WISCONSIN WELL WOMAN PROGRAM
PROCEDURE CODE QUICK REFERENCE
Effective July 1, 2025 – June 30, 2026

WWWP services include only the breast and cervical cancer screening and diagnostic services listed here. The listed services are reimbursable per WWWP guidelines as covered screenings and diagnostics. The type and duration of allowable office visits used by the provider should be appropriate to the level of care necessary for accomplishing screening and diagnostic follow-up within the WWWP. Reimbursement is not to exceed those rates published by Medicare. Per CDC direction, **Evaluation and Management Office Visits (EMOV) are adequate and appropriate for breast and cervical cancer screening and follow-up services. Preventive Medicine Office Visits (PMOV) may be used if necessary, but they are not covered by Medicare, and are not appropriate for the WWWP, except for risk assessments.** Services not listed are not covered by WWWP. Providers must discuss any non-covered services with clients before providing non-covered services. WWWP allowed Staged Assessment for Multiple Sclerosis (MS) for high-risk women is listed in a separate MS guidance.

EVALUATION AND MANAGEMENT OFFICE VISIT

New
99202 – 15-29 Min.
99203 – 30-44 Min.

Established
99211 – Time Not Specified
99212 – 10-19 Min.
99213 – 20-29 Min.
99214 – 30-39 Min.

Use as primary coding for WWWP office visits.

99211 – Use for normal annual Clinical Breast Exam (CBE) without cervical screening component.

^EMOV may be used as a WWWP related office visit without a breast or cervical exam.

^Telehealth visits may be used in place of the standard evaluation and management office visit as appropriate.

PREVENTIVE MEDICINE OFFICE VISIT

Initial	Ages	Periodic
99385	35 - 39	99395
99386	40 - 64	99396
99387	65 - Over	99397

Use only if necessary for health and evaluation of risk profile for breast and/or cervical exams including Pap and annual CBE.

^PMOV may be used as a WWWP related office visit without a breast or cervical exam.

One visit per client per year.

PMOV 9938X codes shall be reimbursed at or below the 99203 rate.

PMOV 9939X codes shall be reimbursed at or below the 99213 rate.

^The provider must complete the Office Visit Without CBE section on the F-44723 form for reimbursement of a WWWP office visit without a breast or cervical exam or for a WWWP telehealth visit.

OFFICE VISIT

G0101
Cervical cancer screening; pelvic and clinical breast examination

99459
Pelvic examination; fees for the cost of pelvic exam packs and in-room chaperones. **Only allowed in conjunction with a Pap or HPV test. List separately, in addition to primary procedure.**

COVID-19 TESTING

87426 87635
WWWP reimburses for COVID antigen or PCR testing **only** when required prior to a breast or cervical cancer procedure and no other payment for testing is available.

WWWP **does not** reimburse for COVID antibody testing.

CONSULTATION OFFICE VISIT

New - 99204 – 45-59 Min.
New - 99205 – 60-74 Min.

All consultations should be billed through the standard "new patient" office visit CPT codes: 99202 – 99205.

99204 or 99205 – **Must meet the criteria for these codes and are not appropriate for WWWP screening visits,** but may be used when the provider spends extra time to do a detailed risk assessment.

ANESTHESIA

00400 Anesthesia for procedures on the integumentary system, anterior trunk and perineum; not otherwise specified
00940 Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified

SEDATION

99156 Moderate sedation, 10-22 minutes for individuals 5 years or older
99157 Moderate sedation for each additional 15 minutes

Bolded CPT codes are eligible for billing as multiple units.

