



WHAT'S COVERED – 2019
Women's Way CPT Code Medicare Part B Rate List
Effective January 1, 2019
For questions, call the Women's Way State Office
800.280.5512 or 701.328.2389

- Screening services includes CBE, mammogram, pelvic exam, HPV and Pap test.
- Reimbursement for treatment services is not allowed. (See note on page 7).
- Codes added to the list for 2019 are: 77046, 77047, 77048, 77049, A9579, 82565, 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012, 88177, 99156 and 99157 and are **bolded**.
- CPT codes 77058, 77059 and 10022 have been removed from the list.

2019 – 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	45.66
New patient; <i>expanded</i> history, exam, straightforward decision-making; 20 minutes	99202	76.16
New patient; <i>detailed</i> history, exam, straightforward decision-making; 30 minutes	99203	107.60
New patient; <i>comprehensive</i> history, exam, moderate complexity decision-making; 45 minutes Consultation billed must meet criteria for this code. This code is typically not appropriate for <i>Women's Way</i> screening visits but may be used when provider spends extra time to do a detailed risk assessment.	99204	163.38
New patient; <i>comprehensive</i> history, exam, high complexity decision-making; 60 minutes Consultation billed must meet criteria for this code. This code is typically not appropriate for <i>Women's Way</i> screening visits but may be used when provider spends extra time to do a detailed risk assessment.	99205	205.27
Established patient; evaluation and management, may not require presence of physician; 5 minutes	99211	22.90
Established patient; history, exam, straightforward decision-making; 10 minutes	99212	45.11
Established patient; <i>expanded</i> history, exam, straightforward decision-making; 15 minutes	99213	74.16
Established patient; detailed history exam, moderately complex decision making; 25 minutes	99214	108.62
Established patient; comprehensive history exam, high complex decision making; 40 minutes	99215	108.62
<i>Initial</i> comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunizations and lab procedure; 18 to 39 years of age	99385	107.60
<i>Initial</i> comprehensive preventive medicine evaluation and management; same as 99385 but 40 to 64 years of age	99386	107.60
<i>Initial</i> comprehensive preventive medicine evaluation and management; same as 99385 but 65 years and older	99387	107.60
<i>Periodic</i> comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunizations and lab procedures; 18 to 39 years of age	99395	74.16
<i>Periodic</i> comprehensive preventive medicine evaluation and management; same as 99395 but 40 to 64 years of age	99396	74.16
<i>Periodic</i> comprehensive preventive medicine evaluation and management; same as 99395 but 65 years and older	99397	74.16

Description of Services	CPT	\$ Rate
Breast Screening		
Screening mammography, bilateral, includes CAD	77067	137.56
Technical Component	77067-TC	99.30
Professional Component	77067-26	38.26
Screening digital breast tomosynthesis, bilateral (list separately in addition to code 77067)	77063	55.37
Technical Component	77063-TC	25.23
Professional Component	77063-26	30.14
Mammary ductogram or galactogram, single duct	77053	57.89
Technical Component	77053-TC	39.84
Professional Component	77053-26	18.05
For the following CPT codes 77046, 77047, 77048 and 77049, Magnetic Resonance Imaging (MRI) can be reimbursed by Women's Way 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 Women's Way to assess the extent of disease in a woman who has just been diagnosed with breast cancer to determine treatment.		
Magnetic Resonance Imaging (MRI), breast, without contrast, unilateral	77046	251.50
Technical Component	77046-TC	178.59
Professional Component	77046-26	72.91
Magnetic Resonance Imaging (MRI), breast, without contrast, bilateral	77047	258.19
Technical Component	77047-TC	177.51
Professional Component	77047-26	80.68
Magnetic Resonance Imaging (MRI), breast, including CAD, with and without contrast, unilateral	77048	399.52
Technical Component	77048-TC	294.11
Professional Component	77048-26	105.41
Magnetic Resonance Imaging (MRI), breast, including CAD, with and without contrast, bilateral	77049	408.00
Technical Component - same criteria as above.	77049-TC	292.67
Professional Component	77049-26	115.33
Gad-base mr contrast, nos 1 ML	A9579	1.75 per ml
Gadobutrol injection (0.1 ML per unit)	A9585	0.39 per unit
Creatinine; blood (as needed prior to breast MRI)	82565	5.69
Breast Diagnostics		
Fine needle aspiration biopsy; without imaging guidance, first lesion	10021	97.87
Fine needle aspiration biopsy without imaging guidance, each additional lesion	10004	51.87
Fine needle aspiration biopsy including ultrasound guidance, first lesion	10005	126.89
Fine needle aspiration biopsy including ultrasound guidance, each additional lesion	10006	59.97
Fine needle aspiration biopsy including fluoroscopic guidance, first lesion	10007	288.41
Fine needle aspiration biopsy including fluoroscopic guidance, each additional lesion	10008	162.35
Fine needle aspiration biopsy including CT guidance, first lesion	10009	473.51
Fine needle aspiration biopsy including CT guidance, each additional lesion	10010	284.94
Fine needle aspiration biopsy including MRI guidance, first lesion	10011	473.51
Fine needle aspiration biopsy including MRI guidance, each additional lesion	10012	284.94
Puncture aspiration of cyst of breast	19000	110.62
ASC	19000-SG	78.20
OPPS	19000	579.34
Puncture aspiration of cyst of breast, each additional cyst, used with 19000	19001	26.92

