West Virginia Breast and Cervical Cancer Screening Program
DIAGNOSTIC AND TREATMENT (D&T) FUND
PAYMENT FEE SCHEDULE
PY 2025-2026
Effective Date: June 30, 2025

WVBCCSP D&T Fund will pay up to the amount listed within this approved fee schedule. Providers may charge any amount up to the approved amount listed below.

CPT Code	D&T Service Description/Procedure	Allowable Rate	Medicare Rate	End Note
99202	New Patient, history/exam (15-29 min.)	$65.44	$65.44	
99203	New Patient, history/exam (30-44 min.)	$103.54	$103.54	
99204	New Patient, history/exam (45-59 min.)	$156.07	$156.07	1
99205	New Patient, history/exam (60-74 min.)	$206.78	$206.78	1
99385	*Initial* Comprehensive Med Exam (Ages 18-39)	$103.54	$103.54	2
99386	*Initial* Comprehensive Med Exam (ages 40-64)	$103.54	$103.54	2
99211	Repeat Visit (CBE Symptomatic or due to Prior Abnormal)	$20.47	$20.47	
99211	Repeat Visit (Pap Test due to Prior Abnormal)	$20.47	$20.47	
99395	Periodic Comprehensive Med Exam (ages 18-39)	$84.00	$84.00	2
99396	Periodic Comprehensive Med Exam (ages 40-64)	$84.00	$84.00	2

CPT Code	Referral Service Description/Procedure	Allowable Rate	Medicare Rate	End Note
76098	Radiological Exam, Surgical Specimen	$37.81	$37.81	
	Technical Component	$23.57	$23.57	
	Professional Component	$14.24	$14.24	
76641	Ultrasound, complete exam of breast including axilla, unilateral	$89.34	$89.34	
	Technical Component	$32.87	$32.87	
	Professional Component	$56.48	$56.48	
76642	Ultrasound, limited exam of breast including axilla, unilateral	$74.62	$74.62	
	Technical Component	$30.69	$30.69	
	Professional Component	$43.93	$43.93	
76942	Ultrasound Guided Biopsy	$52.95	$52.95	
	Technical Component	$24.41	$24.41	
	Professional Component	$28.54	$28.54	
77046	Breast MRI without contrast, unilateral	$187.53	$187.53	
	Technical Component	$123.55	$123.55	5, 10
	Professional Component	$63.99	$63.99	
77047	Breast MRI without contrast, bilateral	$193.93	$193.93	
	Technical Component	$122.99	$122.99	5, 10
	Professional Component	$70.94	$70.94	
77048	Breast MRI with CAD, with and without contrast, unilateral	$296.62	$296.62	
	Technical Component	$202.33	$202.33	5, 10
	Professional Component	$94.29	$94.29	
77049	Breast MRI including CAD, with and without contrast, bilateral	$302.96	$302.96	
	Technical Component	$199.82	$199.82	5, 10
	Professional Component	$103.14	$103.14	
77053	Mammary ductogram or galactogram, single duct	$46.96	$46.96	
	Technical Component	$30.82	$30.82	
	Professional Component	$16.13	$16.13	
77065	Mammogram, Diagnostic (Unilateral including CAD)	$109.65	$109.65	
	Technical Component	$73.64	$73.64	

CPT Code	Referral Service Description/Procedure	Allowable Rate	Medicare Rate	End Note
77065	*Mammogram, Diagnostic (Unilateral including CAD)* ***(continued)*** *Professional Component*	$109.65 $36.01	$109.65 $36.01	
77066	Mammogram, Diagnostic (Bilateral including CAD) *Technical Component* *Professional Component*	$137.82 $93.71 $44.11	$137.82 $93.71 $44.11	
G0279	Diagnostic breast tomosynthesis, unilateral or bilateral *Technical Component* *Professional Component*	$39.94 $13.10 $26.84	$39.94 $13.10 $26.84	4
19000	Puncture aspiration of Cyst	$86.72	$86.72	
19001	Each additional Cyst	$24.23	$24.23	
19081	Breast biopsy, with placement of localization device and imaging biopsy specimen, percutaneous; stereotactic guidance, first lesion	$425.69	$425.69	6
19082	Breast biopsy, with placement of localization device and imaging biopsy specimen, percutaneous; stereotactic guidance, each additional lesion	$318.74	$318.74	6
19083	Breast biopsy, with placement of localization device and imaging biopsy specimen, percutaneous; ultrasound guidance, first lesion	$419.92	$419.92	6
19084	Breast biopsy, with placement of localization device and imaging biopsy specimen, percutaneous; ultrasound guidance, each additional lesion	$312.44	$312.44	6
19085	Breast biopsy, with placement of localization device and imaging biopsy specimen, percutaneous; MRI guidance, first lesion	$634.97	$634.97	6, 10
19086	Breast biopsy, with placement of localization device and imaging biopsy specimen, percutaneous; MRI guidance, each additional lesion	$482.62	$482.62	6, 10
19100	Breast biopsy – Needle Core	$132.21	$132.21	
19101	Breast biopsy – Incisional	$294.00	$294.00	
19120	Breast biopsy – Excisional	$488.66	$488.66	
19125	Breast biopsy – Radiological Marker	$540.77	$540.77	
19126	Each additional lesion	$157.33	$157.33	
19281	Placement of breast localization device; percutaneous; mammographic guidance, first lesion	$211.44	$211.44	7
19282	Placement of breast localization device; percutaneous; mammographic guidance, each additional lesion	$145.93	$145.93	7
19283	Placement of breast localization device; percutaneous; stereotactic guidance, first lesion	$225.00	$225.00	7
19284	Placement of breast localization device; percutaneous; stereotactic guidance, each additional lesion	$159.34	$159.34	7
19285	Placement of breast localization device; percutaneous; ultrasound guidance, first lesion	$305.58	$305.58	7
19286	Placement of breast localization device; percutaneous; ultrasound guidance, each additional lesion	$244.80	$244.80	7
19287	Placement of breast localization device; percutaneous; MRI guidance, first lesion	$523.59	$523.59	7, 10
19288	Placement of breast localization device; percutaneous; MRI guidance, each additional lesion	$397.62	$397.62	7, 10
10005	Fine needle aspiration biopsy including ultrasound guidance, first lesion	$120.21	$120.21	
10006	Fine needle aspiration biopsy including ultrasound guidance, each additional lesion	$56.18	$56.18	
10011	Fine needle aspiration biopsy including MRI guidance, first lesion	$394.65	$394.65	2
10012	Fine needle aspiration biopsy including MRI guidance, each additional lesion	$219.11	$219.11	2

