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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
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 <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

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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
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CPT CODE	ANESTHESIA
00400	Anesthesia for procedures on the integumentary system , anterior trunk, not otherwise specified

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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 Cone is performed to determine or verify a cancer diagnosis.</i>
57522*	Loop electrode excision - Facility Setting: <i>Reimbursement allowed only when LEEP is performed to determine or verify a cancer diagnosis.</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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