WOMEN'S WAY
A Breast & Cervical Cancer Early Detection Program

WHAT'S COVERED – 2026
Women's Way CPT Code Medicare Part B Rate List
Effective January 1, 2026

For questions, call the *Women's Way* State Office 800-280-5512 or 701-328-2479

Code

- CPT codes that are specifically not covered are 77061, 77062, and 87623.
- Reimbursement for treatment services is not allowed. (See note on page 7).
- New CPT code(s) are in **bold font**.

2026 – The following CPT codes are approved for billing through *Women's Way.*

CODE	RATE	PROCEDURE
Office Visits		
99202	$73.76	New patient; medically appropriate history/exam; straightforward decision making; 15-29 minutes.
99203	$114.40	New patient; medically appropriate history/exam; low-level decision making; 30-44 minutes.
99204	$172.60	New patient; medically appropriate history/exam; moderate level decision making; 45-59 minutes. This code is typically not appropriate for *Women's Way* screening visits but may be used when the provider spends extra time to do a detailed risk assessment.
99205	$229.67	New patient; medically appropriate history/exam; high-level decision making; 60-74 minutes. This code is typically not appropriate for *Women's Way* screening visits but may be used when the provider spends extra time doing a detailed risk assessment.
99211	$24.18	Established patient; evaluation and management may not require the presence of a physician; presenting problems are minimal.
99212	$58.26	Established patient; medically appropriate history/exam, straightforward decision making; 10-19 min.
99213	$93.41	Established patient; medically appropriate history/exam, low-level decision making; 20-29 minutes.
99214	$132.83	Established patient; medically appropriate history/exam, moderate level decision making; 30-39 min.
99215	$188.22	Established patient; comprehensive history exam, highly complex decision making; 40-54 minutes.
99385	$114.40	*Initia*l 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. (CDC note)
99386	$114.40	Same as 99385, but 40 to 64 years of age.
99387	$114.40	Same as 99385, but 65 years of age or older.
99395	$93.41	*Periodic* 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. (CDC note)
99396	$93.41	Same as 99395, but 40 to 64 years of age.
99397	$93.41	Same as 99395, but 65 years of age or older.
99459	$17.37	Pelvic examination (List separately in addition to code for primary procedure). Use in conjunction with 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99385, 99386, 99387, 99395, 99396, 99397. Provides fees for the cost of pelvic examination packs and in-room chaperones. Only allowed when a pelvic exam is done to do a Pap or HPV test.
Breast Screening		
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 mainly on family history. Breast MRI can also 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.		
77046	$211.65	Magnetic Resonance Imaging (MRI) breast, without contrast, unilateral.
77046-TC	$146.90	Technical Component
77046-26	$64.75	Professional Component
77047	$214.79	Magnetic Resonance Imaging (MRI) breast, without contrast, bilateral.
77047-TC	$143.23	Technical Component
77047-26	$71.56	Professional Component
77048	$331.37	Magnetic Resonance Imaging (MRI) breast, including CAD, with and without contrast, unilateral.
77048-TC	$236.89	Technical Component
77048-26	$94.48	Professional Component
77049	$336.85	Magnetic Resonance Imaging (MRI) breast, including CAD, with and without contrast, bilateral.
77049-TC	$233.55	Technical Component – same criteria as above.
77049-26	$103.30	Professional Component

