



Women's Cancer Screening Program Provider Reimbursement Rates

Reimbursement Schedule January 1, 2020 – December 31, 2020

Office Visits - Established Patients

Office Visit / Minimal / no physician	99211	\$ 19.24
Office Visit / Problem focused History / exam	99212	\$ 38.07
Preventive Visit	99213/ 99395/ 99396/ 99397	\$ 62.53
Office Visit / Detailed History/ Detailed Exam	99214 / 99215	\$ 91.50

Office Visits - New Patients

Office Visit / Problem focused History / exam	99201	\$ 38.66
Office Visit / Expanded problem focused History / exam	99202	\$ 64.35
Preventive Visit	99385 / 99386 / 99387	\$ 64.35
Office Visit / Detailed History/ Detailed Exam	99203 / 99204 / 99205	\$ 91.18

Diagnostic

Colposcopy of the cervix	57452	\$ 97.08
Colposcopy with biopsy and endocervical curettage	57454	\$ 132.78
Colposcopy with biopsy(s) of the cervix	57455	\$ 125.46
Colposcopy of the cervix with endocervical curettage (biopsy)	57456	\$ 118.02
Colposcopy of the cervix with loop electrode biopsy(s) of the cervix	57460 ²	\$ 248.87
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, 2020 – December 31, 2020

Diagnostic - continued

Colposcopy with loop electrode conization of the cervix	57461 ²	\$ 279.86
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	\$ 114.02
Endoscopy with biopsy (s) of the cervix and endocervical curettage	57505	\$ 95.54
Conization of cervix, with/without fulguration, with/without dilation and curettage, with/without repair; cold knife or laser	57520 ²	\$ 273.69
Conization of cervix – Facility Fee	57520TC ²	\$ 750.00
Loop electrode excision	57522 ²	\$ 232.71
Loop electrode excision – Facility Fee	57522TC ²	\$ 750.00
Paracervical (uterine) nerve – Anesthetic Agent	64435	\$ 119.88
Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without Cervical dilation, any method (separate procedure)	58100 ³	\$ 86.19
Endometrial sampling (biopsy) performed in conjunction with colposcopy	58110 ³	\$ 42.94

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	\$ 60.49
Technical component	88160TC	\$ 38.13
Professional component	8816026	\$ 22.36



Women's Cancer Screening Program Provider Reimbursement Rates

Reimbursement Schedule January 1, 2020 – December 31, 2020

Pathology and Laboratory - continued

Cytopathology, smears, any other source; preparation, screening & interpretation	88161	\$ 56.25
Technical component	88161TC	\$ 34.50
Professional component	8816126	\$ 21.75
Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), first evaluation episode	88172	\$ 47.94
Technical component	88172TC	\$ 16.63
Professional component	8817226	\$ 31.30
Interpretation and Report of Aspirate	88173	\$ 129.78
Technical component	88173TC	\$ 68.69
Professional component	8817326	\$ 61.10
Screening Pap Smear Cytology	88164 / 88165	\$ 15.12
Screening Pap Cytology – Thin Prep – Must be reimbursed @ conventional Pap smear rate	88142 / 88143	\$ 23.04
Abnormal Smear (read by pathologist)	88141	\$ 26.94
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	\$ 25.14
Technical component	88177TC	\$ 6.06
Professional component	8817726	\$ 19.08



Women's Cancer Screening Program Provider Reimbursement Rates

Reimbursement Schedule January 1, 2020 – December 31, 2020

Pathology and Laboratory – continued

Pathology, Cervical/Breast Biopsy	88305	\$ 58.49
Technical component	88305TC	\$ 25.72
Professional component	8830526	\$ 33.78
Pathology, Cervical/Breast, excision of lesion – surgical pathology (Global Procedure)	88307	\$ 228.63
Technical component	88307TC	\$ 156.78
Professional component	8830726	\$ 71.85
Surgical pathology, first tissue block, with frozen section (s), single specimen	88331	\$ 82.40
Technical component	88331TC	\$ 28.14
Professional component	8833126	\$ 54.26
Each additional tissue block with frozen section (s)	88332	\$ 45.29
Technical component	88332TC	\$ 18.45
Professional component	8833226	\$ 26.84
Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure (Global Procedure)	88342	\$ 90.62
Technical component	88342TC	\$ 59.93
Professional component	8834226	\$ 30.69
Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (Global Procedure)	88341	\$ 78.93
Technical component	88341TC	\$ 54.19
Professional component	8834126	\$ 24.74



