REFERRAL Provider
Covered Procedures

Only the procedures listed below are covered under the Every Woman Counts (EWC) program for "Breast and Cervical 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.

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** – Each add cyst (with 19000)
- [ ] **19081** – Biopsy, with localization device plcmnt of and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion
- [ ] **19082** – With 19081; each additional lesion
- [ ] **19083** – Biopsy, with localization device plcmnt and imaging of biopsy specimen, percutaneous; US guidance; first lesion
- [ ] **19084** – With 19083; each additional lesion
- [ ] **19100** – Needle Core biopsy; without imaging guidance
- [ ] **19101** – Biopsy of breast; open, incisional
- [ ] **19120** – Excisional Biopsy, open
- [ ] **19125** – Excision of lesion, identified by preop plcmt of radiomarker; single lesion
- [ ] **19126** – With 19125; each additional lesion
- [ ] **19281** – Localization device plcmnt, percutaneous; mammographic guidance; first lesion
- [ ] **19282** – With 19281; each additional lesion
- [ ] **19283** – Localization device plcmnt, percutaneous; stereotactic guidance; first lesion
- [ ] **19284** – With 19283; each additional lesion
- [ ] **19285** – Localization device plcmnt, percutaneous; US guidance; first lesion
- [ ] **19286** – With 19285; each additional lesion
- [ ] **57452** – Colposcopy
- [ ] **57454** – Colposcopy w/bx of cervix and ECC

CPT-4 codes

- [ ] **57455** – Colposcopy w/bx of cervix
- [ ] **57456** – Colposcopy w/ECC
- [ ] **57500** – Biopsy of cervix
- [ ] **57505** – Endocervical curettage (with 58100)
- [ ] **58100** – Endometrial sampling (with 57505)
- [ ] **58110** – Endometrial sampling with colposcopy
- [ ] **76098** – X-ray Exam, surg specimen
- [ ] **76641** – Ultrasound, unilateral, include axilla; complete
- [ ] **76642** – Ultrasound, unilateral, include axilla; limited
- [ ] **76942** – US guidance for needle plcmt; imaging, supervis & interpret
- [ ] **77055** – Mammography; unilateral
- [ ] **77056** – Mammography; bilateral
- [ ] **77057** – Screening mammogram; bilateral
- [ ] **87624** – Infect agent detect by DNA or RNA; HPV, high-risk types
- [ ] **88141** – Pap, physician interpretation
- [ ] **88142** – Pap, liquid based (LBP); man scrng
- [ ] **88143** – Cytopathology-C/V, LBP, manual
- [ ] **88164** – Pap, conv. Slides; manual scrng
- [ ] **88172** – Cytopathology, of FNA; to determine adequacy of specimen
- [ ] **88173** – Interp/report for eval of FNA
- [ ] **88174** – LBP, auto screen
- [ ] **88175** – LBP, auto screen w/man rescrn.
- [ ] **88305** – Level IV Surg path exam
- [ ] **88307** – Level V Surg path exam
- [ ] **88341** – Immunohistochemistry, each additional single a/b stain
- [ ] **88342** – Immunohistochemistry
- [ ] **88360** – Morphometric analysis, tumor immunohistochemistry; manual
- [ ] **99070** – Supplies/material, not inc w/OV
- [ ] **99211** – OV; est pt 5 min
- [ ] **99241** – Consult, new or est pt 15 min
- [ ] **99242** – Consult, new or est pt 30 min
- [ ] **99243** – Consult, new or est pt 40 min

HCPCS codes

- [ ] **A4217** – Sterile water/saline, 500 ml
- [ ] **G0202** – Screening mammography, direct digital image, bilateral, all views
- [ ] **G0204** – Diagnostic mammography, direct digital image, bilateral, all views
- [ ] **G0206** – Diagnostic mammography, direct digital image, unilateral, all views
- [ ] **T1013** – Sign language interpretive serv/15 min
- [ ] **X7700** – Admin IV, initial, up to 1000ml
- [ ] **X7702** – Admin IV, each add 1000 ml
- [ ] **Z7500** – Exam or Tx Rm use
- [ ] **Z7506** – OR or Cysto Rm use, first hour
- [ ] **Z7508** – OR or Cysto Rm use, 1st sub half hr
- [ ] **Z7510** – OR or Cysto Rm use, 2nd sub half hr
- [ ] **Z7512** – Recovery Rm use
- [ ] **Z7514** – Rm/Brd gen nurs care, less than 24hr
- [ ] **Z7610** – Misc. drugs and medical supply

*Commonly Used Modifiers◊
26 – Professional Component
TC – Technical Component
AG – Primary Surgeon/Procedure
51 – Multiple surg procedure
99 – Multiple Mod (e.g. AG+51)
UA – Surgical supplies w/no anesthesia or other than general anesthesia, provided in conjunction with surgical procedure code.

◊For a complete list of approved Medi-Cal modifiers, refer to the relevant section of the Medi-Cal Provider Manual.

EWC REMINDERS

- Program covered cancer screening and diagnostic services are FREE.
- Payment for program-covered services is at Medi-Cal rates.
- 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#.

- Claims must be submitted with the woman's EWC Recipient ID# (14-digit identification number).
- Only PCP's may claim for case management.
- EWC enrollment is valid for 12 months; then, if eligible, the woman can be recertified/re-enrolled.
- All providers must verify current eligibility before rendering services.
- All services and findings must be reported to the PCP.