West Virginia Breast and Cervical Cancer Screening Program
PAYMENT FEE SCHEDULE
PY 2026-2027
Effective Date: June 30, 2026

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.)	$70.69	$70.69	
99203	New Patient, history/exam (30-44 min.)	$112.17	$112.17	
99204	New Patient, history/exam (45-59 min.)	$170.01	$170.01	1
99205	New Patient, history/exam (60-74 min.)	$227.86	$227.86	1
99211	Repeat Visit (PAP Test or CBE)	$22.16	$22.16	
99212	Annual Breast or Cervical Screening (10-19 min)	$55.85	$55.85	
99213	Annual Routine Screening (20-29 min.)	$90.10	$90.10	
99214	Annual Routine Screening (30-39 min.)	$128.87	$128.87	
G9012	Patient Navigation Only	$50.00	$50.00	
G0024	Patient Navigation an additional 30 minutes	$51.31	$51.31	
99459	Pelvic examination (list separately, in addition to primary procedure)	$15.09	$15.09	3
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 *Technical Component* *Professional Component*	$39.32 $24.86 $14.46	$39.32 $24.86 $14.46	
76641	Ultrasound, complete exam of breast including axilla, unilateral *Technical Component* *Professional Component*	$91.12 $33.17 $57.95	$91.12 $33.17 $57.95	
76642	Ultrasound, limited exam of breast including axilla, unilateral *Technical Component* *Professional Component*	$76.39 $45.47 $30.92	$76.39 $45.47 $30.92	
76942	Ultrasound Guided Biopsy *Technical Component* *Professional Component*	$59.32 $28.63 $30.69	$59.32 $28.63 $30.69	
77046	Breast MRI without contrast, unilateral *Technical Component* *Professional Component*	$193.04 $128.09 $64.95	$193.04 $128.09 $64.95	9
77047	Breast MRI without contrast, bilateral *Technical Component* *Professional Component*	$196.79 $124.89 $71.89	$196.79 $124.89 $71.89	9
77048	Breast MRI with CAD, with and without contrast, unilateral *Technical Component* *Professional Component*	$302.04 $206.64 $95.40	$302.04 $206.64 $95.40	9
77049	Breast MRI including CAD, with and without contrast, bilateral *Technical Component* *Professional Component*	$307.99 $203.74 $104.25	$307.99 $203.74 $104.25	9
77053	Mammary ductogram or galactogram, single duct *Technical Component* *Professional Component*	$48.24 $31.83 $16.42	$48.24 $31.83 $16.42	

CPT Code	Referral Service Description/Procedure	Allowable Rate	Medicare Rate	End Note
77063	Screening digital breast tomosynthesis, bilateral *Technical Component* *Professional Component*	$47.55 $20.32 $27.24	$47.55 $20.32 $27.24	10
77065	Mammogram, Diagnostic (Unilateral including CAD) *Technical Component* *Professional Component*	$112.27 $75.07 $37.19	$112.27 $75.07 $37.19	
77066	Mammogram, Screening (Bilateral including CAD) *Technical Component* *Professional Component*	$142.21 $96.45 $45.76	$142.21 $96.45 $45.76	
77067	Mammogram, Screening (Bilateral including CAD) *Technical Component* *Professional Component*	$113.89 $79.43 $34.47	$113.89 $79.43 $34.47	
G0279	Diagnostic breast tomosynthesis, unilateral or bilateral *Technical Component* *Professional Component*	$38.27 $11.03 $27.24	$38.27 $11.03 $27.24	4
19000	Puncture aspiration of Cyst	$89.25	$89.25	
19001	Each additional Cyst	$25.66	$25.66	
19081	Breast biopsy, with placement of localization device and imaging biopsy specimen, percutaneous; stereotactic guidance, first lesion	$436.26	$436.26	7
19082	Breast biopsy, with placement of localization device and imaging biopsy specimen, percutaneous; stereotactic guidance, each additional lesion	$326.03	$326.03	7
19083	Breast biopsy, with placement of localization device and imaging biopsy specimen, percutaneous; ultrasound guidance, first lesion	$432.92	$432.92	7
19084	Breast biopsy, with placement of localization device and imaging biopsy specimen, percutaneous; ultrasound guidance, each additional lesion	$320.18	$320.18	7
19085	Breast biopsy, with placement of localization device and imaging biopsy specimen, percutaneous; MRI guidance, first lesion	$646.73	$646.73	7
19086	Breast biopsy, with placement of localization device and imaging biopsy specimen, percutaneous; MRI guidance, each additional lesion	$491.60	$491.60	7
10035	Placement of soft tissue localization device (eg, clip)	$310.58	$310.58	6
10036	Placement of soft tissue localization device (eg, clip), each additional lesion	$258.22	$258.22	6
19100	Breast biopsy – breast biopsy, percutaneous, core needle, not using imaging guidance	$152.99	$152.99	
19101	Breast biopsy, open, incisional	$333.09	$333.09	
19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple, or areolar lesion; open one or more lesions	$550.54	$550.54	
19125	Excision of breast lesion identified by preoperative placement of radiological marker; open; single lesion	$611.84	$611.84	
19126	Excision of breast lesion identified by preoperative placement of radiological marker; open; each additional lesion separately identified by a preoperative radiological marker	$151.32	$151.32	
19281	Placement of breast localization device; percutaneous; mammographic guidance, first lesion	$216.15	$216.15	8
19282	Placement of breast localization device; percutaneous; mammographic guidance, each additional lesion	$148.88	$148.88	8
19283	Placement of breast localization device; percutaneous; stereotactic guidance, first lesion	$229.87	$229.87	8
19284	Placement of breast localization device; percutaneous; stereotactic guidance, each additional lesion	$164.25	$164.25	8

