

**WISCONSIN WELL WOMAN PROGRAM  
PROCEDURE CODE QUICK REFERENCE  
Effective 07/01/2013 - 06/30/2014**

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 is 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 Office Visits (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.*)

<b>PREVENTIVE MEDICINE OV</b>			<b>OFFICE VISIT</b>												
<b>Use only if necessary for health and evaluation of risk profile for breast and/or cervical exams including Pap and annual CBE. One visit per client per year (see message in top paragraph).</b>			Cervical cancer screening; pelvic and clinical breast examination  G0101												
			<th style="text-align: center;"><b>CONSULTATION OV</b></th>	<b>CONSULTATION OV</b>											
<table border="0"> <thead> <tr> <th style="text-align: left;"><b>Initial</b></th> <th style="text-align: left;"><b>Ages</b></th> <th style="text-align: left;"><b>Estab.</b></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>			<b>Initial</b>	<b>Ages</b>	<b>Estab.</b>	99385	35 - 39	99395	99386	40 - 64	99396	99387	65 - Over	99397	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>  99204 - 45 Min. 99205 - 60 Min.
<b>Initial</b>	<b>Ages</b>	<b>Estab.</b>													
99385	35 - 39	99395													
99386	40 - 64	99396													
99387	65 - Over	99397													
<b>EVALUATION AND MANAGEMENT</b>			<b>ANESTHESIA</b>												
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<b>Initial</b>	<b>Estab.</b>														
99201 - 10 Min.	99211 - 5 Min.														
99202 - 20 Min.	99212 - 10 Min.														
99203 - 30 Min.	99213 - 15 Min.														
<b>Use as primary coding for WWWP office visit.</b>															

**Note: Office visits billed above the 99203 and 99213 CPT codes for WWWP services will automatically pay at the 99203 or 99213 reimbursement level.**

**ALLOWABLE BREAST SCREENING AND DIAGNOSTICS**

77057	Screening Mammogram	19120	Excision of Cyst, Fibroadenoma, etc.
G0202	Digital Screening Mam Reimbursed @ Conventional rate	<b>19125</b>	Excision of Breast Lesion identified by preop placement of radiological marker—open single lesion
<b>*77055</b>	Diagnostic Mammogram (Unilateral)	<b>19126</b>	Excision of Breast Lesion, identified by preop placement of radiological marker—each additional lesion
<b>*G0206</b>	Digital Diag. Mammogram (Unilateral) Reimbursed @ Conventional rate	19290	Preop placement of needle localization
<b>*77056</b>	Diagnostic Mammogram (Bilateral)	<b>19291</b>	Each additional lesion
<b>*G0204</b>	Digital Diag. Mammogram (Bilateral) Reimbursed @ Conventional rate	<b>19295</b>	Image guided placement metallic localization clip
<b>77031</b>	Stereotactic localization each lesion	<b>10021</b>	Fine Needle Aspiration (FNA), without guidance
<b>77032</b>	Mammogram guidance for needle placement, breast	<b>10022</b>	FNA, with guidance
<b>76098</b>	Radiological Exam Surgical Specimen	<b>99070</b>	Supplies and materials provided by physician over and above those usually included with the office visit or other services rendered (list)
<b>*76645</b>	Breast Ultrasound, unilateral and/or bilateral		
<b>76942</b>	Ultrasound guidance for needle biopsy		
<b>19103</b>	Percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance		

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## BREAST LAB

<b>88172</b> Evaluation of FNA	<b>88305</b> Surgical Pathology, breast
<b>88173</b> Interpretation and Report of FNA	<b>88307</b> Breast excision lesion – requiring microscope evaluation

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## ALLOWABLE CERVICAL SCREENING AND DIAGNOSTICS

88164, p3000 Pap Test (Routine Screening) Bethesda System	87621 HPV Hybrid II Capture from Digene or the Cervista HPV HR test—HPV test High Risk Only
88174 Cytopathology, thin prep ( <b>reimbursed @ conventional Pap rate</b> )	57452 Colposcopy w/o Biopsy
88175 Pap Test, Bethesda (reimbursed @ conventional Pap rate)	57454 Colposcopy with Biopsy and/or Endocervical Curettage
G0123 Pap Test, Bethesda (reimbursed @ conventional Pap rate)	57455 Colposcopy with Biopsy(s) of Cervix
G0124 Pap Test/Diagnostic (Interpretation by Physician)	57456 Colposcopy with Endocervical Curettage
88141, p3001 Pap Test/Diagnostic (Interpretation by Physician)	57505 Endocervical Curettage (not done as d & c)
88142 Thin Prep ( <b>reimbursed @ conventional Pap rate</b> )	<b>88305</b> Surgical Pathology Colposcopy
88143 Thin Prep ( <b>reimbursed @ conventional Pap rate</b> ) automated	<b>99070</b> Supplies, materials (explanation under same CPT, breast)
88331 First tissue block, with frozen section(s) single specimen	88342 Immunochemistry—associated with cervical biopsy
<b>88332</b> Each additional tissue block with frozen section	

**All Pap results must be reported using the Bethesda system.**

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## ALLOWABLE CERVICAL DIAGNOSTICS

The following procedures are allowed by WWWP **ONLY** when performed for diagnostic procedures in accordance with 2012 Updated ASCCP Consensus Guidelines 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 multiple, 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.

**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>



STATE OF WISCONSIN  
DEPARTMENT OF HEALTH SERVICES  
Division of Public Health  
P-43029A (Rev. 07/2013)

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This 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.