WWWP ALLOWABLE BREAST SCREENING AND DIAGNOSTICS

77067 Screening mammography, bilateral, includes CAD
77063 Screening digital breast tomosynthesis, bilateral **(list separately in addition to code for primary procedure 77067)**
77065* Diagnostic mammography, unilateral, includes CAD
77066* Diagnostic mammography, bilateral, includes CAD
G0279* Diagnostic digital breast tomosynthesis, unilateral or bilateral **(list separately in addition to 77065 or 77066)**
76641* Ultrasound, complete exam of breast including axilla, unilateral
76642* Ultrasound, limited exam of breast including axilla, unilateral
77053* Mammary ductogram or galactogram, single duct

Breast MRI must be preauthorized and can be reimbursed by the WWWP when performed in conjunction with a mammogram when a client has been determined to be high risk (for example, 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). Breast MRI can also be reimbursed when used to better 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 WWWP to assess the extent of disease for staging in a client recently diagnosed with breast cancer and preparing for treatment. WWWP will be conducting retrospective reviews on all MRI performed procedures.

77046 MRI, breast, w/o contrast, unilateral **(preauthorization required)**
77047 MRI, breast, w/o contrast, bilateral **(preauthorization required)**
77048 MRI, breast, including CAD, w/ and w/o contrast, unilateral **(preauthorization required)**
77049 MRI, breast, including CAD w/ and w/o contrast, bilateral **(preauthorization required)**

76098 Radiological examination, surgical specimen
76942 Ultrasound guidance for needle placement, imaging supervision and interpretation
19000 Puncture aspiration of cyst of breast
19001 Puncture aspiration of cyst of breast, each add'l cyst **(used with 19000)**
19100 Breast biopsy, percutaneous, needle core, not using imaging guidance
19101 Breast biopsy, open, incisional
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
19125 Excision of breast lesion identified by pre-op placement of radiological marker; open; single lesion
19126 Excision of breast lesion, identified by pre-op placement of radiological marker, open; each add'l lesion separately identified by pre-op radiological marker
38505 Needle biopsy of axillary lymph node; superficial; **must be done in conjunction with a breast biopsy**

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 conjunction with 19281–19288.
19081 Breast biopsy, w/placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance, first lesion
19082 Breast biopsy, w/placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance, each add'l lesion
19083 Breast biopsy, w/placement of localization device and imaging of biopsy specimen, percutaneous; US guidance, first lesion
19084 Breast biopsy, w/placement of localization device and imaging of biopsy specimen, percutaneous; US guidance, each add'l lesion
19085 Breast biopsy, w/placement of localization device and imaging of biopsy specimen, percutaneous; MRI guidance, first lesion
19086 Breast biopsy, w/placement of localization device and imaging of biopsy specimen, percutaneous; MRI guidance, each add'l lesion

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.
19281 Placement of breast localization device, percutaneous; mammographic guidance; first lesion
19282 Placement of breast localization device, percutaneous; mammographic guidance; each add'l lesion
19283 Placement of breast localization device, percutaneous; stereotactic guidance; first lesion
19284 Placement of breast localization device, percutaneous; stereotactic guidance; each add'l lesion
19285 Placement of breast localization device, percutaneous; US guidance; first lesion
19286 Placement of breast localization device, percutaneous; US guidance; each add'l lesion
19287 Placement of breast localization device, percutaneous; MRI guidance; first lesion
19288 Placement of breast localization device, percutaneous; MRI; each add'l lesion

10021 FNA biopsy, w/o imaging guidance, first lesion
10004 FNA biopsy w/o imaging guidance, each add'l lesion
10005 FNA biopsy including US guidance, first lesion
10006 FNA biopsy including US guidance, each add'l lesion
10007 FNA biopsy including fluoroscopic guidance, first lesion
10008 FNA biopsy including fluoroscopic guidance, each add'l lesion
10009 FNA biopsy including CT guidance, first lesion
10010 FNA biopsy including CT guidance, each add'l lesion
10011 FNA biopsy including MRI guidance, first lesion **(reimbursed at 10009 rate)**
10012 FNA biopsy including MRI guidance, each add'l lesion **(reimbursed at 10010 rate)**

Bolded CPT codes are eligible for billing as multiple units.
Bolded* CPT codes are eligible for billing as multiple units by exception only.

WWWP ALLOWABLE CERVICAL SCREENING AND DIAGNOSTICS

All Pap results, regardless of method performed, must be reported using The Bethesda System.

