ScreenWise Services
CPT Code List and Provider Reimbursement Schedule Effective 02/01/2026 until further notice

These CPT codes do not require prior-authorization.
Contact ScreenWise if a procedure that is medically necessary is not listed in this document.

Office Visits				
CPT Code	**Description**	**Modifier**	**Rate**	**End Note**
RESLT 99080	Breast and Cervical Screening Results Coordination		$ 38.45	28
DXVST 99214	Diagnostic Office Visit Only: Detailed history, exam, straightforward decision-making; 2 billable in a 12 month period		$ 108.91	41
99215	Established patient; ScreenWise Patient Intake: Comprehensive history, exam, moderate complexity decision-making		$ 154.40	43, 28
INTKE 99204	New patient; ScreenWise Patient Intake: Comprehensive history, exam, moderate complexity decision-making		$ 154.40	43, 28
ABNRM 99213	Abnormal Breast or Cervical Follow-Up Visit: Expanded history, exam, straightforward decision-making; 2 billable in a 12 month period		$ 76.54	41
Expanded Office Visit,Telemedicine Codes, and COVID Testing				
99202	New patient; medically appropriate history/exam; straightforward decision making; 15-29 minutes		$ 60.47	1
99203	New patient; medically appropriate history/exam; low level decision making; 30-44 minutes		$ 94.13	1
99205	New patient; medically appropriate history/exam; high level decision making; 60-74 minutes		$ 189.20	1
99211	Established patient; evaluation and management, may not require presence of physician; presenting problems are minimal		$ 19.76	1
99212	Established patient; medically appropriate history/exam;, straightforward decision making; 10-19 minutes		$ 48.38	1
99385	*Initial* comprehensive preventive medicine evaluation and management; History, examination, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc; 18-39 years of age		$ 104.63	1
99386	*Initial* comprehensive preventive medicine evaluation and management: History, examination, counseling/guidance, risk factor reduction, ordering of lab procedures, etc; 40-64 years of age		$ 120.41	1
99387	*Initial* comprehensive preventive medicine evaluation & management: History, examination, counseling/guidance, risk factor reduction, ordering of lab procedures, etc; 65 years and older *(Must NOT be Medicare Part B eligible)*		$ 130.91	1

99395	*Periodic* comprehensive preventive medicine evaluation and management; History, examination, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc; 18-39 years of age		$ 94.41	1
99396	*Periodic* comprehensive preventive medicine evaluation and management: History, examination, counseling/guidance, risk factor reduction, ordering of lab procedures, etc; 40-64 years of age		$ 100.27	1
99397	*Periodic* comprehensive preventive medicine evaluation and management: History, examination, counseling/guidance, risk factor reduction, ordering of lab procedures, etc; 65 years and older *(Must NOT be Medicare Part B eligible)*		$ 108.15	1
99459	Pelvic Examination (List separately, in addition to primary procedure), to account for the extra costs of a pelvic exam, such as the speculum, drapes, and extra staff time for chaperoning.		$ 14.18	52
99441	Telephone evaluation and management service by a physician or other qualified health care professional: 5-10 minutes		$ 45.44	1
99442	Telephone evaluation and management service by a physician or other qualified health care professional: 11-20 minutes		$ 72.99	1
99443	Telephone evaluation and management service by a physician or other qualified health care professional: 21-30 minutes		$ 103.18	1
G0136	Administration of a standardized, evidence-based Social Determinants of Health Risk Assessment, 5-15 minutes, not more than every 6 months		$ 16.22	
G0019	Community health integration services performed by certified or trained auxilary personnel, including a community health worker, under the direction of a physician or other practitioner, 60 minutes per calendar month		$ 69.44	
G0022	Community health integration services, each additional 30 minutes per calendar month		$ 45.53	
87426	COVID-19 infectious agent detection by nuclei acid DNA or RNA; amplified probe technique		$ 24.73	51
87635	COVID-19 infectious agent antigen detection by immunoassay technique; qualitative or semiquantitative		$ 35.92	51

Breast & Cervical Screening and Diagnostic Procedures

CPT Code	Description	Modifier	Rate	End Note
00400	Anesthesiologist Services: For breast procedures; in 15 min units (up to qty of 8 max ($498.72 max)		$ 62.34	13
00940	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified		$ 62.34	13
10004	Fine needle aspiration biopsy without imaging guidance, each additional lesion		$ 42.03	44
10005	Fine needle aspiration biopsy including ultrasound guidance, first lesion		$ 106.12	

