

**WISCONSIN WELL WOMAN PROGRAM  
PROCEDURE CODE QUICK REFERENCE  
Effective 01/01/2011 - 12/31/2011**

WWWP services include the breast and cervical cancer screening and diagnostic services listed here. (WWWP allowed Staged assessment for Multiple Sclerosis for high risk women are listed in a separate MS guidance) The listed services are reimbursable per WWWP guidelines for the covered screenings and diagnostics. Per CDC direction, Evaluation and Management OV are adequate and appropriate for services for breast and cervical cancer screening and follow-up. (Preventive Medicine OV code series may be used if necessary but themselves are not appropriate for the National Breast and Cervical Cancer Early Detection Program. The Preventive OV series will therefore be reimbursed using comparable Medicare rates used in the reimbursement of the E&M office visits.)

<p align="center"><b><u>PREVENTIVE MEDICINE OV</u></b></p> <p>Use only if necessary for health and evaluation of risk profile for breast and/or cervical exams including Pap and annual CBE. <u>One visit per client per year. (See underlined message in top paragraph)</u></p> <table border="0"> <tr> <td><u>INITIAL</u></td> <td><u>Ages</u></td> <td><u>ESTAB.</u></td> </tr> <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> </table>	<u>INITIAL</u>	<u>Ages</u>	<u>ESTAB.</u>	99385	35 - 39	99395	99386	40 - 64	99396	99387	65 - Over	99397	<p align="center"><b><u>OFFICE VISIT</u></b></p> <p>Cervical cancer screening; pelvic and clinical breast examination G0101</p> <hr/> <p align="center"><b><u>CONSULTATION OV</u></b></p> <p>Consultations should be billed through the standard "new patient" office visit CPT codes: 99201-99205. Consultations billed as 99204 or 99205 must meet the criteria for these codes. <b>These codes (99204-99205) are not appropriate for NBCCEDP screening visits.</b></p> <p align="right">99204 - 45 Min. 99205 - 60 Min.</p>
<u>INITIAL</u>	<u>Ages</u>	<u>ESTAB.</u>											
99385	35 - 39	99395											
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<p align="center"><b><u>EVALUATION AND MANAGEMENT</u></b></p> <table border="0"> <tr> <td><u>INITIAL</u></td> <td><u>ESTAB.</u></td> </tr> <tr> <td>99201 - 10 Min.</td> <td>99211 - 5 Min.</td> </tr> <tr> <td>99202 - 20 Min.</td> <td>99212 - 10 Min.</td> </tr> <tr> <td>99203 - 30 Min.</td> <td>99213 - 15 Min.</td> </tr> </table> <p>* Use as primary coding for WWWP office visit *</p>	<u>INITIAL</u>	<u>ESTAB.</u>	99201 - 10 Min.	99211 - 5 Min.	99202 - 20 Min.	99212 - 10 Min.	99203 - 30 Min.	99213 - 15 Min.	<p align="center"><b><u>ANESTHESIA</u></b></p> <p>Use CPT code + modifier: <b>CPT code: 00400, 00942 (limited to procedure code 57520)</b> Modifier: AA, QZ, QK, QY, QX</p>				
<u>INITIAL</u>	<u>ESTAB.</u>												
99201 - 10 Min.	99211 - 5 Min.												
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**ALLOWABLE BREAST SCREENING AND DIAGNOSTICS**

