



WHAT'S COVERED – 2021
Women's Way CPT Code Medicare Part B Rate List
Effective January 1, 2021
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 8).
- CPT code 99201 has been removed from What's Covered List
- New CPT codes are in bold font.

2021 – The following CPT codes are approved for billing through Women's Way.

Description of Services	CPT	\$ Rate
Office Visits		
New patient; medically appropriate history/exam; straightforward decision making; 15-29 minutes	99202	72.19
New patient; medically appropriate history/exam; low level decision making; 30-44 minutes	99203	110.77
New patient; medically appropriate history/exam; moderate level decision making; 45-59 minutes	99204	165.36
New patient; medically appropriate history/exam; high level decision making; 60-74 minutes.	99205	218.21
Established patient; evaluation and management, may not require presence of physician; presenting problems are minimal	99211	22.83
Established patient; medically appropriate history/exam, straightforward decision making; 10-19 minutes	99212	55.88
Established patient; medically appropriate history/exam, low level decision making; 20-29 minutes	99213	90.48
Established patient; medically appropriate history/exam, moderate level decision making; 30-39 minutes	99214	128.42
Established patient; comprehensive history exam, high complex decision making; 40-54 minutes	99215	128.42
<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	99385	110.77
<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	99386	110.77
<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	99387	110.77
<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	90.48
<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	99396	90.48
<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 and older	99397	90.48
Breast Screening		
Screening mammography, bilateral, includes CAD	77067	133.35
Technical Component	77067-TC	96.46
Professional Component	77067-26	36.89
Screening digital breast tomosynthesis, bilateral (list separately in addition to code 77067)	77063	54.69
Technical Component	77063-TC	25.47
Professional Component	77063-26	29.22

Description of Services	CPT	\$ Rate
Breast Screening Continued		
Mammary ductogram or galactogram, single duct	77053	55.93
Technical Component	77053-TC	38.53
Professional Component	77053-26	17.40
<p>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.</p> <p>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.</p>		
Magnetic Resonance Imaging (MRI), breast, without contrast, unilateral	77046	241.62
Technical Component	77046-TC	171.97
Professional Component	77046-26	69.65
Magnetic Resonance Imaging (MRI), breast, without contrast, bilateral	77047	248.25
Technical Component	77047-TC	171.28
Professional Component	77047-26	76.97
Magnetic Resonance Imaging (MRI), breast, including CAD, with and without contrast, unilateral	77048	384.93
Technical Component	77048-TC	283.63
Professional Component	77048-26	101.30
Magnetic Resonance Imaging (MRI), breast, including CAD, with and without contrast, bilateral	77049	393.11
Technical Component - same criteria as above.	77049-TC	282.24
Professional Component	77049-26	110.87
Gad-base mr contrast, nos 1 ML	A9579	1.55 per ml
Gadobutrol injection (0.1 ML per unit)	A9585	0.36 per unit
Creatinine; blood (as needed prior to breast MRI)	82565	5.12
Breast Diagnostics		
Fine needle aspiration biopsy; without imaging guidance, first lesion	10021	102.60
Fine needle aspiration biopsy without imaging guidance, each additional lesion	10004	50.16
Fine needle aspiration biopsy including ultrasound guidance, first lesion	10005	136.25
Fine needle aspiration biopsy including ultrasound guidance, each additional lesion	10006	59.78
Fine needle aspiration biopsy including fluoroscopic guidance, first lesion	10007	312.36
Fine needle aspiration biopsy including fluoroscopic guidance, each additional lesion	10008	165.65
Fine needle aspiration biopsy including CT guidance, first lesion	10009	481.19
Fine needle aspiration biopsy including CT guidance, each additional lesion	10010	283.84
Fine needle aspiration biopsy including MRI guidance, first lesion	10011	481.19
Fine needle aspiration biopsy including MRI guidance, each additional lesion	10012	283.84
Puncture aspiration of cyst of breast	19000	108.43
ASC	19000-SG	77.46
OPPS	19000	621.97
Puncture aspiration of cyst of breast, each additional cyst, used with 19000	19001	26.57
Breast biopsy; percutaneous, needle core, not using imaging guidance	19100	157.34
ASC	19100-SG	594.17
OPPS	19100	1407.00
Breast biopsy, open, incisional	19101	339.82
ACS	19101-SG	1,176.26
OPPS	19101	3,157.74
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	506.57
ASC	19120-SG	1,176.26
OPPS	19120	3,157.74