Women's Cancer Screening Program Provider Reimbursement Rates

Reimbursement Schedule January 1, 2020 – December 31, 2020

Pathology and Laboratory – continued

Immunohistochemistry	88360	\$ 108.38
Technical component	88360TC	\$ 71.73
Professional component	8836026	\$ 36.64
Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology (Global Procedure)	88361	\$ 111.94
Technical component	88361TC	\$ 72.64
Professional component	8836126	\$ 39.30

Radiological/Diagnostic Procedures

Diagnostic mammography, including CAD when performed; unilateral” (Global Procedure)	77065	\$ 113.50
Technical Component	77065TC	\$ 79.00
Professional Component	7706526	\$ 42.54
Diagnostic mammography, including (CAD) when performed; bilateral” (Global Procedure)	77066	\$ 143.63
Technical Component	77066TC	\$ 101.10
Professional Component	7706626	\$ 42.54
Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to 77065 or 77066) Global Procedure	G0279	\$ 46.48
Technical Component	G0279TC	\$ 21.19
Professional Component	G027926	\$ 25.29



Women's Cancer Screening Program Provider Reimbursement Rates

Reimbursement Schedule January 1, 2020 – December 31, 2020

Radiological/Diagnostic Procedures - continued

Screening mammography, bilateral (2-view study of each breast), including CAD when performed” (Global Procedure)	77067	\$ 117.36
Technical Component	77067TC	\$ 85.54
Professional Component	7706726	\$ 32.13
Screening digital breast tomosynthesis, bilateral (list separately in addition to 77067) Global Procedure	77063	\$46.48
Technical Component	77063TC	\$21.19
Professional Component	7706326	\$25.29
Ultrasound, complete examination of breast including axilla, UNILATERAL Global Procedure	76641	\$ 90.86
Technical Component	76641TC	\$ 59.53
Professional Component	7664126	\$ 30.70
Ultrasound, complete examination of breast including axilla, BILATERAL Global Procedure	76641-50	\$ 136.29
Technical Component	76641TC-50	\$ 89.89
Professional Component	7664126-50	\$ 46.05
Ultrasound, limited examination of breast including axilla, UNILATERAL Global Procedure	76642	\$ 74.25
Technical Component	76642TC	\$ 45.39
Professional Component	7664226	\$ 28.86
Ultrasound, limited examination of breast including axilla, BILATERAL Global Procedure	76642-50	\$ 113.37
Technical Component	76642TC-50	\$ 68.08
Professional Component	7664226-50	\$ 43.26



Women's Cancer Screening Program Provider Reimbursement Rates

Reimbursement Schedule January 1, 2020 – December 31, 2020

Radiological/Diagnostic Procedures - continued

Radiological examinations; surgical specimen (Global Procedure)	76098	\$ 14.10
Technical component	76098TC	\$ 7.92
Professional component	7609826	\$ 7.47
Ultrasonic guidance for needle placement (eg, biopsy aspiration, injection, localization device), imaging supervision and interpretation (Global Procedure)	76942	\$ 48.24
Technical component	76942TC	\$ 21.18
Professional component	7694226	\$ 27.06
Mammary Ductogram or galactogram, single duct (Global Procedure)	77053	\$ 48.26
Technical component	77053TC	\$ 33.59
Professional component	7705326	\$ 15.17
Magnetic resonance imaging (MRI), breast, without contrast, unilateral	77046	\$ 211.42
Technical component	77046TC	\$ 150.14
Professional component	7704626	\$ 61.28
Magnetic resonance imaging (MRI), breast, without contrast, bilateral	77047	\$ 217.06
Technical component	77047TC	\$ 149.23
Professional component	7704726	\$ 67.83
Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, unilateral	77048	\$ 335.94
Technical component	77048TC	\$ 247.30
Professional component	7704826	\$ 88.65