77063	$50.84	Screening digital breast tomosynthesis, bilateral (list separately in addition to code 77067).
77063-TC	$23.71	Technical Component
77063-26	$27.13	Professional Component
77067	$125.26	Screening mammography, bilateral, includes CAD.
77067-TC	$90.99	Technical Component
77067-26	$34.27	Professional Component
A9579	$1.46 per ML	Gad-base MR contrast, nos 1 mL.
A9585	$0.28 per 0.1 ML	Gadobutrol injection (0.1 ML per unit).
82565	$5.12	Creatinine blood test (as needed prior to breast MRI).
Breast Diagnostics		
10004	$50.53	Fine needle aspiration biopsy without imaging guidance, for each additional lesion.
10005	$128.89	Fine needle aspiration biopsy, including ultrasound guidance, for the first lesion.
10006	$57.94	Fine needle aspiration biopsy, including ultrasound guidance, for each additional lesion.
10007	$339.01	Fine needle aspiration biopsy, including fluoroscopic guidance, first lesion.
10008	$138.31	Fine needle aspiration biopsy, including fluoroscopic guidance, for each additional lesion.
10009	$408.27	Fine needle aspiration biopsy, including CT guidance, for the first lesion.
10010	$230.98	Fine needle aspiration biopsy, including CT guidance, for each additional lesion.
10011	$408.27	Fine needle aspiration biopsy, including MRI guidance, for the first lesion. (CDC note)
10012	$230.98	Fine needle aspiration biopsy, including MRI guidance, for each additional lesion. (CDC note)
10021	$98.43	Fine needle aspiration biopsy, without imaging guidance, of the first lesion.
10035	$342.33	Placement of soft tissue localization device(s) (e.g., clip, metallic pellet, wire/needle, radioactive seeds, percutaneous), including imaging guidance; first lesion.
10036	**$288.41**	**Placement of soft tissue localization device (e.g., clip) for each additional lesion**
19000	$94.01	Puncture aspiration of the cyst of the breast.
19000-SG	$59.99	ASC
19000	703.59	OPPS
19001	$25.39	Puncture aspiration of the cyst of the breast, each additional cyst, used with 19000.
19030	$156.35	Injection procedure is only for a mammary ductogram or galactogram.
19081	$471.69	❖ Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion.
19081-SG	$680.04	❖ ASC
19081	$1,620.24	❖ OPPS
19082	$360.36	❖ Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion.
19083	$469.22	❖ Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion.
19083-SG	$680.04	❖ ASC
19083	$1,620.24	❖ OPPS
19084	$354.22	❖ Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion.
19085	$712.51	❖ Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion.
19085-SG	$680.04	❖ ASC
19085	$1,620.24	❖ OPPS
19086	$550.08	❖ Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion.
19100	$157.38	❖ Breast biopsy, percutaneous, needle core, not using imaging guidance.
19100-SG	$680.04	❖ ASC
19100	$1,620.24	❖ OPPS
19101	$334.70	❖ Breast biopsy, open, incisional
19101-SG	$1469.23	❖ ASC
19101	$3,829.28	❖ OPPS
19120	$544.39	❖ 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-SG	$1469.23	❖ ASC
19120	$3,829.28	❖ OPPS

19125	$601.62	❖ Excision of breast lesion identified by preoperative placement of radiological marker; open; single lesion
19125-SG	$1469.23	❖ ASC
19125	$3,829.28	❖ OPPS
19126	$129.47	❖ Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker
19281	$231.04	❖ Placement of breast localization device, percutaneous; mammographic guidance; first lesion.
19282	$163.08	❖ Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion.
19283	$246.34	❖ Placement of breast localization device, percutaneous; stereotactic guidance; first lesion.
19284	$179.52	❖ Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion.
19285	$346.80	❖ Placement of breast localization device, percutaneous; ultrasound guidance; first lesion.
19286	$285.13	❖ Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion.
19287	$595.32	❖ Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion
19288	$454.88	❖ Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion.
38500	$351.56	Biopsy or excision of lymph node(s); open, superficial; separate procedure – axillary.
38505	$166.97	Needle biopsy of lymph node(s), superficial axillary.
76098	$42.49	Radiological examination, surgical specimen.
76098-TC	$28.19	Technical Component
76098-26	$14.30	Professional Component
76641	$99.21	Ultrasound, a complete examination of the breast, including the axilla, unilateral.
76641-TC	$66.27	Technical Component
76641-26	$32.94	Professional Component
76642	$82.51	Ultrasound, limited examination of the breast, including axilla, unilateral.
76642-TC	$51.91	Technical Component
76642-26	$30.60	Professional Component
76942	$63.34	Ultrasonic guidance for needle placement, imaging supervision, and interpretation.
76942-TC	$32.54	Technical Component
76942-26	$30.80	Professional Component
77053	$52.51	Mammary ductogram or galactogram, single duct.
77053-TC	$36.21	Technical Component
77053-26	$16.30	Professional Component
77065	$122.73	Diagnostic mammography, unilateral, includes CAD.
77065-TC	$85.98	Technical Component
77065-26	$36.75	Professional Component
77066	$155.40	Diagnostic mammography, bilateral, includes CAD.
77066-TC	$110.16	Technical Component
77066-26	$45.24	Professional Component
G0279	$39.82	Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to codes 77065 or 77066).
G0279-TC	$12.69	Technical Component
G0279-26	$27.13	Professional Component
88160	$80.90	Cytopathology, smears, any other source (i.e., nipple discharge on a slide), screening, and interpretation.
88160-TC	$57.05	Technical Component
88160-26	$23.85	Professional Component
88172	$54.05	Cytopathology, evaluation of fine-needle aspirate; immediate cytohistologic study to determine the adequacy of the specimen(s), first evaluation episode.
88172-TC	$21.18	Technical Component
88172-26	$32.87	Professional Component
88173	$165.68	Cytopathology, evaluation of fine-needle aspirate; interpretation and report.
88173-TC	$100.61	Technical Component
88173-26	$65.07	Professional Component

