



SPIPA

Native Women's Wellness Program 2025 Fee Schedule



Billing Code*	Billing Code Description*	Professional Non Facility Setting	Professional Facility Setting	Hospital Outpatient	Ambulatory Surgery Center	Lab	TC (Tech Fee)	26 (Prof Fee)	Notes
Evaluation and Management Services									
99202	New Patient - Straightforward, 15-29 min	\$79.08	\$49.09	\$145.17	n/a	n/a	n/a	n/a	
99203	New Patient - Low Complexity, 30-44 min	\$121.93	\$85.62	\$145.17	n/a	n/a	n/a	n/a	
99204	New Patient - Moderate Complexity, 45-59 min	\$181.55	\$139.72	\$145.17	n/a	n/a	n/a	n/a	
99205	New Patient - High Complexity, 60-74 min	\$239.14	\$190.21	\$145.17	n/a	n/a	n/a	n/a	
99211	Established Patient - Minimal Problem(s)	\$26.47	\$9.11	\$145.17	n/a	n/a	n/a	n/a	
99212	Established Patient - Straightforward, 10-19 min	\$62.49	\$36.83	\$145.17	n/a	n/a	n/a	n/a	
99213	Established Patient - Low Complexity, 20-29 min	\$99.89	\$69.11	\$145.17	n/a	n/a	n/a	n/a	
99214	Established Patient - Moderate Complexity, 30-39 min	\$139.95	\$101.67	\$145.17	n/a	n/a	n/a	n/a	
99385	Initial Comprehensive Preventive Eval/Mgmt, New, 18-39 yrs	\$121.93	\$85.62	\$145.17	n/a	n/a	n/a	n/a	2
99386	Initial Comprehensive Preventive Eval/Mgmt, New, 40-64 yrs	\$121.93	\$85.62	\$145.17	n/a	n/a	n/a	n/a	2
99387	Initial Comprehensive Preventive Eval/Mgmt, New, 65+ yrs	\$121.93	\$85.62	\$145.17	n/a	n/a	n/a	n/a	2
99395	Periodic Comprehensive Preventive Eval/Mgmt, Established, 18-39 yrs	\$99.89	\$69.11	\$145.17	n/a	n/a	n/a	n/a	2
99396	Periodic Comprehensive Preventive Eval/Mgmt, Established, 40-64 yrs	\$99.89	\$69.11	\$145.17	n/a	n/a	n/a	n/a	2
99397	Periodic Comprehensive Preventive Eval/Mgmt, Established, 65+ yrs	\$99.89	\$69.11	\$145.17	n/a	n/a	n/a	n/a	2
99459	Pelvic examination (List separately, in addition to primary procedure)	\$25.26	\$25.26	\$145.17					3
G0463	Hospital Outpatient Visit - Facility Reimbursement - UB-04 only	n/a	n/a	\$145.17	n/a	n/a	n/a	n/a	
Anesthesia Services									
00400	Anesthesia, anterior trunk and perineum procedure [(Base Unit (3) + Time Unit) x \$21.54] = Fee	Base + Time	Base + Time	n/a	n/a	n/a	n/a	n/a	Max \$250 4
00940	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified [(Base Unit (3) + Time Unit) x \$21.54] = Fee	Base + Time	Base + Time	n/a	n/a	n/a	n/a	n/a	Max \$250 4
99070	Supplies and materials (except spectacles), provided by the physician over/above those usually incl w/ office visit (list supplies /materials)	Max \$100.00	Max \$100.00	n/a	Max \$100.00	n/a	n/a	n/a	8
Breast Surgical Procedures									
10004	Fine needle aspir w/o imaging, ea add lesion	\$57.02	\$45.18	n/a	n/a	n/a	n/a	n/a	
10005	Fine needle aspir ultrasound guide, first lesion	\$147.20	\$75.38	\$792.58	\$417.40	n/a	n/a	n/a	



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10006	Fine needle aspir ultrasound, ea add lesion	\$64.12	\$51.49	n/a	n/a	n/a	n/a	n/a	
10007	Fine needle aspir fluoroscop guide, first lesion	\$345.62	\$91.88	\$792.58	\$252.08	n/a	n/a	n/a	
10008	Fine needle aspir fluoroscop, ea add lesion	\$159.06	\$52.51	n/a	n/a	n/a	n/a	n/a	
10009	Fine needle aspir CT guide, first lesion	\$479.31	\$111.12	\$792.58	\$417.40	n/a	n/a	n/a	
10010	Fine needle aspir CT , ea add lesion	\$265.88	\$72.91	n/a	n/a	n/a	n/a	n/a	
10011*	Fine needle aspir MRI guide, first lesion (**Not covered by NWWP)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
10012*	Fine needle aspir MRI, ea add lesion (**Not covered by NWWP)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