CPT Code	Referral Service Description/Procedure	Allowable Rate	Medicare Rate	End Note
19285	Placement of breast localization device; percutaneous; ultrasound guidance, first lesion	$315.12	$315.12	8
19286	Placement of breast localization device; percutaneous; ultrasound guidance, each additional lesion	$254.36	$254.36	8
19287	Placement of breast localization device; percutaneous; MRI guidance, first lesion	$535.93	$535.93	8
19288	Placement of breast localization device; percutaneous; MRI guidance, each additional lesion	$404.79	$404.79	8
10004	Fine needle aspiration biopsy without imaging guidance, each additional lesion	$52.00	$52.00	
10005	Fine needle aspiration biopsy including ultrasound guidance, first lesion	$124.34	$124.34	
10006	Fine needle aspiration biopsy including ultrasound guidance, each additional lesion	$58.60	$58.60	
10007	Fine needle aspiration biopsy including fluoroscopic guidance, first lesion	$312.02	$312.02	
10008	Fine needle aspiration biopsy including fluoroscopic guidance, each additional lesion	$130.62	$130.62	
10009	Fine needle aspiration biopsy including CT guidance, first lesion	$372.41	$372.41	
10010	Fine needle aspiration biopsy including CT guidance, each additional lesion	$215.33	$215.33	
10011	Fine needle aspiration biopsy including MRI guidance, first lesion	$372.41	$372.41	5
10012	Fine needle aspiration biopsy including MRI guidance, each additional lesion	$215.33	$215.33	5
10021	Fine needle aspiration without imaging guidance	$94.66	$94.66	
38505	Needle biopsy of axillary lymph node	$158.00	$158.00	
57452	Colposcopy of the cervix	$120.40	$120.40	
57454	Colposcopy of the cervix with biopsy and endocervical curettage	$161.70	$161.70	
57455	Colposcopy of the cervix with biopsy	$155.15	$155.15	
57456	Colposcopy of the cervix with endocervical curettage	$144.97	$144.97	
57460	Colposcopy with loop electrode biopsy(s) of the cervix	$289.57	$289.57	
57461	Colposcopy with loop electrode conization of the cervix	$329.48	$329.45	
57500	Cervical biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	$140.55	$140.55	
57505	Endocervical curettage (not done as part of a D&C)	$138.47	$138.47	
57511	Cryocautery of Cervix	$179.85	$179.85	
57513	Laser Surgery of Cervix	$185.36	$185.36	
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)	$288.91	$288.91	
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	$94.44	$94.44	
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)	$50.32	$50.32	
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), first evaluation episode *Technical Component* *Professional Component*	$50.33 $18.47 $31.85	$50.33 $18.47 $31.85	

CPT Code	Referral Service Description/Procedure	Allowable Rate	Medicare Rate	End Note
88177	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), first evaluation episode *Technical Component* *Professional Component*	$27.23 $7.55 $19.69	$27.23 $7.55 $19.69	
88173	Cytopathology, evaluation of fine needle aspiration; interpretation and report *Technical Component* *Professional Component*	$151.73 $88.51 $63.22	$151.73 $88.51 $63.22	
88305	Surgical pathology, gross and microscopic examination *Technical Component* *Professional Component*	$64.52 $30.66 $33.86	$64.52 $30.66 $33.86	
88307	Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins *Technical Component* *Professional Component*	$249.59 $175.77 $73.81	$249.59 $175.77 $73.81	
88331	Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen *Technical Component* *Professional Component*	$90.10 $34.44 $55.66	$90.10 $34.44 $55.66	
88332	Pathology consultation during surgery, each additional tissue block, with frozen section(s) *Technical Component* *Professional Component*	$49.35 $21.38 $27.98	$49.35 $21.38 $27.98	
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*	$84.45 $58.63 $25.81	$84.45 $58.63 $25.81	
88342	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure *Technical Component* *Professional Component*	$99.13 $67.53 $31.61	$99.13 $67.53 $31.61	
88360	Morphometric analysis, tumor immunocytochemistry, per specimen; manual *Technical Component* *Professional Component*	$108.50 $70.72 $37.78	$108.50 $70.72 $37.78	
88361	Morphometric analysis, tumor immunocytochemistry, per specimen; using computer-assisted technology *Technical Component* *Professional Component*	$104.00 $64.62 $39.38	$104.00 $64.62 $39.38	
88365	In situ hybridization (e.g., FISH), per specimen; initial single probe stain procedure *Technical Component* *Professional Component*	$151.19 $112.12 $39.07	$151.19 $112.12 $39.07	
88364	In situ hybridization (e.g., FISH), per specimen; each additional single probe stain procedure *Technical Component* *Professional Component*	$113.36 $82.62 $30.74	$113.36 $82.62 $30.74	
88366	In situ hybridization (e.g., FISH), per specimen; each multiplex probe stain procedure *Technical Component* *Professional Component*	$236.51 $180.62 $55.88	$236.51 $180.62 $55.88	

