

West Virginia Breast and Cervical Cancer Screening Program
PAYMENT FEE SCHEDULE
PY 2025-2026
Effective Date: June 30, 2025

WVBCCSP 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 | Screening 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 | <i>Initial</i> Comprehensive Med Exam (Ages 18-39) | \$103.54 | \$103.54 | 2 |
| 99386 | <i>Initial</i> Comprehensive Med Exam (ages 40-64) | \$103.54 | \$103.54 | 2 |
| 99211 | Repeat Visit (PAP Test or CBE) | \$20.47 | \$20.47 | |
| 99212 | Annual Breast or Cervical Screening (10-19 min) | \$51.29 | \$51.29 | |
| 99213 | Annual Routine Screening (20-29 min.) | \$84.00 | \$84.00 | |
| 99214 | Annual Routine Screening (30-39 min.) | \$118.76 | \$118.76 | |
| 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 |
| G9012 | Patient Navigation Only | \$50.00 | \$50.00 | |
| G0024 | Patient Navigation an additional 30 minutes | \$45.56 | \$45.56 | |
| 99459 | Pelvic examination (list separately, in addition to primary procedure) | \$17.84 | \$17.84 | 12 |
| N/A | Patient Referral/Enrollment | \$25.00 | \$25.00 | |

| CPT Code | Referral Service Description/Procedure | Allowable Rate | Medicare Rate | End Note |
|----------|--|----------------|---------------|----------|
| 76098 | Radiological Exam, Surgical Specimen | \$37.81 | \$37.81 | |
| | <i>Technical Component</i> | \$23.57 | \$23.57 | |
| | <i>Professional Component</i> | \$14.24 | \$14.24 | |
| 76641 | Ultrasound, complete exam of breast including axilla, unilateral | \$89.34 | \$89.34 | |
| | <i>Technical Component</i> | \$32.87 | \$32.87 | |
| | <i>Professional Component</i> | \$56.48 | \$56.48 | |
| 76642 | Ultrasound, limited exam of breast including axilla, unilateral | \$74.62 | \$74.62 | |
| | <i>Technical Component</i> | \$30.69 | \$30.69 | |
| | <i>Professional Component</i> | \$43.93 | \$43.93 | |
| 76942 | Ultrasound Guided Biopsy | \$52.95 | \$52.95 | |
| | <i>Technical Component</i> | \$24.41 | \$24.41 | |
| | <i>Professional Component</i> | \$28.54 | \$28.54 | |
| 77046 | Breast MRI without contrast, unilateral | \$187.53 | \$187.53 | 5, 10 |
| | <i>Technical Component</i> | \$123.55 | \$123.55 | |
| | <i>Professional Component</i> | \$63.99 | \$63.99 | |
| 77047 | Breast MRI without contrast, bilateral | \$193.93 | \$193.93 | 5, 10 |
| | <i>Technical Component</i> | \$122.99 | \$122.99 | |
| | <i>Professional Component</i> | \$70.94 | \$70.94 | |
| 77048 | Breast MRI with CAD, with and without contrast, unilateral | \$296.62 | \$296.62 | 5, 10 |
| | <i>Technical Component</i> | \$202.33 | \$202.33 | |
| | <i>Professional Component</i> | \$94.29 | \$94.29 | |
| 77049 | Breast MRI including CAD, with and without contrast, bilateral | \$302.96 | \$302.96 | 5, 10 |
| | <i>Technical Component</i> | \$199.82 | \$199.82 | |
| | <i>Professional Component</i> | \$103.14 | \$103.14 | |

| CPT Code | Referral Service Description/Procedure | Allowable Rate | Medicare Rate | End Note |
|----------|---|--------------------------------|--------------------------------|----------|
| 77053 | Mammary ductogram or galactogram, single duct <i>Technical Component</i> <i>Professional Component</i> | \$46.96 \$30.82 \$16.13 | \$46.96 \$30.82 \$16.13 | |
| 77063 | Screening digital breast tomosynthesis, bilateral <i>Technical Component</i> <i>Professional Component</i> | \$46.91 \$20.08 \$26.84 | \$46.91 \$20.08 \$26.84 | 3 |
| 77065 | Mammogram, Diagnostic (Unilateral including CAD) <i>Technical Component</i> <i>Professional Component</i> | \$109.65 \$73.64 \$36.01 | \$109.65 \$73.64 \$36.01 | |
| 77066 | Mammogram, Diagnostic (Bilateral including CAD) <i>Technical Component</i> <i>Professional Component</i> | \$137.82 \$93.71 \$44.11 | \$137.82 \$93.71 \$44.11 | |
| 77067 | Mammogram, Screening (Bilateral including CAD) <i>Technical Component</i> <i>Professional Component</i> | \$111.50 \$77.39 \$34.12 | \$111.50 \$77.39 \$34.12 | |
| G0279 | Diagnostic breast tomosynthesis, unilateral or bilateral <i>Technical Component</i> <i>Professional Component</i> | \$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 |

