

**WISCONSIN WELL WOMAN PROGRAM
REIMBURSEMENT RATES
EFFECTIVE 01/01/2011 – 12/31/2011**

WWWP services include <u>only</u> the breast and cervical cancer screening and diagnostic services listed here. The listed services are reimbursable per WWWP guidelines for covered screenings and diagnostics . The <u>type and duration of allowed office visits</u> used by the provider should be appropriate to the level of care necessary for accomplishing screening and diagnostic follow-up within the WWWP, and reimbursement is not to exceed those published by Medicare. While the use of <u>Preventive Medicine Evaluation</u> visits themselves, are not appropriate for the WWWP, if used shall be reimbursed at or below the 99203 or 99213 Evaluation and Management Code rate of reimbursements. (WWWP allowed Staged Assessment for Multiple Sclerosis procedure codes for high risk women are listed in a separate MS guidance.)						
Procedure Code	Current Procedural Terminology (CPT) Description	Reimbursement Rate	Multiple Units Yes/No	Modifier Yes/No	Professional (26)	Technical (TC)
PREVENTIVE MEDICINE OV – Use <u>only if necessary</u> for health and evaluation of risk profile for breast and/or cervical exams including Pap and annual CBE. <u>One</u> visit per <u>client per year</u> . (See <u>underlined message in top paragraph</u>)						
99385	Initial Ages 35-39	\$98.76	No	No		
99386	Initial Ages 40-64	\$98.76	No	No		
99387	Initial Ages 65 and Over	\$98.76	No	No		
99395	Established Ages 35-39	\$66.58	No	No		
99396	Established Ages 40-64	\$66.58	No	No		
99397	Established Ages 65 and Over	\$66.58	No	No		
EVALUATION AND MANAGEMENT – Use these codes as primary coding for WWWP office visits						
99201	Initial – 10 minutes	\$39.60	No	No		
99202	Initial – 20 minutes	\$68.51	No	No		
99203	Initial – 30 minutes	\$98.76	No	No		
99211	Established – 5 minutes	\$19.08	No	No		
99212	Established – 10 minutes	\$39.93	No	No		
99213	Established – 15 minutes	\$66.58	No	No		
OFFICE VISIT						
G0101	Office visit – cervical cancer screening; pelvic and clinical breast examination	\$35.47	No	No		
CONSULTATION OFFICE VISIT – 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. These codes (99204-99205) are not appropriate for NBCCEDP screening visits.						
99204	Initial – 45 minutes	\$151.92	No	No		
99205	Initial – 60 minutes	\$189.53	No	No		
WWWP funds cannot be used for services that are unrelated to the breast and/or cervical cancer screening including the time and materials needed to assess and manage problems unrelated to breast and cervical cancer. Grantees that have the ability and willingness to screen for and manage other health problems (STD testing, blood glucose testing, hemocult, etc.) may do so at their own discretion at the time of the woman’s visit to the breast and cervical cancer screening provider. However, those grantees should have a protocol to appropriately educate, manage and pay for the additional provider time and materials required to conduct these unrelated services with non-WWWP funds.						