10021	Fine needle aspiration without imaging, first lesion	\$111.50	\$57.44	\$450.06	\$65.79	N/A	N/A	N/A	
10035	Placement of soft tissue localization device(s), first lesion	\$403.12	\$86.24	\$792.58	n/a	n/a	n/a	n/a	
10036	Placement of soft tissue localization device(s), add lesion	\$330.96	\$43.67	n/a	n/a	n/a	n/a	n/a	
19000	Puncture aspiration breast cyst without imaging	\$108.60	\$43.88	\$792.58	\$69.73	n/a	n/a	n/a	
19001	Puncture aspiration breast cyst, each additional use with 19000	\$27.90	\$21.19	n/a	n/a	n/a	n/a	n/a	
19081	Biopsy breast 1st lesion strtctc	\$551.82	\$167.46	\$1,825.17	\$782.93	n/a	n/a	n/a	10
19082	Biopsy breast add lesion strtctc	\$425.90	\$83.76	n/a	n/a	n/a	n/a	n/a	10
19083	Biopsy breast 1st lesion us imag	\$546.95	\$157.46	\$1,825.17	\$782.93	n/a	n/a	n/a	10
19084	Biopsy breast add lesion us imag	\$418.19	\$79.20	n/a	n/a	n/a	n/a	n/a	10
19085	Biopsy breast 1st lesion mr imag	\$843.82	\$184.39	\$1,825.17	\$782.93	n/a	n/a	n/a	10
19086	Biopsy breast add lesion mr imag	\$655.78	\$91.86	n/a	n/a	n/a	n/a	n/a	10
19100	Breast biopsy percutaneous without imaging	\$162.13	\$70.18	\$1,825.17	\$782.93	n/a	n/a	n/a	
19101	Breast biopsy open-incisional	\$350.46	\$239.96	\$4,313.61	\$1,700.16	n/a	n/a	n/a	
19120	Breast excision(s)-open	\$571.50	\$452.32	\$4,313.61	\$1,700.16	n/a	n/a	n/a	
19125	Breast excision- open radiological marker, single	\$628.29	\$498.45	\$4,313.61	\$1,700.16	n/a	n/a	n/a	
19126	Breast excision-radiological marker (add-on)	\$163.31	\$163.31	n/a	n/a	n/a	n/a	n/a	
19281	Placement breast localization device, mamm, 1st	\$269.48	\$100.97	\$1,825.17	n/a	n/a	n/a	n/a	11
19282	Placement breast localization device, mamm, add lesion	\$191.82	\$50.55	n/a	n/a	n/a	n/a	n/a	11
19283	Placement breast localization device, strtctc, 1st	\$287.67	\$101.80	\$792.58	n/a	n/a	n/a	n/a	11
19284	Placement breast localization device, strtctc, add lesion	\$210.13	\$50.70	n/a	n/a	n/a	n/a	n/a	11



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19285	Placement breast localization device, us, 1st	\$406.67	\$86.24	\$792.58	n/a	n/a	n/a	n/a	11
19286	Placement breast localization device, us, add lesion	\$333.56	\$43.12	n/a	n/a	n/a	n/a	n/a	11
19287	Placement breast localization device, mr guide, 1st	\$702.98	\$128.80	\$792.58	n/a	n/a	n/a	n/a	11
19288	Placement breast localization device, mr guide, add lesion	\$543.33	\$65.04	n/a	n/a	n/a	n/a	n/a	11
38505	Needle Biopsy Lymph Node	\$192.23	\$89.63	\$1,825.17	\$782.93	n/a	n/a	n/a	
Cervical Surgical Procedures (LEEP and Conization procedures require Prior Authorization)									
57452	Colposcopy- cervical	\$138.52	\$96.69	\$226.61	\$73.65	n/a	n/a	n/a	
57454	Colposcopy-cervical with biopsy and Endocervical Curettage (ECC)	\$182.11	\$140.67	\$342.66	\$84.02	n/a	n/a	n/a	
57455	Colposcopy-cervical with biopsy	\$176.36	\$113.61	\$342.66	\$90.47	n/a	n/a	n/a	
57456	Colposcopy-cervical with Endocervical Curettage (ECC)	\$165.52	\$104.75	\$342.66	\$86.18	n/a	n/a	n/a	
Cervical Surgical Procedures (LEEP and Conization procedures require Prior Authorization)									
19083	Biopsy breast 1st lesion us imag	\$546.95	\$157.46	\$1,825.17	\$782.93	n/a	n/a	n/a	10
19084	Biopsy breast add lesion us imag	\$418.19	\$79.20	n/a	n/a	n/a	n/a	n/a	10
19085	Biopsy breast 1st lesion mr imag	\$843.82	\$184.39	\$1,825.17	\$782.93	n/a	n/a	n/a	10
19086	Biopsy breast add lesion mr imag	\$655.78	\$91.86	n/a	n/a	n/a	n/a	n/a	10
19100	Breast biopsy percutaneous without imaging	\$162.13	\$70.18	\$1,825.17	\$782.93	n/a	n/a	n/a	
