Medi-Cal Provider Training 2016

Every Woman Counts

The Outreach and Education team includes Regional Representatives, the Small Provider Billing Unit (SPBU) and Coordinators who are available to train and assist providers to efficiently submit their Medi-Cal claims for payment.

The Medi-Cal Learning Portal (MLP) brings Medi-Cal learning tools into the 21st Century. Simply complete a one-time registration to gain access to the MLP's easy-to-use resources. View online tutorials, live and recorded webinars from the convenience of your own office and register for provider training seminars. For more information call the Telephone Service Center (TSC) at 1-800-541-5555 or go to the MLP at http://www.medi-cal.ca.gov/education.asp.

Free Services for Providers

Provider Seminars and Webinars

Provider training seminars and webinars offer basic and advanced billing courses for all provider types. Seminars are held throughout California and provide billing assistance services at the Claims Assistance Room (CAR). Providers are encouraged to bring their more complex billing issues and receive individual assistance from a Regional Representative.

Regional Representatives

The 24 Regional Representatives live and work in cities throughout California and are ready to visit providers at their office to assist with billing needs or provide training to office staff.

Small Provider Billing Unit

The four SPBU Specialists are dedicated to providing one-on-one billing assistance for one year to providers who submit fewer than 100 claim lines per month and would like some extra help. For more information about how to enroll in the SPBU Billing Assistance and Training Program, call 916-636-1275 or 1-800-541-5555.

All of the aforementioned services are available to providers at no cost!

Table of Contents

Every Woman Counts

Introduction 1
Program Overview 2
Regional Contractors 3
Primary Care Providers 5
Recipient Eligibility 7
Enrollment Application 10
Important Points 10
Enrollment Process 15
Case Management Payment Policy 23
Case Management Data Policy 23
Where to Submit Claims 28

Appendix

Acronyms 1

Every Woman Counts

Introduction

Purpose

The purpose of this module is to provide information for billing services rendered by qualified Primary Care Providers (PCPs) and Referral Providers of Every Woman Counts (EWC) to recipients enrolled in EWC.

Module Objectives

- Define Every Woman Counts
- Understand who is eligible to provide services
- Determine recipient eligibility
- Review recipient enrollment criteria
- Understand when to bill for EWC case management
- Identify program-covered services
- Review specific billing requirements

Resource Information

The following reference materials are available in the Medi-Cal provider manual and include program and eligibility information.

Medi-Cal Provider Manual References

Part 2

Every Woman Counts (ev woman)
Every Woman Counts – CMS-1500 (ev woman exc)
Every Woman Counts – UB-04 (ev woman exub)

Other References

Every Woman Counts Web page:
(*http://www.dhcs.ca.gov/services/Cancer/ewc/Pages/default.aspx*)

Medi-Cal website:
(*www.medi-cal.ca.gov*)
To access the EWC webpage, under the “Programs” tab, click the “Every Woman Counts” link.

EWC Regional Contractors Web page:
(*www.dhcs.ca.gov/services/cancer/EWC/Pages/RegionalContractors.aspx*)

Additional EWC information and resources: (*https://qap.sdsu.edu*)

Medi-Cal Subscription Service (MCSS)

MCSS is a free subscription service that enables providers and others interested in Medi-Cal to receive subject-specific links to Medi-Cal news, Medi-Cal Update bulletins, urgent announcements and/or System Status Alerts via email. For more information and subscription instructions, visit the MCSS Subscriber Form at (www.medi-cal.ca.gov/mcss).

Program Overview

The Every Woman Counts (EWC) program is the state and federal comprehensive public health program. EWC provides quality breast and cervical cancer screening, diagnostic and case management services, professional education, and public health education and outreach. EWC, in coordination with the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), helps low-income, uninsured, underserved women obtain high quality breast and cervical cancer screenings and follow-up services. The program provides cervical and breast cancer services to women 21 to 40 years of age. NBCCEDP also provides services to men suspected of having breast cancer.

To Qualify for EWC services the recipient must:

- Have a physical California address or a place at which the recipient can be contacted
- Have income at or below 200 percent of the federal poverty level
- Not have any private or public insurance coverage, or if insured, must not be able to afford deductibles, copays or share of cost.

The goal of the program is to prevent the devastating effects of breast cancer and cervical cancer by reducing morbidity and mortality rates in this population.

Cancer Detection and Treatment Branch

The Cancer Detection and Treatment Branch (CDTB) is part of the California Department of Health Care Services' Benefits Division. CDTB manages multi-faceted public health programs for cervical cancer prevention, breast and cervical cancer screening and diagnosis, and prostate cancer treatment. These services are offered through the EWC and IMProving Access, Counseling & Treatment for Californians with Prostate Cancer (IMPACT) programs.

CDTB Components:

- Health education and outreach activities
- Clinical services
- Quality assurance and improvement through professional education and evaluation of clinical data
- Patient care coordination to ensure women are screened regularly and that follow-up occurs when needed
- Breast and cervical cancer early detection and screening services that are provided in all counties of the state

Funding

- Funding for this program is by both federal and state dollars.
- Federal funds are received from the Centers for Disease Control and Prevention (CDC) and the NBCCEDP as authorized by the Acts of 1990 (Public Law 101-354).
- State funds are received through a tax on tobacco (mandated by the California Breast Cancer Act of 1993) and the General Fund.

EWC and Medi-Cal

EWC and Medi-Cal are two separate programs. However, EWC relies on the Medi-Cal billing process to oversee the administration of claims.

Regional Contractors

The EWC program is implemented through 10 Regional Contractors (RCs). Each RC has at least one clinical coordinator and one health educator. RCs are EWC local representatives. The regional structure allows EWC to work with communities by addressing the needs of the local population and working closely with the Primary Health Care Providers (PCP).

Regional Contractors Web page:
(*www.dhcs.ca.gov/services/Cancer/EWC/Pages/RegionalContractors.aspx*)

Clinical Guidelines

EWC services are performed in accordance with CDTB clinical guidelines. The guidelines are available online in the *Program Manual for Primary Care Providers* and by request through the 10 RCs.