88177	$28.86	Cytopathology, evaluation of fine-needle aspirate; immediate cytohistologic study to determine the adequacy of the specimen(s), each separate additional evaluation episode.
88177-TC	$8.68	Technical Component
88177-26	$20.18	Professional Component
88305	$69.75	Surgical pathology, gross and microscopic examination.
88305-TC	$34.88	Technical Component
88305-26	$34.87	Professional Component
88307	$276.51	Surgical pathology, gross and microscopic examination, requiring microscopic evaluation of surgical margins.
88307-TC	$200.62	Technical Component
88307-26	$75.89	Professional Component
88341	$93.99	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure).
88341-TC	$67.47	Technical Component
88341-26	$26.52	Professional Component
88342	$109.83	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure.
88342-TC	$77.30	Technical Component
88342-26	32.53	Professional Component
88360	$120.18	Morphometric analysis, tumor immunohistochemistry, per specimen; manual.
88360-TC	$81.30	Technical Component
88360-26	$38.88	Professional Component
88361	$114.50	Morphometric analysis, tumor immunohistochemistry, per specimen, using computer-assisted technology.
88361-TC	$74.28	Technical Component
88361-26	$40.22	Professional Component
88364	$126.53	In situ hybridization (e.g., FISH), per specimen; each additional single probe stain procedure.
88364-TC	$95.00	Technical Component
88364-26	$31.53	Professional Component
88365	$168.41	In situ hybridization (e.g., FISH), per specimen; initial single probe stain procedure.
88365-TC	$128.19	Technical Component
88365-26	$40.22	Professional Component
88366	$264.41	In situ hybridization (e.g., FISH), per specimen; each multiplex probe stain procedure.
88366-TC	$207.02	Technical Component
88366-26	$57.39	Professional Component
88367	$104.82	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, initial single probe stain procedure.
88367-TC	$73.96	Technical Component
88367-26	$30.86	Professional Component
88368	$145.37	Morphometric analysis, in situ hybridization, manual, per specimen, initial single probe stain procedure.
88368-TC	$105.47	Technical Component
88368-26	$39.88	Professional Component
88369	$128.86	Morphometric analysis, in situ hybridization, manual, per specimen, each additional probe stain procedure.
88369-TC	$97.01	Technical Component
88369-26	$31.87	Professional Component
88373	$63.26	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each additional probe stain procedure.
88373-TC	$39.55	Technical Component
88373-26	$23.71	Professional Component
88374	$266.14	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each multiplex stain procedure.
88374-TC	$226.93	Technical Component
88374-26	$39.21	Professional Component
88377	$383.65	Morphometric analysis, in situ hybridization, manual, per specimen, each multiplex stain procedure.
88377-TC	$323.06	Technical Component
88377-26	$60.59	Professional Component
96374	$37.35	Therapeutic, prophylactic, and diagnostic injection IV push.
Q9967	$0.149 per ML	Locm 300-399 mg/ml iodine, 1 ml.

