



Women's Cancer Screening Program Provider Reimbursement Rates

Reimbursement Schedule January 1, 2023 – February 1, 2024

Office Visits - Established Patients

Office Visit / Minimal / no physician	99211	\$ 19.39
Office Visit / Problem focused History / exam	99212	\$ 46.94
Preventive Visit	99213/ 99395/ 99396/ 99397	\$ 74.76
Office Visit / Detailed History/ Detailed Exam	99214 / 99215	\$105.68

Office Visits - New Patients

Office Visit / Problem focused History / exam	99201	\$ 37.71
Office Visit / Expanded problem focused History / exam	99202	\$ 60.04
Preventive Visit	99385 / 99386 / 99387	\$ 60.04
Office Visit / Detailed History/ Detailed Exam	99203 / 99204 / 99205	\$ 92.74

Diagnostic

Colposcopy of the cervix	57452	\$ 106.39
Colposcopy with biopsy and endocervical curettage	57454	\$ 141.16
Colposcopy with biopsy(s) of the cervix	57455	\$ 135.05
Colposcopy of the cervix with endocervical curettage (biopsy)	57456	\$ 127.52
Colposcopy of the cervix with loop electrode biopsy(s) of the cervix	57460 ²	\$ 266.22
Colposcopy of the cervix with loop electrode biopsy(s) of the cervix – Facility Fee	57460TC ²	\$ 750.00



Women's Cancer Screening Program Provider Reimbursement Rates

Reimbursement Schedule January 1, 2023 – February 1, 2024

Diagnostic - continued

Colposcopy with loop electrode conization of the cervix	57461 ²	\$ 296.38
Colposcopy with loop electrode conization of the cervix – Facility Fee	57461TC ²	\$ 750.00
Biopsy, single/multiple/ local ex. of lesion, with/without fulguration-sep procedure	57500	\$ 130.26
Endoscopy with biopsy (s) of the cervix and endocervical curettage	57505	\$ 131.40
Conization of cervix, with/without fulguration, with/without dilation and curettage, with/without repair; cold knife or laser	57520 ²	\$ 297.02
Conization of cervix – Facility Fee	57520TC ²	\$ 750.00
Loop electrode excision	57522 ²	\$ 254.82
Loop electrode excision – Facility Fee	57522TC ²	\$ 750.00
Paracervical (uterine) nerve – Anesthetic Agent	64435	\$ 67.93
Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without Cervical dilation, any method (separate procedure)	58100 ³	\$ 85.26
Endometrial sampling (biopsy) performed in conjunction with colposcopy	58110 ³	\$ 41.31

Pathology and Laboratory

Human Papillomavirus, high-risk types	87624	\$ 35.09
Human Papillomavirus, types 16 and 18 only	87625	\$ 40.55
Cytopathology, smears, any other source; screening & interpretation	88160	\$ 63.00
Technical component	88160TC	\$ 42.10
Professional component	8816026	\$ 20.90



Women's Cancer Screening Program Provider Reimbursement Rates

Reimbursement Schedule January 1, 2023 – February 1, 2024

Pathology and Laboratory - continued

Cytopathology, smears, any other source; preparation, screening & interpretation	88161	\$ 64.42
Technical component	88161TC	\$ 43.80
Professional component	8816126	\$ 21.62
Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), first evaluation episode	88172	\$ 46.24
Technical component	88172TC	\$ 17.51
Professional component	8817226	\$ 28.73
Interpretation and Report of Aspirate	88173	\$ 135.14
Technical component	88173TC	\$ 78.54
Professional component	8817326	\$ 56.59
Screening Pap Smear Cytology	88164 / 88165	\$ 17.31
Screening Pap Cytology – Thin Prep – Must be reimbursed @ conventional Pap smear rate	88142 / 88143	\$ 23.04
Abnormal Smear (read by pathologist)	88141	\$ 23.83
Screening by automated system , under physician Supervision	88174	\$ 25.37
Screening by automated system and manual rescreening under physician Supervision	88175	\$ 26.61
Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), each separate additional evaluation episode	88177	\$ 24.35
Technical component	88177TC	\$ 6.79
Professional component	8817726	\$ 17.56



Women's Cancer Screening Program Provider Reimbursement Rates

Reimbursement Schedule January 1, 2023 – February 1, 2024

Pathology and Laboratory – continued

Pathology, Cervical/Breast Biopsy	88305	\$ 59.50
Technical component	88305TC	\$ 29.40
Professional component	8830526	\$ 30.10
Pathology, Cervical/Breast, excision of lesion – surgical pathology (Global Procedure)	88307	\$ 243.35
Technical component	88307TC	\$ 176.75
Professional component	8830726	\$ 66.60
Surgical pathology, first tissue block, with frozen section (s), single specimen	88331	\$ 84.98
Technical component	88331TC	\$ 34.78
Professional component	8833126	\$ 50.20
Each additional tissue block with frozen section (s)	88332	\$ 45.73
Technical component	88332TC	\$ 20.91
Professional component	8833226	\$ 24.82
Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure (Global Procedure)	88342	\$ 83.87
Technical component	88342TC	\$ 55.72
Professional component	8834226	\$ 28.15
Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (Global Procedure)	88341	\$ 72.38
Technical component	88341TC	\$ 49.53
Professional component	8834126	\$ 22.86



