



REVISED WHAT'S COVERED – 2009
Women's Way CPT Code Medicare Part B Rate List
Effective July 1, 2009
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 5.)
- Procedures specifically not allowed in *Women's Way* screening program include:
 - HPV testing for screening purposes. (See page 4.)
 - Magnetic Resonance Imaging (MRI) for breast cancer screening or diagnostics.

2009 – 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	33.09
New patient; <i>expanded</i> history, exam, straightforward decision-making; 20 minutes	99202	57.70
New patient; <i>detailed</i> history, exam, straightforward decision-making; 30 minutes	99203	83.68
Established patient; evaluation and management, may not require presence of physician; 5 minutes	99211	16.62
Established patient; history, exam, straightforward decision-making; 10 minutes	99212	33.39
Established patient; <i>expanded</i> history, exam, straightforward decision-making; 15 minutes	99213	56.43
Established patient; office visit (25 minutes face to face)	99214	56.43
Office consultation; history, exam, straightforward decision-making; 15 minutes	99241	43.87
Office consultation; <i>expanded</i> history, exam, straightforward decision-making; 30 minutes	99242	82.60
Office consultation; <i>detailed</i> history, exam, decision-making of low complexity; 40 minutes	99243	113.76
Office consultation; <i>comprehensive</i> history, exam, decision-making of moderate complexity; 60 minutes	99244	169.90
<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	83.68
<i>Initial</i> comprehensive preventive medicine evaluation and management; same as 99385 but 40 to 64 years of age	99386	83.68
<i>Initial</i> comprehensive preventive medicine evaluation and management; same as 99385 but 65 years and older	99387 ¹	83.68
<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	56.43
<i>Periodic</i> comprehensive preventive medicine evaluation and management; same as 99395 but 40 to 64 years of age	99396	56.43
<i>Periodic</i> comprehensive preventive medicine evaluation and management; same as 99395 but 65 years and older	99397 ¹	56.43

¹ Reimbursable for Medicare-Part B un-enrolled women only

2009 – The following CPT codes are approved for billing through *Women's Way*.

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	10.36
Technical Component	77052-TC	7.45
Professional Component	77052-26	2.91
Screening mammogram, Bilateral (two view film study of each breast)	77057	71.09
Technical Component	77057-TC	37.51
Professional Component	77057-26	33.58
Screening mammography, Digital, Bilateral	G0202	111.87
Technical Component	G0202-TC	78.90
Professional Component	G0202-26	32.97
Breast Diagnostics		
Fine needle aspiration; without imaging guidance	10021	112.65
Fine needle aspiration; with imaging guidance	10022	115.72
Puncture aspiration of cyst of breast (surgical procedure only)	19000	90.16
Puncture aspiration of cyst of breast, each additional cyst, <i>used with 19000</i>	19001	23.62
Breast biopsy; percutaneous, needle core, not using imaging guidance	19100	111.05
Breast biopsy, open, incisional	19101	254.49
Breast biopsy, percutaneous, needle core, using imaging guidance <i>Note: for placement of localization clip use CPT 19295</i>	19102	183.06
Breast biopsy, percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance	19103	454.46
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	372.11
Excision of breast lesion identified by preoperative placement of radiological marker; open; single lesion	19125	412.61
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	136.85
Preoperative placement of needle localization wire, breast	19290	134.75
Preoperative placement of needle localization wire, breast; each additional lesion	19291	58.59
Image guided placement, metallic localization clip, percutaneous, during breast bx	19295	71.67
Biopsy or excision of lymph node(s); open, superficial; separate procedure	38500	256.30
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	10.36
Technical Component	77051-TC	7.45
Professional Component	77051-26	2.91
Diagnostic/Follow-Up, Unilateral Mammogram	77055	73.99
Technical Component	77055-TC	40.41
Professional Component	77055-26	33.58

Description of Services	CPT	\$ Rate
Breast Diagnostics (continued)		
Diagnostic/Follow-Up, Bilateral Mammogram	77056	93.79
Technical Component	77056-TC	52.12
Professional Component	77056-26	41.68
Diagnostic mammography, Digital, Bilateral	G0204	131.84
Technical Component	G0204-TC	91.08
Professional Component	G0204-26	40.76
Diagnostic mammography, Digital, Unilateral	G0206	104.73
Technical Component	G0206-TC	71.76
Professional Component	G0206-26	32.97
Stereotactic localization guidance for breast biopsy or needle placement (e.g., for wire localization or for injection), each lesion, radiological supervision and interpretation	77031	165.74
Technical Component	77031-TC	89.79
Professional Component	77031-26	75.95
Mammographic guidance for needle placement, breast, (e.g., for wire localization or for injection), each lesion, radiologic supervision and interpretation	77032	52.20
Technical Component	77032-TC	25.33
Professional Component	77032-26	26.87
Radiological examination, surgical specimen	76098	17.15
Technical Component	76098-TC	9.41
Professional Component	76098-26	7.74
Ultrasound, breast(s) (unilateral or bilateral), B-scan and/or real time with image documentation	76645	77.52
Technical Component	76645-TC	51.67
Professional Component	76645-26	25.84
Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), imaging supervision and interpretation	76942	156.87
Technical Component	76942-TC	124.68
Professional Component	76942-26	32.19
Cytopathology, smears, any other source (i.e., nipple discharge on a slide), screening and interpretation	88160	45.38
Technical Component	88160-TC	22.20
Professional Component	88160-26	23.18
Cytopathology, evaluation of fine-needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s)	88172	46.55
Technical Component	88172-TC	18.54
Professional Component	88172-26	28.01
Cytopathology, evaluation of fine-needle aspirate; <i>interpretation and report</i>	88173	117.77
Technical Component	88173-TC	53.25
Professional Component	88173-26	64.53
Breast biopsy - Surgical pathology, gross and microscopic examination; not requiring microscopic evaluation of surgical margins	88305	90.73
Technical Component	88305-TC	55.66

