

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-9-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-9-CM codes please refer to *ev woman*, the EWC section of the Medi-Cal Provider Manual: http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mlp/part2/evwoman_m00o03.doc.

Procedure Code Definitions (May Require Modifier*)

<ul style="list-style-type: none"> <input type="checkbox"/> 00400 – Anesthesia, integumentary system, anterior trunk <input type="checkbox"/> 10021 – Fine needle aspiration; without imaging guidance <input type="checkbox"/> 10022 – Fine needle aspiration; with imaging guidance <input type="checkbox"/> 19000 – Puncture aspiration of cyst of breast <input type="checkbox"/> 19001 – Each add cyst (with 19000) <input type="checkbox"/> 19100 – Needle Core biopsy (without imaging guidance) <input type="checkbox"/> 19101 – Biopsy of breast; open, incisional <input type="checkbox"/> 19102 – Needle Core biopsy (with imaging guidance) <input type="checkbox"/> 19103 – Needle Core, auto vacuum. assist or rotating biopsy device (image guided) <input type="checkbox"/> 19120 – Excisional Biopsy, open <input type="checkbox"/> 19125 – Excision of lesion, identified by preop plcmt of radiomarker; single lesion <input type="checkbox"/> 19126 – Each additional lesion (with 19125) <input type="checkbox"/> 19290 – Preop plcmt of needle localization wire <input type="checkbox"/> 19291 – Each add lesion; (with 19290) <input type="checkbox"/> 19295 – Image guided placement, localization clip (with 10022, 19102 or 19103) <input type="checkbox"/> 57452 – Colposcopy <input type="checkbox"/> 57454 – Colposcopy w/bx of cervix and ECC <input type="checkbox"/> 57455 – Colposcopy w/bx of cervix <input type="checkbox"/> 57456 – Colposcopy w/ECC <input type="checkbox"/> 57500 – Biopsy of cervix <input type="checkbox"/> 57505 – Endocervical curettage (with 58100) <input type="checkbox"/> 58100 – Endometrial sampling (with 57505) <input type="checkbox"/> 58110 – Endometrial sampling with colposcopy 	<ul style="list-style-type: none"> <input type="checkbox"/> 76098 – X-ray Exam, surg specimen <input type="checkbox"/> 76645 – Ultrasound, (uni/bilateral) <input type="checkbox"/> 76942 – US guidance for needle plcmt; imaging, supervis & interpret <input type="checkbox"/> 77031 – Stereotactic localization for bx or needle plcmt; superv & interpret <input type="checkbox"/> 77032 – Mammography guidance for needle plcmt; superv.&interpret <input type="checkbox"/> 77055 – Mammography; unilateral <input type="checkbox"/> 77056 – Mammography; bilateral <input type="checkbox"/> 77057 – Screening mammogram; bilateral <input type="checkbox"/> 87621 – HPV, human, amplified probe <input type="checkbox"/> 88141 – Pap, physician interpretation <input type="checkbox"/> 88142 – Pap, liquid based (LBP); man scrng <input type="checkbox"/> 88143 – Cytopathology-C/V, LBP, manual <input type="checkbox"/> 88164 – Pap, conv. slides; manual scrn <input type="checkbox"/> 88172 – Cytopathology, of FNA; to determine adequacy of specimen <input type="checkbox"/> 88173 – Interp/report for eval of FNA <input type="checkbox"/> 88174 – LBP, auto screen <input type="checkbox"/> 88175 – LBP, auto screen w/man rescrn. <input type="checkbox"/> 88305 – Level IV Surg path exam <input type="checkbox"/> 88307 – Level V Surg path exam <input type="checkbox"/> 88342 – Immunohistochemistry <input type="checkbox"/> 88360 – Morphometric analysis, tumor immunohistochemistry; manual <input type="checkbox"/> G0202 – Screening mammography, direct digital image, bilateral, all views <input type="checkbox"/> G0204 – Diagnostic mammography, direct digital image, bilateral, all views <input type="checkbox"/> G0206 – Diagnostic mammography, direct digital image, unilateral, all views 	<ul style="list-style-type: none"> <input type="checkbox"/> 99241 – Consult, new or est pt 15 min <input type="checkbox"/> 99242 – Consult, new or est pt 30 min <input type="checkbox"/> 99243 – Consult, new or est pt 40 min <input type="checkbox"/> T1013 – Sign language interpretive serv/15 min <input type="checkbox"/> 99070 – Supplies/material, not inc w/OV <input type="checkbox"/> A4217 – Sterile water/saline, 500 ml <input type="checkbox"/> X7700 – Admin IV, initial, up to 1000ml <input type="checkbox"/> X7702 – Admin IV, each add 1000 ml <input type="checkbox"/> Z7500 – Exam or Tx Rm use <input type="checkbox"/> Z7506 – OR or Cysto Rm use, first hour <input type="checkbox"/> Z7508 – OR or Cysto Rm use, 1st sub half hr <input type="checkbox"/> Z7510 – OR or Cysto Rm use, 2nd sub half hr <input type="checkbox"/> Z7512 – Recovery Rm use <input type="checkbox"/> Z7514 – Rm/Brd gen nurs care, less than 24hr <input type="checkbox"/> Z7610 – Misc. drugs and medical supply <p>*Commonly Used Modifiers◇</p> <p>26 – Professional Component</p> <p>TC – Technical Component</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>
◇For a complete list of approved Medi-Cal modifiers, refer to the relevant section of the Medi-Cal Provider Manual.		
EWC REMINDERS		
<ul style="list-style-type: none"> • 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#. 	<ul style="list-style-type: none"> • 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. 	