19101	Breast biopsy open-incisional	\$350.46	\$239.96	\$4,313.61	\$1,700.16	n/a	n/a	n/a	
19120	Breast excision(s)-open	\$571.50	\$452.32	\$4,313.61	\$1,700.16	n/a	n/a	n/a	
19125	Breast excision- open radiological marker, single	\$628.29	\$498.45	\$4,313.61	\$1,700.16	n/a	n/a	n/a	
57460	Colposcopy-cervical biopsy with LEEP (requires Prior Auth)	\$342.62	\$167.80	\$3,581.68	\$211.67	n/a	n/a	n/a	5,7
57461	Colposcopy cervical conization with LEEP (requires Prior Auth)	\$381.52	\$190.52	\$3,581.68	\$226.33	n/a	n/a	n/a	5,7
57500	Cervical biopsy(ies) or excision, single or multiple, w or w/o fulguration	\$169.13	\$80.34	\$980.87	\$111.56	n/a	n/a	n/a	
57505	Endocervical curettage (ECC)	\$171.95	\$121.04	\$980.87	\$114.42	n/a	n/a	n/a	
57520	Conization of cervix, w or w/o fulguration, w or w/o repair, cold knife or laser(requires Prior Auth)	\$387.37	\$323.05	\$3,581.68	\$1,850.73	n/a	n/a	n/a	5,7
57522	Conization of cervix LEEP (requires Prior Auth)	\$330.86	\$276.79	\$3,581.68	\$1,850.73	n/a	n/a	n/a	5,7



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58100	Endometrial Biopsy (EMB), w or w/o ECC, separate proc	\$109.48	\$65.28	\$226.61	\$57.20	n/a	n/a	n/a	
58110	Endometrial Biopsy (EMB) with colposcopy (add-on)	\$53.24	\$41.80	n/a	n/a	n/a	n/a	n/a	
Imaging Services and Procedures (Radiology)									
76098	X-ray exam, breast specimen	\$48.78	\$48.78	\$617.65	n/a	n/a	\$33.03	\$15.75	
76641	Ultrasound, breast, unilateral, complete, real time w/image doc	\$115.98	\$115.98	\$119.79	n/a	n/a	\$79.60	\$36.39	
76642	Ultrasound, breast, unilateral, limited, real time w/image doc	\$95.75	\$95.75	\$99.19	n/a	n/a	\$61.84	\$33.91	
76942	Ultrasound guide, needle placement (biopsy, aspiration, localization device)imaging supervision & interpretation	\$65.54	\$65.54	n/a	n/a	n/a	\$34.21	\$31.32	
77046	MRI breast, unilateral, without contrast (requires Prior Auth)	\$245.28	\$245.28	\$272.29	\$144.01	n/a	\$174.19	\$71.10	5,9
77047	MRI breast, bilateral, without contrast (requires Prior Auth)	\$252.20	\$252.20	\$272.29	\$144.01	n/a	\$173.40	\$78.80	5,9
77048	MRI breast, unilateral, inc CAD, w/ or w/o contrast (requires Prior Auth)	\$389.51	\$389.51	\$272.29	\$144.01	n/a	\$285.35	\$104.15	5,9
77049	MRI breast, bilateral, inc CAD, w/ or w/o contrast (requires Prior Auth)	\$395.74	\$395.74	\$272.29	\$144.01	n/a	\$281.80	\$113.94	5,9
77053	Mammary ducto/galactogram, single duct, rad superv & interpret	\$61.12	\$61.12	\$272.29	n/a	n/a	\$43.29	\$17.83	
77063	Screening digital breast tomosynthesis, bilateral	\$58.17	\$58.17	\$28.41	n/a	n/a	\$28.41	\$29.75	12
77065	Diagnostic mammography, unilateral, includes CAD	\$143.42	\$143.42	\$103.55	n/a	n/a	\$103.55	\$39.88	
77066	Diagnostic mammography, bilateral, includes CAD	\$181.01	\$181.01	\$131.96	n/a	n/a	\$131.96	\$49.05	
77067	Screening mammography, bilateral	\$146.99	\$146.99	\$109.19	n/a	n/a	\$109.19	\$37.79	
G0279	Diagnostic digital breast tomosynthesis, unilateral or bilateral	\$48.30	\$48.30	\$18.55	n/a	n/a	\$18.55	\$29.75	
Pathology and Laboratory Services									
87624	HPV, Human Papillomavirus, high risk types	n/a	n/a	n/a	n/a	\$35.09	n/a	n/a	6
87625	Human Papilloma virus, types 16 and 18 only	n/a	n/a	n/a	n/a	\$40.55	n/a	n/a	6
88141	Cytopathology, Pap, cervical or vaginal, any reporting system, physician interpretation	\$27.99	\$27.99	n/a	n/a	n/a	n/a	n/a	
88142	Cytopathology, Liquid Based Pap, cervical or vaginal, any reporting system, automated thin layer preparation, manual screening, physician supervision	n/a	n/a	n/a	n/a	\$20.26	n/a	n/a	