Every Woman Counts PCPs have a central role in detecting cancer at an early stage. PCPs should make every attempt to ensure enrolled women receive appropriate, timely and complete screening and diagnostic services. EWC expects enrolled PCPs to meet the following CDC and Program quality performance benchmarks, including:

- 90 percent or more of EWC women with an abnormal screening have a complete follow-up.
- No more than 10 percent of EWC women with an abnormal screening will be lost to follow-up or refuse service.
- Referrals for diagnostic services must be made within 14 calendar days from receipt of abnormal results.
- 75 percent or more of EWC women with abnormal breast cancer screening results reach a diagnosis within 60 days from the date of the abnormal screening.
- Referrals for treatment of breast or cervical cancer must be made within seven calendar days.
- 75 percent or more of EWC women with abnormal cervical cancer screening results reach a diagnosis within 60 days from the date of the abnormal screening.

RC Activities

RCs conduct the following activities on behalf of CDTB:

- Recruit and train EWC PCPs
- Support EWC providers to participate in breast and/or cervical health service delivery networks
- Conduct local targeted outreach and education for low-income, high-risk women
- Address gaps in the delivery of these services
- Coordinate professional education about breast and/or cervical cancer screening and related subjects
- Provide technical assistance for the development of patient tracking and follow-up systems that facilitate annual rescreening and timely referrals for women with abnormal findings
- Provide technical assistance and training for entering recipient information, eligibility and data in the EWC data entry application
- Provide technical assistance and training in data entry to meet the Core Program Performance Indicators (CPPIs) measuring quality outcomes
- Provide guidance to support recipients receiving timely and appropriate services

Primary Care Providers

PCPs are clinical entities that agree to enroll women, provide screening and diagnostic services and coordinate diagnostic services and referral to treatment as part of case management. PCPs also collect, enter and report recipient outcome data.

PCP Requirements

New PCPs are eligible to render services only after the effective date of enrollment, as stated in the EWC welcome letter. PCPs must adhere to all requirements contained in the *Primary Care Provider Enrollment Agreement* (PCPEA), CDTB clinical standards and data submission requirements.

A PCP must:

- Be a Medi-Cal provider in good standing and licensed in the state of California
- Enroll in the program through an RC
- Complete and sign a *Primary Care Provider Enrollment Agreement* (PCPEA)
- Have Internet access to enroll a recipient into EWC and obtain a 14-character recipient identification number
- Complete the DETEC online enrollment and data forms

PCP responsibilities:

- Inform Referral Provider of covered services, woman's eligibility status and the 14-character ID
- Refer to providers who agree to bill only for EWC covered services
- Verify recipient's eligibility or that the certification period is valid for date of service
- Deliver EWC program services in accordance with EWC program clinical quality standards
- Accept Medi-Cal rates as payment in full. Do not bill recipients for any EWC program services
- Provide disclosure to recipients about services that are not covered by EWC and receive patient consent prior to provision of these services
- Assess tobacco use for each recipient and refer users to the tobacco cessation program
- Provide notification to recipients of screening, diagnostic procedures and test results within specified time frames and document notification in the medical record
- Collect recipient data and report to the EWC program
- Maintain a network of Referral Providers
- Refer recipients for diagnostic evaluation and/or treatment as needed

PCP Categories

EWC-enrolled PCPs may fall into one of two categories:

- Enrolled to provide breast cancer screening services
- Enrolled to provide both breast and cervical cancer screening services

NOTE
Providers are encouraged to, and most elect to, provide both breast and cervical cancer screening services.

Referral Providers

Referral Providers are Medi-Cal providers, in good standing who receive referrals from EWC PCPs to render specialty and ancillary care services to EWC recipients. Referral Providers are not required to be enrolled as EWC providers and referral services do not need to be preauthorized.

Examples of Referral Providers include the following:

- Anesthesiologists
- Laboratories
- Mammography facilities
- Pathologists
- Radiologists
- Surgeons

Referral Provider Requirements

- Referral Providers should use the EWC recipient's 14-character ID number for their claims to be processed and not denied.
- Referral Providers can render only the EWC program-covered services that are permitted for Referral Providers.
- Referral Providers must report their screening and diagnostic findings to the EWC-enrolled PCP who is responsible for submitting data and outcomes to EWC and for coordinating further care or follow-up.
- Referral Providers accept Medi-Cal rates as payment in full. Do not bill recipients for any EWC program services.
- Referral Providers offer disclosure to a recipient about services that are not covered by EWC and receive patient consent prior to provision of these services.

Recipient Eligibility

Recipient Eligibility: Age Criteria

1. EWC programs are for _____ only.
2. Women _____ years of age and older may be eligible for cervical cancer screening consisting of a pelvic examination, a screening Pap test and the necessary follow-up cervical diagnostic services.

   NOTE
   Only certain providers are eligible to render cervical cancer screening and diagnostic services.

3. Women _____ years of age and older may be eligible for breast cancer screening consisting of a Clinical Breast Exam (CBE) and mammogram, as well as necessary follow-up breast diagnostic services.

   NOTE
   NBCCEDP also provides services to men suspected of having breast cancer.

Recipient Eligibility: Residency Criteria

4. Eligible women must have a _____ address.
5. The recipient must have a physical California address, or if homeless, a location where the woman can be contacted and/or receive mail.

   True ☐ False ☐

Answer Key: 1) women; 2) 21; 3) 40; 4) California 5) True

EWC INCOME ELIGIBILITY GUIDELINES
200 Percent of the 2015 HHS Poverty Guidelines by Household Size
Effective April 1, 2015, through March 31, 2016

Number of Persons Living in Household	Monthly Gross Household Income	Annual Gross Household Income
1	$1,962	$23,540
2	$2,655	$31,860
3	$3,349	$40,180
4	$4,042	$48,500
5	$4,735	$56,820
6	$5,429	$65,140
7	$6,122	$73,460
8	$6,815	$81,780
For each additional person, add:	$694	$8,320

Recipient Eligibility: Financial Criteria

To be eligible for EWC, a woman must have a household income at or below 200 percent of the Federal Poverty Level (FPL). The FPL is adjusted annually. Household income is self-reported. Providers must not ask for evidence of income.

