirus (HPV), high risk types - is not reimbursable as an adjunctive screening test to the Pap for women under 30 years of age.	87624	43.33
HPV, types 16 and 18 only – same as above	87625	43.33
<i>Cervical Diagnostics</i>		
Colposcopy without biopsy, (surgical procedure only)	57452	106.74
Colposcopy w/biopsy(s) of cervix &/or endocervical curettage (surgical procedure only)	57454	148.84
Colposcopy with biopsy(s) of the cervix	57455	139.72
Colposcopy with endocervical curettage	57456	131.88
Cervical biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	57500	126.52
Excision, endocervical curettage (not done as part of a dilation and curettage)	57505	101.17
Surgical pathology, gross & microscopic exam	88305	69.11
Technical Component	88305-TC	30.08
Professional Component	88305-26	39.03
Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	88307	267.75
Technical Component	88307-TC	181.83
Professional Component	88307-26	85.92
Surgical pathology, first tissue block, with frozen section(s) single specimen	88331	98.11
Technical Component	88331-TC	32.95
Professional Component	88331-26	65.16
Each additional tissue block with frozen section(s)	88332	53.56
Technical Component	88332-TC	21.43
Professional Component	88332-26	32.13
Pathology consultation during surgery (this code should only be used when a pathologist is consulted during surgery)	88329	52.09
Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	88342	110.55
Technical Component	88342-TC	73.99
Professional Component	88342-26	36.56

Description of Services	CPT	\$ Rate
<i>Cervical Diagnostics Continued</i>		
Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	88341	94.07
Technical Component	88341-TC	64.80
Professional Component	88341-26	29.27
<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.</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>		
Colposcopy with loop electrode biopsy(s) of the cervix	57460	279.05
Colposcopy with loop electrode conization of the cervix	57461	314.88
Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	57520	301.97
Loop electrode excision procedure	57522	258.23
Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure). May be reimbursed when follow-up to a AGC Pap test result or to a Pap test result with presence of endometrial cells for a woman who is postmenopausal.	58100	106.52
Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure). May be reimbursed for follow-up of a AGC Pap test result or to a Pap test result with presence of endometrial cells for a woman who is postmenopausal.	58110	47.05
Urine Pregnancy Test. May be reimbursed for by <i>Women's Way</i> when ordered in conjunction with a cervical diagnostic procedure such as a colposcopy (57452), colposcopy with biopsy and/or endocervical curettage (57454, 57455, 57456, 57505), endometrial biopsy (if for AGC Pap test result or presence of endometrial cells) (58100, 58110) or LEEP (if diagnostic) (57460, 57522).	81025	8.61

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, and who has no insurance, contact your *Women's Way* local coordinator at 800.449.6636 or state office at 800.280.5512 to assist her to enroll in a Medicaid 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 allowed in the *Women's Way* screening program:

- Any treatment of breast cancer, cervical intraepithelial neoplasia and cervical cancer.