

# REFERRAL Provider Covered Procedures



Only the procedures listed below are covered under Cancer Detection Programs: Every Woman Counts (CDP: EWC) for Referral 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](http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/candetect_m00o03.doc)

<b>Breast Screening and Diagnostic Procedure Codes</b>	<b>Cervical Codes</b>	<b>Breast or Cervical Codes</b>
<input type="checkbox"/> <b>00400</b> – Anesthesia, integumentary system, anterior trunk <input type="checkbox"/> <b>10021</b> – Fine needle aspiration; without imaging guidance <input type="checkbox"/> <b>10022</b> – Fine needle aspiration; with imaging guidance <input type="checkbox"/> <b>19000</b> – Puncture aspiration of cyst of breast <input type="checkbox"/> <b>19001</b> – Each add cyst (with 19000) <input type="checkbox"/> <b>19100</b> – Needle Core biopsy (without imaging guidance) <input type="checkbox"/> <b>19102</b> – Needle Core biopsy (with imaging guidance) <input type="checkbox"/> <b>19103</b> – Needle Core, auto vacuum. assist or rotating biopsy device (image guided) <input type="checkbox"/> <b>19120</b> – Excisional Biopsy, open <input type="checkbox"/> <b>19125</b> – Excision of lesion, identified by preop plcmt of radiomarker single lesion <input type="checkbox"/> <b>19126</b> – Each additional lesion (with 19125) <input type="checkbox"/> <b>19290</b> – Preop plcmt of needle localization wire <input type="checkbox"/> <b>19291</b> – Each add lesion; (with 19290) <input type="checkbox"/> <b>19295</b> – Image guided placement, localization clip (with 19102 or 19103) <input type="checkbox"/> <b>76098</b> – X-ray Exam, surg specimen <input type="checkbox"/> <b>76645</b> – Ultrasound, (uni/bilateral) <input type="checkbox"/> <b>76942</b> – US guidance for needle plcmt; imaging, superv & interpret <input type="checkbox"/> <b>77031</b> – Stereotactic localization for bx or needle plcmt; superv & interpret <input type="checkbox"/> <b>77032</b> – Mammography guidance for needle plcmt; superv & interpret <input type="checkbox"/> <b>77055</b> – Mammography; unilateral <input type="checkbox"/> <b>77056</b> – Mammography; bilateral <input type="checkbox"/> <b>77057</b> – Screening mammogram; bilateral <input type="checkbox"/> <b>88173</b> – Interp/report for eval of FNA <input type="checkbox"/> <b>88305</b> – Level IV Surg path exam <input type="checkbox"/> <b>88307</b> – Level V Surg path exam <input type="checkbox"/> <b>88360</b> – Morphometric analysis, tumor immunochemistry; manual <input type="checkbox"/> <b>G0202</b> – Screening mammography, direct digital image, bilateral, all views (paid at 77057 rate) <input type="checkbox"/> <b>G0204</b> – Diagnostic mammography, direct digital image, bilateral, all views (paid at 77056 rate) <input type="checkbox"/> <b>G0206</b> – Diagnostic mammography, direct digital image, unilateral, all views (paid at 77055 rate)	<input type="checkbox"/> <b>57452</b> – Colposcopy <input type="checkbox"/> <b>57454</b> – Colposcopy w/bx of cervix and ECC <input type="checkbox"/> <b>57455</b> – Colposcopy w/bx of cervix <input type="checkbox"/> <b>57456</b> – Colposcopy w/ECC <input type="checkbox"/> <b>57500</b> – Biopsy of cervix <input type="checkbox"/> <b>57505</b> – Endocervical curettage (with 58100) <input type="checkbox"/> <b>58100</b> – Endometrial sampling (with 57505) <input type="checkbox"/> <b>58110</b> – Endometrial sampling with colposcopy <input type="checkbox"/> <b>87621</b> – HPV, human, amplified probe <input type="checkbox"/> <b>88141</b> – Pap, physician interpretation <input type="checkbox"/> <b>88142</b> – Pap, liquid based (LBP); man scrng <input type="checkbox"/> <b>88164</b> – Pap, conv. slides; manual scrn <input type="checkbox"/> <b>88174</b> – LBP, auto screen <input type="checkbox"/> <b>88175</b> – LBP, auto screen w/man rescrn.	<input type="checkbox"/> <b>99211</b> – OV; est pt 5 min <input type="checkbox"/> <b>99241</b> – Consult; new or est pt 15 min <input type="checkbox"/> <b>99242</b> – Consult; new or est pt 30 min <input type="checkbox"/> <b>99243</b> – Consult; new or est pt 40 min <input type="checkbox"/> <b>99070</b> – Supplies/material, not inc w/OV <input type="checkbox"/> <b>A4217</b> – Admin irri. sol, each 1000 ml <input type="checkbox"/> <b>X7700</b> – Admin IV, initial, up to 1000ml <input type="checkbox"/> <b>X7702</b> – Admin IV, each add 1000 ml <input type="checkbox"/> <b>Z7500</b> – Exam or Tx Rm use <input type="checkbox"/> <b>Z7506</b> – OR or Cysto Rm use, first hour <input type="checkbox"/> <b>Z7508</b> – OR or Cysto Rm use, 1 <sup>st</sup> sub half hr <input type="checkbox"/> <b>Z7510</b> – OR or Cysto Rm use, 2 <sup>nd</sup> sub half hr <input type="checkbox"/> <b>Z7512</b> – Recovery Rm use <input type="checkbox"/> <b>Z7514</b> – Rm/Brd gen nurs care, less than 24 hr <input type="checkbox"/> <b>Z7610</b> – Misc. drugs and medical supply

### Common Modifiers

<b>Pathology / Radiology Procedure Modifier (70000 - 80000 Range)</b>	<b>Surgical Procedure Modifiers (10000 – 69999)</b>
<b>26</b> – Professional Component <b>TC</b> – Technical Component <b>ZS</b> – Global	<b>AG</b> – Primary Surgeon/Procedure <b>51</b> – Multiple surg procedure <b>99</b> – Multiple Mod (e.g. AG+51) <b>UA</b> – Surgical supplies w/no anesthesia or other than general anesthesia, provided in conjunction with a surgical procedure code. <b>UB</b> – Surgical supplies w/general anesthesia, provided in conjunction with a surgical procedure code.

**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.

Thank you for accepting this referral of a woman enrolled in CDP: EWC. Here is some information about the program:

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

Here is the contact information for this woman's Primary Care Provider:

Name:	Phone:	Fax:
Address:	Attention:	