

BREAST ONLY Primary Care Provider Covered Procedures



Only the procedures listed below are covered under Cancer Detection Programs: Every Woman Counts for "Breast Only Primary Care Providers." Requirements and information, including eligibility, are listed in can-detect, the CDP: EWC section of the Medi-Cal Provider Manual. Providers must have an appropriate ICD-9-CM code(s) specified as the first or second diagnosis code on the claim to be eligible for payment. For the list of appropriate CPT specific ICD-9-CM codes please refer to: http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/candetect_m00o03.doc

| | | |
|--|---|--|
| <p><u>Procedure Code Definitions</u> <u>Surgical Modifiers*</u></p> <p><input type="checkbox"/> 00400 – Anesthesia, integumentary system anterior trunk</p> <p><input type="checkbox"/> 10021 – Fine needle aspiration; without imaging guidance</p> <p><input type="checkbox"/> 10022 – Fine needle aspiration; with imaging guidance</p> <p><input type="checkbox"/> 19000 – Puncture aspiration of cyst of breast</p> <p><input type="checkbox"/> 19001 – Each add cyst (with 19000)</p> <p><input type="checkbox"/> 19100 – Needle Core biopsy (without imaging guidance)</p> <p><input type="checkbox"/> 19102 – Needle Core biopsy (with imaging guidance)</p> <p><input type="checkbox"/> 19103 – Needle Core, auto vacuum, assist or rotating biopsy device (image guided)</p> <p><input type="checkbox"/> 19120 – Excisional Biopsy, open</p> <p><input type="checkbox"/> 19125 – Excision of lesion, identified by preop plcmt of radiomarker; single lesion</p> <p><input type="checkbox"/> 19126 – Each additional lesion (with 19125)</p> <p><input type="checkbox"/> 19290 – Preop plcmt of needle localization wire</p> <p><input type="checkbox"/> 19291 – Each add lesion; (with 19290)</p> <p><input type="checkbox"/> 19295 – Image guided placement, localization clip (with 19102, 19103)</p> | <p><u>Procedure Code Definitions</u> <u>Component Modifier Required*</u></p> <p><input type="checkbox"/> 76098 – X-ray Exam, surg specimen</p> <p><input type="checkbox"/> 76645 – Ultrasound, (uni/bilateral)</p> <p><input type="checkbox"/> 76942 – US guidance for needle plcmt; imaging, supervis & interpret</p> <p><input type="checkbox"/> 77031 – Stereotactic localization for bx or needle plcmt; superv & interpret</p> <p><input type="checkbox"/> 77032 – Mammography guidance for needle plcmt; superv.&interpret</p> <p><input type="checkbox"/> 77055 – Mammography; unilateral</p> <p><input type="checkbox"/> 77056 – Mammography; bilateral</p> <p><input type="checkbox"/> 77057 – Screening mammogram bilateral</p> <p><input type="checkbox"/> 88173 – Interp/report for eval of FNA</p> <p><input type="checkbox"/> 88305 – Level IV Surg path exam</p> <p><input type="checkbox"/> 88307 – Level V Surg path exam</p> <p><input type="checkbox"/> 88360 – Morphometric analysis, tumor immunohistochemistry; manual</p> <p><input type="checkbox"/> G0202 – Screening mammography, direct digital image, bilateral, all views (paid at 77057 rate)</p> <p><input type="checkbox"/> G0204 – Diagnostic mammography, direct digital image, bilateral, all views (paid at 77056 rate)</p> <p><input type="checkbox"/> G0206 – Diagnostic mammography, direct digital image, unilateral, all views (paid at 77055 rate)</p> | <p><u>Procedure Code Definitions</u> <u>No Modifier required</u></p> <p><input type="checkbox"/> 99202 – OV; new pt 20 min</p> <p><input type="checkbox"/> 99212 – OV; est pt 10 min</p> <p><input type="checkbox"/> 99213 – OV; est pt 15 min</p> <p><input type="checkbox"/> 99358 – Case Mgmt Routine rescreen or Short-term f/u (PCP only)</p> <p><input type="checkbox"/> 99359 – Case Mgmt – Immediate follow-up (PCP only)</p> <p><input type="checkbox"/> 99070 – Supplies/material, not inc w/OV</p> <p><input type="checkbox"/> A4217 – Sterile water/saline, 500 ml</p> <p><input type="checkbox"/> X7700 – Admin IV, initial, up to 1000ml</p> <p><input type="checkbox"/> X7702 – Admin IV, each add 1000 ml</p> <p><input type="checkbox"/> Z7500 – Exam or Tx Rm use</p> <p><input type="checkbox"/> Z7506 – OR or Cysto Rm use, first hour</p> <p><input type="checkbox"/> Z7508 – OR or Cysto Rm use, 1st sub half hr</p> <p><input type="checkbox"/> Z7510 – OR or Cysto Rm use, 2nd sub half hr</p> <p><input type="checkbox"/> Z7512 – Recovery Rm use</p> <p><input type="checkbox"/> Z7514 – Rm/Brd gen nurs care, less than 24hr</p> <p><input type="checkbox"/> Z7610 – Misc. drugs and medical supply</p> |
| <u>Common Modifiers*</u> | | |
| <p><u>Pathology / Radiology Procedures Section (70000 and 80000 Range)</u></p> <p>26 – Professional Component</p> <p>TC – Technical Component</p> <p>ZS – Global</p> | <p><u>Surgical Procedures Section (10000 – 69999)</u></p> <p>AG – Primary Surgeon/Procedure</p> <p>51 – Multiple surg procedure</p> <p>99 – Multiple Mod (e.g. AG+51)</p> <p>UA – Surgical supplies w/no anesthesia or other than general anesthesia, provided in conjunction with a surgical procedure code.</p> <p>UB – Surgical supplies w/general anesthesia, provided in conjunction with a surgical procedure code.</p> | |

* Modifier Required. For a complete list of approved Medi-Cal modifiers, refer to Part 2 of your Medi-Cal Provider manual. Surgical trays and supplies can be billed with the same surgical procedure code and either modifier UA or UB.

- Only Primary Care Providers enroll and obtain the Recipient identification number.
- Women enroll for twelve months; then they can recertify (if eligible).
- Program covered cancer screening and diagnostic services are FREE.
- Claim must be submitted with the woman's 14-digit identification number (Recipient ID#).
- Payment for program-covered services is at Medi-Cal rates.
- The program prohibits balance billing of women.
- All services and findings must be reported to the Primary Care Provider.

Billing Section Comments:

Attention: _____