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The Wyoming Cancer Program provides limited coverage for the purpose of screening and early detection of breast or cervical cancer.

If a breast or cervical cancer screening test is abnormal or suspicious, the program **may** cover appropriate diagnostic procedures until a final diagnosis is reached.

The following (Current Procedural Terminology) CPT codes listed are not all-inclusive and provide a general list of commonly used codes for the Wyoming Breast & Cervical Cancer Screening Program. These codes must be paired with an approved diagnosis code that is covered by the program.

When questions arise regarding the appropriate use of a CPT Code, please contact the program to discuss.

| 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 |

**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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| 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 |
| 99459 | Pelvic Examination; (List separately in addition to code for primary procedure) |
| 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 |
| 10035 | Placement of soft tissue localization device (eg, clip) |
| 10036 | Placement of soft tissue localization device (eg, clip) each additional lesion |
| 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 |
| 19281* | Placement of breast localization device, percutaneous; mammographic guidance; first lesion |

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| 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 |
| 38505* | Biopsy or Excision of Lymph Node(s) ; by Needle, Superficial (EG, Cervical, Inguinal, Axillary) |
| 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) This does not include removal of polyps |
| 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 |

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| 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 <i>(May be reimbursed with 87625)</i> |
| 87625 | HPV Human Papillomavirus, types 16 and 18 only <i>(May be reimbursed with 87624)</i> |
| 87626 | HPV Human Papillomavirus, reported high-risk types separately pooled <i>(This code may not be reimbursed in combination with 87624 or 87625)</i> |
| 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 |
| 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 Pathology related to breast and cervical procedure (in relationship of a LEEP excision) |
| 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 |

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|-----------------|---|
| 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 | OTHER |
| 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 | ANESTHESIA |
| 00400 | Anesthesia for procedures on the integumentary system , anterior trunk, not otherwise specified |
| 00940 | Anesthesia for vaginal procedures (including biopsy of labia, vagina or endometrium) ; not otherwise specified |
| 99156 | Moderate anesthesia, 10-22 Minutes for individuals age 5+ |
| 99157 | Moderate anesthesia, for each additional 15 min. |

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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.

| CPT CODE | PREAUTHORIZATION REQUIRED |
|----------|---|
| 19120* | Excision of Cyst-Breast: <i>Excisional lumpectomy is allowable when a breast biopsy is inconclusive and a lumpectomy is needed to determine a diagnosis.</i> |
| 19125* | Excision of Breast Lesion- Identified by pre-operative placement of radiological marker, single lesion <i>Excisional lumpectomy is allowable when a breast biopsy is inconclusive and a lumpectomy is needed to determine a diagnosis.</i> |
| 19126* | Excision of Breast Lesion- Identified by pre-operative placement of radiological marker, each additional. <i>Excisional lumpectomy is allowable when a breast biopsy is inconclusive and a lumpectomy is needed to determine a diagnosis.</i> |
| 57520* | Conization of the Cervix – Facility Setting: with or without fulguration, with or without dilation and curettage: <i>Reimbursement allowed only when a Colposcopy biopsy is inconclusive and a diagnosis is needed. (Not allowable for treatment).</i> |
| 57522* | Loop electrode excision - Facility Setting: <i>Reimbursement allowed only when a Colposcopy biopsy is inconclusive and a diagnosis is needed. (Not allowable for treatment).</i> |
| 58100* | Endometrial sampling – Facility Setting: (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure) <i>Reimbursement allowed only after an AGUS Pap result.</i> |
| 58110* | Endometrial sampling – Facility Setting: (biopsy) performed in conjunction with colposcopy (list separately in addition to code for primary procedure) <i>Reimbursement allowed only after an AGUS Pap result.</i> |

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 the fee schedule [here](#).

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