REFERRAL Provider
Covered Procedures

Only the procedures listed below are covered under the Every Woman Counts (EWC) program for "Referral Providers." Providers must have an appropriate ICD-10-CM code(s) listed as the first and/or second diagnosis code on the claim to be eligible for payment. For the list of appropriate CPT specific ICD-10-CM codes please refer to ev woman, the EWC section of the Med-Cal Provider Manual:
http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/evwoman_m00o03.doc.

See important EWC reminders below.

Procedure Code Definitions (May Require Modifier*)

CPT-4 codes

00400 – Anesthesia, integumentary system anterior trunk
10021 – Fine needle aspiration; without imaging guidance
10022 – Fine needle aspiration; with imaging guidance
19000 – Puncture aspiration of cyst of breast
19001 – With 19000; each additional cyst
19081 – Biopsy of breast, with localization device placement and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion
19082 – With 19081; each additional lesion
19083 – Biopsy of breast, with localization device placement and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion
19084 – With 19083; each additional lesion
19100 – Needle Core biopsy of breast; without imaging guidance
19101 – Biopsy of breast, open, incisional
19120 – Excisional Biopsy, open
19125 – Excision of breast lesion, identified by preoperative placement of radiological marker; single lesion
19126 – With 19125; each additional lesion
19281 – Localization device placement, percutaneous; mammographic guidance; first lesion
19282 – With 19281; each additional lesion
19283 – Localization device placement, percutaneous; stereotactic guidance; first lesion
19284 – With 19283; each additional lesion
19285 – Localization device placement, percutaneous; ultrasound guidance; first lesion
19286 – With 19285; each additional lesion
57452 – Colposcopy
57454 – Colposcopy with biopsy of the cervix and endocervical curettage
57455 – Colposcopy with biopsy of the cervix
57456 – Colposcopy with endocervical curettage
57500 – Biopsy of cervix
57505 – Endocervical curettage, with 58100

REFERRAL Provider
Covered Procedures

CPT-4 codes, continued

58100 – Endometrial sampling, with 57505
58110 – Endometrial sampling with colposcopy
76098 – Radiological examination, surgical specimen
76641 – Ultrasound, unilateral, include axilla; complete
76642 – Ultrasound, unilateral, include axilla; limited
76942 – Ultrasonic guidance for needle placement; imaging supervision & interpretation
77065 – Diagnostic mammography; unilateral, includes CAD
77066 – Diagnostic mammography; bilateral, includes CAD
77067 – Screening mammogram, bilateral
81025 – Urine pregnancy test; only if billed with one or more code
87624 – Infectious agent detect by DNA or RNA; Human Papillomavirus (HPV), high-risk types
88141 – Pap, physician interpretation
88142 – Pap, liquid based; manual screening
88143 – Cytopathology-C/V, liquid based, manual screening and rescreening
88164 – Cytopathology, slides, cervical or vaginal; manual screening under physician supervision
88172 – Cytopathology evaluation of fine needle aspirate; to determine adequacy of specimen
88173 – Interpretation and report for evaluation of fine needle aspirate
88174 – Liquid based, automated screening
88175 – Liquid based, automated screening with manual rescreening
88305 – Level IV Surgical pathology examination
88307 – Level V Surgical pathology examination
88341 – Immunohistochemistry, each additional single a/b stain
88342 – Immunohistochemistry
88360 – Morphometric analysis, tumor immunohistochemistry; manual
99070 – Supplies and material, not included with office visit
99211 – Office visit; established patient 5 minutes
99241 – Consultation; new or established patient 15 minutes
99242 – Consultation; new or established patient 30 minutes
99243 – Consultation; new or established patient 40 minutes

HCPCS codes

A4217 – Sterile water/saline, 500 ml
J7030 – Infusion, normal saline solution, 1000 cc
J7040 – Infusion, normal saline solution, sterile (500 ml = 1 unit)
J7050 – Infusion, normal saline solution, 250 cc
J7120 – Ringers lactate infusion, up to 1000 cc
T1013 – Sign language or oral interpretive service/15 min
Z7500 – Examination or Treatment Room use
Z7506 – Operating Room or Cystoscopic Room use, first hour

REFERRAL Provider
Covered Procedures

HCPCS codes, continued

Z7508 – Operating Room or Cystoscopic Room use, first subsequent half hour
Z7510 – Operating Room or Cystoscopic Room use, second subsequent half hour
Z7512 – Recovery Room use
Z7514 – Room and board general nursing care, less than 24 hours
Z7610 – Miscellaneous drugs and medical supplies

***Commonly Used Modifiers -** For a complete list of approved Medi-Cal modifiers, refer to the relevant section of the Medi-Cal Provider Manual.

26 – Professional Component
51 – Multiple Surgeon Procedure
99 – Multiple Modifiers (e.g. AG+51)
AG – Primary Surgeon/Procedure
KX – Facilitates claim processing in instances where the patient's gender conflicts with the billed procedure code
TC – Technical Component
UA – Surgical supplies with no anesthesia or other than general anesthesia, provided in conjunction with surgical procedure code.

EWC REMINDERS

Program covered cancer screening and diagnostic services are FREE.
Balance billing is prohibited!
If non-covered services are recommended, written acknowledgment of cost and payment agreement must be obtained from the EWC recipient.
Only Primary Care Providers (PCP) can enroll women and obtain the Recipient ID#.
EWC enrollment is valid for 12 months; then, if eligible, the woman can be recertified or re-enrolled.
All providers must verify current eligibility before rendering services.
Only PCP's may claim for case management.
Only immediate work-up cycles are eligible for case management payment.
Claims must be submitted with the woman's EWC Recipient ID# (14 digit identification number).
Payment for program-covered services is at Medi-Cal rates.
All services and findings must be reported to the PCP.