



Breast Cancer Screening Program Provider Reimbursement Rates

Reimbursement Schedule February 1, 2026 – January 31, 2027

Office Visits - Established Patients

Office Visit / Minimal / no physician	99211	\$ 20.05
Office Visit / Problem focused History / exam	99212	\$ 48.65
Preventive Visit	99213/ 99395/ 99396/ 99397	\$ 76.15
Office Visit / Detailed History/ Detailed Exam	99214 / 99215	\$108.49

Office Visits - New Patients

Office Visit / Expanded problem focused History / exam	99202	\$ 60.12
Office Visit / Detailed History/ Detailed Exam	99203 / 99204 / 99205	\$ 94.06

Diagnostic

Colposcopy of the cervix	57452	\$ 102.26
Colposcopy with biopsy and endocervical curettage	57454	\$ 134.83
Colposcopy with biopsy(s) of the cervix	57455	\$ 130.96
Colposcopy of the cervix with endocervical curettage (biopsy)	57456	\$ 122.57
Colposcopy of the cervix with loop electrode biopsy(s) of the cervix	57460 ²	\$ 252.49
Colposcopy of the cervix with loop electrode biopsy(s) of the cervix – Facility Fee	57460TC ²	\$ 750.00

Diagnostic - continued

Colposcopy with loop electrode conization of the cervix	57461 ²	\$ 285.22
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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	\$ 123.89
Endoscopy with biopsy (s) of the cervix and endocervical curettage	57505	\$ 121.89
Conization of cervix, with/without fulguration, with/without dilation and curettage, with/without repair; cold knife or laser	57520 ²	\$ 293.35
Conization of cervix – Facility Fee	57520TC ²	\$ 750.00
Loop electrode excision	57522 ²	\$ 244.67
Loop electrode excision – Facility Fee	57522TC ²	\$ 750.00
Paracervical (uterine) nerve – Anesthetic Agent	64435	\$ 61.34
Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without Cervical dilation, any method (separate procedure)	58100 ³	\$ 79.92
Endometrial sampling (biopsy) performed in conjunction with colposcopy	58110 ³	\$ 41.42

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	\$ 67.06
Technical component	88160TC	\$ 47.40
Professional component	8816026	\$ 19.66

Pathology and Laboratory - continued



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Cytopathology, smears, any other source; preparation, screening & interpretation	88161	\$ 68.16
Technical component	88161TC	\$ 48.50
Professional component	8816126	\$ 19.66
Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), first evaluation episode	88172	\$ 44.39
Technical component	88172TC	\$ 17.35
Professional component	8817226	\$ 27.04
Interpretation and Report of Aspirate	88173	\$ 137.04
Technical component	88173TC	\$ 83.52
Professional component	8817326	\$ 53.52
Screening Pap Smear Cytology	88164 / 88165	\$ 18.54
Screening Pap Cytology – Thin Prep – Must be reimbursed @ conventional Pap smear rate	88142 / 88143	\$ 23.04
Abnormal Smear (read by pathologist)	88141	\$ 24.68
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	\$ 23.82
Technical component	88177TC	\$ 7.18
Professional component	8817726	\$ 16.65

Pathology and Laboratory – continued



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Pathology, Cervical/Breast Biopsy	88305	\$ 57.62
Technical component	88305TC	\$ 28.94
Professional component	8830526	\$ 28.67
Pathology, Cervical/Breast, excision of lesion – surgical pathology (Global Procedure)	88307	\$ 222.32
Technical component	88307TC	\$ 161.13
Professional component	8830726	\$ 61.19
Surgical pathology, first tissue block, with frozen section (s), single specimen	88331	\$ 79.78
Technical component	88331TC	\$ 32.54
Professional component	8833126	\$ 47.24
Each additional tissue block with frozen section (s)	88332	\$ 43.87
Technical component	88332TC	\$ 20.11
Professional component	8833226	\$ 23.76
Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure (Global Procedure)	88342	\$ 90.76
Technical component	88342TC	\$ 64.00
Professional component	8834226	\$ 26.76
Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (Global Procedure)	88341	\$ 77.59
Technical component	88341TC	\$ 55.76
Professional component	8834126	\$ 21.84