CPT Code	Description	Modifier	Rate	End Note
10006	Fine needle aspiration biopsy including ultrasound guidance, each additional lesion		$ 47.85	45
10007	Fine needle aspiration biopsy including fluoroscopic guidance, first lesion		$ 278.36	
10008	Fine needle aspiration biopsy including fluoroscopic guidance, each additional lesion		$ 113.74	46
10009	Fine needle aspiration biopsy including CT guidance, first lesion		$ 334.17	
10010	Fine needle aspiration biopsy including CT guidance, each additional lesion		$ 189.72	47
10011	Fine needle aspiration biopsy including MRI guidance, first lesion		$ 299.01	
10012	Fine needle aspiration biopsy including MRI guidance, each additional lesion		$ 174.32	48
10021	Fine Needle Aspiration (FNA): Without imaging (palpable lump)		$ 80.87	
10035	Placement of soft tissue localization device (e.g., clip)		$ 618.32	
10036	Placement of soft tissue localization device (e.g., clip), each additional lesion		$ 388.35	
19000	Puncture Aspiration of Breast Cyst: Surgical procedure only		$ 77.36	

19001	Each Additional Cyst: Use in conjunction with 19000			$ 20.99	30
19081	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion	(11) Office	Physician	$ 386.57	3, 5
		(22) Hospital (24) ASC	Physician	$ 108.93	4, 5
		(22) Hospital (24) ASC	Facility	$ 592.57	
19082	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion (max quantity of 2)	(11) Office	Physician	$ 294.78	3, 5, 31
		(22) Hospital (24) ASC	Physician	$ 54.78	4, 5, 31
		(22) Hospital (24) ASC	Facility	$ 0.00	
19083	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion	(11) Office	Physician	$ 384.53	3, 5
		(22) Hospital (24) ASC	Physician	$ 102.81	4, 5
		(22) Hospital (24) ASC	Facility	$ 592.57	
19084	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion (max quantity of 2)	(11) Office	Physician	$ 289.98	3, 5, 32
		(22) Hospital (24) ASC	Physician	$ 51.35	4, 5, 32
		(22) Hospital (24) ASC	Facility	$ 0.00	
19085	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion	(11) Office	Physician	$ 582.81	3, 9, 10
		(22) Hospital (24) ASC	Physician	$ 119.45	4, 9, 10
		(22) Hospital (24) ASC	Facility	$ 592.57	
19086	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion (max quantity of 2)	(11) Office	Physician	$ 459.78	3, 9, 10, 33
		(22) Hospital (24) ASC	Physician	$ 70.06	4, 9, 10, 33
		(22) Hospital (24) ASC	Facility	$ 0.00	
19100	Biopsy of Breast: NO imaging; percutaneous, needle core, not using imaging guidance (separate procedure). Surgical procedure only.			$ 130.49	3
19101	Breast biopsy, open, incisional	(11) Office	Physician	$ 278.55	3
		(22) Hospital (24) ASC	Physician	$ 169.19	4
		(22) Hospital (24) ASC	Facility	$ 1,300.56	
	Excision of cyst, fibroadenoma or other benign or malignant	(11) Office	Physician	$ 454.17	3

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 (max quantity of 3)	(22) Hospital (24) ASC	Physician	$ 319.17	4
		(22) Hospital (24) ASC	Facility	$ 1,300.56	
CPT Code	**Description**		**Modifier**	**Rate**	**End Note**
19125	Excision of breast lesion identified by preoperative placement of radiological marker; open; single lesion	(11) Office	Physician	$ 502.49	3
		(22) Hospital (24) ASC	Physician	$ 353.58	4
		(22) Hospital (24) ASC	Facility	$ 1,300.56	
19126	Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker (max quantity of 2)	(11) Office	Physician	$ 110.60	3
		(22) Hospital (24) ASC	Physician	$ 110.60	4
		(22) Hospital (24) ASC	Facility	$ 0.00	
19281	Placement of breast localization device, percutaneous; mammographic guidance; first lesion	(11) Office	Physician	$ 189.49	3, 6
		(22) Hospital (24) ASC	Physician	$ 65.68	4, 6
		(22) Hospital (24) ASC	Facility	$ 0.00	
19282	Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion (max quantity of 2)	(11) Office	Physician	$ 133.46	3, 6, 34
		(22) Hospital (24) ASC	Physician	$ 32.82	4, 6, 34
		(22) Hospital (24) ASC	Facility	$ 0.00	
19283	Placement of breast localization device, percutaneous; stereotactic guidance; first lesion	(11) Office	Physician	$ 201.88	3, 6
		(22) Hospital (24) ASC	Physician	$ 66.33	4, 6
		(22) Hospital (24) ASC	Facility	$ 0.00	
19284	Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion	(11) Office	Physician	$ 147.12	3, 6, 35
		(22) Hospital (24) ASC	Physician	$ 33.40	4, 6, 35
		(22) Hospital (24) ASC	Facility	$ 0.00	
19285	Placement of breast localization device, percutaneous; ultrasound guidance; first lesion	(11) Office	Physician	$ 284.04	3, 6
		(22) Hospital (24) ASC	Physician	$ 56.59	4, 6

