WYOMING CANCER PROGRAM
04567

122 West 25th St. 3rd Floor West · Cheyenne, WY 82002 · 1.800.264.1296

wdh.cancerservices@wyo.gov · health.wyo.gov

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
Q0091****	**Obtaining Screen Pap Smear** Screening papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory
99000***	**Specimen Handling Office-LAB** handling and/or conveyance of specimen for transfer from the office to a Laboratory
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

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***
***** (99000) This code is considered bundled when a physician collects a pap smear during the same visit as a gynecological exam or preventive and should not be billed separately.***
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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
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*

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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
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

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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 ***(May be reimbursed with 87625)***
87625	**HPV** Human Papillomavirus, types 16 and 18 only ***(May be reimbursed with 87624)***
87626	**HPV** Human Papillomavirus, reported high-risk types separately pooled ***(This code may not be reimbursed in combination with 87624 or 87625)***
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

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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
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
99000***	**Specimen Handling Office-LAB** handling and/or conveyance of specimen for transfer from the office to a Laboratory
Q0091****	**Obtaining Screen Pap Smear** Screening papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory
CPT CODE	**OTHER**
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

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G0022	Community Health integration services, each additional 30 minutes per calendar month
G0136	Administration of a standardized, evidence-based Social Determinates of Health Risk Assessment, 5-15 minutes, not more often than every 6 months
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:** ***Excisional lumpectomy is allowable when a breast biopsy is inconclusive and a lumpectomy is needed to determine a diagnosis.***
19125*	**Excision of Breast Lesion**-Identified by pre-operative placement of radiological marker, single lesion ***Excisional lumpectomy is allowable when a breast biopsy is inconclusive and a lumpectomy is needed to determine a diagnosis.***
19126*	**Excision of Breast Lesion**-Identified by pre-operative placement of radiological marker, each additional. ***Excisional lumpectomy is allowable when a breast biopsy is inconclusive and a lumpectomy is needed to determine a diagnosis.***
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 the fee schedule here.

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