1. The gross household income includes the income of the_____ who are living in the household.
2. The Federal HHS poverty guidelines are used to determine _____ eligibility for EWC.
3. To qualify for breast and cervical cancer screening services, recipients must have a household income at or below _____ _____ of the HHS poverty guidelines.
4. “Gross household income” means the _____ _____ of income (before taxes and other deductions) received by an individual from the sources identified by the U.S. Census Bureau.
5. Monthly gross income for migrant farm workers and other _____ employed persons may be computed by averaging total gross income received during the previous 12 months.

Answer Key: 1) individuals; 2) financial; 3) 200 percent; 4) monthly sum 5) seasonally

Recipient Eligibility: Health Coverage Criteria

To be eligible for coverage, the recipient must not have any public or private source of health care coverage for screening and follow-up services or not be able to afford unmet deductibles, co-pays or share of cost for screening and follow-up services.

1. For a woman to be eligible for EWC, her PCP must certify that she is _____ or _____ , based on the woman's self report.
2. Recipients may be certified as underinsured for EWC if all of the following conditions are met:
   a) No Medicare _____ ___ coverage
   b) Either no _____ coverage or limited scope Medi-Cal such as:
      - Medi-Cal for pregnancy or emergency service only, or
      - Medi-Cal with unmet Share of Cost (SOC) obligations

Eligibility Period

- The eligibility period expires one year after the date the recipient is enrolled via DETEC online enrollment and data reporting system.
- A recipient is recertified annually after the one-year eligibility period ends.

Answer Key: 1) uninsured, underinsured; 2a) Part B; 2b) Medi-Cal;

Enrollment Application

To enroll a woman into EWC, the PCP must ensure that:

- The recipient is not eligible for more comprehensive coverage through the Affordable Care Act and meets the EWC eligibility criteria.
- The *Recipient Eligibility Form* (DHCS 8699) is signed by the woman and the PCP staff, and that all pages of the form are kept in the medical chart for each of the woman's annual certification period(s).
- With each certification, the woman signs the *Consent to Participate in Program and Privacy Statement* (DHCS 8478) form to agree to the program conditions and to acknowledge receipt of the Notice of Privacy Practices (NPP).
- A signed Consent form and a copy of all pages of the NPP must be kept in the patient file.
- Enrollment data is entered into the DETEC. A woman is considered enrolled in EWC once eligibility information is entered into DETEC and a 14-digit recipient ID number is generated. Until this information is entered into DETEC, the woman is not enrolled. Providing services to women before EWC enrollment may compromise payment for services rendered.
- A printed copy of the enrollment data, including the Recipient ID Card is placed in the medical chart.
- The recipient is given a copy of the ID Card.

Important Points

1. EWC recipients are identified by a 14-character ID.
2. The recipient ID number is computer generated after the online *Recipient Information* form is completed and submitted.
3. Providers must certify that the recipient is eligible for the program.
4. EWC enrollment needs to be certified annually.
5. Women must be at least 21 years of age to be eligible for cervical cancer screening and diagnostic services.
6. Women must be at least 40 years of age to be eligible for breast cancer screening and diagnostic services.
7. The signed *Recipient Eligibility Form*, *Consent to Participate in Program* form and a copy of the recipient ID card must be kept in the recipient's file by the PCP.
8. Providers should print and keep a copy of the completed DETEC *Screening Cycle Data* form in the recipient's file as evidence of data submission.

State of California—Health and Human Services Agency

Department of Health Care Services

Every Woman Counts
RECIPIENT ELIGIBILITY FORM

Medical Record Number ☐☐☐☐☐☐☐☐☐☐ **Recipient ID** ☐☐9A☐☐☐☐☐☐☐☐☐☐

This section to be completed by recipient

1. Last Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
2. First Name ☐☐☐☐☐☐☐☐☐☐☐☐
3. Middle Initial ☐

4. Date of birth (MM) (DD) (YYYY) ☐☐ ☐☐ ☐☐☐☐
5. Mother's Maiden Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

6. Address ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

7. City ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
8. State ☐☐
9. ZIP Code ☐☐☐☐☐

10. Telephone ☐☐☐-☐☐☐-☐☐☐☐

11. Are you Hispanic or Latino?
☐ Yes ☐ No ☐ Unknown

12. Select all that apply to you →
- ☐ American Indian or Alaska Native
- ☐ Asian → ☐ 13.(Select one if Asian) →
  - ☐ Asian Indian
  - ☐ Cambodian
  - ☐ Chinese
  - ☐ Filipino
  - ☐ Japanese
  - ☐ Korean
  - ☐ Laotian
  - ☐ Vietnamese
  - ☐ Other Asian
- ☐ Black or African American
- ☐ Pacific Islander → ☐ 14.(Select one if Pacific Islander) →
  - ☐ Guamanian
  - ☐ Hawaiian
  - ☐ Samoan
  - ☐ Other Pacific Islander
- ☐ White
- ☐ Unknown

15. Total household income (before taxes): ☐
16. Total number of persons living together on this income: ☐

17. Health insurance:
17a. Do you have health insurance?
☐ Yes ☐ No

17b. If Yes, which type?
☐ Medi-Cal ☐ Medicare Part B ☐ Military
☐ Family PACT ☐ Private insurance ☐ Other _____

18. Tobacco Use:
**18a. Do you smoke tobacco now? ☐ Yes ☐ No
**18b. Do you use other tobacco products now? ☐ Yes ☐ No

I certify that the above information is correct and complete:

_____ **Recipient Signature** _____ **Date Signed**

PROVIDER USE ONLY Eligibility Checklist

Supporting documentation on file establishes that recipient:

19. ☐ Meets *EWC* program age, income, and insurance criteria.
[≥ 40 years of age for Breast Services or ≥ 21 years of age for Cervical Services]
[≤ 200% Federal Poverty Level; Payor of Last Resort: Unmet Share Of Cost, Unmet deductible, Exhausted Family PACT, No Medicare Part B]
20. ☐ Signed *EWC* consent form
21. ☐ Breast and Cervical Cancer Treatment Program—See page 2 for additional referral requirements

I have determined that this woman is eligible for *EWC* services*.