Pathology and Laboratory – continued



Breast Cancer Screening Program Provider Reimbursement Rates

Reimbursement Schedule February 1, 2026 – January 31, 2027

Immunohistochemistry	88360	\$ 98.98
Technical component	88360TC	\$ 67.04
Professional component	8836026	\$ 31.94
Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology (Global Procedure)	88361	\$ 94.26
Technical component	88361TC	\$ 61.24
Professional component	8836126	\$ 33.02

Radiological/Diagnostic Procedures

Diagnostic mammography, including CAD when performed; unilateral” (Global Procedure)	77065	\$ 101.88
Technical Component	77065TC	\$ 71.18
Professional Component	7706526	\$ 30.16
Diagnostic mammography, including (CAD) when performed; bilateral” (Global Procedure)	77066	\$ 129.04
Technical Component	77066TC	\$ 91.29
Professional Component	7706626	\$ 37.78
Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to 77065 or 77066) Global Procedure	G0279	\$ 33.06
Technical Component	G0279TC	\$ 10.49
Professional Component	G027926	\$ 22.58

Radiological/Diagnostic Procedures - continued



Breast Cancer Screening Program Provider Reimbursement Rates

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Screening mammography, bilateral (2-view study of each breast), including CAD when performed” (Global Procedure)	77067	\$ 103.87
Technical Component	77067TC	\$ 75.32
Professional Component	7706726	\$ 28.55
Screening digital breast tomosynthesis, bilateral (list separately in addition to 77067) Global Procedure	77063	\$41.90
Technical Component	77063TC	\$19.32
Professional Component	7706326	\$22.58
Ultrasound, complete examination of breast including axilla, UNILATERAL Global Procedure	76641	\$ 82.35
Technical Component	76641TC	\$ 54.89
Professional Component	7664126	\$ 27.46
Ultrasound, complete examination of breast including axilla, BILATERAL Global Procedure	76641-50	\$ 123.53
Technical Component	76641TC-50	\$ 82.34
Professional Component	7664126-50	\$ 38.33
Ultrasound, limited examination of breast including axilla, UNILATERAL Global Procedure	76642	\$ 68.57
Technical Component	76642TC	\$ 43.02
Professional Component	7664226	\$ 25.64
Ultrasound, limited examination of breast including axilla, BILATERAL Global Procedure	76642-50	\$ 102.86
Technical Component	76642TC-50	\$ 64.53
Professional Component	7664226-50	\$ 38.33

[Radiological/Diagnostic Procedures - continued](#)



Breast Cancer Screening Program Provider Reimbursement Rates

Reimbursement Schedule February 1, 2026 – January 31, 2027

Radiological examinations; surgical specimen (Global Procedure)	76098	\$ 35.38
Technical component	76098TC	\$ 23.42
Professional component	7609826	\$ 11.96
Ultrasonic guidance for needle placement (eg, biopsy aspiration, injection, localization device), imaging supervision and interpretation (Global Procedure)	76942	\$ 52.60
Technical component	76942TC	\$ 27.02
Professional component	7694226	\$ 25.59
Mammary Ductogram or galactogram, single duct (Global Procedure)	77053	\$ 43.65
Technical component	77053TC	\$ 30.05
Professional component	7705326	\$ 13.59
Magnetic resonance imaging (MRI), breast, without contrast, unilateral	77046	\$ 175.24
Technical component	77046TC	\$ 121.38
Professional component	7704626	\$ 53.86
Magnetic resonance imaging (MRI), breast, without contrast, bilateral	77047	\$ 177.90
Technical component	77047TC	\$ 118.34
Professional component	7704726	\$ 59.57
Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, unilateral	77048	\$ 274.70
Technical component	77048TC	\$ 195.86
Professional component	7704826	\$ 78.83

Radiological/Diagnostic Procedures - continued



Breast Cancer Screening Program Provider Reimbursement Rates

Reimbursement Schedule February 1, 2026 – January 31, 2027

Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, bilateral	77049	\$ 279.28
Technical component	77049TC	\$ 193.10
Professional component	7704926	\$ 86.18