Cervical Screening (Routine)		
P3000	$18.54	Screening Papanicolaou smear, cervical or vaginal, up to three smears, by technician Under physician supervision.
P3001	$24.18	Screening Papanicolaou smear, cervical or vaginal, up to three smears, requiring interpretation by a physician (use in conjunction with P3000).
G0123	$20.26	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin-layer preparation, screening by cytotechnologist under physician supervision.
G0124	$24.18	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin-layer preparation, requiring interpretation by a physician (use in conjunction with G0123, G0143, G0144, G0145, G0147, G0148).
G0141	$24.18	Screening cytopathology smears, cervical or vaginal, performed by an automated system, with manual rescreening, requiring interpretation by a physician (use in conjunction with G0123, G0143, G0144, G0145, G0147, G0148).
G0143	$27.05	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin-layer preparation, with manual screening and rescreening by a cytotechnologist under physician supervision.
G0144	$43.97	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin-layer preparation, with screening by an automated system, under physician supervision.
G0145	$26.49	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin-layer preparation, with screening by automated system and manual rescreening under physician supervision.
G0147	$18.54	Screening cytopathology smears, cervical or vaginal, is performed by an automated system under physician supervision.
G0148	$31.94	Screening cytopathology smears, cervical or vaginal, is performed by an automated system with manual rescreening.
87624	$35.09	Human Papillomavirus (HPV), high-risk types, pooled – not reimbursable as an adjunctive screening test to the Pap test or primary screening test for women under age 30.
87625	$40.55	HPV types 16 and 18, and possibly 45, are not reimbursable as an adjunctive screening test to the Pap test or primary screening test for women under age 30.
87626	$70.20	Infectious agent detection by nucleic acid (DNA or RNA), Human Papillomavirus (HPV) for five or more reported high-risk types, separately and pooled. (Not reimbursable as an adjunctive screening test to the Pap test or primary screening test for women under age 30.)
0502U	$35.09	Human papillomavirus (HPV), E6/E7 markers for high-risk types, cervical cells, branched-chain capture hybridization, reported as negative or positive for high-risk HPV. (Not reimbursable as an adjunctive screening test to the Pap test or primary screening test for women under age 30.)

The medical diagnosis needed for Pap test CPT codes is listed below.

88141	$24.18	Cytopathology, cervical or vaginal, any reporting system requiring interpretation by a physician (Use in conjunction with 88142, 88143, 88164, 88165, 88174, 88175).
88142	$20.26	Cytopathology (liquid-based Pap test), cervical or vaginal, collected in preservative fluid, automated thin-layer preparation; manual screening under physician supervision.
88143	$23.04	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin-layer preparation; manual screening and rescreening under physician supervision.
88164	$18.54	Cytopathology (conventional Pap test), slides cervical or vaginal, reported in the Bethesda System, manual screening under physician supervision.
88165	$42.22	Cytopathology (conventional Pap test), slides cervical or vaginal, reported in the Bethesda System, manual screening, and rescreening under physician supervision.
88174	$25.37	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin-layer preparation; screening by automated system, under physician supervision.
88175	$26.61	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin-layer preparation; screening by an automated system and manual rescreening, under physician supervision.
Cervical Diagnostics		
57452	$120.43	Colposcopy of the cervix.
57454	$158.40	Colposcopy with biopsy(s) of the cervix and endocervical curettage.
57455	$153.85	Colposcopy with biopsy(s) of the cervix.
57456	$144.09	Colposcopy of the cervix, with endocervical curettage.
57460	$299.77	Colposcopy with loop electrode biopsy(s) of the cervix