For recipients who answered Yes to ***Item 18a or 18b above, I have notified clinician to assess smoking status and refer to tobacco cessation resources.

_____ **Primary Care Provider Staff Certifying Signature** _____ **Date Certified**

**Eligibility determination policies and information are located in the Can Detect Portion of the Medi-Cal Manual.*

DHCS 8699 (Rev 1/13) Complete all fields. Place original in patient chart. Page 1 of 3

Sample: *Recipient Eligibility Form* – Page 1

State of California—Health and Human Services Agency | Department of Health Care Services

Every Woman Counts
RECIPIENT ELIGIBILITY FORM (continued)

BCCTP Enrollment Date: _____

The purpose of this enrollment is to only refer the recipient to BCCTP Breast Cancer Treatment:

☐ Breast Final Diagnosis Date:

Breast Final Diagnosis (check one): _____

- ☐ Atypical Ductal Hyperplasia (ADH)
- ☐ Lobular Neoplasia
- ☐ Lobular Carcinoma in Situ (LCIS)
- ☐ Atypical Lobular Hyperplasia (ALH) Ductal
- ☐ Carcinoma In Situ, Comedo Type Ductal
- ☐ Carcinoma In Situ, Non-Comedo Type
- ☐ Infiltrating Ductal Carcinoma
- ☐ Infiltrating Lobular Carcinoma
- ☐ Medullary Carcinoma
- ☐ Mucinous or Colloid Carcinoma
- ☐ Papillary Carcinoma
- ☐ Tubular Carcinoma
- ☐ Paget's Carcinoma of the Breast
- ☐ Malignant Phyllodes Tumor
- ☐ Metastatic Cancer with Breast Primary
- ☐ Carcinosarcoma
- ☐ Primary Non-Hodgkins Lymphoma
- ☐ Inflammatory Breast Carcinoma
- ☐ Adenoid Cystic Carcinoma
- ☐ Breast Malignancy NOS

The purpose of this enrollment is to only refer the recipient to BCCTP Cervical Cancer Treatment:

☐ Cervical Final Diagnosis Date:

Cervical Final Diagnosis (check one): _____

- ☐ High Grade Squamous Cell Intraepithelial Lesion (HSIL)
- ☐ Adenoid Cystic Carcinoma
- ☐ Cervical Intraepithelial Neoplasia II (CIN II)
- ☐ Cervical Intraepithelial Neoplasia III (CIN III)
- ☐ Atypical Glandular Cells of Undetermined Significance (AGUS)
- ☐ Adenocarcinoma In Situ (ACIS)
- ☐ Adenocarcinoma
- ☐ Squamous Cell Carcinoma
- ☐ Adenoma Malignum
- ☐ Adenosquamous Carcinoma
- ☐ Glassy Cell Carcinoma
- ☐ Carcinoid Carcinoma
- ☐ Small Cell Carcinoma or Neuroendocrine Carcinoma
- ☐ Metastatic Cancer with Cervical or Endocervical Primary
- ☐ Cervical Sarcoma
- ☐ Cervical Melanoma
- ☐ Mesonephric Carcinoma
- ☐ Moderate Dysplasia
- ☐ Severe Dysplasia
- ☐ Carcinoma In Situ
- ☐ Malignant Mixed Mullerian Tumor
- ☐ Cervical Malignancy NOS

PROVIDER USE ONLY Eligibility Checklist

Supporting documentation on file establishes that recipient:

22. ☐ Meets *EWC* program age, income and insurance criteria.
    [≥ 40 years of age for Breast Services or ≥ 21 years of age for Cervical Services]
    [≤ 200% Federal Poverty Level; Payor of Last Resort: Unmet Share Of Cost, Unmet deductible, Exhausted Family PACT, No Medicare Part B]
23. ☐ Signed *EWC* consent form

***I have determined that this woman is eligible for BCCTP enrollment.**

_____ **Primary Care Provider Staff Certifying Signature** _____ **Date Certified**

**Eligibility determination policies and information are located in the Cancer Detection Programs' Section of the Medi-Cal Manual.*

DHCS 8699 (Rev 1/13) Complete all fields. Place original in patient chart. Page 2 of 3

Sample: *Recipient Eligibility Form* – Page 2

State of California—Health and Human Services Agency | Department of Health Care Services

Every Woman Counts
RECIPIENT ELIGIBILITY FORM (continued)

PRIVACY STATEMENT

The information requested on this form, is required by the Department of Health Care Services (DHCS), Every Woman Counts (EWC) for purposes of client identification and data collection. This information may be transferred to federal, state, and local agencies for purposes of verifying eligibility and other purposes related to administering EWC. Furnishing the information requested on this form is mandatory. Failure to provide the required information may result in the denial of eligibility.

The Information Practices Act of 1977 and the Federal Privacy Act require DHCS to provide the following information: that privacy and confidentiality of all personal, confidential, and sensitive information, in whatever medium (oral, paper or electronic) must be protected. DHCS considers all information about individuals private, unless such information is determined to be a public record. DHCS and EWC policy is to protect privacy and prevent the loss of information through accidental misuse, sabotage, criminal activity, or natural disaster.

Legal references authorizing maintenance of this information: Government Code Section 6250-6265, Government Code Section 11019.9, Health and Safety Code Section 131085. All information will be protected as described in the Department's Cancer Detection & Treatment Branch CDTB Notice of Privacy Practices. You have the right to inspect or obtain a copy of records kept by the CDS regarding your health care, as described in the CDTB Notice of Privacy Practices. Contact the California Department of Health Care Services, Every Woman Counts 1616 Capitol Avenue, Suite 74-421 P.O. Box 997377, Sacramento, CA 95899-7377, or call (916) 449-5300.