		(22) Hospital (24) ASC	Facility	$ 0.00	
19286	Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion	(11) Office	Physician	$ 232.97	3, 6, 36
		(22) Hospital (24) ASC	Physician	$ 28.43	4, 6, 36
		(22) Hospital (24) ASC	Facility	$ 0.00	
CPT Code	**Description**		**Modifier**	**Rate**	**End Note**
19287	Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion	(11) Office	Physician	$ 486.52	3, 9, 10
		(22) Hospital (24) ASC	Physician	$ 83.71	3, 9, 10
		(22) Hospital (24) ASC	Facility	$ 0.00	
19288	Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion	(11) Office	Physician	$ 371.67	3, 9, 10, 37
		(22) Hospital (24) ASC	Physician	$ 42.22	3, 9, 10, 37
		(22) Hospital (24) ASC	Facility	$ 0.00	
38505	Needle biopsy of axillary lymph node			$ 137.16	
57452	Colposcopy: Vaginoscopy including upper/adjacent vagina			$ 99.92	
57454	Colposcopy: With biopsy of the cervix and/or endocervical curettage; surgical procedure only			$ 131.49	38
57455	Colposcopy: With biopsy of the cervix			$ 127.84	38
57456	Colposcopy: With endocervical curettage			$ 119.68	38
57460	Colposcopy: With loop electrode biopsy(s) of the cervix			$ 247.40	7, 38
57461	Colposcopy: With loop electrode conization of the cervix			$ 279.22	12, 38
57500	Cervical biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)			$ 121.42	
57505	Endocervical curettage (not done as part of a dilation and curettage)			$ 119.52	
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser			$ 286.43	12
57522	Loop electrode excision procedure (LEEP)			$ 238.99	12
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)			$ 78.06	
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)			$ 40.32	
76098	Radiological Examination: Of surgical specimen		26	$ 11.73	2
			TC	$ 23.10	
76641	Ultrasound, **complete** examination of breast including axilla, unilateral (To bill more than one unilateral ultrasound, use a quantity of 2. For a bilateral ultrasound, use the modifier combination that includes modifier 50.)		26	$ 26.97	2
			TC	$ 54.19	
			26 | 50	$ 40.45	

		TC | 50	$ 81.29	
76642	Ultrasound, **limited** examination of breast including axilla (To bill more than one unilateral ultrasound, use a quantity of 2. For a bilateral ultrasound, use the modifier combination that includes modifier 50.)	26	$ 25.54	2
		TC	$ 42.30	
		26 | 50	$ 38.31	
		TC | 50	$ 63.45	
76942	Ultrasonic Guidance for Needle Placement: Imaging supervision & interpretation (e.g., biopsy, aspiration, injection, localization device)	26	$ 23.75	2
		TC	$ 23.40	
77053	Mammary ductogram or galactogram, single duct	26	$ 13.35	2
		TC	$ 29.65	
CPT Code	**Description**	**Modifier**	**Rate**	**End Note**
77046	Magnetic resonance imaging (MRI), breast, without contrast, unilateral	26	$ 53.66	2, 9
		TC	$ 119.16	
77047	Magnetic resonance imaging (MRI), breast, without contrast, bilateral	26	$ 59.44	2, 9
		TC	$ 118.62	
77048	Magnetic Resonance Imaging, breast, with and/or without contrast, unilateral	26	$ 78.48	2, 9
		TC	$ 195.21	
77049	Magnetic Resonance Imaging, breast, with and/or without contrast, bilateral	26	$ 85.56	2, 9
		TC	$ 192.78	
G0279	3D Diagnostic Mammography	26	$ 22.18	2
		TC	$ 10.36	
77063	Screening Mammogram, 3D	26	$ 22.08	2
		TC	$ 19.09	
77065	Diagnostic Mammography, unilateral, includes CAD	26	$ 30.13	2
		TC	$ 70.28	
77066	Diagnostic Mammography, bilateral, includes CAD	26	$ 37.08	2
		TC	$ 90.11	
77067	Screening Mammography, bilateral, includes CAD	26	$ 28.05	2
		TC	$ 74.37	
87624	Human Papillomavirus, high-risk types		$ 24.56	7
87625	HPV Test, types 16 and 18 only		$ 28.39	7
87626	Human Papillomavirus, reported high-risk types separately and pooled		$ 49.14	7
88141	Pap Test read by Pathologist: Cytopathology, cervical or vaginal - any reporting system; requiring interpretation by physician		$ 19.47	
88142	Cytopathology (liquid-based Pap test) cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision		$ 14.18	
88143	Cytopathology cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision		$ 16.13	