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<u>ANESTHESIA</u>						
00400 + modifier	Use CPT code + modifier <u>Modifier</u> <u>Reimbursed at % of Same Service if Provided by One Physician</u> AA 100% QZ 100% QK 50% QY 50% QX 50%	\$19.98 per unit	Yes	Yes		
3 Base Units + Time						
00942 + modifier ** limited to procedure code 57520**	Use CPT code + modifier <u>Modifier</u> <u>Reimbursed at % of Same Service if Provided by One Physician</u> AA 100% QZ 100% QK 50% QY 50% QX 50%	\$19.98 per unit	Yes	Yes		
4 Base Units + Time						
<u>ALLOWABLE BREAST SCREENING AND DIAGNOSTICS</u>						
Radiology, use TC or 26 modifier as appropriate.						
77057	Screening Mammogram, Bilateral (2 view film study of each breast)	\$78.42	No	Yes	\$33.95	\$44.47
G0202	Screening Mammogram, Digital Reimbursed at Conventional Mammogram rate	\$78.42	No	Yes	\$33.95	\$44.47
77055	Mammography, Diagnostic Follow-up, Unilateral	\$83.67	Yes *	Yes	\$33.95	\$49.72
G0206	Diagnostic Mammogram (Unilateral), Digital Reimbursed at Conventional Diagnostic Mammogram (Unilateral) rate	\$83.67	Yes *	Yes	\$33.95	\$49.72
77056	Mammography, Diagnostic Follow-up, Bilateral	\$107.00	Yes *	Yes	\$42.18	\$64.82
G0204	Diagnostic Mammogram (Bilateral), Digital Reimbursed at Conventional Diagnostic Mammogram (Bilateral) rate	\$107.00	Yes *	Yes	\$42.18	\$64.82
77031	Stereotactic localization guidance for breast biopsy or needle placement	\$155.90	Yes	Yes	\$77.30	\$78.60
77032	Mammographic guidance for needle placement, breast	\$54.14	Yes	Yes	\$27.06	\$27.08
76098	Radiological examination, surgical specimen	\$18.56	Yes	Yes	\$7.90	\$10.66

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76645	Ultrasound, breast(s), unilateral or bilateral, B-scan and/or real time with image documentation	\$86.11	Yes *	Yes	\$26.21	\$59.90
76942	Ultrasonic guidance for needle placement, imaging supervision and interpretation	\$191.29	Yes	Yes	\$32.60	\$158.69
19000	Puncture aspiration of cyst of breast	\$104.17	No	No		
19001	Puncture aspiration of cyst of breast, each additional cyst, <i>used with 19000</i>	\$25.25	Yes	No		
19100	Breast biopsy, percutaneous, needle core, not using imaging guidance	\$134.33	Yes	No		
19101	Breast biopsy, open, incisional	\$305.36	Yes	No		
19102	Breast biopsy, percutaneous, needle core, using imaging guidance; <i>for placement of localization clip use 19295</i>	\$204.11	Yes	No		
19103	Breast biopsy, percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance	\$524.36	Yes	No		
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	\$438.63	No	No		
19125	Excision of breast lesion identified by preoperative placement of radiological marker; open; single lesion	\$486.58	Yes	No		
19126	Excision of breast lesion identified by preoperative placement of radiological marker, open; <i>each additional lesion separately identified by a preoperative radiological marker</i>	\$147.81	Yes	No		
19290	Preoperative placement of needle localization wire, breast	\$153.40	No	No		
19291	Preoperative placement of needle localization wire, breast; each additional lesion	\$65.21	Yes	No		
19295	Image guided placement, metallic localization clip, percutaneous, during breast biopsy	\$87.14	Yes	No		
10021	Fine needle aspiration (FNA) without imaging guidance	\$135.33	Yes	No		
10022	Fine needle aspiration (FNA) with imaging guidance	\$131.08	Yes	No		
99070	Supplies and materials (except spectacles), provided by physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)	\$16.04	Yes	No		
BREAST LAB						
Use TC or 26 modifier as appropriate.						
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s)	\$49.26	Yes	Yes	\$29.41	\$19.85