Description of Services	CPT	\$ Rate
Breast Diagnostics Continued		
Excision of breast lesion identified by preoperative placement of radiological marker; open; single lesion	19125	557.18
ASC	19125-SG	1,176.26
OPPS	19125	3,157.74
Excision of breast lesion identified by preoperative placement of radiological marker; open; each additional lesion separately identified by a preoperative radiological marker	19126	151.30
❖ Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion	19081	582.29
❖ ASC	19081-SG	594.17
❖ OPPS	19081	1407.00
❖ Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion	19082	468.23
❖ Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion	19083	582.99
❖ ASC	19083-SG	594.17
❖ OPPS	19083	1,407.00
❖ Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion	19084	460.05
❖ Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion	19085	899.52
❖ ASC	19085-SG	594.17
❖ OPPS	19085	1,407.00
❖ Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion	19086	714.42
❖ Placement of breast localization device, percutaneous; mammographic guidance; first lesion	19281	249.45
❖ Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion	19282	178.61
❖ Placement of breast localization device, percutaneous; stereotactic guidance; first lesion	19283	275.17
❖ Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion	19284	210.62
❖ Placement of breast localization device, percutaneous; ultrasound guidance; first lesion	19285	439.47
❖ Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion	19286	371.92
❖ Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion	19287	755.80
❖ Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion	19288	598.33
Biopsy or excision of lymph node(s); open, superficial; separate procedure - axillary	38500	333.60
Needle biopsy of lymph node(s) superficial - axillary	38505	123.78
Diagnostic mammography, bilateral, includes CAD	77066	164.90
Technical Component	77066-TC	116.69
Professional Component	77066-26	48.21
Diagnostic mammography, unilateral, includes CAD	77065	130.21
Technical Component	77065-TC	91.22
Professional Component	77065-26	38.99
Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to codes 77065 or 77066)	G0279	54.69
Technical Component	G0279-TC	25.48
Professional Component	G0279-26	29.21
Radiological examination, surgical specimen	76098	42.32
Technical Component	76098-TC	27.02
Professional Component	76098-26	15.30

Description of Services	CPT	\$ Rate
Breast Diagnostics Continued		
Ultrasound, complete examination of breast including axilla, unilateral	76641	107.88
Technical Component	76641-TC	72.73
Professional Component	76641-26	35.15
Ultrasound, limited examination of breast including axilla, unilateral	76642	88.68
Technical Component	76642-TC	55.63
Professional Component	76642-26	33.05
Ultrasonic guidance for needle placement, imaging supervision and interpretation	76942	57.98
Technical Component	76942-TC	27.37
Professional Component	76942-26	30.61
Cytopathology, smears, any other source (i.e., nipple discharge on a slide), screening and interpretation	88160	71.48
Technical Component	88160-TC	45.86
Professional Component	88160-26	25.62
Cytopathology, evaluation of fine-needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), first evaluation episode	88172	55.43
Technical Component	88172-TC	19.69
Professional Component	88172-26	35.74
Cytopathology, evaluation of fine-needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), each separate additional evaluation episode	88177	29.11
Technical Component	88177-TC	7.33
Professional Component	88177-26	21.78
Cytopathology, evaluation of fine-needle aspirate; interpretation and report	88173	155.48
Technical Component	88173-TC	85.09
Professional Component	88173-26	70.39
Surgical pathology, gross and microscopic examination	88305	71.14
Technical Component	88305-TC	33.65
Professional Component	88305-26	37.49
Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	88307	288.72
Technical Component	88307-TC	206.12
Professional Component	88307-26	82.60
In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure	88365	185.19
Technical Component	88365-TC	141.62
Professional Component	88365-26	43.57
In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure	88364	144.06
Technical Component	88364-TC	109.37
Professional Component	88364-26	34.69
In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure	88366	292.66
Technical Component	88366-TC	230.60
Professional Component	88366-26	62.06
Morphometric analysis, in situ hybridization, computer-assisted, per specimen, initial single probe stain procedure	88367	115.45
Technical Component	88367-TC	81.80
Professional Component	88367-26	33.65
Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each additional probe stain procedure	88373	73.08
Technical Component	88373-TC	47.11
Professional Component	88373-26	25.97

Description of Services	CPT	\$ Rate
Breast Diagnostics Continued		
Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each multiplex stain procedure	88374	352.03
Technical Component	88374-TC	308.26
Professional Component	88374-26	43.77
Morphometric analysis, in situ hybridization, manual, per specimen, initial single probe stain procedure	88368	136.53
Technical Component	88368-TC	95.21
Professional Component	88368-26	41.32
Morphometric analysis, in situ hybridization, manual, per specimen, each additional probe stain procedure	88369	117.89
Technical Component	88369-TC	85.64
Professional Component	88369-26	32.25
Morphometric analysis, in situ hybridization, manual, per specimen, each multiplex stain procedure	88377	423.86
Technical Component	88377-TC	359.70
Professional Component	88377-36	64.16
Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	88342	105.68
Technical Component	88342-TC	70.63
Professional Component	88342-26	35.05
Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	88341	93.66
Technical Component	88341-TC	65.25
Professional Component	88341-26	28.41
Morphometric analysis, tumor immunohistochemistry, per specimen; manual	88360	124.52
Technical Component	88360-TC	82.50
Professional Component	88360-26	42.02
Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology	88361	123.83
Technical Component	88361-TC	80.06
Professional Component	88361-26	43.77
★COVID-19 infectious agent detection by nuclei acid DNA or RNA: amplified probe technique	87426	35.33
★COVID-19 infectious agent antigen detection by immunoassay technique; qualitative or semiquantitative	87635	51.31