DHCS 8699 (Rev 1/13) | Complete all fields. Place original in patient chart. | Page 3 of 3

Sample: *Recipient Eligibility Form* – Page 3

State of California—Health and Human Services Agency

Department of Health Care Services

JENNIFER KENT
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

EVERY WOMAN COUNTS PROGRAM
CONSENT TO PARTICIPATE IN PROGRAM AND PRIVACY STATEMENT

The Department of Health Care Services (Department) pays for some tests to detect breast and/or cervical cancer for women who are low income, uninsured or underinsured, and cannot pay for these services. Most women do **NOT** have cancer. For the few who do, finding the cancer early may save their lives. **Signing this form means that you want to take part in the Every Woman Counts program.** This consent is valid for one year. You must sign a new consent form for each year you take part in the EWC program. You can stop taking part in the program at any time.

To participate in the EWC program, you must provide your name, address, date of birth, income, and some health history. This information must be provided or you will not be allowed to participate. Other information, such as your social security number (if you have one) will be asked, but you do not have to provide it to be screened. The EWC program is authorized to collect and maintain the information provided by you when applying for this program under the California Revenue and Taxation Code, Section 30461.6, 42; United States Code 1501; and 45 Code of Federal Regulations, Sections 160-164. All information will be protected as described in the EWC program Notice of Privacy Practices (NPP), which you are being given with this consent. Your primary care provider (PCP) will provide you with your screening results. Your PCP will keep your medical record on file and will send medical data to the EWC program to request payment, to use for utilization of health care operations, research, and in some cases, for coordination of treatment. Information may be shared with other programs in the Department and other governmental agencies. Your PCP may also share your personal information with other health professionals to assist you in obtaining recommended services. Information may be disclosed when required by law, such as for workers' compensation purposes. You have the right to inspect or obtain a copy of records kept by the EWC program regarding your health care, as described in the NPP.

Your name will not be used in any report that is public. Your name, date of birth, address, and social security number may be shared with other participating providers in the program for purposes of avoiding duplication of enrollment.

You will get a copy of this consent to keep. Please talk to your primary care provider if you have any questions.

I, _____ (please print your name) have provided correct and complete information and agree to take part in the Department's EWC program. I also agree to let my personal and medical facts be used, as explained above. I understand that by signing this form, I agree to take part in the EWC program for one year, and for participation in the EWC program next year, I must sign a new consent to participate.

✍

_____ _____
Signature Date

I have received and read the Notice of Privacy Practices.

✍

_____ _____
Signature Date

COMPLETE ONLY IF WITNESS IS NECESSARY: I have read the information on this form to the patient whose name is listed above. I conclude, to the best of my knowledge and belief, that the patient understands the information, is willing to take part in the program, and agrees to the terms of this consent.

✍

_____ _____
Signature Date

Every Woman Counts
Benefits Division, MS 4600
P.O. Box 997417, Sacramento, CA 95899-7417
Phone (916) 449-5300
Internet Address: http://dhcs.ca.gov/EveryWomanCounts

DHCS 8478 (Rev. 2/15)

Sample: *Consent to Participate In Program* Form – Page 1

Enrollment Process

You need the following to enroll a recipient into EWC:

- A desktop computer or laptop
- Access to the Internet
- National Provider Identifier (NPI) and Provider Identification Number (PIN)
- A printer

NOTE
To be able to access “Transaction Services,” you need to have a *Medi-Cal POS/Internet Network Agreement* on file with Xerox State Healthcare, LLC (Xerox). Xerox is the Department of Health Care Services’ (DHCS) Fiscal Intermediary.

To access the Internet website for EWC:

- Go to (*www.medi-cal.ca.gov*).
- Click the “Transactions” tab which directs you to the “Login to Medi-Cal” page.
- Enter the Medi-Cal NPI number for the enrolled EWC and PIN (password).
- Click the “Programs” tab.
- Click the “Every Woman Counts” tab.
- The provider is automatically directed to the “DETEC – Recipient Search” screen.
- In the “DETEC – Recipient Search” screen, the provider must first search for the recipient. If the recipient is returning, the provider can either enter the existing recipient ID number or the last name and Date of Birth (DOB). If the recipient is new to the provider, enter the last name and DOB to verify that she has not been enrolled in the past.

  NOTE
  A recipient should have only one recipient ID number in DETEC. Do not create a new recipient ID number. Use the existing number.

Required Online Forms

The following online forms are required, and are completed and submitted via DETEC.

- DETEC – *Enroll Recipient* and *Recipient Information* forms

After submission of the required online forms via DETEC, the PCP must print, sign and date the print copies of the DETEC enrollment form and the computer-generated recipient ID card and place the original copy in the patient’s medical record. It is recommended that providers use the Step-by-Step Provider User Guide for complete instructions on how to enroll a recipient into the EWC program and how to submit required forms via DETEC.

Required Data

In accordance with the PCPEA and to be eligible for case management payment, the PCP must submit complete cancer screening cycle data, including work-up status, referral, final diagnosis and treatment status. Data must be submitted via DETEC within 30 days after receipt of all required information for all recipients served. Providers who do not submit data are at risk for disenrollment.

The PCP must submit the following breast cancer screening cycle data via DETEC:

- Current breast symptoms
- Clinical breast exam results
- Mammogram history
- Reason for current mammogram
- Current mammogram results
- Additional breast imaging results
- Other breast diagnostic procedures performed, results must be included
- Work-up status
- Final diagnosis
- Treatment information

The PCP must submit the following cervical cancer screening cycle data via DETEC:

- Previous Pap test history
- Reason for current Pap test
- Specimen type
- Current Pap test results
- Other cervical procedures performed, results must be included
- Work-up status
- Final diagnosis
- Treatment information

Payable Services

EWC covers only breast and cervical cancer screening-related services that are payable to either a PCP or a Referral Provider as identified by a symbol next to each procedure code. The symbol identifies which provider can render each procedure code.

