



WHAT'S COVERED – 2024
Women's Way CPT Code Medicare Part B Rate List
Effective January 1, 2024

For questions, call the Women's Way State Office 800-280-5512 or 701-328-2389

- 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.

2024 – The following CPT codes are approved for billing through Women's Way.

CODE	RATE	PROCEDURE
Office Visits		
99202	\$69.79	New patient; medically appropriate history/exam; straightforward decision making; 15-29 minutes
99203	\$107.16	New patient; medically appropriate history/exam; low level decision making; 30-44 minutes
99204	\$160.58	New patient; medically appropriate history/exam; moderate level decision making; 45-59 minutes. This code is typically not appropriate for <i>Women's Way</i> screening visits but may be used when the provider spends extra time to do a detailed risk assessment.
99205	\$211.55	New patient; medically appropriate history/exam; high-level decision making; 60-74 minutes. This code is typically not appropriate for <i>Women's Way</i> screening visits but may be used when the provider spends extra time to do a detailed risk assessment.
99211	\$22.76	Established patient; evaluation and management may not require the presence of a physician; presenting problems are minimal
99212	\$54.72	Established patient; medically appropriate history/exam, straightforward decision making; 10-19 minutes
99213	\$87.81	Established patient; medically appropriate history/exam, low-level decision making; 20-29 minutes
99214	\$123.85	Established patient; medically appropriate history/exam, moderate level decision making; 30-39 minutes
99215	\$123.85	Established patient; comprehensive history exam, high complex decision making; 40-54 minutes
99385	\$107.16	<i>Initial</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
99386	\$107.16	<i>Initial</i> comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunizations and lab procedures; 40 to 64 years of age
99387	\$107.16	<i>Initial</i> comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunizations and lab procedures; 65 years and older
99395	\$87.81	<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
99396	\$87.81	<i>Periodic</i> comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunizations and lab procedures; 40 to 64 years of age
99397	\$87.81	<i>Periodic</i> comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunizations and lab procedures; 65 years of age and older
Breast Screening		
77067	\$124.95	Screening mammography, bilateral, includes CAD
77067-TC	\$90.55	Technical Component
77067-26	\$34.40	Professional Component
77063	\$50.61	Screening digital breast tomosynthesis, bilateral (list separately in addition to code 77067)
77063-TC	\$23.58	Technical Component
77063-26	\$27.03	Professional Component

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	\$213.38	Magnetic Resonance Imaging (MRI) breast, without contrast, unilateral
77046-TC	\$148.01	Technical Component
77046-26	\$65.37	Professional Component
77047	\$219.44	Magnetic Resonance Imaging (MRI) breast, without contrast, bilateral
77047-TC	\$147.36	Technical Component
77047-26	\$72.08	Professional Component
77048	\$337.02	Magnetic Resonance Imaging (MRI) breast, including CAD, with and without contrast, unilateral
77048-TC	\$242.16	Technical Component
77048-26	\$94.86	Professional Component
77049	\$343.74	Magnetic Resonance Imaging (MRI) breast, including CAD, with and without contrast, bilateral
77049-TC	\$239.87	Technical Component - same criteria as above.
77049-26	\$103.87	Professional Component
A9579	\$1.52 per ml	Gad-base mr contrast, nos 1 ML
A9585	\$0.34 per ml	Gadobutrol injection (0.1 ML per unit)
82565	\$5.12	Creatinine blood test (as needed prior to breast MRI)
Breast Diagnostics		
10021	\$97.33	Fine needle aspiration biopsy; without imaging guidance, the first lesion
10004	\$49.35	Fine needle aspiration biopsy without imaging guidance, each additional lesion
10005	\$129.43	Fine needle aspiration biopsy, including ultrasound guidance, first lesion
10006	\$57.36	Fine needle aspiration biopsy, including ultrasound guidance, each additional lesion
10007	\$294.82	Fine needle aspiration biopsy, including fluoroscopic guidance, first lesion
10008	\$136.14	Fine needle aspiration biopsy, including fluoroscopic guidance, each additional lesion
10009	\$415.32	Fine needle aspiration biopsy, including CT guidance, first lesion
10010	\$227.53	Fine needle aspiration biopsy, including CT guidance, each additional lesion
10011	\$415.32	Fine needle aspiration biopsy, including MRI guidance, first lesion
10012	\$227.53	Fine needle aspiration biopsy, including MRI guidance, each additional lesion
19000	\$96.82	Puncture aspiration of cyst of the breast
19000-SG	\$67.45	ASC
19000	\$670.36	OPPS
19001	\$25.08	Puncture aspiration of cyst of breast, each additional cyst, used with 19000
19100	\$141.79	Breast biopsy, percutaneous, needle core, not using imaging guidance
19100-SG	\$682.90	ASC
19100	\$1,544.75	OPPS
19101	\$311.02	Breast biopsy, open, incisional
19101-SG	\$1,469.46	ACS
19101	\$3,631.79	OPPS
19120	\$491.82	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	\$1,469.46	ASC
19120	\$3,631.79	OPPS
19125	\$540.73	Excision of breast lesion identified by preoperative placement of radiological marker; open; single lesion
19125-SG	\$1,469.46	ASC
19125	\$3,631.79	OPPS
19126	\$144.49	Excision of breast lesion identified by preoperative placement of radiological marker; open; each additional lesion separately identified by a preoperative radiological marker
19081	\$481.03	❖ Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion
19081-SG	\$682.90	❖ ASC
19081	\$1,544.75	❖ OPPS

