

Breast & Cervical Primary Care Provider Covered Procedures



Only the procedures listed below are covered under the Every Woman Counts (EWC) for “Breast and Cervical Primary Care Providers.” Requirements and information, including eligibility, are listed in can-detect, the 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

<u>Procedure Code Definitions</u>	<u>Procedure Code Definitions</u>	<u>Procedure Code Definitions</u>
<p><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 or 19103)</p> <p><input type="checkbox"/> 57452 – Colposcopy</p> <p><input type="checkbox"/> 57454 – Colposcopy w/bx of cervix and ECC</p> <p><input type="checkbox"/> 57455 – Colposcopy w/bx of cervix</p> <p><input type="checkbox"/> 57456 – Colposcopy w/ECC</p> <p><input type="checkbox"/> 57500 – Biopsy of cervix</p> <p><input type="checkbox"/> 57505 – Endocervical curettage (with 58100)</p> <p><input type="checkbox"/> 58100 – Endometrial sampling (with 57505)</p> <p><input type="checkbox"/> 58110 – Endometrial sampling with colposcopy</p>	<p><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"/> 87621 – HPV, human, amplified probe</p> <p><input type="checkbox"/> 88141 – Pap, physician interpretation</p> <p><input type="checkbox"/> 88142 – Pap, liquid based (LBP); man scrng</p> <p><input type="checkbox"/> 88164 – Pap, conv. slides; manual scrn</p> <p><input type="checkbox"/> 88173 – Interp/report for eval of FNA</p> <p><input type="checkbox"/> 88174 – LBP, auto screen</p> <p><input type="checkbox"/> 88175 – LBP, auto screen w/man rescn.</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>No Modifier required</u></p> <p><input type="checkbox"/> 99202 – OV; new pt 20 min</p> <p><input type="checkbox"/> 99203 – OV; new pt 30 min</p> <p><input type="checkbox"/> 99204 – OV; new pt 45 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"/> 99214 – OV; est pt 25 min</p> <p><input type="checkbox"/> T1017 – Case Mgmt Immediate w/u</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 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: _____