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88143	Cytopathology, Liquid Based Pap, cervical or vaginal, automated thin layer preparation, manual screening & rescreening, physician supervision	n/a	n/a	n/a	n/a	\$23.04	n/a	n/a	
88164	Cytopathology, Conventional Pap, cervical or vaginal, Bethesda System, manual screening, physician supervision	n/a	n/a	n/a	n/a	\$18.19	n/a	n/a	
88165	Cytopathology, Conventional Pap, cervical or vaginal, Bethesda System, manual screening & rescreening, physician supervision	n/a	n/a	n/a	n/a	\$42.22	n/a	n/a	
88172	Cytopathology, evaluation of Fine Needle Aspirate (FNA), immediate, first eval episode, each site	\$62.50	\$62.50	\$193.03	n/a	n/a	\$25.93	\$36.58	
88173	Cytopathology, evaluation of FNA, interpretation and report	\$194.17	\$194.17	\$60.19	n/a	n/a	\$122.65	\$71.52	
88174	Cytopathology, Liquid Based Pap, cervical or vaginal, any reporting system, automated thin layer, screening automated system, physician supervision	n/a	n/a	n/a	n/a	\$25.37	n/a	n/a	
88175	Cytopathology, Liquid Based Pap, cervical or vaginal, any reporting system, automated thin layer, screening automated system & manual rescreening or review, physician supervision	n/a	n/a	n/a	n/a	\$26.61	n/a	n/a	
88177	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), each separate additional evaluation episode	\$32.60	\$32.60	n/a	n/a	n/a	\$10.26	\$22.34	
88143	Cytopathology, Liquid Based Pap, cervical or vaginal, automated thin layer preparation, manual screening & rescreening, physician supervision	n/a	n/a	n/a	n/a	\$23.04	n/a	n/a	
88164	Cytopathology, Conventional Pap, cervical or vaginal, Bethesda System, manual screening, physician supervision	n/a	n/a	n/a	n/a	\$18.19	n/a	n/a	
88165	Cytopathology, Conventional Pap, cervical or vaginal, Bethesda System, manual screening & rescreening, physician supervision	n/a	n/a	n/a	n/a	\$42.22	n/a	n/a	
88172	Cytopathology, evaluation of Fine Needle Aspirate (FNA), immediate, first eval episode, each site	\$62.50	\$62.50	\$193.03	n/a	n/a	\$25.93	\$36.58	
88173	Cytopathology, evaluation of FNA, interpretation and report	\$194.17	\$194.17	\$60.19	n/a	n/a	\$122.65	\$71.52	



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88174	Cytopathology, Liquid Based Pap, cervical or vaginal, any reporting system, automated thin layer, screening automated system, physician supervision	n/a	n/a	n/a	n/a	\$25.37	n/a	n/a	
88175	Cytopathology, Liquid Based Pap, cervical or vaginal, any reporting system, automated thin layer, screening automated system & manual rescreening or review, physician supervision	n/a	n/a	n/a	n/a	\$26.61	n/a	n/a	
88177	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), each separate additional evaluation episode	\$32.60	\$32.60	n/a	n/a	n/a	\$10.26	\$22.34	
88300	Surgical Pathology, gross examination only (surgical specimen)	\$19.04	\$19.04	\$27.59	n/a	n/a	\$14.48	\$4.55	
88302	Surgical Pathology, gross and microscopic examination (review level II)	\$38.48	\$38.48	\$44.21	n/a	n/a	\$31.45	\$7.03	
88304	Surgical Pathology, gross and microscopic examination (review level III)	\$49.02	\$49.02	\$60.19	n/a	n/a	\$37.37	\$11.64	
88305	Tissue pathology, gross and microscopic (Level IV)	\$80.31	\$80.31	\$60.19	n/a	n/a	\$42.11	\$38.21	
88307	Tissue pathology, gross and microscopic (Level V)	\$329.45	\$329.45	\$405.22	n/a	n/a	\$245.38	\$84.07	
88331	Path consultation, first tissue block, frozen section (s), single spec	\$112.01	\$112.01	\$193.03	n/a	n/a	\$48.03	\$63.98	