19082	\$370.92	❖ Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion
19083	\$479.40	❖ Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion
19083-SG	\$682.90	❖ ASC
19083	\$1,544.75	❖ OPPTS
19084	\$365.19	❖ Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion
19085	\$737.09	❖ Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion
19085-SG	\$682.90	❖ ASC
19085	\$1,544.75	❖ OPPTS
19086	\$571.15	❖ Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion
19281	\$233.24	❖ Placement of breast localization device, percutaneous; mammographic guidance; first lesion
19282	\$165.57	❖ Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion
19283	\$249.79	❖ Placement of breast localization device, percutaneous; stereotactic guidance; first lesion
19284	\$183.27	❖ Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion
19285	\$354.55	❖ Placement of breast localization device, percutaneous; ultrasound guidance; first lesion
19286	\$290.33	❖ Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion
19287	\$612.61	❖ Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion
19288	\$472.72	❖ Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion
10035	\$351.28	Placement of soft tissue localization device(s) (e.g., clip, metallic pellet, wire/needle, radioactive seeds, percutaneous, including imaging guidance; first lesion
38500	\$318.12	Biopsy or excision of lymph node(s); open, superficial; separate procedure - axillary
38505	\$168.07	Needle biopsy of lymph node(s) superficial-axillary
77066	\$154.76	Diagnostic mammography, bilateral, includes CAD
77066-TC	\$109.70	Technical Component
77066-26	\$45.06	Professional Component
77065	\$122.33	Diagnostic mammography, unilateral, includes CAD
77065-TC	\$85.63	Technical Component
77065-26	\$36.70	Professional Component
G0279	\$46.02	Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to codes 77065 or 77066)
G0279-TC	\$18.99	Technical Component
G0279-26	\$27.03	Professional Component
96374	\$35.70	Therapeutic, prophylactic, and diagnostic injection IV push
Q9967	\$0.12 per ml	Locm 300-399 mg/ml iodine, 1 ml
76098	\$41.44	Radiological examination, surgical specimen
76098-TC	\$27.02	Technical Component
76098-26	\$14.42	Professional Component
76641	\$100.06	Ultrasound, a complete examination of the breast, including the axilla, unilateral
76641-TC	\$66.97	Technical Component
76641-26	\$33.09	Professional Component
76642	\$82.71	Ultrasound, limited examination of the breast including axilla, unilateral
76642-TC	\$51.91	Technical Component
76642-26	\$30.80	Professional Component
76942	\$56.34	Ultrasonic guidance for needle placement, imaging supervision, and interpretation
76942-TC	\$27.67	Technical Component
76942-26	\$28.67	Professional Component
77053	\$52.57	Mammary ductogram or galactogram, single duct
77053-TC	\$36.19	Technical Component
77053-26	\$16.38	Professional Component
19030	\$158.40	Injection procedure only for mammary ductogram or galactogram