88141 Pap test, requiring physician interpretation
88142 Pap test, thin prep, manual screen
88143 Pap test, thin prep, manual screen/rescreen
88164 Pap test, conventional, manual screen, Bethesda
88165 Pap test, conventional, manual screen/rescreen, Bethesda
88174 Pap test, thin prep, automated screen
88175 Pap test, thin prep, automated screen and manual rescreen
G0123 Pap test, thin prep
G0124 Pap test, thin prep, requiring physician interpretation

87624 HPV HR test – high risk types only
87625 HPV genotyping test – types 16 and 18 only, includes type 45, if performed
87626 HPV test – separately reported high-risk types and high-risk pooled results **(cannot be reimbursed along with 87624 or 87625)**

57452 Colposcopy w/o biopsy
57454 Colposcopy w/biopsy(s) and endocervical curettage
57455 Colposcopy w/biopsy(s)
57456 Colposcopy w/endocervical curettage
57505 Endocervical curettage (not done as D & C)

The following procedures are allowed by WWWP only when performed as diagnostic procedures in accordance with the 2019 American Society for Colposcopy and Cervical Pathology (ASCCP) Risk-Based Management Consensus Guidelines.

57460 Colposcopy w/loop electrode biopsy(s) of the cervix
57461 Colposcopy w/loop electrode conization of the cervix
57500 Cervical biopsy, single or multiple, or local excision of lesion, w/ or w/o fulguration **(separate procedure)**
57520 Conization of cervix, w/ or w/o fulguration, w/ or w/o D & C, w/ or w/o repair; cold knife or laser
57522 Loop electrode excision procedure
58100 Endometrial sampling (biopsy) w/ or w/o endocervical sampling (biopsy), w/o cervical dilation, any method **(separate procedure)**
58110 Endometrial sampling (biopsy) performed w/ colposcopy **(list separately in addition to code for primary procedure)**

WWWP ALLOWABLE PATHOLOGY

88172 Cytopathology, evaluation of FNA, immediate cytohistologic study to determine adequacy of specimen(s) first evaluation episode
88173 Cytopathology, evaluation of FNA, interpretation and report
88177 Cytopathology, evaluation of FNA, immediate cytohistologic study to determine adequacy of specimen(s), each separate add'l evaluation episode
88305 Surgical pathology, gross and microscopic examination
88307 Surgical pathology, gross and microscopic examination, requiring microscopic evaluation of surgical margins
88331 Pathology consultation during surgery, first tissue block, w/frozen section(s), single specimen
88332 Pathology consultation during surgery, each add'l tissue block, w/frozen section(s)
88342 Immunohistochemistry or immumocytochemistry, per specimen; initial single antibody stain
88341 Immunohistochemistry or immunocytochemistry, per specimen; each add'l single antibody stain
88360 Morphometric analysis, tumor immunohistochemistry, per specimen; manual
88361 Morphometric analysis, tumor immunohistochemistry, per specimen; using CAD
88365 In situ hybridization (eg,FISH), per specimen; initial single probe stain procedure
88364 In situ hybridization (eg,FISH), per specimen; each add'l single probe stain procedure
88366 In situ hybridization (eg,FISH), per specimen; each multiplex probe stain procedure
88367 Morphometric analysis, in situ hybridization, computer-assisted, per specimen, initial single probe stain procedure
88373 Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each add'l probe stain procedure
88374 Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each multiplex 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 add'l probe stain procedure
88377 Morphometric analysis, in situ hybridization, manual, per specimen, each multiplex stain procedure

81025 Urine pregnancy test, if needed, in conjunction w/WWWP allowed diagnostic test
99070 Supplies and materials provided by the physician over and above those usually included with the office visit or other services rendered

Bolded CPT codes are eligible for billing as multiple units.

This Procedure Code Quick Reference is meant to provide a list of the CPT codes allowed by WWWP for reimbursement. Please see the WWWP Policy and Procedure Manual located on the WWWP webpage for detailed information regarding their use and billing.
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STATE OF WISCONSIN
DEPARTMENT OF HEALTH SERVICES
Division of Public Health
Bureau of Community Health Promotion
Wisconsin Well Woman Program