88332	Path consultation, addtl tissue block, frozen section(s), Add on	\$61.10	\$61.10	n/a	n/a	n/a	\$29.48	\$31.63	
88341	Immunohisto/immunocyto chemistry, single antibody, Add on	\$110.72	\$110.72	n/a	n/a	n/a	\$81.69	\$29.03	
88342	Immunohisto/immunocyto chem, Per Spec, Incl single antibody	\$128.74	\$128.74	\$193.03	n/a	n/a	\$93.01	\$35.73	
88344	Immunohisto/immunocyto chemistry, Multiplex antibody stain	\$199.38	\$199.38	\$405.22	n/a	n/a	\$159.71	\$39.67	
88360	Tumor immunohistochem/manual - quantitative result	\$135.78	\$135.78	\$193.03	n/a	n/a	\$93.41	\$42.37	
88361	Tumor immunohistochem/computer assist - quantitative result	\$131.26	\$131.26	\$405.22	n/a	n/a	\$87.49	\$43.77	
88363	Examination - retrieved archival tissue molec analysis	\$25.27	\$19.74	\$27.59	n/a	n/a	n/a	n/a	
88364	In situ hybridization ea addl probe stain	\$148.48	\$148.48	n/a	n/a	n/a	\$113.93	\$34.55	
88365	In situ hybridization 1st probe stain	\$200.60	\$200.60	\$193.03	n/a	n/a	\$156.82	\$43.78	
88366	In situ hybridization ea multiplex probe stain	\$309.59	\$309.59	\$193.03	n/a	n/a	\$246.29	\$63.30	
88367	M/phmtrc alysh cptr-asst tech 1st probe stain	\$124.51	\$124.51	\$405.22	n/a	n/a	\$90.92	\$33.59	



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Pathology and Laboratory Services									
88368	M/phmtrc alys in situ hybridization ea probe mnl	\$171.00	\$171.00	\$405.22	n/a	n/a	\$127.62	\$43.38	
88369	M/phmtrc alys ish quant/semi q mnl per spec each	\$150.45	\$150.45	n/a	n/a	n/a	\$115.51	\$34.94	
88373	M/phmtrc alys ish quant/semi q cptr per spec each	\$74.30	\$74.30	n/a	n/a	n/a	\$48.82	\$25.49	
88374	M/phmtrc alys ish quant/semi q cptr each multiprb	\$316.73	\$316.73	\$193.03	n/a	n/a	\$274.42	\$42.31	
88377	M/phmtrc alys ish quant/semi q mnl each multiprb	\$450.46	\$450.46	\$193.03	n/a	n/a	\$384.80	\$65.66	
Moderate Sedation									
99152	Moderate sedation services by the same qualified health care prof performing the diagnostic or therapeutic service that sedation supports, requiring presence of independent trained observer to assist initial 15 min; patient age 5yrs or older.	\$57.41	\$12.42	n/a	n/a	n/a	n/a	n/a	
99153	Moderate sedation services by the same qualified health care prof performing the diagnostic or therapeutic service that sedation supports, requiring presence of independent trained observer to assist; each add 15 mins (List separately from primary code).	\$13.97	\$13.97	n/a	n/a	n/a	n/a	n/a	
99156	Moderate sedation services provided by physician/other qualified health care prof other than the physician/other qualified health care prof performing the diagnostic or therapeutic service that sedation supports; initial 15 mins; patient age 5 years or older.	\$75.47	\$75.47	n/a	n/a	n/a	n/a	n/a	
99157	Moderate sedation services provided by qualified health care prof other than the physician or other qualified health care prof performing the diagnostic or therapeutic service that sedation supports; each add 15 mins (List separately from primary code).	\$58.78	\$58.78	n/a	n/a	n/a	n/a	n/a	
NWWP Special Codes									
G9012	Other specified case management - Navigation - Requires Approval	\$70.00	\$70.00	\$70.00	\$70.00	\$70.00	n/a	n/a	Max \$7017
EVGCM	Estrogen vaginal cream (pay lower of billed or allowable)	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	n/a	n/a	Max \$150



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Notes	