Women's Cancer Screening Program Provider Reimbursement Rates

Reimbursement Schedule January 1, 2023 – February 1, 2024

Pathology and Laboratory – continued

Immunohistochemistry	88360	\$ 99.07
Technical component	88360TC	\$ 65.34
Professional component	8836026	\$ 33.73
Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology (Global Procedure)	88361	\$ 99.02
Technical component	88361TC	\$ 63.65
Professional component	8836126	\$ 35.37

Radiological/Diagnostic Procedures

Diagnostic mammography, including CAD when performed; unilateral” (Global Procedure)	77065	\$ 105.78
Technical Component	77065TC	\$ 74.12
Professional Component	7706526	\$ 31.66
Diagnostic mammography, including (CAD) when performed; bilateral” (Global Procedure)	77066	\$ 133.41
Technical Component	77066TC	\$ 94.50
Professional Component	7706626	\$ 38.91
Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to 77065 or 77066) Global Procedure	G0279	\$ 44.24
Technical Component	G0279TC	\$ 20.38
Professional Component	G027926	\$ 23.86



Women's Cancer Screening Program Provider Reimbursement Rates

Reimbursement Schedule January 1, 2023 – February 1, 2024

Radiological/Diagnostic Procedures - continued

Screening mammography, bilateral (2-view study of each breast), including CAD when performed” (Global Procedure)	77067	\$ 108.36
Technical Component	77067TC	\$ 78.36
Professional Component	7706726	\$ 29.99
Screening digital breast tomosynthesis, bilateral (list separately in addition to 77067) Global Procedure	77063	\$44.24
Technical Component	77063TC	\$20.38
Professional Component	7706326	\$23.86
Ultrasound, complete examination of breast including axilla, UNILATERAL Global Procedure	76641	\$ 87.43
Technical Component	76641TC	\$ 58.55
Professional Component	7664126	\$ 28.88
Ultrasound, complete examination of breast including axilla, BILATERAL Global Procedure	76641-50	\$ 131.15
Technical Component	76641TC-50	\$ 87.82
Professional Component	7664126-50	\$ 43.32
Ultrasound, limited examination of breast including axilla, UNILATERAL Global Procedure	76642	\$ 71.90
Technical Component	76642TC	\$ 44.97
Professional Component	7664226	\$ 26.93
Ultrasound, limited examination of breast including axilla, BILATERAL Global Procedure	76642-50	\$ 107.85
Technical Component	76642TC-50	\$ 67.45
Professional Component	7664226-50	\$ 40.39



Women's Cancer Screening Program Provider Reimbursement Rates

Reimbursement Schedule January 1, 2023 – February 1, 2024

Radiological/Diagnostic Procedures - continued

Radiological examinations; surgical specimen (Global Procedure)	76098	\$ 35.38
Technical component	76098TC	\$ 22.89
Professional component	7609826	\$ 12.49
Ultrasonic guidance for needle placement (eg, biopsy aspiration, injection, localization device), imaging supervision and interpretation (Global Procedure)	76942	\$ 48.69
Technical component	76942TC	\$ 23.74
Professional component	7694226	\$ 25.75
Mammary Ductogram or galactogram, single duct (Global Procedure)	77053	\$ 44.98
Technical component	77053TC	\$ 30.82
Professional component	7705326	\$ 14.16
Magnetic resonance imaging (MRI), breast, without contrast, unilateral	77046	\$ 186.50
Technical component	77046TC	\$ 129.84
Professional component	7704626	\$ 56.66
Magnetic resonance imaging (MRI), breast, without contrast, bilateral	77047	\$ 193.18
Technical component	77047TC	\$ 130.41
Professional component	7704726	\$ 62.78
Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, unilateral	77048	\$ 269.59
Technical component	77048TC	\$ 214.11
Professional component	7704826	\$ 82.48



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Reimbursement Schedule January 1, 2023 – February 1, 2024

Radiological/Diagnostic Procedures - continued

Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, bilateral	77049	\$ 302.66
Technical component	77049TC	\$ 212.42
Professional component	7704926	\$ 90.26

