



122 West 25th St. 3rd Floor West · Cheyenne, WY 82002 · 1.800.264.1296
 wdh.cancerservices@wyo.gov · health.wyo.gov

Listed below are allowable procedures and the corresponding suggested Current Procedural Terminology (CPT) codes for The Wyoming Breast & Cervical Cancer Screening Program.

The CPT codes listed are not all-inclusive. When questions arise regarding the appropriateness to use a specific CPT code, please contact the program to discuss.

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| 99070 | Supplies and materials -over and above those usually included with the office visit (list drugs, trays, supplies, or materials provided) |
| CPT CODE | OFFICE VISITS |
| 99202 | Office visit – New patient; medically appropriate history/exam; straightforward decision making; 15-29 minutes |
| 99203 | Office visit – New patient; medically appropriate history/exam; low level decision making; 30-44 minutes |
| 99204 | Office visit – New patient; medically appropriate history/exam; moderate level decision making; 45-59 minutes |
| 99205 | Office visit – New Patient; medically appropriate history/exam; high level decision making; 60-74 minutes |
| 99211 | Office visit – Established patient; evaluation and management, may not require presence of physician; presenting problems are minimal. |
| 99212 | Office visit – Established patient; medically appropriate history/exam; straightforward decision making; 10-19 minutes |
| 99213 | Office visit – Established patient; medically appropriate history/exam; low level decision making; 20-29 minutes |
| 99214 | Office visit – Established patient; medically appropriate history/exam; moderate level decision making; 30-39 minutes. |
| 99385 | Initial Preventive Medicine Evaluation and Management ; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunizations and lab procedures; 18-39 years of age |
| 99386 | Initial Preventive Medicine Evaluation Management ; Same as 99385 but 40-64 years of age |
| 99387 | Initial Preventive Medicine Evaluation Management ; Same as 99385 but 65 years of age or older |
| 99395 | Periodic Preventive Medicine Evaluation and Management ; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunizations and lab procedures; 18 to 39 years of age |
| 99396 | Periodic Preventive Medicine Evaluation and Management ; Same as 99395 but 40-64 years of age |
| 99397 | Periodic Preventive Medicine Evaluation and Management ; Same as 99395 but 65 years of age or older |

**This code is allowable for a facility setting and procedure by a physician*

***This code is allowable to include the technical (TC) or professional (26) component*

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| CPT CODE | SCREENING AND DIAGNOSTIC PROCEDURES |
|----------|---|
| Various | To include any pre-operative testing procedures medically necessary for the planned surgical procedure (e.g., complete blood count, urinalysis, pregnancy test, pre-operative CXR, etc.) |
| 10004* | Fine needle aspiration biopsy without imaging guidance , each additional lesion |
| 10005* | Fine needle aspiration biopsy including ultrasound guidance , first lesion |
| 10006* | Fine needle aspiration biopsy including ultrasound guidance -each additional lesion |
| 10007* | Fine needle aspiration biopsy including fluoroscopic guidance , first lesion |
| 10008* | Fine needle aspiration biopsy including fluoroscopic guidance , each additional lesion |
| 10009* | Fine needle aspiration biopsy including CT guidance , first lesion |
| 10010* | Fine needle aspiration biopsy including CT guidance , each additional lesion |
| 10011* | Fine needle aspiration biopsy including MRI guidance , each additional lesion |
| 10012* | Fine needle aspiration biopsy including MRI guidance , each additional lesion |
| 10021* | Fine needle aspiration Without imaging guidance |
| 19000* | Puncture aspiration of cyst of breast |
| 19001* | Puncture aspiration of cyst of breast -each additional cyst |
| 19081* | Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion |
| 19082* | Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion |
| 19083* | Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasonic guidance; first lesion |
| 19084* | Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasonic guidance; each additional lesion |
| 19085* | Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion |
| 19086* | Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion |
| 19100* | Biopsy of breast-Needle Core |
| 19101* | Incisional biopsy of breast |
| 19120* | Excision of Cyst-Breast |
| 19125* | Excision of Breast Lesion -Identified by pre-op placement of radiological marker, single lesion |
| 19126 | Excision of Breast Lesion -Identified by pre-operative placement of radiological marker, each additional. |
| 19281* | Placement of breast localization device , percutaneous; mammographic guidance; first lesion |
| 19282* | Placement of breast localization device , percutaneous; mammographic guidance; each additional lesion |
| 19283* | Placement of breast localization device , percutaneous; stereotactic guidance; first lesion |
| 19284* | Placement of breast localization device , percutaneous; stereotactic guidance; each additional lesion |
| 19285* | Placement of breast localization device , percutaneous; ultrasonic guidance; first lesion |
| 19286* | Placement of breast localization device , percutaneous; ultrasonic guidance; each additional lesion |
| 19287* | Placement of breast localization device , percutaneous; magnetic resonance; first lesion |
| 19288* | Placement of breast localization device , percutaneous; magnetic resonance; each additional lesion |