*	CPT® codes and descriptions are copyright 2024 American Medical Association. All rights reserved. The Washington State Department of Health (DOH) NBCCEDP determines the fee schedule, which the SPIPA NWWP follows. This schedule uses a limited set of Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT®) codes to identify procedures and services performed by providers. Full text descriptions of HCPCS or CPT® codes and modifiers are not included; providers must bill according to the official descriptions published by the American Medical Association (AMA) and the Centers for Medicare & Medicaid Services (CMS). Reimbursement is based on Medicare rules and may not exceed Medicare rates. The fee schedule applies locality code 2 and CBSA code 42644 (King County area) to calculate reimbursement rates statewide. Rates in the December 2024 update are based on the 2025 Wage Index and CMS data. Procedures will not be reimbursed beyond the DOH NBCCEDP fee schedule limits.
2	The type and duration of office visits should be appropriate to the level of care needed to accomplish screening and diagnostic follow-up within NWWP. Reimbursement rates should not exceed those published by Medicare. While some programs may need to use 993XX-series codes, 993XX Preventative Medicine Evaluation visits are not appropriate for BCCHP. 9938X codes shall be reimbursed at or below the 99203 rate, and 9939X codes shall be reimbursed at or below the 99213 rate.
3	This provides fees for the cost of pelvic examination packs and in-room chaperones. This is only allowed when pelvic exam is done in order to do a Pap or HPV test.
4	Medicare's methodology for the payment of anesthesia services are outlined in chapter 12 of the Medicare Claims Processing Manual at www.cms.hhs.gov/manuals/downloads/clm104c12.pdf . The carrier-specific Medicare anesthesia conversion rates are available at www.cms.hhs.gov/center/anesth.asp .
5	Prior Authorization needed from NWWP Coordinator collaboration with NWWP Nurse Consultant.
6	HPV DNA testing is a reimbursable procedure if used for screening in conjunction with Pap testing or for follow-up of an abnormal Pap result or surveillance as per American Society for Colposcopy and Cervical Pathology (ASCCP) guidelines. It is not reimbursable as a primary screening test for women of all ages or as an adjunctive screening test to the Pap for women under 30 years of age. Providers should specify the high-risk HPV DNA panel only. Reimbursement of screening for low-risk HPV types is not permitted. CDC allows reimbursement of Cervista HPV HR at the same rate as the Digene Hybrid-Capture 2 HPV DNA Assay. CDC funds may be used for reimbursement of HPV genotyping.
7	A LEEP or conization of the cervix, as a diagnostic procedure, may be reimbursed based on the ASCCP recommendations. Prior authorization for LEEP or conization procedures must be obtained in accordance with Washington State BCCHP policies.
8	This charge should be used with caution to ensure that programs do not reimburse for supplies which have been accounted for in another clinical charge.
9	Breast MRI can be reimbursed by NWWP in conjunction with a mammogram when a client 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 such as Tyrer-Cuzick (IBIS) model that depend largely on family history. Breast MRI also can be used to 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 for by NWWP to assess the extent of disease in a woman who has just been diagnosed with breast cancer. Prior authorization for MRI procedures must be obtained in accordance with SPIPA NWWP policies.