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.

See important EWC reminders below.

**Procedure Code Definitions** (May Require Modifier*)

**CPT Codes**

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00400</td>
<td>Anesthesia, integumentary system anterior trunk</td>
</tr>
<tr>
<td>10004</td>
<td>Fine needle aspiration biopsy, without imaging; each additional lesion</td>
</tr>
<tr>
<td>10005</td>
<td>Fine needle aspiration biopsy, including ultrasound guidance; first lesion</td>
</tr>
<tr>
<td>10006</td>
<td>With 10005; each additional lesion</td>
</tr>
<tr>
<td>10007</td>
<td>Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion</td>
</tr>
<tr>
<td>10008</td>
<td>With 10007; each additional lesion</td>
</tr>
<tr>
<td>10011</td>
<td>Fine needle aspiration biopsy including MRI guidance, first lesion</td>
</tr>
<tr>
<td>10012</td>
<td>Fine needle aspiration biopsy including MRI guidance, each additional lesion</td>
</tr>
<tr>
<td>10021</td>
<td>Fine needle aspiration; without imaging guidance</td>
</tr>
<tr>
<td>19000</td>
<td>Puncture aspiration of cyst of breast</td>
</tr>
<tr>
<td>19001</td>
<td>With 19000; each additional cyst</td>
</tr>
<tr>
<td>19081</td>
<td>Biopsy of breast, with localization device placement and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion</td>
</tr>
<tr>
<td>19082</td>
<td>With 19081; each additional lesion</td>
</tr>
<tr>
<td>19083</td>
<td>Biopsy of breast, with localization device placement and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion</td>
</tr>
<tr>
<td>19084</td>
<td>With 19083; each additional lesion</td>
</tr>
<tr>
<td>19085</td>
<td>Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion</td>
</tr>
<tr>
<td>19086</td>
<td>Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion</td>
</tr>
<tr>
<td>19100</td>
<td>Needle Core biopsy of breast; without imaging guidance</td>
</tr>
<tr>
<td>19101</td>
<td>Biopsy of breast, open, incisional</td>
</tr>
<tr>
<td>19120</td>
<td>Excisional Biopsy, open</td>
</tr>
<tr>
<td>19125</td>
<td>Excision of breast lesion, identified by preoperative placement of radiological marker; single lesion</td>
</tr>
<tr>
<td>19126</td>
<td>With 19125; each additional lesion</td>
</tr>
<tr>
<td>19281</td>
<td>Localization device placement, percutaneous; mammographic guidance; first lesion</td>
</tr>
<tr>
<td>19282</td>
<td>With 19281; each additional lesion</td>
</tr>
<tr>
<td>19283</td>
<td>Localization device placement, percutaneous; stereotactic guidance; first lesion</td>
</tr>
</tbody>
</table>

DHCS 8471 (Rev. 5/2020)
19284 – With 19283; each additional lesion
19285 – Localization device placement, percutaneous; ultrasound guidance; first lesion
19286 – With 19285; each additional lesion
19287 – Placement of breast localization device, percutaneous
19288 – Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion

76098 – Radiological examination, surgical specimen
76641 – Ultrasound, unilateral, include axilla; complete
76642 – Ultrasound, unilateral, include axilla; limited
76942 – Ultrasonic guidance for needle placement; imaging supervision & interpretation
77046 – Magnetic resonance imaging (MRI), breast, without contrast, unilateral
77047 – Magnetic resonance imaging (MRI), breast, without contrast, bilateral
77048 – Magnetic resonance imaging (MRI), breast, including CAD, with or without contrast, unilateral
77049 – Magnetic resonance imaging (MRI), breast, including CAD, with or without contrast, bilateral
77065 – Diagnostic mammography; unilateral, includes CAD
77066 – Diagnostic mammography; bilateral, includes CAD
77067 – Screening mammogram, bilateral
88172 – Cytopathology evaluation of fine needle aspirate; to determine adequacy of specimen
88173 – Interpretation and report for evaluation of fine needle aspirate
88305 – Level IV Surgical pathology examination
88307 – Level V Surgical pathology examination
88341 – Immunohistochemistry, each additional single a/b stain
88342 – Immunohistochemistry
88360 – Morphometric analysis, tumor immunohistochemistry; manual
99070 – Supplies and material, not included with office visit
99202 – Office visit; new patient 20 minutes
99212 – Office visit; established patient 10 minutes
99213 – Office visit; established patient 15 minutes

**HCPCS codes**

A4217 – Sterile water/saline, 500 ml
J7030 – Infusion, normal saline solution, 1000 cc
J7040 – Infusion, normal saline solution, sterile (500 ml = 1 unit)
J7050 – Infusion, normal saline solution, 250 cc
J7120 – Ringers lactate infusion, up to 1000 cc
T1013 – Sign language or oral interpretive service/15 min
T1017 – Case Management – Immediate follow-up (PCP only)
Z7500 – Examination or Treatment Room use
Z7506 – Operating Room or Cystoscopic Room use, first hour
Z7508 – Operating Room or Cystoscopic Room use, first subsequent half hour
Z7510 – Operating Room or Cystoscopic Room use, second subsequent half hour
Z7512 – Recovery Room use
Z7514 – Room and board general nursing care, less than 24 hours
Z7610 – Miscellaneous drugs and medical supplies

DHCS 8471 (Rev. 5/2020)
*Commonly Used Modifiers* - For a complete list of approved Medi-Cal modifiers, refer to the relevant section of the Medi-Cal Provider Manual.

26 – Professional Component  
51 – Multiple Surgeon Procedure  
99 – Multiple Modifiers (e.g. AG+51)  
AG – Primary Surgeon/Procedure  
KX – Facilitates claim processing in instances where the patient’s gender conflicts with the billed procedure code  
TC – Technical Component  
UA – Surgical supplies with no anesthesia or other than general anesthesia, provided in conjunction with surgical procedure code.

**EWC REMINDERS**

Program covered cancer screening and diagnostic services are FREE.  
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#.  
EWC enrollment is valid for 12 months; then, if eligible, the woman can be recertified or re-enrolled.  
All providers must verify current eligibility before rendering services.  
Only PCP’s may claim for case management.  
Only immediate work-up cycles are eligible for case management payment.  
Claims must be submitted with the woman’s EWC Recipient ID# (14 digit identification number).  
Payment for program-covered services is at Medi-Cal rates.  
All services and findings must be reported to the PCP.