88164	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening under physician supervision		$ 12.98	39
88165	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening & rescreening under physician supervision		$ 29.55	
88172	Evaluation of FNA: Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s)	26	$ 26.68	2
		TC	$ 17.10	
88173	Interpretation of FNA and Report: Cytopathology, interpretation and report	26	$ 52.81	2, 7
		TC	$ 82.39	
88174	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision		$ 17.76	

CPT Code	Description	Modifier	Rate	End Note
88175	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system and manual rescreening, under physician supervision		$ 18.63	
88177	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), each additional evaluation episode	26	$ 16.41	2, 49
		TC	$ 7.09	
88305	Breast or Cervical Biopsy Interpretation: Level IV Surgical pathology, gross & microscopic examination not requiring microscopic examination of margins	26	$ 28.30	2, 7
		TC	$ 28.55	
88307	Biopsy Interpretation: Excision of Lesion Level V Surgical pathology, gross & microscopic examination requiring microscopic evaluation of surgical margins	26	$ 61.66	2
		TC	$ 164.13	
88331	Pathology Consultation During Surgery: With frozen section(s), single specimen	26	$ 46.61	2
		TC	$ 32.10	
88332	Pathology Consultation During Surgery: Each additional tissue block with frozen section(s)	26	$ 23.44	2
		TC	$ 19.83	
88341	Immunohistochemistry (including tissue immunoperoxidase), each antibody	26	$ 21.54	2
		TC	$ 55.09	
88342	Immunohistochemistry (including tissue immunoperoxidase), each antibody	26	$ 26.41	2
		TC	$ 63.19	
88360	Morphometric analysis, tumor immunohistochemistry, per specimen; manual	26	$ 31.54	2
		TC	$ 66.19	
88361	Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology	26	$ 32.59	2
		TC	$ 60.46	
88364	In situ hybridization (eg,FISH), per specimen; each additional single probe stain procedure	26	$ 25.59	2
		TC	$ 77.37	

88365	In situ hybridization (eg,FISH), per specimen; initial single probe stain procedure	26	$ 32.62	2
		TC	$ 104.84	
88366	In situ hybridization (eg,FISH), per specimen; each multiplex probe stain procedure	26	$ 46.59	2
		TC	$ 169.20	
88367	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, initial single probe stain procedure	26	$ 25.03	2
		TC	$ 60.19	
88368	Morphometric analysis, in situ hybridization, manual, per specimen, initial single probe stain procedure	26	$ 32.34	2
		TC	$ 86.29	
88369	Morphometric analysis, in situ hybridization, manual, per specimen, each additional probe stain procedure	26	$ 25.86	2
		TC	$ 79.01	
88373	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each additional probe stain procedure	26	$ 19.16	2
		TC	$ 32.37	
88374	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each multiplex stain procedure	26	$ 31.78	2
		TC	$ 185.10	
CPT Code	**Description**	**Modifier**	**Rate**	**End Note**
88377	Morphometric analysis, in situ hybridization, manual, per specimen, each multiplex stain procedure	26	$ 49.07	2
		TC	$ 263.76	
99156	Conscious sedation anesthesia:10-22 minutes for individuals 5 years or older		$ 55.96	
99157	Conscious sedation anesthesia: for each additional 15 minutes		$ 42.60	

End Notes	
1	The type and duration of office visits should be appropriate to the level of care necessary for accomplishing screening and diagnostic follow-up for breast and cervical cancer related services.
2	Billing the global fee requires billing for the Technical (TC) and Professional (26) components separately.
3	Performed in a physician office.
4	These amounts apply when a physician performs the service in a facility setting.
5	Codes 19081-19084 are to be used for breast biopsies that include image guidance, placement of localization device, and imaging of specimen. These codes should not be used in conjunction with 19281-19286.
6	Codes 19281-19286 are for image guidance placement of localization device without image-guided biopsy. These codes should not be used in conjunction with 19081-19084.
7	HPV DNA testing is a reimbursable procedure when used in conjunction with a screening Pap test, or follow-up of an abnormal Pap result, or surveillance as per ASCCP guidelines. HPV DNA testing is NOT reimbursable as a primary screening test.
8	CPT Code G0279 (3D Mammography) to be reported in conjunction with codes G0204 or G0206.

