

**WISCONSIN WELL WOMAN PROGRAM
PROCEDURE CODE QUICK REFERENCE
Effective July 1, 2022 – June 30, 2023**

WWWP services include only the breast and cervical cancer screening and diagnostic services listed here. WWWP allowed Staged Assessment for Multiple Sclerosis (MS) for high-risk women is listed in a separate MS guidance. The listed services are reimbursable per WWWP guidelines as covered screenings and diagnostics. 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.

EVALUATION AND MANAGEMENT OFFICE VISIT	PREVENTIVE MEDICINE OFFICE VISIT												
<p style="text-align: center;">New 99202 – 15-29 Min. 99203 – 30-44 Min.</p> <p style="text-align: center;">Established 99211 – Time Not Specified 99212 – 10-19 Min. 99213 – 20-29 Min. 99214 – 30-39 Min.</p> <p>Use as primary coding for WWWP office visits.</p> <p>99211 – Use for normal annual Clinical Breast Exam (CBE) without cervical screening component.</p> <p>^EMOV may be used as an office visit without a breast or cervical exam.</p> <p>^Telehealth visits may be used in place of the standard evaluation and management office visit during the current public health emergency.</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Initial</th> <th style="text-align: left;">Ages</th> <th style="text-align: left;">Periodic</th> </tr> </thead> <tbody> <tr> <td>99385</td> <td>35 - 39</td> <td>99395</td> </tr> <tr> <td>99386</td> <td>40 - 64</td> <td>99396</td> </tr> <tr> <td>99387</td> <td>65 - Over</td> <td>99397</td> </tr> </tbody> </table> <p>Use only if necessary for health and evaluation of risk profile for breast and/or cervical exams including Pap and annual CBE.</p> <p>^PMOV may be used as an office visit without a breast or cervical exam.</p> <p>One visit per client per year.</p> <p>PMOV 9938X codes shall be reimbursed at or below the 99203 rate. PMOV 9939X codes shall be reimbursed at or below the 99213 rate.</p>	Initial	Ages	Periodic	99385	35 - 39	99395	99386	40 - 64	99396	99387	65 - Over	99397
Initial	Ages	Periodic											
99385	35 - 39	99395											
99386	40 - 64	99396											
99387	65 - Over	99397											
<p>^The provider must put the following information into the NOTES box (# 39) on the F-44723 form for reimbursement: service (WWWP telehealth visit or WWWP office visit without exam), CPT code, date of service, reason for office visit and follow-up recommendation if necessary.</p>													
<p style="text-align: center;">OFFICE VISIT</p> <p style="text-align: center;">G0101</p> <p>Cervical cancer screening; pelvic and clinical breast examination</p>	<p style="text-align: center;">ANESTHESIA</p> <p>Use CPT Code plus modifier and base units CPT code: 00400 CPT code: 00942 (limited to procedure code 57520) Modifier: AA, QZ, QK, QY, QX</p>												
<p style="text-align: center;">CONSULTATION OFFICE VISIT</p> <p style="text-align: center;">New - 99204 - 45 Min. New - 99205 - 60 Min.</p> <p>Consultations should be billed through the standard “new patient” office visit CPT codes: 99202 – 99205.</p> <p>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.</p>	<p style="text-align: center;">COVID-19 TESTING</p> <p style="text-align: center;">87426 87635</p> <p>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.</p> <p>WWWP does not reimburse for COVID antibody testing.</p>												
<p><i>Bolded CPT codes are eligible for billing as multiple units.</i></p>													

WWWP ALLOWABLE BREAST SCREENING AND DIAGNOSTICS

- 77067 Screening mammography, bilateral, includes CAD
- 77065*** Diagnostic mammography, unilateral, includes CAD
- 77066*** Diagnostic mammography, bilateral, includes CAD
- 77063 Screening digital breast tomosynthesis, bilateral (*list separately in addition to code for primary procedure 77067*)
- 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 can be reimbursed by the WWWP in conjunction with a mammogram when a client has a breast cancer (BRCA) mutation, a first degree relative who is a BRCA carrier, or a lifetime risk of 20% or greater as defined by risk assessment models such as BRCAPro that depend largely on family history. Breast MRI can also be used to better assess areas of concern on a mammogram, or for evaluation of a client with a past 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 in a woman who is newly diagnosed with breast cancer. 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 additional 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, each additional lesion

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, stereotactic guidance, first lesion
- 19082** Breast biopsy, stereotactic guidance, each additional lesion
- 19083 Breast biopsy, ultrasound guidance, first lesion
- 19084** Breast biopsy, ultrasound guidance, each additional lesion
- 19085 Breast biopsy, MRI guidance, first lesion
- 19086** Breast biopsy, MRI guidance, each additional 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 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; US guidance, first lesion
- 19286** Placement of breast localization device, percutaneous; US guidance, each additional lesion
- 19287 Placement of breast localization device, percutaneous; MRI guidance, first lesion
- 19288** Placement of breast localization device, percutaneous; MRI guidance, each additional lesion

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

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, diagnostic, 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, **conventional Pap rate**
- G0124 Pap test, thin prep, diagnostic, physician interpretation

- 87624 HPV HR test – high risk types only
- 87625 HPV test – types 16 and 18 only
- 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 for 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 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 additional 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 additional tissue block, w/frozen section(s)
- 88342 Immunohisto/cytochemistry, per specimen; initial stain
- 88341** Immunohisto/cytochemistry, per specimen; each additional stain
- 88360** Morphometric analysis, tumor immunohistochemistry, manual
- 88361** Morphometric analysis, tumor immunohistochemistry, using CAD
- 88365 In situ hybridization (eg,FISH), per specimen; initial single probe stain procedure
- 88364** In situ hybridization (eg,FISH), per specimen; each additional 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 additional 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 additional 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.
P-43029A (07/2022)



**STATE OF WISCONSIN
DEPARTMENT OF HEALTH SERVICES**
Division of Public Health
Bureau of Community Health Promotion
Wisconsin Well Woman Program