

BREAST ONLY Primary Care Provider Reimbursable Procedures



Recipient Name: _____ Enrollment date: / / Medical Record #: _____

Recipient ID#: _____
 Claims must be submitted with the full 14-digit ID#

Only the procedures listed below are covered under the Cancer Detection Programs: Every Woman Counts for "Breast Only Primary Care Providers." Additional procedures may be listed in your Medi-Cal Provider Manual, which should always be used as your primary source of information for billing this program. Refer to the Cancer Detection Programs: Every Woman Counts section. Please note the restricted services below.

<u>Procedure Code Definitions</u>	<u>Procedure Code Definitions</u>	<u>Procedure Code Definitions</u>
<p><u>Surgical Modifiers*</u></p> <p><input type="checkbox"/> 00400 – Anesthesia, Chest skin surgery</p> <p><input type="checkbox"/> 10021 – Fine needle aspiration; without imaging guidance</p> <p><input type="checkbox"/> 10022 – Fine needle aspiration; with imaging guidance</p> <p><input type="checkbox"/> 19000 – Puncture asp of cyst of breast</p> <p><input type="checkbox"/> 19001 – each add cyst (list w/19000)</p> <p><input type="checkbox"/> 19100 – Needle Core (Not using img.)</p> <p><input type="checkbox"/> 19102 – Needle Core (Using image)</p> <p><input type="checkbox"/> 19103 – Needle Core, auto vac. assist</p> <p><input type="checkbox"/> 19120 – Excisional Biopsy</p> <p><input type="checkbox"/> 19125 – Excision of lesion; single lesion</p> <p><input type="checkbox"/> 19126 – Each additional lesion</p> <p><input type="checkbox"/> 19290 – Preop Placement local wire</p> <p><input type="checkbox"/> 19291 – Each add lesion; needle wire</p> <p><input type="checkbox"/> 19295 – Image guided placement (list w/19102, 19103)</p>	<p><u>Component Modifier Required*</u></p> <p><input type="checkbox"/> 76090 – Mammography – Unilateral</p> <p><input type="checkbox"/> 76091 – Mammography – Bilateral</p> <p><input type="checkbox"/> 76092 – Screen mammogram; bilateral</p> <p><input type="checkbox"/> 76095 – Stereotactic localization for bx</p> <p><input type="checkbox"/> 76096 – Preop plcmt of localization wire</p> <p><input type="checkbox"/> 76098 – Radio Exam, surg specimen</p> <p><input type="checkbox"/> 76645 – Echography, (uni/bilateral)</p> <p><input type="checkbox"/> 76942 – Ultrasonic guide for needle bx</p> <p><input type="checkbox"/> 88173 – Interp/report for eval of FNA</p> <p><input type="checkbox"/> 88305 – Level IV surg path, exam</p>	<p><u>No Modifier required</u></p> <p><input type="checkbox"/> 99202 – OV; new pt 20 min</p> <p><input type="checkbox"/> 99212 – OV; est pt 10 min</p> <p><input type="checkbox"/> 99213 – OV; est pt 15 min</p> <p><input type="checkbox"/> 99358 – Case Mgmt – PCP only</p> <p><input type="checkbox"/> 99070 – Supplies/material, not inc w/OV</p> <p><input type="checkbox"/> X7700 – Admin IV, initial, up to 1000ml</p> <p><input type="checkbox"/> X7702 – Admin IV, each add 1000 ml</p> <p><input type="checkbox"/> X7704 – Admin irri. sol, each 1000 ml</p> <p><input type="checkbox"/> Z7500 – Exam or Tx Rm use</p> <p><input type="checkbox"/> Z7506 – OR or Cysto Rm use, first hour</p> <p><input type="checkbox"/> Z7508 – OR or Cysto Rm use, 1st sub half hr</p> <p><input type="checkbox"/> Z7510 – OR or Cysto Rm use, 2nd sub half hr</p> <p><input type="checkbox"/> Z7512 – Recovery Rm use</p> <p><input type="checkbox"/> Z7514 – Rm/Brd gen nurs care, less than 24 hr</p> <p><input type="checkbox"/> Z7610 – Misc. drugs and medical supply</p>

Common Modifiers*

<p><u>Procedures 70000 and 80000 Range</u></p> <p>26 – Professional Component</p> <p>TC – Technical Component</p> <p>ZS – Prof/Tech Component</p> <p>Pathology section / Radiology section</p>	<p><u>Surgical Procedures (10000 – 69999)</u></p> <p>AG – Primary Surgeon/Procedure</p> <p>51 – Multiple surg procedure</p> <p>99 – Multiple Mod (e.g. AG+51)</p> <p>ZM – Surgical supplies w/no anesthesia or other than general anesthesia</p> <p>ZN – Surgical supplies w/general anesthesia</p> <p>Surgical section</p>
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* Modifier Required. For a complete list of approved Medi-Cal modifiers, refer to your Medi-Cal Provider manual. Surgical trays and supplies can be billed with the same surgical procedure code and either modifier ZM or ZN. Please refer to Anest 11 in Part 2 of the Medi-Cal Provider Manual

- **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 (CDSID#).**
- **Reimbursement 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: _____