CPT Code	Referral Service Description/Procedure	Allowable Rate	Medicare Rate	End Note
10021	Fine needle aspiration without imaging guidance	$91.09	$91.09	
57452	Colposcopy of the cervix	$116.31	$116.31	
57454	Colposcopy of the cervix with biopsy and endocervical curettage	$157.71	$157.71	
57455	Colposcopy of the cervix with biopsy	$149.57	$149.57	
57456	Colposcopy of the cervix with endocervical curettage	$139.54	$139.54	
57460	Colposcopy with loop electrode biopsy(s) of the cervix	$277.73	$277.73	
57461	Colposcopy with loop electrode conization of the cervix	$312.45	$312.45	
57500	Cervical biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	$134.43	$134.43	
57505	Endocervical curettage (not done as part of a D&C)	$136.34	$136.34	
57520	Conization of cervix, with or without fulguration, with or without D&C, with or without repair; cold knife or laser	$324.97	$324.97	
57522	Loop electrode excision procedure (LEEP)	$279.41	$279.41	
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)	$47.24	$47.24	
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), first evaluation episode *Technical Component* *Professional Component*	$50.51 $18.55 $31.95	$50.51 $18.55 $31.95	
88177	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), first evaluation episode *Technical Component* *Professional Component*	$26.84 $7.25 $19.59	$26.84 $7.25 $19.59	
88173	Cytopathology, evaluation of fine needle aspiration; interpretation and report *Technical Component* *Professional Component*	$150.44 $87.60 $62.83	$150.44 $87.60 $62.83	
88305	Surgical pathology, gross and microscopic examination *Technical Component* *Professional Component*	$63.60 $29.99 $33.61	$63.60 $29.99 $33.61	
88307	Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins *Technical Component* *Professional Component*	$247.96 $174.32 $73.64	$247.96 $174.32 $73.64	
88331	Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen *Technical Component* *Professional Component*	$89.97 $34.17 $55.81	$89.97 $34.17 $55.81	
88332	Pathology consultation during surgery, each additional tissue block, with frozen section(s) *Technical Component* *Professional Component*	$48.67 $21.06 $27.60	$48.67 $21.06 $27.60	
88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure) *Technical Component* *Professional Component*	$83.23 $57.72 $25.52	$83.23 $57.72 $25.52	
88342	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure *Technical Component* *Professional Component*	$97.39 $65.96 $31.44	$97.39 $65.96 $31.44	

CPT Code	Referral Service Description/Procedure	Allowable Rate	Medicare Rate	End Note
88360	Morphometric analysis, tumor immunocytochemistry, per specimen; ma *Technical Component* *Professional Component*	$103.64 $66.23 $37.41	$103.64 $66.23 $37.41	
88361	Morphometric analysis, tumor immunocytochemistry, per specimen; using computer-assisted technology *Technical Component* *Professional Component*	$101.30 $62.05 $39.25	$101.30 $62.05 $39.25	
88365	In situ hybridization (e.g., FISH), per specimen; initial single probe stain procedure *Technical Component* *Professional Component*	$149.93 $111.28 $38.66	$149.93 $111.28 $38.66	
88364	In situ hybridization (e.g., FISH), per specimen; each additional single probe stain procedure *Technical Component* *Professional Component*	$111.34 $80.73 $30.60	$111.34 $80.73 $30.60	
88366	In situ hybridization (e.g., FISH), per specimen; each multiplex probe stain procedure *Technical Component* *Professional Component*	$230.47 $174.72 $55.75	$230.47 $174.72 $55.75	
88367	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, initial single probe stain procedure *Technical Component* *Professional Component*	$94.89 $64.71 $30.18	$94.89 $64.71 $30.18	
88373	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each additional probe stain procedure *Technical Component* *Professional Component*	$57.67 $34.73 $22.94	$57.67 $34.73 $22.94	
88374	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each multiplex probe stain procedure *Technical Component* *Professional Component*	$232.41 $194.37 $38.04	$232.41 $194.37 $38.04	
88368	Morphometric analysis, in situ hybridization, manual, per specimen, initial single probe stain procedure *Technical Component* *Professional Component*	$129.02 $90.64 $38.38	$129.02 $90.64 $38.38	
88369	Morphometric analysis, in situ hybridization, manual, per specimen, each additional probe stain procedure *Technical Component* *Professional Component*	$112.73 $81.85 $30.88	$112.73 $81.85 $30.88	
88377	Morphometric analysis, in situ hybridization, manual, per specimen, each multiplex probe stain procedure *Technical Component* *Professional Component*	$331.13 $272.59 $58.54	$331.13 $272.59 $58.54	