<p>77057 - Screening Mammogram G0202 - Digital Screening Mam Reimbursed @ Conventional rate *77055 - Diagnostic Mammogram (Unilateral) *G0206 - Digital Diag. Mam (Unilateral) Reimbursed @ Conven'l rate *77056 - Diagnostic Mammogram (Bilateral) *G0204 - Digital Diag. Mam (Bilateral) Reimbursed @ Conven'l rate 77031 - Stereotactic localization each lesion 77032 - Mammogram guidance for needle placement, breast 76098 - Radiological Exam Surgical Specimen *76645 - Breast Ultrasound, unilateral and/or bilateral 76942 - Ultrasound guidance for needle biopsy</p>	<p>19000 - Puncture Aspiration of Breast Cyst surgical only <b>19001</b> - Puncture Aspiration of Cyst, each additional lesion <b>19100</b> - Breast Biopsy, percutaneous surgical only <b>19101</b> - Biopsy of Breast Open Incisional <b>19102</b> - Percutaneous, Needle Core, Using imaging guidance <b>19103</b> - Percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance 19120 - Excision of Cyst, Fibroadenoma, etc. <b>19125</b> - Excision of Breast Lesion identified by preop placement of radiological marker - open single lesion <b>19126</b> - Excision of Breast Lesion, identified by preop placement of radiological marker-each additional lesion 19290 - Preop placement of needle localization <b>19291</b> - Each additional lesion <b>19295</b> - Image guided placement metallic localization clip <b>10021</b> - Fine Needle Aspiration (FNA), without guidance <b>10022</b> - FNA, with guidance <b>99070</b> - Supplies and materials provided by physician over and above those usually included with the office visit or other services rendered (list)</p>
<p align="center"><b><u>BREAST LAB</u></b></p> <p><b>88172</b> - Evaluation of FNA <b>88173</b> - Interpretation and Report of FNA <b>88305</b> - Surgical Pathology, breast <b>88307</b> - Breast excision lesion - requiring microscope evaluation</p>	

**ALLOWABLE CERVICAL SCREENING AND DIAGNOSTICS**

<p>88164, p3000 - Pap Test (Routine Screening) Bethesda System 88174 - Cytopathology, thin prep (<b>reimbursed @ convt'l Pap rate</b>) 88175 - Pap Test, Bethesda (reimbursed @ conven'l Pap rate) G0123 - Pap Test, Bethesda (reimbursed @ conven'l Pap rate) G0124 - Pap Test/Diagnostic (Interpretation by Physician) 88141, p3001 - Pap Test/Diagnostic (Interpretation by Physician) 88142 - Thin Prep (<b>reimbursed @ conventional Pap rate</b>) 88143 - Thin Prep (<b>reimbursed @ convt'l Pap rate</b>) automated 88331 - First tissue block, with frozen section(s) single specimen <b>88332</b> - Each additional tissue block with frozen section</p>	<p>87621 - HPV Hybrid II Capture from Digene or the Cervista HPV HR test - HPV test High Risk Only 57452 - Colposcopy w/o Biopsy 57454 - Colposcopy with Biopsy and/or Endocervical Curettage 57455 - Colposcopy with Biopsy(s) of Cervix 57456 - Colposcopy with Endocervical Curettage 57505 - Endocervical Curettage (not done as d &amp; c) <b>88305</b> - Surgical Pathology Colposcopy <b>99070</b> - Supplies, materials (explanation under same CPT, breast)</p> <p>All Pap results must be reported using the Bethesda system.</p>
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\*Office visits billed above the 99203 and 99213 CPT codes for WWWP services will automatically pay at the 99203 or 99213 reimbursement level.

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**ALLOWABLE CERVICAL DIAGNOSTICS**

The following procedures are allowed by WWWP **ONLY** when performed for diagnostic procedures in accordance with ASCCP Consensus Guidelines of 2006 recommendations.

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57460 - Endoscopy w/ loop electrode biopsy(s) of the cervix	57522 - Loop electrode excision procedure
57461 - Endoscopy w/ loop electrode conization of the cervix	58100 - Endometrial sampling (biopsy) w/ or w/o endocervical sampling (biopsy), w/o cervical dilation, any method (separate procedure)
57500 - Biopsy, single or mult, or local excision of lesion, w/ or w/o fulguration (separate procedure)	58110 - Endometrial sampling (biopsy) performed in conjunction w/ colposcopy (list separately in addition to code for primary procedure)
57520 - Conization of cervix, w/ or w/o fulguration, w/ or w/o dilation and curettage, w/ or w/o repair; cold knife or laser	

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**Procedures not listed are not covered by WWWP.** Providers need to discuss any non-covered services with clients before providing them.

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**Bolded CPT codes are eligible for billing as multiple units ( codes with \* by exception only).**

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Wisconsin Well Woman Program, (608) 266-8311  
<http://www.dhs.wisconsin.gov/womenshealth/wwwp>

Wisconsin Department of Health Services  
Division of Public Health PPH 43029 (Rev. 02/16/11)

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The Quick Reference is meant to provide a list of the CPT codes allowed by WWWP for reimbursement.

Please see the Policies and Procedures located on the WWWP web, <http://www.dhs.wisconsin.gov/womenshealth/wwwp>, for detailed information regarding their use and billing.