- PCPs enrolled to provide breast cancer screening services only are identified with a ♦
- PCPs enrolled to provide breast and cervical cancer screening services are identified with a ■
- Referral providers are identified with a●

NOTE

Providers must have the appropriate ICD-10-CM diagnosis code(s) specified as the primary or secondary diagnosis code on the claim to be eligible for payment.

For a full list of *Current Procedural Terminology – 4th Edition* (CPT-4) and Healthcare Common Procedure Coding System (HCPCS) codes, please refer to the *Every Woman Counts* section of the Part 2 Medi-Cal provider manual.

Below are examples of covered CPT-4 and HCPCS codes, provider symbols, and code-specific appropriate ICD-10-CM diagnosis codes:

CPT-4 Code	Description	ICD-10-CM Code Table	Additional Information
99070 ●♦■	Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)	See tables 1a, 1b, 2a and 2b	**NOTE** See provider manual for a full list of all the acceptable diagnosis codes that can be billed under 99070. This is a partial list only. Refer to the ICD-10 tables to see what ICD-10-CM diagnosis code is listed for procedure code.
99202 ♦■	Office or other outpatient visit for the evaluation and management of a new patient	See tables 1a, 1b, 2a and 2b	Average of 20 minutes. An expanded problem focused history/exam with straightforward medical decision-making.
99211 ●	Office or other outpatient visit for the evaluation and management of an established patient	See tables 1a, 1b, 2a and 2b	May not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically 5 minutes are spent performing or supervising these services.

Approved Procedures with ICD-10-CM Diagnosis Codes

Providers must have an appropriate ICD-10-CM diagnosis code(s) specified as the first or second diagnosis code on the claim to be eligible for payment.

Cervical cancer screening ICD-10-CM codes are shown in tables 1a, 1b and 1c. Breast cancer screening ICD-10-CM codes are shown in tables 2a and 2b.

Table 1a Cervical Cancer Screening ICD-10-CM Codes	
Z01.411, Z01.419, Z01.42, Z11.51, Z12.4, Z15.01, Z15.02, Z21, Z40.01, Z40.02, Z78.0, Z80.41, Z80.49, Z85.3,	Z85.40 – Z85.44, Z87.410 – Z87.412, Z87.891, Z90.710 – Z90.712, Z90.721, Z90.722, Z90.79, Z92.0, Z92.25

Table 1b Cervical Cancer Screening and Diagnosis ICD-10-CM Codes	
A63.0, B20, B97.35, B97.7, C51.8, C53.0, C53.1, C53.8, C53.9, C55, C57.7 – C57.9, C76.3, C80.1, D06.0, D06.1, D06.7, D06.9, D07.0, D07.2, D07.30, D25.0, D26.0, D49.5, N72, N84.0, N84.1, N84.8, N84.9, N85.9, N86, N87.0, N87.1, N87.9, N88.0 – N88.2, N88.4,	N88.8, N88.9, N89.0, N89.1, N89.3, N89.4, N89.8, N89.9, N93.0, N93.9, N94.1, N94.89, N95.0, R10.2, R87.610 – R87.616, R87.619 – R87.625, R87.628, R87.810, R87.811, R87.820, R87.821

Table 1c Colposcopy and Cervical Biopsy ICD-10-CM Codes	
C53.0, C53.1, C53.8, C53.9, D06.0, D06.1, D06.7, D06.9, D07.2, D26.0, N87.0, N87.1, N88.0, N89.0, N89.1, N89.3, N89.4,	R87.610 – R87.616, R87.619, – R87.625, R87.628, R87.810, R87.811, R87.820, R87.821

Table 2a Breast Cancer Screening Related ICD-10-CM Codes	
Z12.31, Z12.39, Z15.01, Z15.02, Z15.09, Z17.0, Z17.1, Z77.123, Z77.128, Z77.22, Z77.9, Z78.0, Z78.9, Z79.810, Z79.818, Z79.890, Z80.0, Z80.3, Z80.41,	Z80.8, Z80.9, Z85.038, Z85.3, Z85.40, Z85.43, Z85.71, Z85.72, Z85.79, Z85.9, Z90.10 – Z90.13, Z91.89, Z92.3, Z92.89, Z98.82, Z98.86

Table 2b Breast Cancer Diagnosis ICD-10-CM Codes	
C43.52, C44.501, C44.511, C44.521, C44.591, C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C77.0, C77.3, C79.2, C79.81, D03.52, D04.5, CAH, GM, OB D05.00 – D05.02, D05.10 – D05.12, D05.80 – D05.82, D05.90 – D05.92, D17.1, D17.20 – D17.24, D17.30, D17.39, D17.72, D17.79, D18.01, D22.5, D23.5	D24.1, D24.2, D24.9, D48.5, D48.60 – D48.62, D49.2, D49.3, I80.8, N60.01, N60.02, N60.09, N60.11, N60.12, N60.19, N60.21, N60.22, N60.29, N60.31, N60.32, N60.39, N60.41, N60.42, N60.49, N60.81, N60.82, N60.89, N60.91, N60.92, N60.99, N61, N62, N63, N64.0 – N64.4, N64.51 – N64.53, N64.59, N64.81, N64.82, N64.89, N64.9, N65.0, Q83.0 – Q83.3, Q83.8, Q83.9, Q85.8, Q85.9, R23.4, R59.0, R59.1, R59.9, R92.0 – R92.2, R92.8

State of California – Health and Human Services Agency

Department of Health Care Services

BREAST ONLY Primary Care Provider Covered Procedures

Only the procedures listed below are covered under the Every Woman Counts (EWC) program for "Breast Only Primary Care 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** – With 19000; each additional cyst
- ☐ **19081** – Biopsy, with localization device plcmnt 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