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88173	Cytopathology, evaluation of fine needle aspirate; <i>interpretation and report</i>	\$133.70	Yes	Yes	\$66.91	\$66.79
88305	Surgical pathology, gross and microscopic examination	\$102.94	Yes	Yes	\$35.82	\$67.12
88307	Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	\$219.59	Yes	Yes	\$77.97	\$141.62
ALLOWABLE CERVICAL SCREENING AND DIAGNOSTICS						
88164, p3000	Pap Test (Routine Screening) Bethesda System	\$14.87	No	No		
88174**	Cytopathology, cervical or vaginal collected I preservative fluid, automated thin layer prep; screening by automated system, under physician supervision (reimbursed @ conventional Pap rate)	\$14.87	No	No		
88175	Pap Test (Routine Screening) Bethesda System (reimbursed at Conventional Pap Test rate)	\$14.87	No	No		
G0123	Pap Test (Routine Screening) Bethesda System (reimbursed at Conventional Pap Test rate)	\$14.87	No	No		
G0124	Pap Test/Diagnostic (Interpretation by Physician)	\$27.88	No	No		
88141, p3001**	Pap Test/Diagnostic (Interpretation by Physician)	\$27.88	No	No		
88142**	Thin Prep (reimbursed @ conventional Pap rate)	\$14.87	No	No		
88143**	Thin Prep (reimbursed @ conventional Pap rate) automated	\$14.87	No	No		
88331	Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen	\$89.33	No	Yes	\$58.65	\$30.69
88332	Pathology consultation during surgery, first tissue block, with frozen section(s), each additional specimen	\$39.41	Yes	Yes	\$28.74	\$10.66
87621***	HPV Hybrid II Capture from Digene or the Cervista HPV HR test – HPV test High Risk Only	\$49.39	No	No		
	*** HC2 HPV-DNA is the <u>only</u> test approved by the FDA and reimbursed by WWWP. HPV-DNA testing <u>cannot</u> be reimbursed for primary or adjunctive screening purposes. HC2 HPV-DNA testing may be reimbursed for: <ul style="list-style-type: none"> • Triage of ASC-US Pap test – to determine which women need colposcopy; • Follow up at one year of women with CIN1 or less on histology following colposcopy and biopsy preceded by a LSIL Pap result; • Any other situation noted in the 2006 ASCCP recommendations except for primary or adjunctive screening. 					
57452	Colposcopy w/o Biopsy	\$103.09	No	No		
57454	Colposcopy with Biopsy and/or Endocervical Curretage	\$145.70	No	No		
57455	Colposcopy with Biopsy(s) of Cervix	\$135.64	No	No		
57456	Colposcopy with Endocervical Curretage	\$128.26	No	No		
57505	Endocervical Curretage (not done as d & c)	\$96.84	No	No		
88305	Surgical pathology, gross and microscopic examination	\$102.94	Yes	Yes	\$35.82	\$67.12

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99070	Supplies and materials (except spectacles), provided by physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)	\$16.04	Yes	No		
ALLOWABLE CERVICAL DIAGNOSTICS - The following procedures are allowed by WWWP <u>ONLY</u> when performed for diagnostic procedures in accordance with ASCCP Consensus Guidelines of 2006 recommendations.						
57460	Endoscopy w/ loop electrode biopsy(s) of the cervix	\$277.87	No	No		
57461	Endoscopy w/ loop electrode conization of the cervix	\$312.18	No	No		
57500	Biopsy, single or multiple, or local excision of lesion, with or w/o fulguration (separate procedure)	\$124.42	No	No		
57520	Conization of cervix, with or w/o fulguration, with or w/o dilation and curettage, with or w/o repair; cold knife or laser	\$290.79	No	No		
57522	Loop electrode excision procedure	\$250.41	No	No		
58100	Endometrial sampling (biopsy) with or w/o endocervical sampling (biopsy), w/o cervical dilation, any method (separate procedure)	\$104.11	No	No		
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (list separately in addition to code for primary procedure)	\$45.83	No	No		
Procedures not listed are not covered by WWWP. Providers need to discuss any non-covered services with clients before providing them.						
* These few radiology CPT codes are eligible for multiple units on an exception basis only (e.g., after breast surgery, implants).						
** All Pap test results, regardless of method performed, must be reported using Bethesda System.						
PROCEDURES SPECIFICALLY NOT ALLOWED						
Any	Treatment of breast cancer, cervical intraepithelial neoplasia and cervical cancer					
Any	HPV testing for screening purposes					
Any	Computer Aided Detection (CAD) in breast cancer screening or diagnostics					
Any	Magnetic Resonance Imaging (MRI) in breast cancer screening or diagnostics					