BREAST ONLY Primary Care Provider Covered Procedures

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

Procedure Code Definitions

Surgical Modifiers*

- ☐ **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)
- ☐ **19100** – Needle Core biopsy (without imaging guidance)
- ☐ **19102** – Needle Core biopsy (with imaging guidance)
- ☐ **19103** – Needle Core, auto vacuum. assist or rotating biopsy device (image guided)
- ☐ **19120** – Excisional Biopsy, open
- ☐ **19125** – Excision of lesion , identified by preop plcmt of radiomarker; single lesion
- ☐ **19126** – Each additional lesion (with 19125)
- ☐ **19290 –** Preop plcmt of needle localization wire
- ☐ **19291** – Each add lesion; (with 19290)
- ☐ **19295** – Image guided placement, localization clip (with 19102, 19103)

Procedure Code Definitions

Component Modifier Required*

- ☐ **76098** – X-ray Exam, surg specimen
- ☐ **76645** – Ultrasound, (uni/bilateral)
- ☐ **76942** – US guidance for needle plcmt; imaging, supervis & interpret
- ☐ **77031** – Stereotactic localization for bx or needle plcmt; superv & interpret
- ☐ **77032** –Mammography guidance for needle plcmt; superv.&interpret
- ☐ **77055** – Mammography; unilateral
- ☐ **77056** – Mammography; bilateral
- ☐ **77057** – Screening mammogram bilateral
- ☐ **88173** – Interp/report for eval of FNA
- ☐ **88305** – Level IV Surg path exam
- ☐ **88307** – Level V Surg path exam
- ☐ **88360** – Morphometric analysis, tumor immunohistochemistry; manual
- ☐ **G0202** – Screening mammography, direct digital image, bilateral, all views (paid at 77057 rate)
- ☐ **G0204** – Diagnostic mammography, direct digital image, bilateral, all views (paid at 77056 rate)
- ☐ **G0206** – Diagnostic mammography, direct digital image, unilateral, all views (paid at 77055 rate)

Procedure Code Definitions

No Modifier required

- ☐ **99202** – OV; new pt 20 min
- ☐ **99212** – OV; est pt 10 min
- ☐ **99213** – OV; est pt 15 min
- ☐ **T1017** – Case Mgmt – Immediate follow-up (PCP only)
- ☐ **99070** – Supplies/material, not inc w/OV
- ☐ **A4217 –** Sterile water/saline, 500 ml
- ☐ **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

Common Modifiers*

Pathology / Radiology Procedures Section (70000 and 80000 Range)

26 – Professional Component
TC – Technical Component
ZS – Global

Surgical Procedures Section (10000 – 69999)

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 a surgical procedure code.
UB – 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.**

- **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: _____