Surgical

Fine needle aspiration biopsy without imaging guidance, first lesion	10021 ²	\$ 46.06
Fine needle aspiration biopsy without imaging guidance, each additional lesion	10004 ²	\$ 37.15
Fine needle aspiration biopsy including ultrasound guidance, first lesion	10005 ²	\$ 60.27
Fine needle aspiration biopsy including ultrasound guidance, each additional lesion	10006 ²	\$ 40.97
Fine needle aspiration biopsy including fluoroscopic guidance, first lesion	10007 ²	\$ 72.46
Fine needle aspiration biopsy including fluoroscopic guidance, each additional lesion	10008 ²	\$ 42.60
Fine needle aspiration biopsy including CT guidance, first lesion	10009 ²	\$ 89.08
Fine needle aspiration biopsy including CT guidance, each additional lesion	10010 ²	\$ 58.40
Fine needle aspiration biopsy including MRI guidance, first lesion	10011 ²	\$ 97.17
Fine needle aspiration biopsy including MRI guidance, each additional lesion	10012 ²	\$ 71.02
Incision and Drainage of Abscess	10060	\$ 87.76
Puncture aspiration of cyst of breast	19000 ²	\$ 34.80
Each additional cyst (list separately in addition to code for primary procedure)	19001 ²	\$ 16.89



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Reimbursement Schedule January 1, 2023 – February 1, 2024

Surgical - continued

Injection procedure only for mammary ductogram or galactogram	19030	\$ 62.50
Biopsy of breast; needle core (Surgical Procedure Only)	19100 ²	\$ 56.25
Incisional biopsy of breast (Global Procedure)	19101 ²	\$ 185.38
Breast biopsy, placement of loc device and imag of bx spec, percutaneous; stereotactic guidance; first lesion	19081 ²	\$ 133.36
Breast biopsy, placement of loc device and imag of bx spec, percutaneous; stereotactic guidance; each add lesion	19082 ²	\$ 67.21
Breast biopsy, placement of loc device and imag of bx spec, percutaneous; ultrasound guidance; first lesion	19083 ²	\$ 125.36
Breast biopsy, placement of loc device and imag of bx spec, percutaneous; ultrasound guidance; each add lesion	19084 ²	\$ 63.34
Breast biopsy, placement of loc device and imag of bx spec, percutaneous; MRI guidance; first lesion	19085 ²	\$ 146.00
Breast biopsy, placement of loc device and imag of bx spec, percutaneous; MRI; each add lesion	19086 ²	\$ 73.37
Excision of cyst, fibroadenoma or other benign or malignant tumor, aberrant breast tissue, duct lesion or nipple lesion (Global Procedure)	19120 ²	\$ 346.51
Excision of breast lesion identified by preoperative placement of radiological marker-single lesion	19125 ²	\$ 382.94
Excision of breast lesion identified by preoperative placement of radiological marker-each add lesion	19126 ²	\$ 130.25
Placement of breast loc device, percutaneous; mammographic guidance; first lesion	19281	\$ 80.59
Placement of breast loc device, percutaneous; mammographic guidance; each add lesion	19282	\$ 40.69



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Reimbursement Schedule January 1, 2023 – February 1, 2024

Surgical - continued

Placement of breast loc device, percutaneous; stereotactic guidance; first lesion	19283	\$ 81.09
Placement of breast loc device, percutaneous; stereotactic guidance; each add lesion	19284	\$ 40.65
Placement of breast loc device, percutaneous; ultrasound guidance; first lesion	19285	\$ 69.16
Placement of breast loc device, percutaneous; ultrasound guidance; each add lesion	19286	\$ 34.83
Placement of breast loc device, percutaneous; MRI guidance; first lesion	19287	\$ 102.50
Placement of breast loc device, percutaneous; MRI guidance; each add lesion	19288	\$ 51.53

Conscious Sedation Anesthesia

10-22 minutes for individuals 5 years or older	99156	\$ 61.83
For each additional 15 minutes	99157 ⁴	\$ 50.70

Notes

1. Reimbursement rates are based on the 80% of 2023 Rhode Island Medicare Fee Schedule OR maximum payable rate allowed by the WCSP.
2. United States citizens and qualified aliens (Permanent Resident Aliens greater than 5 years) should apply for Medical Assistance through the WCSP to cover the cost of this procedure. WCSP will provide coverage for these CPT codes only for non-qualified aliens or Permanent Resident Aliens less than 5 years needing Cone/LEEP or allowable breast biopsy CPT codes for women that do not qualify for Medicaid.
3. Endometrial biopsy is reimbursable ONLY if performed in the initial workup of a Pap test result of Atypical Glandular Cells (AGC) or the Pap test result of a postmenopausal woman notes that endometrial cells are present.
4. Example: If procedure is 50 minutes, code 99156 + (99157 x 2).
No separate charge allowed if procedure < 10 minutes.

Balance billing for covered services is not permitted by Participating Providers under contract with the WCSP.