

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 Medi-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	CPT-4 codes	HCPCS codes
<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 – With 19000; each additional cyst <input type="checkbox"/> 19081 – Biopsy, with localization device plcmnt and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion <input type="checkbox"/> 19082 – With 19081; each additional lesion <input type="checkbox"/> 19083 – Biopsy, with localization device plcmnt and imaging of biopsy specimen, percutaneous; US guidance; first lesion <input type="checkbox"/> 19084 – With 19083; each additional lesion <input type="checkbox"/> 19100 – Needle Core biopsy; without imaging guidance <input type="checkbox"/> 19101 – Biopsy of breast; open, incisional <input type="checkbox"/> 19120 – Excisional Biopsy, open <input type="checkbox"/> 19125 – Excision of lesion, identified by preop plcmnt of radiomarker; single lesion <input type="checkbox"/> 19126 – With 19125; each additional lesion <input type="checkbox"/> 19281 – Localization device plcmnt, percutaneous; mammographic guidance; first lesion <input type="checkbox"/> 19282 – With 19281; each additional lesion <input type="checkbox"/> 19283 – Localization device plcmnt, percutaneous; stereotactic guidance; first lesion <input type="checkbox"/> 19284 – With 19283; each additional lesion <input type="checkbox"/> 19285 – Localization device plcmnt of percutaneous; US guidance; first lesion <input type="checkbox"/> 19286 – With 19285; each additional lesion 	<ul style="list-style-type: none"> <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, w/58100 <input type="checkbox"/> 58100 – Endometrial sampling, w/57505 <input type="checkbox"/> 58110 – Endometrial sampling with colposcopy <input type="checkbox"/> 76098 – X-ray Exam, surg specimen <input type="checkbox"/> 76641 – Ultrasound, unilateral, include axilla; complete <input type="checkbox"/> 76642 – Ultrasound, unilateral, include axilla; limited <input type="checkbox"/> 76942 – US guidance for needle plcmnt; imaging, supervis & interpret <input type="checkbox"/> 77055 – Mammography; unilateral <input type="checkbox"/> 77056 – Mammography; bilateral <input type="checkbox"/> 77057 – Screening mammogram; bilateral <input type="checkbox"/> 87624 – Infect agent detect by DNA or RNA; HPV, high-risk types <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 scrng <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 rescn. <input type="checkbox"/> 88305 – Level IV Surg path exam <input type="checkbox"/> 88307 – Level V Surg path exam <input type="checkbox"/> 88341 – Immunohistochemistry, each additional single a/b stain <input type="checkbox"/> 88342 – Immunohistochemistry <input type="checkbox"/> 88360 – Morphometric analysis, tumor immunohistochemistry; manual <input type="checkbox"/> 99070 – Supplies/material, not inc w/OV <input type="checkbox"/> 99202 – OV; new pt 20 min <input type="checkbox"/> 99203 – OV; new pt 30 min <input type="checkbox"/> 99204 – OV; new pt 45 min <input type="checkbox"/> 99212 – OV; est pt 10 min <input type="checkbox"/> 99213 – OV; est pt 15 min <input type="checkbox"/> 99214 – OV; est pt 25 min 	<ul style="list-style-type: none"> <input type="checkbox"/> A4217 – Sterile water/saline, 500 ml <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 <input type="checkbox"/> T1013 – Sign lang interpretive serv/15 min <input type="checkbox"/> T1017 – Case Mgmt – Immediate follow-up (PCP only) <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> <ul style="list-style-type: none"> 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

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| <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. • 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#. | <ul style="list-style-type: none"> • 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. |
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