| CPT Code | Referral Service Description/Procedure | Allowable Rate | Medicare Rate | End Note |
|----------|---|---------------------------------|---------------------------------|----------|
| 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 |
| 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 <i>Technical Component</i> <i>Professional Component</i> | \$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 <i>Technical Component</i> <i>Professional Component</i> | \$26.84 \$7.25 \$19.59 | \$26.84 \$7.25 \$19.59 | |
| 88173 | Cytopathology, evaluation of fine needle aspiration; interpretation and report <i>Technical Component</i> <i>Professional Component</i> | \$150.44 \$87.60 \$62.83 | \$150.44 \$87.60 \$62.83 | |
| 88305 | Surgical pathology, gross and microscopic examination <i>Technical Component</i> <i>Professional Component</i> | \$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 <i>Technical Component</i> <i>Professional Component</i> | \$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 <i>Technical Component</i> <i>Professional Component</i> | \$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) <i>Technical Component</i> <i>Professional Component</i> | \$48.67 \$21.06 \$27.60 | \$48.67 \$21.06 \$27.60 | |

| CPT Code | Referral Service Description/Procedure | Allowable Rate | Medicare Rate | End Note |
|----------|---|---------------------------------|---------------------------------|----------|
| 88341 | Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure) <i>Technical Component</i> <i>Professional Component</i> | \$83.23 \$57.72 \$25.52 | \$83.23 \$57.72 \$25.52 | |
| 88342 | Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure <i>Technical Component</i> <i>Professional Component</i> | \$97.39 \$65.96 \$31.44 | \$97.39 \$65.96 \$31.44 | |
| 88360 | Morphometric analysis, tumor immunocytochemistry, per specimen; manual <i>Technical Component</i> <i>Professional Component</i> | \$103.64 \$66.23 \$37.41 | \$103.64 \$66.23 \$37.41 | |
| 88361 | Morphometric analysis, tumor immunocytochemistry, per specimen; using computer-assisted technology <i>Technical Component</i> <i>Professional Component</i> | \$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 <i>Technical Component</i> <i>Professional Component</i> | \$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 <i>Technical Component</i> <i>Professional Component</i> | \$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 <i>Technical Component</i> <i>Professional Component</i> | \$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 <i>Technical Component</i> <i>Professional Component</i> | \$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 <i>Technical Component</i> <i>Professional Component</i> | \$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 <i>Technical Component</i> <i>Professional Component</i> | \$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 <i>Technical Component</i> <i>Professional Component</i> | \$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 <i>Technical Component</i> <i>Professional Component</i> | \$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 <i>Technical Component</i> <i>Professional Component</i> | \$331.13 \$272.59 \$58.54 | \$331.13 \$272.59 \$58.54 | |

| CPT Code | Cytology Procedure | Allowable Rate | Medicare Rate | End Note |
|----------|---|----------------|---------------|----------|
| 87624 | Human Papillomavirus, high risk types | \$35.09 | \$35.09 | 8 |
| 87625 | Human Papillomavirus, genotyping | \$40.55 | \$40.55 | 8 |
| 88141 | Cytopathology cervical or vaginal, any reporting system, requiring interpretation by physician | \$24.91 | \$24.91 | |
| 88142 | Cytopathology, (liquid-based Pap test) cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision | \$20.26 | \$20.26 | |
| 88143 | Cytopathology, (liquid-based Pap test) cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening and rescreening under physician supervision | \$23.04 | \$23.04 | |
| 88174 | Cytopathology, (liquid-based Pap test) cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision | \$25.37 | \$25.37 | |
| 88175 | Cytopathology, (liquid-based Pap test) cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system and manual rescreening under physician supervision | \$26.61 | \$26.61 | |

| 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 | |
| 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 <i>Technical Component</i> <i>Professional Component</i> | \$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 <i>Technical Component</i> <i>Professional Component</i> | \$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. |
| 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. |