57461	$337.47	Colposcopy with loop electrode conization of the cervix
57500	$147.47	Cervical biopsy, single or multiple, or local excision of a lesion, with or without fulguration (separate procedure).
57505	$144.80	Endocervical curettage (not done as part of a dilation and curettage).
^As a **diagnostic procedure**, a loop electrode excision procedure (LEEP) or cold knife cervical conization (57520 & 58522) may be reimbursed when performed in accordance with ASCCP recommendations and their management algorithm for women with HSIL. If a LEEP or cold knife conization is required as a **treatment procedure**, *Women's Way* cannot cover the cost. In these cases, refer the *Women's Way* client to her local coordinator, who will determine her eligibility for the Medicaid Treatment Program.		
57520	$344.59	^Conization of the cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser.
57522	$287.91	^Loop electrode excision procedure (LEEP).
58100	$94.03	Endometrial sampling (biopsy), with or without endocervical sampling (biopsy), without cervical dilation, or any method (separate procedure). It may be reimbursed when following up on an AGC Pap test result or a Pap test result with the presence of endometrial cells for a postmenopausal woman.
58110	$48.33	Endometrial sampling (biopsy) is performed in conjunction with colposcopy (List separately in addition to code for primary procedure). May be reimbursed for follow-up of an AGC Pap test result or a Pap test result with the presence of endometrial cells for a postmenopausal woman.
88305	$69.75	Surgical pathology, gross & microscopic exam.
88305-TC	$34.88	Technical Component
88305-26	$34.87	Professional Component
88307	$276.51	Surgical pathology, gross and microscopic examination, requiring microscopic evaluation of surgical margins.
88307-TC	$200.62	Technical Component
88307-26	$75.89	Professional Component
88329	$51.31	Pathology consultation during surgery (this code should only be used when a pathologist is consulted during surgery).
88331	$96.60	Surgical pathology, first tissue block, with frozen section(s), single specimen.
88331-TC	$39.21	Technical Component
88331-26	$57.39	Professional Component
88332	$53.04	Each additional tissue block with frozen section(s).
88332-TC	$24.18	Technical Component
88332-26	$28.86	Professional Component
88341	$93.99	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure).
88341-TC	$67.47	Technical Component
88341-26	$26.52	Professional Component
88342	$109.83	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure.
88342-TC	$77.30	Technical Component
$88342-26	32.53	Professional Component
Anesthesia& Other		
00400	Max of $216.59 see formula →	Anesthesia for procedures on the anterior integumentary system; anterior trunk not otherwise specified: $59.07 plus $19.69 for every 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, the payment for anesthesia will be the same as the reimbursement for the professional fee.
00940	Max of $137.83 see formula →	Anesthesia for vaginal procedures (including biopsy or labia, vagina, cervix, or endometrium); not otherwise specified: $ 59.07 plus $19.69 for every 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, the payment for anesthesia will be the same as the reimbursement for the professional fee.
81025	$8.61	Urine Pregnancy Test. May be reimbursed for by *Women's Way* 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 an AGC Pap test result or presence of endometrial cells) (58100, 58110) or LEEP (if diagnostic) (57460, 57522).
87426	$35.33	➢ COVID-19 infectious agent detection by nucleic acid DNA or RNA: amplified probe technique
87635	$51.31	➢ COVID-19 infectious agent antigen detection by the immunoassay technique, qualitative or Semiquantitative.

➢ Reimbursement for COVID-19 antigen testing applies only when testing is required by a provider prior to a breast or cervical cancer screening or diagnostic procedure. Since *Women's Way* is the payor of last resort, *Women's Way* will only pay when other resources cannot cover COVID-19 antigen testing.		
**99156	$67.37	Moderate Sedation Anesthesia: 10-22 minutes for individuals five or older (related to a breast or cervical diagnostic procedure). No separate charge if < 10 minutes.
**99157	$51.33	Moderate Sedation Anesthesia: For each additional 15 minutes.
** 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		
G0019	**$85.12**	**Community health integration services performed by certified or trained auxiliary personnel, including a community health worker, under the direction of a physician or other practitioner; 60 minutes per calendar month.**
G0022	**$53.12**	**Community health integration services, each additional 30 minutes per calendar month.**
G0136	**$19.84**	**Administration of a standardized, evidence-based Social Determinants of Health Risk Assessment, 5-15 minutes, not more often than every 6 months.**

Explanations

Fees are based on current Medicare-Part B maximum reimbursement rates.
Any treatment of breast cancer, cervical intraepithelial neoplasia, or cervical cancer is not reimbursable by *Women's Way*.
❖ Codes 19081-19086 are to be used for breast biopsies that include image guidance, placement of a localization device, and imaging of the specimen. These codes should not be used in conjunction with 19281-19288.

Record of Review / Change Management

Revision Date	Effective Date	Description of Review or Changes	Approved By
1/12/2026	1/1/2026	CPT Codes added 10036 – page 2, G0019, G0022, G0136 – page 7	PD
01/10/2025	01/01/2025	CPT codes added 99459 – page 1, 87626, 0502U – page 6	BAS
1/26/2024	01/01/2024	CPT codes added 96374, Q9967 – page 3; 00940 – page 5	BAS
02/07/2023	01/01/2023	CPT code added 19030 – page 3	BAS