9	Breast MRI can be reimbursed by ScreenWise in conjunction with a mammogram when a client has a BRCA mutation, a first-degree relative who is a BRCA carrier, or a lifetime risk of 20-25% or greater as defined by risk assessment models such as BRCAPRO that are largely dependent 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. ScreenWise will not reimburse for a Breast MRI to assess the extent of disease in a woman who is already diagnosed with breast cancer.
10	Codes 19085-19086 are to be used for breast biopsies that include image guidance, placement of localization device, and imaging of specimen. These codes should not be used in conjunction with 19281-19288.
11	Codes 19281-19286 are for image guidance placement of localization device without image-guided biopsy. These codes should not be used in conjunction with 19081-19086.
12	A LEEP or conization of the cervix, as a diagnostic procedure, may be reimbursed based on the American Society for Colposcopy and Cervical Pathology (ASCCP) recommendations.
13	ScreenWise will only reimburse anesthesiology services accompanying a surgical procedure. Rates will be reimbursed at the rate of $62.34 per unit, for a maximum of 8 units. The maximum allowed is $498.72
14	CPT Code 77063 (digital breast tomosynthesis technology, DBT) to be reported in conjunction with code G0202.
15	Follow-up blood pressure reading for hypertension diagnosis. May be performed by any medical staff appointed by provider clinic.
16	Call back at a later date to discuss Health Behavior Support options. May call client every 2-3 months after visit to encourage client to return for Health Behavior support options. Maximum of 3 calls per year.
End Notes Continued	
17	Follow-up assessment to be performed 4 weeks after client has completed Health Coaching (HC) or Lifestyle Program (LSP).
18	Provider must have health coaching protocol on file with ScreenWise. Maximum of 6 visits within a year.
19	Fax Abnormal Blood Pressure Follow-Up Forms to ScreenWise office (971) 673-0997
20	Fax Abnormal Blood Pressure Follow-Up Forms to ScreenWise office (971) 673-0997
21	ScreenWise will only reimburse the CPT code up to two times per BCCP ID
22	ScreenWise will reimburse a maximum quantity of 3 units per visit, and 4 units total with a provider for each client/BCCP ID
23	Fax Pathways Forms to state offices (971) 673-0997
24	ScreenWise will only reimburse one CPT code from the following set of codes: 81162, 81211, 81212, 81213
25	CPT code 81214 cannot be reported in conjunction with CPT codes 81215

26	CPT code 81216 cannot be reported in conjunction with CPT codes 81217
27	This CPT code cannot be reported in conjunction with CPT codes 81162, 81211, 81212 or 81213
28	CPT code payable one time every 11 months
29	CPT code only payable if client is female and 40 years or older
30	CPT code 19001 must be used in conjunction with CPT code 19000.
31	CPT code 19082 must be used in conjunction with CPT code 19081.
32	CPT code 19084 must be used in conjunction with CPT code 19083.
33	CPT code 19086 must be used in conjunction with CPT code 19085.
34	CPT code 19282 must be used in conjunction with CPT code 19281.
35	CPT code 19284 must be used in conjunction with CPT code 19283.
36	CPT code 19286 must be used in conjunction with CPT code 19285.
37	CPT code 19288 must be used in conjunction with CPT code 19287.
38	CPT codes 57454, 57455, 57456, 57460 and 57461 are not billable on the same date of service
End Notes Continued	
39	CPT 88164 is not payable with CPT code 88142 or CPT code 88143.
40	COACH is payable maximum 6 times per WISEWOMAN assessment
41	CPT payable two times every 11 months per client - Error message 9035 (DENIED: CPT code payable only two times every 11 months) if billed a third time
42	ScreenWise will only reimburse either CPT code 99204 or CPT code 99215 one time per client every 11 months
43	ScreenWise will only reimburse either CPT code 99204 or CPT code 99215 one time per provider every 11 months (for each client)
44	CPT code 10004 must be used in conjunction with CPT code 10021.
45	CPT code 10006 must be used in conjunction with CPT code 10005.
46	CPT code 10008 must be used in conjunction with CPT code 10007.
47	CPT code 10010 must be used in conjunction with CPT code 10009.

48	CPT code 10012 must be used in conjunction with CPT code 10011.
49	CPT code 88177 must be used in conjunction with CPT code 88172.
50	CPT codes payable for SW program services conducted via videoconference or telephone for new and established clients enrolled in SW Program during the COVID-19 pandemic.
51	CPT codes payable only when patients are receiving covdered SW Program breast or cervical services and other coverage for COVID-19 testing is unavailble.
52	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.