CPT-4 codes

- ☐ **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
- ☐ **88172** – Cytopathology of FNA; to determine adequacy of specimen
- ☐ **88173** – Interp/report for eval of FNA
- ☐ **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
- ☐ **99202** – OV; new pt 20 min
- ☐ **99212** – OV; est pt 10 min
- ☐ **99213** – OV; est pt 15 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 lang interpretive serv/15 min
- ☐ **T1017** – Case Mgmt – Immediate follow-up (PCP only)
- ☐ **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.**
- **Claims must be submitted with the woman's EWC Recipient ID# (14 digit identification number).**
- **Only Primary Care Providers (PCP) can enroll women and obtain the Recipient ID#.**
- **Only PCP's may claim for case management.**
- **Only immediate work-up cycles are eligible for case management payment.**
- **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.**

DHCS 8471 (Rev. 11/15)

Sample: *Breast Only Primary Care Provider Covered Procedures* Worksheet

State of California – Health and Human Services Agency | Department of Health Care Services

BREAST & CERVICAL Primary Care Provider Covered Procedures

Only the procedures listed below are covered under the Every Woman Counts (EWC) program for "Breast and Cervical Primary Care 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** – With 19000; each additional cyst
- ☐ **19081** – Biopsy, with localization device plcmnt 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 of percutaneous; US guidance; first lesion
- ☐ **19286** – With 19285; each additional lesion

CPT-4 codes

- ☐ **57452** – Colposcopy
- ☐ **57454** – Colposcopy w/bx of cervix and ECC
- ☐ **57455** – Colposcopy w/bx of cervix
- ☐ **57456** – Colposcopy w/ECC
- ☐ **57500** – Biopsy of cervix
- ☐ **57505** – Endocervical curettage, w/58100
- ☐ **58100** – Endometrial sampling, w/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
- ☐ **99202** – OV; new pt 20 min
- ☐ **99203** – OV; new pt 30 min
- ☐ **99204** – OV; new pt 45 min
- ☐ **99212** – OV; est pt 10 min
- ☐ **99213** – OV; est pt 15 min
- ☐ **99214** – OV; est pt 25 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 lang interpretive serv/15 min
- ☐ **T1017** – Case Mgmt – Immediate follow-up (PCP only)
- ☐ **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.**
- **Claims must be submitted with the woman's EWC Recipient ID# (14 digit identification number).**
- **Only Primary Care Providers (PCP) can enroll women and obtain the Recipient ID#.**
- **Only PCP's may claim for case management.**
- **Only immediate work-up cycles are eligible for case management payment.**
- **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.**

DHCS 8472 (Rev. 11/15)

Sample: *Breast & Cervical Primary Care Provider Covered Procedures* Worksheet

State of California – Health and Human Services Agency

Department of Health Care Services

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.**

DHCS 8473 (Rev. 11/15)

Sample: *Referral Provider Covered Procedures* Worksheet

Case Management Payment Policy

Case management HCPCs code T1017 is payable only:

- To EWC-enrolled PCPs
- For recipients who are enrolled in the EWC program
- For recipients who require immediate follow-up
- When the EWC PCP has submitted complete data via DETEC for all screening and diagnostic procedures and related results
- For one unit per recipient, per provider, per calendar year, regardless of the time required to complete case management services. The recipient must be enrolled at the time case management is claimed.

Case management code T1017 is reimbursed at $50.00. It is not reimbursable for EWC recipients with normal findings or who require rescreening earlier than routinely recommended (short term follow-up).

Case Management Data Policy

In DETEC, breast and cervical cancer each have their own one-page form that includes both screening cycle and follow-up data. This form facilitates accurate and complete data entry.

Payment for case management is based on online submission of complete, accurate data.

- For abnormal results or findings, immediate work-up is advised, and additional data will need to be submitted to qualify for case management.
- If immediate work-up is selected, whether based on clinical findings, screening results, provider's discretion or patient request, additional data will need to be submitted to qualify for case management.
- PCPs that provide both breast and cervical cancer screening are not required to submit both screening forms at the same time as a requirement for case management.

  NOTE

  PCPs who provide both breast and cervical cancer screening services must submit both breast and cervical screening data; however, only one claim for case management is paid per recipient per year. Claims shall be no less than 365 days apart.

Claim Form Review: CMS-1500

1. The recipient's 14-character ID must be entered in _____ _____.

2. EWC-approved procedure code must be entered in field _____ _____.

3. A primary diagnosis is required on the claim.
   True ☐ False ☐

4. Claims can be submitted either via hard copy or Computer Media Claims (CMC).
   True ☐ False ☐

5. EWC recipient ID numbers will always have the alpha character _____ in the 4th place of the ID number.

6. The EWC 14-character recipient ID number will never contain the alpha character _____. The ID number may contain zeroes but will not contain this alpha character.

7. The 14-character ID number is _____ generated when the online *Recipient Information* form is completed and submitted.

8. Case management HCPCS code T1017 can only be billed when _____ work-up and additional data is submitted for abnormal findings.

Answer Key: 1) Box 1A; 2) 24D; 3) True; 4) True; 5) A; 6) O; 7) automatically; 8) immediate

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE (Medicare#) MEDICAID [X] (Medicaid#) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1): 909A0000005001

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): DOE, JANE

3. PATIENT'S BIRTH DATE MM 06 DD 21 YY 47 SEX M [ ] F [X]

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street): 1234 MAIN STREET

6. PATIENT RELATIONSHIP TO INSURED: Self [ ] Spouse [ ] Child [ ] Other [ ]

7. INSURED'S ADDRESS (No., Street)

CITY: ANYTOWN STATE: CA

8. RESERVED FOR NUCC USE

CITY STATE

ZIP CODE: 958235555 TELEPHONE (Include Area Code): (916) 555-5555

ZIP CODE TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) [ ] YES [ ] NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M [ ] F [ ]

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? [ ] YES [ ] NO PLACE (State)

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? [ ] YES [ ] NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? [ ] YES [ ] NO *If yes*, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED _____ DATE _____

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED _____

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? [ ] YES [ ] NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0

A. D1D1D1D B. C. D.

E. F. G. H.

I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

	24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	10	01	15				11		T1017			5000	1		NPI	
2															NPI	
3															NPI	
4															NPI	
5															NPI	
6															NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) [ ] YES [ ] NO

28. TOTAL CHARGE $ 5000

29. AMOUNT PAID $

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED *John Doe* DATE 10/30/15

32. SERVICE FACILITY LOCATION INFORMATION

a. NPI b.