CPT Code	Referral Service Description/Procedure	Allowable Rate	Medicare Rate	End Note
88367	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, initial single probe stain procedure *Technical Component* *Professional Component*	$94.62 $64.33 $30.29	$94.62 $64.33 $30.29	
88373	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each additional probe stain procedure *Technical Component* *Professional Component*	$57.83 $34.73 $23.10	$57.83 $34.73 $23.10	
88374	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each multiplex probe stain procedure *Technical Component* *Professional Component*	$235.69 $197.27 $38.42	$235.69 $197.27 $38.42	
88368	Morphometric analysis, in situ hybridization, manual, per specimen, initial single probe stain procedure *Technical Component* *Professional Component*	$131.17 $92.39 $38.78	$131.17 $92.39 $38.78	
88369	Morphometric analysis, in situ hybridization, manual, per specimen, each additional probe stain procedure *Technical Component* *Professional Component*	$115.39 $84.36 $31.03	$115.39 $84.36 $31.03	
88377	Morphometric analysis, in situ hybridization, manual, per specimen, each multiplex probe stain procedure *Technical Component* *Professional Component*	$340.54 $281.53 $59.01	$340.54 $281.53 $59.01	

CPT Code	Cytology Procedure	Allowable Rate	Medicare Rate	End Note
87624	Human Papillomavirus, high risk types	$35.09	$35.09	11
87625	Human Papillomavirus, genotyping	$40.55	$40.55	11
87626	Human Papillomavirus, reported high-risk types separately and pooled	$70.20	$70.20	11
88141	Cytopathology cervical or vaginal, any reporting system, **requiring** *interpretation by physician*	$22.18	$22.18	
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	
88164	Cytopathology (conventional Pap test) cervical or vaginal reported in Bethesda System, manual screening under physician supervision	$18.54	$18.54	
88165	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening and rescreening under physician supervision	$42.22	$42.22	
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	$14.47	$14.47	
71045	Radiologic Examination (X-Ray), of the chest; single view *Technical Component* *Professional Component*	$23.22 $14.99 $8.23	$23.22 $14.99 $8.23	
71046	Radiologic Examination (X-Ray), of the chest with two views; frontal and lateral *Technical Component* *Professional Component*	$30.03 $20.22 $9.81	$30.03 $20.22 $9.81	
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	
87426	COVID-19 infectious agent detection by nuclei acid DNA or RNA; amplified probe technique	$35.33	$35.33	
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	$72.61	$72.61	
99157	Moderate anesthesia for each additional 15 minutes	$55.12	$55.12	13
64450	Paracervical Nerve Block	$74.75	$74.75	
00400	Anesthesia for procedures on the integumentary system, anterior trunk, not otherwise specified	$20.69	$20.69	12
00940	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified	$20.69	$20.69	12

CPT Code	Other	END Note
G0136	Administration of a standardized, evidence based Social Determinants of Health Risk Assessment, 5-15 minutes, not more often than every 6 months.	

G0019	Community health integration services performed by certified or trained auxiliary personnel, including a community health worker, under the direction of a physician or other practitioner; 60 minutes per calendar month.	
G0022	Community health integration services, each additional 30 minutes per calendar month	

CPT Code	Procedures Specifically Not Allowed	End Note
Any	Treatment of breast carcinoma in situ, breast cancer, cervical intraepithelial neoplasia and cervical cancer.	
77061	Breast tomosynthesis, unilateral.	14
77062	Breast tomosynthesis, bilateral.	14
87623	Human papillomavirus, low risk types.	

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	This provides fees for the cost of pelvic examination packs and in room chaperones. This is only allowed when pelvic exam is done in order to do a Pap or HPV test.
3	List separately in addition to 77065 or 77066.
4	These codes require prior approval from the WVBCCSP and will **not** be reimbursed without prior authorization – **no exceptions.**
5	For CPT Code 10011 use the reimbursement rate for CPT Code 10009. For CPT Code 10012 use the reimbursement rate for CPT Code 10010.
6	**Soft tissue-marker placement with imaging guidance is reported with this code. However, if a specific site descriptor than soft tissue is applicable (i.e., breast), then use that site-specific codes for marker placement.**
7	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.
8	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.
9	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.
10	List separately in addition code for primary procedure 77067.
11	HPV DNA testing is not a reimbursable test for women under 30 years of age. 87626 cannot be reimbursed along with 87624 or 87625.
12	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.
13	Example: If procedure is 50 minutes, code 99156 + (99157 x2). No separate charge allowed if procedure <10 minutes.
14	These procedures have not been approved for coverage by Medicare.