Anesthesia		
Anesthesia for procedures on anterior integumentary system; anterior trunk not otherwise specified. \$62.43 plus \$20.81 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 228.91 ← 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	74.29
Conscious Sedation Anesthesia; For each additional 15 minutes	**99157	61.67

** 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 screening)		
Screening Papanicolaou smear, cervical or vaginal, up to three smears, by technician under physician supervision	P3000	15.15
Screening Papanicolaou smear, cervical or vaginal, up to three smears, requiring interpretation by physician (use in conjunction with P3000)	P3001	21.78

Description of Services	CPT	\$ Rate
Cervical Screening (routine screening) continued		
Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision	G0123	20.26
Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician (use in conjunction with G0123, G0143, G0144. G0145, G0147, G0148)	G0124	21.78
Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician (use in conjunction with G0123, G0143, G0144. G0145, G0147, G0148)	G0141	21.78
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	G0143	27.05
Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system, 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 and manual rescreening under physician supervision	G0145	26.49
Screening cytopathology smears, cervical or vaginal, performed by automated system under physician supervision	G0147	15.15
Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening	G0148	31.94
Human Papillomavirus (HPV), high risk types – not reimbursable as an adjunctive screening to Pap test or primary screening test for women under age 30.	87624	35.09
HPV, types 16 and 18 only – not reimbursable as an adjunctive screening to Pap test or primary screening test for women under age 30.	87625	40.55
Medical Diagnosis needed for use of Pap test CPT codes listed below.		
Cytopathology, cervical or vaginal, any reporting system, requiring interpretation by physician (Use in conjunction with 88142, 88143, 88164, 88165, 88174, 88175)	88141	21.78
Cytopathology (liquid-based Pap test), cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	88142	20.26
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	15.15
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	26.61
Cervical Diagnostics		
Colposcopy of the cervix	57452	123.49
Colposcopy with biopsy(s) of cervix and endocervical curettage	57454	165.38
Colposcopy with biopsy(s) of the cervix	57455	158.19
Colposcopy of the cervix, with endocervical curettage	57456	148.67
Cervical biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	57500	154.79
Endocervical curettage (not done as part of a dilation and curettage)	57505	147.32
Surgical pathology, gross & microscopic exam	88305	71.14
Technical Component	88305-TC	33.65
Professional Component	88305-26	37.49

Description of Services	CPT	\$ Rate
Cervical Screening (routine screening) continued		
Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	88307	288.72
Technical Component	88307-TC	206.12
Professional Component	88307-26	82.60
Surgical pathology, first tissue block, with frozen section(s) single specimen	88331	104.08
Technical Component	88331-TC	42.02
Professional Component	88331-26	62.06
Each additional tissue block with frozen section(s)	88332	54.74
Technical Component	88332-TC	23.88
Professional Component	88332-26	30.86
Pathology consultation during surgery (this code should only be used when a pathologist is consulted during surgery)	88329	58.52
Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	88342	105.68
Technical Component	88342-TC	70.63
Professional Component	88342-26	35.05
Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	88341	93.66
Technical Component	88341-TC	65.25
Professional Component	88341-26	28.41
<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	321.85
Colposcopy with loop electrode conization of the cervix	57461	357.40
Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	57520	346.34
Loop electrode excision procedure	57522	297.09
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	101.06
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	49.41
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 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.

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.

★ 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/Revisions:

Revision Date	Effective Date	Description of Review or Changes	Page	Approved By
02/02/2021	01/01/2021	CPT code 99201 removed	N/A	8mm
02/02/2021	01/01/2021	CPT code 38505 added	3	8mm
		CPT codes 88365, 88364, 88366, 88367 and 88373 added	4	
		CPT codes 88374, 88368, 88369, 88377, 87426 and 87635 added	5	
02/07/2020	01/01//2020	CPT code 99000 removed	N/A	8mm
03/27/2019	01/01/2019	HCPCS codes P3000, P3001, G0123, G0124, G0141, G0143, G0144, G0145, G0147 and G0148 added at the request of third-party administrator	5	8mm
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	