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| 57452* | Colposcopy of the cervix |
| 57454* | Colposcopy with biopsy (s) of cervix and/or cervical curettage |
| 57455* | Colposcopy with biopsy(s) of the cervix |
| 57456* | Colposcopy with endocervical curettage |
| 57460* | Colposcopy of cervix with loop electrode biopsy(s) of the cervix |
| 57461* | Colposcopy with loop electrode conization of the cervix |
| 57500* | Biopsy , single or multiple, or local excision of lesion, with or without fulguration (separate procedure) |
| 57505* | Endocervical curettage (not done as part of a dilation and curettage) Procedure by Physician |
| 76098** | Radiological examination , surgical specimen |
| 76641** | Ultrasound , complete examination of breast including axilla, unilateral |
| 76642** | Ultrasound , limited examination of breast including axilla, unilateral |
| 76942** | Ultrasonic guidance for needle placement , imaging supervision and interpretation |
| 77046** | Magnetic resonance imaging (MRI) , breast, without contrast, unilateral |
| 77047** | Magnetic resonance imaging (MRI) , breast without contrast bilateral |
| 77048** | Magnetic resonance imaging (MRI) , breast, including CAD, with and without contrast, unilateral |
| 77049** | Magnetic resonance imaging (MRI) , breast, including CAD, with and without contrast, bilateral |
| 77053** | Mammary ductogram or galactogram , single duct |
| 77063** | Screening digital breast tomosynthesis , bilateral |
| 77065** | Diagnostic mammography , unilateral, includes CAD |
| 77066** | Diagnostic mammography , bilateral, includes CAD |
| 77067** | Screening mammography , bilateral, includes CAD |
| G0279** | Diagnostic digital breast tomosynthesis , unilateral or bilateral |
| CPT CODE | PATHOLOGY |
| Various | Pre-operative testing ; CBC; urinalysis, pregnancy test, etc. These procedures should be medically necessary for the planned surgical procedure |
| 87426 | COVID-19 infectious agent detection by nuclei acid DNA or RNA; amplified probe technique |
| 87635 | COVID-19 infectious agent antigen detection by immunoassay technique; qualitative or semi quantitative |
| 87624 | HPV Human Papillomavirus , high-risk types |
| 87625 | HPV Human Papillomavirus , types 16 and 18 only |
| 88141 | Cytopathology, cervical or vaginal , any reporting system, requiring interpretation by physician |
| 88142 | Cytopathology, (liquid-based Pap test) or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision |
| 88143 | Cytopathology, cervical or vaginal , collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision |
| 88164 | Cytopathology (conventional Pap test) , slides cervical or vaginal reported in Bethesda System, manual screening under physician supervision |
| 88165 | Cytopathology (conventional Pap test) , slides cervical or vaginal reported in Bethesda System, manual screening and rescreening under physician supervision |
| 88172** | Cytopathology , evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), first evaluation episode |
| 88173** | Cytopathology , evaluation of fine needle aspirate; interpretation and report |

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| 88174** | Cytopathology , cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision |
| 88175** | Cytopathology , cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system and manual rescreening, under physician supervision |
| 88177** | Cytopathology , evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), each separate additional evaluation episode |
| 88305** | Surgical pathology , Level IV breast biopsy/cervical biopsy per specimen |
| 88307** | Breast Excision of lesion Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins |
| 88331** | Frozen section evaluation of biopsy during surgery , single specimen |
| 88332** | Each Additional Frozen Section |
| 88341** | Immunohistochemistry or immunocytochemistry , per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure) |
| 88342** | Immunohistochemistry or immunocytochemistry , per specimen; initial single antibody stain procedure |
| 88360** | Morphometric analysis , tumor immunohistochemistry, per specimen; manual |
| 88361** | Morphometric analysis , tumor immunohistochemistry, per specimen; using computer-assisted technology |
| 88364** | In situ hybridization (e.g., FISH) , per specimen; each additional single probe stain procedure |
| 88365** | In situ hybridization (e.g., FISH) , per specimen; initial single probe stain procedure |
| 88366** | In situ hybridization (e.g., FISH) , per specimen; each multiplex probe stain procedure |
| 88367** | Morphometric analysis, in situ hybridization , computer-assisted, per specimen, initial single probe stain procedure |
| 88368** | Morphometric analysis, in situ hybridization , manual, per specimen, initial single probe stain procedure |
| 88369** | Morphometric analysis, in situ hybridization , manual, per specimen, each additional probe stain procedure |
| 88373** | Morphometric analysis, in situ hybridization , computer-assisted, per specimen, each additional probe stain procedure |
| 88374** | Morphometric analysis, in situ hybridization , computer-assisted, per specimen, each multiplex stain procedure |
| 88377** | Morphometric analysis, in situ hybridization , manual, per specimen, each multiplex stain procedure |
| CPT CODE | ANESTHESIA |
| 00400 | Anesthesia for procedures on the integumentary system , anterior trunk, not otherwise specified |
| 99156 | Moderate anesthesia, 10-22 Minutes for individuals age 5+ |
| 99157 | Moderate anesthesia, for each additional 15 min. |

The following CPT codes are reimbursable only under specific circumstances and MUST be approved by the Wyoming Cancer Program. Please contact the program prior to services being provided to ensure coverage.

Prior authorization can be discussed by calling 1-800-264-1296.

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| CPT CODE | PREAUTHORIZATION REQUIRED |
|----------|---|
| 57520* | Conization of the Cervix – Facility Setting: with or without fulguration, with or without dilation and curettage: Reimbursement allowed only when Cone is performed to determine or verify a cancer diagnosis. |
| 57522* | Loop electrode excision - Facility Setting: Reimbursement allowed only when LEEP is performed to determine or verify a cancer diagnosis. |
| 58100* | Endometrial sampling – Facility Setting: (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure) Reimbursement allowed only after an AGUS Pap result. |
| 58110* | Endometrial sampling – Facility Setting: (biopsy) performed in conjunction with colposcopy (list separately in addition to code for primary procedure) Reimbursement allowed only after an AGUS Pap result. |

The Wyoming Breast and Cervical Screening Program CPT code list will be updated annually, every July or as needed and is available on our website [here](#).

Diagnosis codes that support program approved procedures can be found on the Wyoming Cancer Program website [here](#).

Please refer to the Noridian Medicare website for fee schedule [here](#).

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