Women's Cancer Screening Program Provider Reimbursement Rates

Reimbursement Schedule January 1, 2020 – December 31, 2020

Radiological/Diagnostic Procedures - continued

Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, bilateral	77049	\$ 343.06
Technical component	77049TC	\$ 246.09
Professional component	7704926	\$ 96.98

Surgical

Fine needle aspiration biopsy without imaging guidance, first lesion	10021 ²	\$ 47.85
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	\$ 62.38
Fine needle aspiration biopsy including ultrasound guidance, each additional lesion	10006 ²	\$ 42.48
Fine needle aspiration biopsy including fluoroscopic guidance, first lesion	10007 ²	\$ 80.26
Fine needle aspiration biopsy including fluoroscopic guidance, each additional lesion	10008 ²	\$ 52.32
Fine needle aspiration biopsy including CT guidance, first lesion	10009 ²	\$ 97.17
Fine needle aspiration biopsy including CT guidance, each additional lesion	10010 ²	\$ 71.02
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	\$ 84.06
Puncture aspiration of cyst of breast	19000 ²	\$ 37.42
Each additional cyst (list separately in addition to code for primary procedure)	19001 ²	\$ 18.42



Women's Cancer Screening Program Provider Reimbursement Rates

Reimbursement Schedule January 1, 2020 – December 31, 2020

Surgical - continued

Injection procedure only for mammary ductogram or galactogram	19030	\$ 66.29
Biopsy of breast; needle core (Surgical Procedure Only)	19100 ²	\$ 60.17
Incisional biopsy of breast (Global Procedure)	19101 ²	\$ 190.23
Breast biopsy, placement of loc device and imag of bx spec, percutaneous; stereotactic guidance; first lesion	19081 ²	\$ 144.11
Breast biopsy, placement of loc device and imag of bx spec, percutaneous; stereotactic guidance; each add lesion	19082 ²	\$ 72.50
Breast biopsy, placement of loc device and imag of bx spec, percutaneous; ultrasound guidance; first lesion	19083 ²	\$ 135.79
Breast biopsy, placement of loc device and imag of bx spec, percutaneous; ultrasound guidance; each add lesion	19084 ²	\$ 67.76
Breast biopsy, placement of loc device and imag of bx spec, percutaneous; MRI guidance; first lesion	19085 ²	\$ 157.56
Breast biopsy, placement of loc device and imag of bx spec, percutaneous; MRI; each add lesion	19086 ²	\$ 78.78
Excision of cyst, fibroadenoma or other benign or malignant tumor, aberrant breast tissue, duct lesion or nipple lesion (Global Procedure)	19120 ²	\$ 354.94
Excision of breast lesion identified by preoperative placement of radiological marker-single lesion	19125 ²	\$ 393.72
Excision of breast lesion identified by preoperative placement of radiological marker-each add lesion	19126 ²	\$ 138.70
Placement of breast loc device, percutaneous; mammographic guidance; first lesion	19281	\$ 86.50
Placement of breast loc device, percutaneous; mammographic guidance; each add lesion	19282	\$ 43.40



Women's Cancer Screening Program Provider Reimbursement Rates

Reimbursement Schedule January 1, 2020 – December 31, 2020

Surgical - continued

Placement of breast loc device, percutaneous; stereotactic guidance; first lesion	19283	\$ 87.06
Placement of breast loc device, percutaneous; stereotactic guidance; each add lesion	19284	\$ 44.55
Placement of breast loc device, percutaneous; ultrasound guidance; first lesion	19285	\$ 74.30
Placement of breast loc device, percutaneous; ultrasound guidance; each add lesion	19286	\$ 37.14
Placement of breast loc device, percutaneous; MRI guidance; first lesion	19287	\$ 110.58
Placement of breast loc device, percutaneous; MRI guidance; each add lesion	19288	\$ 55.60

Conscious Sedation Anesthesia

10-22 minutes for individuals 5 years or older	99156	\$ 66.50
For each additional 15 minutes	99157 ⁴	\$ 54.12

Notes

1. Reimbursement rates are based on the 80% of 2019 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.