CPT Code	Labs	Allowable Rate	Medicare Rate	End Note
81025	Urinalysis pregnancy test, by visual color comparison methods	$8.61	$8.61	
84703	Chorionic Gonadotropin Assay, Gonadotropin (reproductive hormone) analysis	$7.52	$7.52	
85027	Complete Blood Count (CBC); automated (Hgb, Hct, RBC, WBC and platelet count)	$6.47	$6.47	
80048	Basic Metabolic Panel (BMP); includes, Glucose, Urea Nitrogen (BUN), Creatinine, Sodium (Na), Potassium (K), Chloride (CL), Carbon Dioxide (CO2), Anion Gap, and Calcium.	$8.46	$8.46	

CPT Code	Labs	Allowable Rate	Medicare Rate	End Note
85610	Prothrombin Time (PT) test, assesses the time it takes for blood to clot	$4.29	$4.29	
85730	Partial Thromboplastin Time (PTT) test, assesses the intrinsic coagulation pathway and monitor heparin therapy	$6.01	$6.01	
93000	Complete Electrocardiogram (ECG), routine ECG with at least 12 leads; interpretation and report	$13.05	$13.05	
71045	Radiologic Examination (X-Ray), of the chest; single view *Technical Component* *Professional Component*	$22.86 $14.65 $8.21	$22.86 $14.65 $8.21	
71046	Radiologic Examination (X-Ray), of the chest with two views; frontal and lateral *Technical Component* *Professional Component*	$29.45 $19.67 $9.78	$29.45 $19.67 $9.78	
81003	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy	$2.25	$2.25	
87635	COVID-19 infectious agent antigen detection by immunoassay technique; qualitative or semiquantitative	$51.31	$51.31	

CPT Code	Anesthesia	Allowable Rate	Medicare Rate	End Note
99156	Moderate anesthesia, 10-22 minutes for individuals 5 years or older	$71.14	$71.14	
99157	Moderate anesthesia for each additional 15 minutes	$55.24	$55.24	9, 10
00400	Anesthesia for procedures on the integumentary system, anterior trunk, not otherwise specified	$20.29	$20.29	11
00940	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified	$20.29	$20.29	11

End Note	Description
1	All consultations should be billed through the standard “new patient” office visit CPT codes 99201 99205. Consultations billed as 99204 or 99205 must meet the criteria for these codes. These codes (99204-99205) are typically not appropriate for screening visits. However, they may be used when the provider spends extra time completing a detailed risk assessment.
2	The type and duration of office visits should be appropriate to the level of care needed to accomplish screening and diagnostic follow-up within the WVBCCSP. Preventive Medicine Evaluation visits are not covered by Medicare and are not appropriate for the WVBCCSP.
3	List separately in addition to code for primary procedure 77067.
4	List separately in addition to 77065 or 77066.
5	Breast MRI can be reimbursed by the WVBCCSP in conjunction with a mammogram, when a client has a BRCA gene 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. Breast MRI cannot be reimbursed by the WVBCCSP to assess the extent of disease in a woman who has just been newly diagnosed with breast cancer in order to determine treatment plan.
6	Codes 19081-19086 are to be used for breast biopsies that include image guidance, placement of a localization device, and imaging of specimen. They should not be used in conjunctions with 19281-19288.
7	Codes 19281-19288 are for image guidance placement of a localization device without image-guided biopsy. These codes should not be used in conjunction with 19081-19086.

End Note	Description
8	HPV DNA testing is not a reimbursable test for women under 30 years of age.
9	Example: If the procedure is 50 minutes, code 99156 + (99157 x 2). This is the maximum amount allowed for reimbursement. No separate charge allowed if procedure.
10	These codes require prior approval from the WVBCCSP and will **not** be reimbursed without prior authorization – **no exceptions.**
11	Fee is calculated using (Base Units + Time [in units]) x Conversion Factor = Anesthesia Fee Amount. Go to this site to get updates base rate and conversion factors Anesthesiologists Center | CMS.
12	This provides fees for the cost of pelvic examination packs and in-room chaperones. This is only allowed when the pelvic exam is done in order to do a Pap or HPV test.