88160	\$77.78	Cytopathology, smears, any other source (i.e., nipple discharge on a slide), screening and interpretation
88160-TC	\$53.71	Technical Component
88160-26	\$24.07	Professional Component
88172	\$54.37	Cytopathology, evaluation of fine-needle aspirate; immediate cytohistologic study to determine the adequacy of the specimen(s), first evaluation episode
88172-TC	\$21.13	Technical Component
88172-26	33.24	Professional Component
88177	\$28.66	Cytopathology, evaluation of fine-needle aspirate; immediate cytohistologic study to determine the adequacy of the specimen(s), each separate additional evaluation episode
88177-TC	\$8.19	Technical Component
88177-26	\$20.47	Professional Component
88173	\$163.59	Cytopathology, evaluation of fine-needle aspirate; interpretation and report
88173-TC	\$97.76	Technical Component
88173-26	\$65.83	Professional Component
88305	\$70.09	Surgical pathology, gross and microscopic examination
88305-TC	\$34.88	Technical Component
88305-26	\$35.21	Professional Component
88307	\$281.80	Surgical pathology, gross and microscopic examination, requiring microscopic evaluation of surgical margins
88307-TC	\$204.67	Technical Component
88307-26	\$77.13	Professional Component
88365	\$173.73	In situ hybridization (e.g., FISH), per specimen; initial single probe stain procedure
88365-TC	\$133.28	Technical Component
88365-26	\$40.45	Professional Component
88364	\$130.66	In situ hybridization (e.g., FISH), per specimen; each additional single probe stain procedure
88364-TC	\$98.73	Technical Component
88364-26	\$31.93	Professional Component
88366	\$266.23	In situ hybridization (e.g., FISH), per specimen; each multiplex probe stain procedure
88366-TC	\$208.26	Technical Component
88366-26	\$57.97	Professional Component
88367	\$109.38	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, initial single probe stain procedure
88367-TC	\$78.10	Technical Component
88367-26	\$31.28	Professional Component
88373	\$66.31	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each additional probe stain procedure
88373-TC	\$42.41	Technical Component
88373-26	\$23.90	Professional Component
88374	\$282.27	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each multiplex stain procedure
88374-TC	\$242.48	Technical Component
88374-26	\$39.79	Professional Component
88368	\$144.91	Morphometric analysis, in situ hybridization, manual, per specimen, initial single probe stain procedure
88368-TC	\$105.12	Technical Component
88368-26	\$39.79	Professional Component
88369	125.75	Morphometric analysis, in situ hybridization, manual, per specimen, each additional probe stain procedure
88369-TC	\$94.15	Technical Component
88369-26	\$31.60	Professional Component
88377	\$387.72	Morphometric analysis, in situ hybridization, manual, per specimen, each multiplex stain procedure
88377-TC	\$327.30	Technical Component
88377-26	\$60.42	Professional Component
88342	\$103.81	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure
88342-TC	\$70.90	Technical Component
88342-26	\$32.91	Professional Component

88341	\$88.91	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)
88341-TC	\$62.54	Technical Component
88341-26	\$26.37	Professional Component
88360	\$117.90	Morphometric analysis, tumor immunohistochemistry, per specimen; manual
88360-TC	\$78.76	Technical Component
88360-26	\$39.14	Professional Component
88361	116.91	Morphometric analysis, tumor immunohistochemistry, per specimen, using computer-assisted technology
88361-TC	\$75.81	Technical Component
88361-26	\$41.10	Professional Component
87426	\$35.33	➤ COVID-19 infectious agent detection by nuclei acid DNA or RNA: amplified probe technique
87635	\$51.31	➤ COVID-19 infectious agent antigen detection by immunoassay technique; qualitative or semiquantitative
Anesthesia		
00400	Max of \$217.80 see formula→	Anesthesia for procedures on the anterior integumentary system; anterior trunk not otherwise specified. \$59.40 plus \$19.80 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.
00940	Max of \$138.60 see formula→	Anesthesia for vaginal procedures (including biopsy or labia, vagina, cervix, or endometrium); not otherwise specified. \$59.40 plus \$19.80 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.
**99156	\$70.00	Moderate 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.
**99157	\$55.89	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		
Cervical Screening (Routine)		
P3000	\$17.76	Screening Papanicolaou smear, cervical or vaginal, up to three smears, by technician Under physician supervision
P3001	\$23.42	Screening Papanicolaou smear, cervical or vaginal, up to three smears, requiring interpretation by 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	\$23.42	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	\$23.42	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 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 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	\$17.76	Screening cytopathology smears, cervical or vaginal, performed by automated system under physician supervision
G0148	\$31.94	Screening cytopathology smears, cervical or vaginal, performed by an automated system with manual rescreening