Description of Services	CPT	\$ Rate
Breast Diagnostics Continued		
Breast biopsy; percutaneous, needle core, not using imaging guidance	19100	150.72
ASC	19100-SG	547.17
OPPS	19100	1,375.50
Breast biopsy, open, incisional	19101	335.31
ACS	19101-SG	1057.44
OPPS	19101	2,816.01
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	492.48
ASC	19120-SG	1,057.44
OPPS	19120	2,816.01
Excision of breast lesion identified by preoperative placement of radiological marker; open; single lesion	19125	544.33
ASC	19125-SG	1,057.44
OPPS	19125	2,816.01
Excision of breast lesion identified by preoperative placement of radiological marker; open; each additional lesion separately identified by a preoperative radiological marker	19126	157.06
❖ Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion	19081	657.87
❖ ASC	19081-SG	547.17
❖ OPPS	19081	1,375.50
❖ Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion	19082	538.68
❖ Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion	19083	644.51
❖ ASC	19083-SG	547.17
❖ OPPS	19083	1,375.50
❖ Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion	19084	519.55
❖ Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion	19085	981.81
❖ ASC	19085-SG	547.17
❖ OPPS	19085	1,375.50
❖ Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion	19086	789.13
❖ Placement of breast localization device, percutaneous; mammographic guidance; first lesion	19281	245.69
❖ Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion	19282	172.22
❖ Placement of breast localization device, percutaneous; stereotactic guidance; first lesion	19283	275.10
❖ Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion	19284	209.39
❖ Placement of breast localization device, percutaneous; ultrasound guidance; first lesion	19285	494.16
❖ Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion	19286	427.73
❖ Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion	19287	835.90
❖ Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion	19288	670.67
Biopsy or excision of lymph node(s); open, superficial; separate procedure	38500	330.83

Description of Services	CPT	\$ Rate
Breast Diagnostics Continued		
Diagnostic mammography, bilateral, includes CAD	77066	170.75
Technical Component	77066-TC	120.20
Professional Component	77066-26	50.55
Diagnostic mammography, unilateral, includes CAD	77065	134.88
Technical Component	77065-TC	93.90
Professional Component	77065-26	40.98
Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to codes 77065 or 77066)	G0279	55.37
Technical Component	G0279-TC	25.23
Professional Component	G0279-26	30.14
Radiological examination, surgical specimen	76098	16.61
Technical Component	76098-TC	8.48
Professional Component	76098-26	8.13
Ultrasound, complete examination of breast including axilla, unilateral	76641	108.01
Technical Component	76641-TC	71.19
Professional Component	76641-26	36.82
Ultrasound, limited examination of breast including axilla, unilateral	76642	88.19
Technical Component	76642-TC	53.89
Professional Component	76642-26	34.30
Ultrasonic guidance for needle placement, imaging supervision and interpretation	76942	57.36
Technical Component	76942-TC	25.06
Professional Component	76942-26	32.30
Cytopathology, smears, any other source (i.e., nipple discharge on a slide), screening and interpretation	88160	72.11
Technical Component	88160-TC	45.24
Professional Component	88160-26	26.87
Cytopathology, evaluation of fine-needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), first evaluation episode	88172	57.17
Technical Component	88172-TC	19.66
Professional Component	88172-26	37.51
Cytopathology, evaluation of fine-needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), each separate additional evaluation episode	88177	30.11
Technical Component	88177-TC	7.21
Professional Component	88177-26	22.90
Cytopathology, evaluation of fine-needle aspirate; interpretation and report	88173	154.86
Technical Component	88173-TC	81.48
Professional Component	88173-26	73.38
Surgical pathology, gross and microscopic examination	88305	69.78
Technical Component	88305-TC	30.47
Professional Component	88305-26	39.31
Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	88307	272.54
Technical Component	88307-TC	186.35
Professional Component	88307-26	86.19
Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	88342	107.98
Technical Component	88342-TC	71.19
Professional Component	88342-26	36.79