33. BILLING PROVIDER INFO & PH # (916) 555-5555

JANE SMITH
1027 MAIN STREET
ANYTOWN CA 958235555

a. 0123456789 b.

NUCC Instruction Manual available at: www.nucc.org **PLEASE PRINT OR TYPE** CR061653 APPROVED OMB-0938-1197 FORM 1500 (02-12)

CARRIER — PATIENT AND INSURED INFORMATION — PHYSICIAN OR SUPPLIER INFORMATION

Sample: Breast and Cervical Cancer Screening Billed With Annual Case Management – *CMS-1500* form (version 02/12)

Claim Form Review: UB-04

1. The recipient's 14-character ID must be entered in _____ _____.

2. EWC-approved procedure code must be entered in _____ _____.

3. A primary diagnosis is required on the claim.
   True ☐ False ☐

4. Claims can be submitted either via hard copy or Computer Media Claims (CMC).
   True ☐ False ☐

5. Referral Providers do not need to be enrolled in EWC to bill for services.
   True ☐ False ☐

6. A Medi-Cal provider in good standing can be a Referral Provider.
   True ☐ False ☐

7. When billing for some program procedure codes in EWC, Medi-Cal providers will need to use the appropriate modifier based on the code being billed.
   True ☐ False ☐

Answer Key: 1) Field 60; 2) Field 44; 3) True; 4) True; 5) True; 6) True; 7) True

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555	2	3a PAT. CNTL # b. MED. REC. # 5 FED. TAX NO.	4 TYPE OF BILL 721 6 STATEMENT COVERS PERIOD FROM THROUGH 7
8 PATIENT NAME a b DOE, JANE		9 PATIENT ADDRESS a b c d e	
10 BIRTHDATE 06211947	11 SEX F	12 ADMISSION DATE 13 HR 14 TYPE 15 SRC 16 DHR 17 STAT	CONDITION CODES 18 19 20 21 22 23 24 25 26 27 28 29 ACDT STATE 30
31 OCCURRENCE CODE DATE	32 OCCURRENCE CODE DATE	33 OCCURRENCE CODE DATE	34 OCCURRENCE CODE DATE 35 OCCURRENCE SPAN CODE FROM THROUGH 36 OCCURRENCE SPAN CODE FROM THROUGH 37
38			39 VALUE CODES CODE AMOUNT 40 VALUE CODES CODE AMOUNT 41 VALUE CODES CODE AMOUNT

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
	SCREENING MAMMOGRAM; BILAT	77057	100115	1	7057		
001	PAGE ____ OF ____	CREATION DATE		TOTALS	7057		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	
O/P MEDI-CAL					7057	0123456789	
						57 OTHER PRV ID	

58 INSURED'S NAME	59 P.REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
		909A0000005001		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 DX D1D1D1D 0 | 68

69 ADMIT DX | 70 PATIENT REASON DX a b c | 71 PPS CODE | 72 ECI a b c | 73

74 PRINCIPAL PROCEDURE CODE DATE	a. OTHER PROCEDURE CODE DATE	b. OTHER PROCEDURE CODE DATE	75
c. OTHER PROCEDURE CODE DATE	d. OTHER PROCEDURE CODE DATE	e. OTHER PROCEDURE CODE DATE	

76 ATTENDING	NPI 1234567890	QUAL
LAST		FIRST
77 OPERATING	NPI	QUAL
LAST		FIRST
78 OTHER	NPI	QUAL
LAST		FIRST
79 OTHER	NPI	QUAL
LAST		FIRST

80 REMARKS | 81CC a b c d

UB-04 CMS-1450 OMB APPROVAL PENDING
© 2005 NUBC
NUBC National Uniform Billing Committee LIC9213257
THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

Sample: Hospital Clinic Billing for Routine Mammogram *(UB-04)*

Where to Submit Claims

Claims can be submitted either by hard copy or electronically using the *CMS-1500* or *UB-04*. Providers who choose to submit hard copy claims must send to the appropriate address for their claim type, as follows:

Medical Services (CMS-1500)

Xerox State Healthcare, LLC
P.O. Box 15700
Sacramento, CA 95852-1700

Outpatient Services (UB-04)

Xerox State Healthcare, LLC
P.O. Box 15600
Sacramento, CA 95852-1600

Billing EWC Claims Electronically

Electronic billing is done per Medi-Cal electronic billing instructions.

Acronyms

BCCTP	Breast and Cervical Cancer Treatment Program
CBE	Clinical Breast Exam
CCCCP	California Colon Cancer Control Program
CDC	Centers for Disease Control and Prevention
CDS	Cancer Detection Treatment Branch
CMC	Computer Media Claims
CPPI	Core Program Performance Indicators
CPT-4	Current Procedural Terminology, 4th Edition
DETEC	DETecting Early Cancer
DHCS	Department of Health Care Services
DOB	Date of Birth
EWC	Every Woman Counts
FI	Fiscal Intermediary; contractor for DHCS responsible for claims processing, provider services, and other fiscal operations of the Medi-Cal program
HCPCS	Health Care Procedure Coding System
ICD-10-CM	International Classification of Diseases – 10th Revision, Clinical Modification
ID	Identification
IMPACT	IMProving Access, Counseling & Treatment for Californians with Prostate Cancer
NBCCEDP	National Breast and Cervical Cancer Early Detection Program
NPI	National Provider Identifier
PCP	Primary Care Providers
PCPEA	Primary Care Provider Enrollment Agreement
PIN	Provider Identification Number
POS	Point of Service
RC	Regional Contractor
SOC	Share of Cost