



Women's Cancer Screening Program Provider Reimbursement Rates

Reimbursement Schedule February 1, 2024 – January 31, 2025

Office Visits - Established Patients

Office Visit / Minimal / no physician	99211	\$ 18.94
Office Visit / Problem focused History / exam	99212	\$ 45.71
Preventive Visit	99213/ 99395/ 99396/ 99397	\$ 73.33
Office Visit / Detailed History/ Detailed Exam	99214 / 99215	\$103.38

Office Visits - New Patients

Office Visit / Problem focused History / exam	99201	\$ 37.71
Office Visit / Expanded problem focused History / exam	99202	\$ 58.32
Preventive Visit	99385 / 99386 / 99387	\$ 58.32
Office Visit / Detailed History/ Detailed Exam	99203 / 99204 / 99205	\$ 89.79

Diagnostic

Colposcopy of the cervix	57452	\$ 102.50
Colposcopy with biopsy and endocervical curettage	57454	\$ 136.00
Colposcopy with biopsy(s) of the cervix	57455	\$ 130.72
Colposcopy of the cervix with endocervical curettage (biopsy)	57456	\$ 123.25
Colposcopy of the cervix with loop electrode biopsy(s) of the cervix	57460 ²	\$ 253.82
Colposcopy of the cervix with loop electrode biopsy(s) of the cervix – Facility Fee	57460TC ²	\$ 750.00



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Diagnostic - continued

Colposcopy with loop electrode conization of the cervix	57461 ²	\$ 282.50
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	\$ 124.58
Endoscopy with biopsy (s) of the cervix and endocervical curettage	57505	\$ 126.22
Conization of cervix, with/without fulguration, with/without dilation and curettage, with/without repair; cold knife or laser	57520 ²	\$ 286.78
Conization of cervix – Facility Fee	57520TC ²	\$ 750.00
Loop electrode excision	57522 ²	\$ 245.74
Loop electrode excision – Facility Fee	57522TC ²	\$ 750.00
Paracervical (uterine) nerve – Anesthetic Agent	64435	\$ 64.94
Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without Cervical dilation, any method (separate procedure)	58100 ³	\$ 81.85
Endometrial sampling (biopsy) performed in conjunction with colposcopy	58110 ³	\$ 40.17

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	\$ 64.72
Technical component	88160TC	\$ 44.81



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Professional component	8816026	\$ 19.90
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Pathology and Laboratory - continued

Cytopathology, smears, any other source; preparation, screening & interpretation	88161	\$ 66.08
Technical component	88161TC	\$ 46.44
Professional component	8816126	\$ 19.63
Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), first evaluation episode	88172	\$ 45.10
Technical component	88172TC	\$ 17.64
Professional component	8817226	\$ 27.46
Interpretation and Report of Aspirate	88173	\$ 135.87
Technical component	88173TC	\$ 81.50
Professional component	8817326	\$ 54.37
Screening Pap Smear Cytology	88164 / 88165	\$ 17.76
Screening Pap Cytology – Thin Prep – Must be reimbursed @ conventional Pap smear rate	88142 / 88143	\$ 23.04
Abnormal Smear (read by pathologist)	88141	\$ 24.31
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	\$ 23.74
Technical component	88177TC	\$ 6.81
Professional component	8817726	\$ 16.94



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Pathology and Laboratory – continued

Pathology, Cervical/Breast Biopsy	88305	\$ 58.14
Technical component	88305TC	\$ 29.07
Professional component	8830526	\$ 29.07
Pathology, Cervical/Breast, excision of lesion – surgical pathology (Global Procedure)	88307	\$ 234.22
Technical component	88307TC	\$ 170.45
Professional component	8830726	\$ 63.78
Surgical pathology, first tissue block, with frozen section (s), single specimen	88331	\$ 79.38
Technical component	88331TC	\$ 32.48
Professional component	8833126	\$ 46.89
Each additional tissue block with frozen section (s)	88332	\$ 42.70
Technical component	88332TC	\$ 19.65
Professional component	8833226	\$ 23.06
Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure (Global Procedure)	88342	\$ 83.30
Technical component	88342TC	\$ 56.85
Professional component	8834226	\$ 26.46
Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (Global Procedure)	88341	\$ 71.25
Technical component	88341TC	\$ 50.03
Professional component	8834126	\$ 21.21



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Pathology and Laboratory – continued

Immunohistochemistry	88360	\$ 97.84
Technical component	88360TC	\$ 65.54
Professional component	8836026	\$ 32.30
Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology (Global Procedure)	88361	\$ 96.99
Technical component	88361TC	\$ 63.10
Professional component	8836126	\$ 33.90

Radiological/Diagnostic Procedures

Diagnostic mammography, including CAD when performed; unilateral” (Global Procedure)	77065	\$ 101.79
Technical Component	77065TC	\$ 71.26
Professional Component	7706526	\$ 30.53
Diagnostic mammography, including (CAD) when performed; bilateral” (Global Procedure)	77066	\$ 128.84
Technical Component	77066TC	\$ 91.35
Professional Component	7706626	\$ 37.49
Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to 77065 or 77066) Global Procedure	G0279	\$ 38.28
Technical Component	G0279TC	\$ 15.78
Professional Component	G027926	\$ 22.50



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Radiological/Diagnostic Procedures - continued