Description of Services	CPT	\$ Rate
Breast Diagnostics Continued		
Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	88341	94.26
Technical Component	88341-TC	64.51
Professional Component	88341-26	29.75
Morphometric analysis, tumor immunohistochemistry, per specimen; manual	88360	129.25
Technical Component	88360-TC	85.25
Professional Component	88360-26	44.00
Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology	88361	133.57
Technical Component	88361-TC	86.33
Professional Component	88361-26	47.24
Other fees associated with the above procedures may be reimbursable on an outpatient basis		
Anesthesia for procedures on anterior integumentary system; anterior trunk not otherwise specified. \$64.95 plus \$21.65 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 238.15 ← see formula
Conscious Sedation Anesthesia; 10-22 minutes for individuals 5 years or older (related to a breast or cervical diagnostic procedure). No separate charge if < 10 minutes.	**99156	78.24
Conscious Sedation Anesthesia; For each additional 15 minutes	**99157	63.93
** For 10-22 minutes, use CPT code 99156		
** For 23-37 minutes, use CPT code 99156 plus 99157 x 1		
** For 38-52 minutes, use CPT code 99156 plus 99157 x 2		
Cervical Screening		
Cytopathology, cervical or vaginal, any reporting system, requiring interpretation by physician (Use in conjunction with 88142, 88143, 88164, 88165, 88174, 88175)	88141	32.10
Cytopathology (liquid-based Pap test), cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	88142	22.51
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening and rescreening under physician supervision	88143	23.04
Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening under physician supervision	88164	14.99
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	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	29.44
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	38.99
HPV, types 16 and 18 only – same as above	87625	40.55
Cervical Diagnostics		
Colposcopy of the cervix, without biopsy	57452	113.65
Colposcopy with biopsy(s) of cervix and endocervical curettage	57454	155.90
Colposcopy with biopsy(s) of the cervix	57455	147.22
Colposcopy of the cervix, with endocervical curettage	57456	138.54
Cervical biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	57500	134.46

Description of Services	CPT	\$ Rate
Cervical Diagnostics Continued		
Endocervical curettage (not done as part of a dilation and curettage)	57505	112.31
Surgical pathology, gross & microscopic exam	88305	69.78
Technical Component	88305-TC	30.47
Professional Component	88305-26	39.31
Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	88307	272.54
Technical Component	88307-TC	186.35
Professional Component	88307-26	86.19
Surgical pathology, first tissue block, with frozen section(s) single specimen	88331	98.44
Technical Component	88331-TC	33.35
Professional Component	88331-26	65.09
Each additional tissue block with frozen section(s)	88332	54.09
Technical Component	88332-TC	21.82
Professional Component	88332-26	32.27
Pathology consultation during surgery (this code should only be used when a pathologist is consulted during surgery)	88329	52.31
Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	88342	107.98
Technical Component	88342-TC	71.19
Professional Component	88342-26	36.79
Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	88341	94.26
Technical Component	88341-TC	64.51
Professional Component	88341-26	29.75
<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	293.32
Colposcopy with loop electrode conization of the cervix	57461	329.64
Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	57520	320.17
Loop electrode excision procedure	57522	273.12
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	92.66
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	50.24
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 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 Sate 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.

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.

Revision Date	Effective Date	Description of Review or Changes	Page	Approved By
01/24/2019	01/01/2019	CPT code 77058 and 77059 removed	N/A	8mm
		CPT codes 77046, 77047, 77048, 77049, 82565 and A9579 added	2	
		CPT code 10022 removed	N/A	
		CPT code 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011 and 10012 added	2	
		CPT code 88177 added	4	
		CPT codes 99156 and 99157 added	5	