Description of Services	CPT	\$ Rate
Professional Component	88305-26	35.08
Breast, excision of lesion - Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	88307	182.30
Technical Component	88307-TC	107.68
Professional Component	88307-26	74.62
Cervical Screening		
Cytopathology, cervical or vaginal, any reporting system, requiring interpretation by physician (Use in conjunction with 88142, 88143, 88164, 88174, 88175)	88141	24.86
Cytopathology (Liquid-based Pap test), cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	88142	* 29.58 see page 7
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening and rescreening under physician supervision	88143	* 29.58 see page 7
Cytopathology (Conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening under physician supervision	88164	* 15.42 see page 7
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	88174	* 29.58 see page 7
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system and manual rescreening, under physician supervision	88175	* 29.58 see page 7
Pap test handling fee	99000	* 3.52
HPV test - Hybrid Capture II from Digene (High Risk Typing only) used in follow-up of an ASC-US result from the screening exam, or for surveillance at one year following an LSIL Pap test and no CIN 2, 3 on colposcopy-directed biopsy or any other situation in the 2006 ASCCP recommendations. Except is not reimbursable as a primary screening test or as an adjunctive screening test to the Pap for women \geq 30 years of age. Providers should specify the high-risk HPV DNA panel only; reimbursement of screening for low-risk genotypes of HPV is not permitted.	87621	51.25
Cervical Diagnostics		
Colposcopy without biopsy, (surgical procedure only)	57452	93.44
Colposcopy w/biopsy(s) of cervix &/or endocervical curettage (surgical procedure only)	57454	132.99
Colposcopy with biopsy(s) of the cervix	57455	122.91
Colposcopy with endocervical curettage	57456	116.06
Biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	57500	110.10
Colposcopy biopsy, interpretation – surgical pathology, gross & microscopic exam	88305	90.73
Technical Component	88305-TC	55.66
Professional Component	88305-26	35.08
Pathology consultation during surgery (this code should only be used when a pathologist is consulted during surgery)	88329	44.53
<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>		

2009 – The following CPT codes are approved for billing through *Women’s Way*

Description of Services	CPT	\$ Rate
<i>Cervical Diagnostics (continued)</i>		
Endoscopy with loop electrode biopsy(s) of the cervix	57460	248.97
Endoscopy with loop electrode conization of the cervix	57461	280.41
Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	57520	261.03
Loop electrode excision procedure	57522	224.26
Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure). For <i>Women’s Way</i> clients ages 35 and older who have <u>AGC</u> Pap test results. Clients age 35 and younger only if recent abnormal vaginal bleeding is verified.	58100	94.22
Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure). For <i>Women’s Way</i> clients ages 35 and older who have <u>AGC</u> Pap test results. Clients age 35 and younger only if recent abnormal vaginal bleeding is verified.	58110	42.42

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

<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 \$59.10 plus \$19.70 for each 15 minutes	00400 ANES	To a Maximum of 216.70 ←see formula
Endoscopy with biopsy(s) of the cervix and endocervical curettage	57454	132.99
Excision, endocervical curettage (not done as part of a dilation and curettage)	57505	85.19
Surgical pathology, first tissue block, with frozen section(s) single specimen	88331	80.26
Technical Component	88331-TC	24.00
Professional Component	88331-26	56.26
Each additional tissue block with frozen section	88332	36.14
Technical Component	88332-TC	8.50
Professional Component	88332-26	27.65
Description of Services	CPT	\$ Rate
Supplies and materials (except spectacles), specifically used for breast and/or cervical cancer screening and/or diagnostic procedures , 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 maximum of \$100

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

¹ Reimbursable for Medicare-Part B un-enrolled women only.

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

*** *Women’s Way* will reimburse for a liquid-based Pap test every two years until there are three consecutive normal Pap tests within a 60-month period, then reimbursement will be every three years. In the event of an abnormal Pap test, *Women’s Way* will reimburse for the follow-up Pap tests.**

✕ *Women’s Way* will reimburse for a conventional Pap test every year until there are three consecutive normal Pap tests within a 60-month period, then reimbursement will be every three years. 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.