Screening mammography, bilateral (2-view study of each breast), including CAD when performed” (Global Procedure)	77067	\$ 103.98
Technical Component	77067TC	\$ 75.34
Professional Component	7706726	\$ 28.65
Screening digital breast tomosynthesis, bilateral (list separately in addition to 77067) Global Procedure	77063	\$42.09
Technical Component	77063TC	\$19.60
Professional Component	7706326	\$22.50
Ultrasound, complete examination of breast including axilla, UNILATERAL Global Procedure	76641	\$ 83.31
Technical Component	76641TC	\$ 55.74
Professional Component	7664126	\$ 27.57
Ultrasound, complete examination of breast including axilla, BILATERAL Global Procedure	76641-50	\$ 124.96
Technical Component	76641TC-50	\$ 83.61
Professional Component	7664126-50	\$ 41.35
Ultrasound, limited examination of breast including axilla, UNILATERAL Global Procedure	76642	\$ 68.90
Technical Component	76642TC	\$ 43.22
Professional Component	7664226	\$ 21.54
Ultrasound, limited examination of breast including axilla, BILATERAL Global Procedure	76642-50	\$ 103.35
Technical Component	76642TC-50	\$ 64.83



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Professional Component	7664226-50	\$ 32.31
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Radiological/Diagnostic Procedures - continued

Radiological examinations; surgical specimen (Global Procedure)	76098	\$ 34.58
Technical component	76098TC	\$ 22.54
Professional component	7609826	\$ 12.03
Ultrasonic guidance for needle placement (eg, biopsy aspiration, injection, localization device), imaging supervision and interpretation (Global Procedure)	76942	\$ 46.91
Technical component	76942TC	\$ 23.09
Professional component	7694226	\$ 23.83
Mammary Ductogram or galactogram, single duct (Global Procedure)	77053	\$ 43.81
Technical component	77053TC	\$ 30.16
Professional component	7705326	\$ 13.65
Magnetic resonance imaging (MRI), breast, without contrast, unilateral	77046	\$ 171.84
Technical component	77046TC	\$ 118.66
Professional component	7704626	\$ 53.18
Magnetic resonance imaging (MRI), breast, without contrast, bilateral	77047	\$ 176.82
Technical component	77047TC	\$ 118.14
Professional component	7704726	\$ 53.18
Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, unilateral	77048	\$ 271.38
Technical component	77048TC	\$ 194.11



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Professional component	7704826	\$ 77.28
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Radiological/Diagnostic Procedures - continued

Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, bilateral	77049	\$ 276.89
Technical component	77049TC	\$ 192.27
Professional component	7704926	\$ 84.61

Surgical

Fine needle aspiration biopsy without imaging guidance, first lesion	10021 ²	\$ 42.70
Fine needle aspiration biopsy without imaging guidance, each additional lesion	10004 ²	\$ 33.79
Fine needle aspiration biopsy including ultrasound guidance, first lesion	10005 ²	\$ 56.58
Fine needle aspiration biopsy including ultrasound guidance, each additional lesion	10006 ²	\$ 38.77
Fine needle aspiration biopsy including fluoroscopic guidance, first lesion	10007 ²	\$ 69.42
Fine needle aspiration biopsy including fluoroscopic guidance, each additional lesion	10008 ²	\$ 39.82
Fine needle aspiration biopsy including CT guidance, first lesion	10009 ²	\$ 83.82
Fine needle aspiration biopsy including CT guidance, each additional lesion	10010 ²	\$ 55.80
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



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Each additional cyst (list separately in addition to code for primary procedure)	19001 ²	\$ 16.24
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Surgical - continued

Injection procedure only for mammary ductogram or galactogram	19030	\$ 58.42
Biopsy of breast; needle core (Surgical Procedure Only)	19100 ²	\$ 53.96
Incisional biopsy of breast (Global Procedure)	19101 ²	\$ 176.56
Breast biopsy, placement of loc device and imag of bx spec, percutaneous; stereotactic guidance; first lesion	19081 ²	\$ 125.48
Breast biopsy, placement of loc device and imag of bx spec, percutaneous; stereotactic guidance; each add lesion	19082 ²	\$ 62.87
Breast biopsy, placement of loc device and imag of bx spec, percutaneous; ultrasound guidance; first lesion	19083 ²	\$ 118.66
Breast biopsy, placement of loc device and imag of bx spec, percutaneous; ultrasound guidance; each add lesion	19084 ²	\$ 59.20
Breast biopsy, placement of loc device and imag of bx spec, percutaneous; MRI guidance; first lesion	19085 ²	\$ 137.78
Breast biopsy, placement of loc device and imag of bx spec, percutaneous; MRI; each add lesion	19086 ²	\$ 68.63
Excision of cyst, fibroadenoma or other benign or malignant tumor, aberrant breast tissue, duct lesion or nipple lesion (Global Procedure)	19120 ²	\$ 331.63
Excision of breast lesion identified by preoperative placement of radiological marker-single lesion	19125 ²	\$ 366.74
Excision of breast lesion identified by preoperative placement of radiological marker-each add lesion	19126 ²	\$ 124.95
Placement of breast loc device, percutaneous; mammographic guidance; first lesion	19281	\$ 75.70



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Placement of breast loc device, percutaneous; mammographic guidance; each add lesion	19282	\$ 37.98
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Surgical - continued

Placement of breast loc device, percutaneous; stereotactic guidance; first lesion	19283	\$ 76.49
Placement of breast loc device, percutaneous; stereotactic guidance; each add lesion	19284	\$ 38.25
Placement of breast loc device, percutaneous; ultrasound guidance; first lesion	19285	\$ 64.70
Placement of breast loc device, percutaneous; ultrasound guidance; each add lesion	19286	\$ 32.48
Placement of breast loc device, percutaneous; MRI guidance; first lesion	19287	\$ 96.66
Placement of breast loc device, percutaneous; MRI guidance; each add lesion	19288	\$ 48.20

Conscious Sedation Anesthesia

10-22 minutes for individuals 5 years or older	99156	\$ 58.15
For each additional 15 minutes	99157 ⁴	\$ 46.10

Notes

1. Reimbursement rates are based on the 80% of 2024 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.



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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.