87624	\$35.09	Human Papillomavirus (HPV), high-risk types – not reimbursable as an adjunctive screening to Pap test or primary screening test for women under age 30.
87625	\$40.55	HPV types 16 and 18 only – not reimbursable as an adjunctive screening to Pap test or primary screening test for women under age 30.

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

88141	\$23.42	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	\$17.76	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening under physician supervision
88165	\$42.22	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening and rescreening under physician supervision
88174	\$23.37	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	\$121.62	Colposcopy of the cervix
57454	\$160.83	Colposcopy with biopsy(s) of the cervix and endocervical curettage
57455	\$154.90	Colposcopy with biopsy(s) of the cervix
57456	\$146.05	Colposcopy of the cervix, with endocervical curettage
57500	\$148.44	Cervical biopsy, single or multiple, or local excision of a lesion, with or without fulguration (separate procedure)
57505	\$150.41	Endocervical curettage (not done as part of a dilation and curettage)
88305	\$70.09	Surgical pathology, gross & microscopic exam
88305-TC	\$34.88	Technical Component
88305-26	\$35.21	Professional Component
88307	\$281.80	Surgical pathology, gross and microscopic examination, requiring microscopic evaluation of surgical margins
88307-TC	\$204.67	Technical Component
88307-26	\$77.13	Professional Component
88331	\$98.75	Surgical pathology, first tissue block, with frozen section(s) single specimen
88331-TC	\$40.45	Technical Component
88331-26	\$58.30	Professional Component
88332	\$53.06	Each additional tissue block with frozen section(s)
88332-TC	\$24.40	Technical Component
88332-26	\$28.66	Professional Component
88329	\$53.40	Pathology consultation during surgery (this code should only be used when a pathologist is consulted during surgery)
88342	\$103.81	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure
88342-TC	\$70.90	Technical Component
88342-26	\$32.91	Professional Component
88341	\$88.91	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)
88341-TC	\$62.54	Technical Component
88341-26	\$26.37	Professional Component

As a diagnostic procedure, a LEEP or conization of the cervix may be reimbursed based on ASCCP recommendations and according to their algorithm for managing women with HSIL.
 If a LEEP or cold knife conization of the cervix is needed **as a treatment procedure**, it cannot be paid for by *Women's Way*. Refer the *Women's Way* client to her local coordinator. The local coordinator will determine her eligibility for the Medicaid Treatment Program.

57460	\$302	Colposcopy with loop electrode biopsy(s) of the cervix
57461	\$335.78	Colposcopy with loop electrode conization of the cervix
57520	\$339.95	Conization of the cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser
57522	\$291.27	Loop electrode excision procedure
58100	\$97.03	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure). May be reimbursed when follow-up to an AGC Pap test result or to a Pap test result with the presence of endometrial cells for a postmenopausal woman.
58110	\$47.39	Endometrial sampling (biopsy) 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.
81025	\$8.61	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 an AGC Pap test result or presence of endometrial cells) (58100, 58110) or LEEP (if diagnostic) (57460, 57522).

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

Any treatment of breast cancer, cervical intraepithelial neoplasia, and 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 localization device, and imaging of specimen. These codes should not be used in conjunction with 19281-19288.
- 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 COVID-19 antigen testing cannot be covered by other resources.

Record of Review / Change Management

Revision Date	Effective Date	Description of Review or Changes	Approved By
1/26/2024	01/01/2024	CPT codes 96374, Q9967 added – page 3 CPT code 00940 added – page 5	BAS
02/07/2023	01/01/2023	CPT code 19030 added – page 3	BAS