Surgical

Fine needle aspiration biopsy without imaging guidance, first lesion	10021 ²	\$ 43.10
Fine needle aspiration biopsy without imaging guidance, each additional lesion	10004 ²	\$ 29.58
Fine needle aspiration biopsy including ultrasound guidance, first lesion	10005 ²	\$ 50.45
Fine needle aspiration biopsy including ultrasound guidance, each additional lesion	10006 ²	\$ 34.82
Fine needle aspiration biopsy including fluoroscopic guidance, first lesion	10007 ²	\$ 64.57
Fine needle aspiration biopsy including fluoroscopic guidance, each additional lesion	10008 ²	\$ 37.93
Fine needle aspiration biopsy including CT guidance, first lesion	10009 ²	\$ 75.32
Fine needle aspiration biopsy including CT guidance, each additional lesion	10010 ²	\$ 52.98
Incision and Drainage of Abscess	10060	\$ 82.15
Puncture aspiration of cyst of breast	19000 ²	\$ 29.37
Each additional cyst (list separately in addition to code for primary procedure)	19001 ²	\$ 14.56

Surgical - continued

Injection procedure only for mammary ductogram or galactogram	19030	\$ 51.87
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Biopsy of breast; needle core (Surgical Procedure Only)	19100 ²	\$ 49.47
Incisional biopsy of breast (Global Procedure)	19101 ²	\$ 174.71
Breast biopsy, placement of loc device and imag of bx spec, percutaneous; stereotactic guidance; first lesion	19081 ²	\$ 111.75
Breast biopsy, placement of loc device and imag of bx spec, percutaneous; stereotactic guidance; each add lesion	19082 ²	\$ 56.17
Breast biopsy, placement of loc device and imag of bx spec, percutaneous; ultrasound guidance; first lesion	19083 ²	\$ 105.51
Breast biopsy, placement of loc device and imag of bx spec, percutaneous; ultrasound guidance; each add lesion	19084 ²	\$ 52.66
Breast biopsy, placement of loc device and imag of bx spec, percutaneous; MRI guidance; first lesion	19085 ²	\$ 122.39
Breast biopsy, placement of loc device and imag of bx spec, percutaneous; MRI; each add lesion	19086 ²	\$ 61.08
Excision of cyst, fibroadenoma or other benign or malignant tumor, aberrant breast tissue, duct lesion or nipple lesion (Global Procedure)	19120 ²	\$ 329.41
Excision of breast lesion identified by preoperative placement of radiological marker-single lesion	19125 ²	\$ 365.25
Excision of breast lesion identified by preoperative placement of radiological marker-each add lesion	19126 ²	\$ 115.14
Placement of breast loc device, percutaneous; mammographic guidance; first lesion	19281	\$ 67.29
Placement of breast loc device, percutaneous; mammographic guidance; each add lesion	19282	\$ 33.56

[Surgical - continued](#)



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Reimbursement Schedule February 1, 2026 – January 31, 2027

Placement of breast loc device, percutaneous; stereotactic guidance; first lesion	19283	\$ 68.04
Placement of breast loc device, percutaneous; stereotactic guidance; each add lesion	19284	\$ 34.27
Placement of breast loc device, percutaneous; ultrasound guidance; first lesion	19285	\$ 58.05
Placement of breast loc device, percutaneous; ultrasound guidance; each add lesion	19286	\$ 29.16
Placement of breast loc device, percutaneous; MRI guidance; first lesion	19287	\$ 85.70
Placement of breast loc device, percutaneous; MRI guidance; each add lesion	19288	\$ 43.25

Conscious Sedation Anesthesia

10-22 minutes for individuals 5 years or older	99156	\$ 57.46
For each additional 15 minutes	99157 ⁴	\$ 43.72

Notes

- Reimbursement rates are based on the 80% of 2026 Rhode Island Medicare Fee Schedule OR maximum payable rate allowed by the WCSP.
- 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.
- 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.
- 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.