

REFERRAL Provider Reimbursable Procedures



Recipient Name: _____ **Enrollment date:** ____/____/____

Recipient ID# _____

Claims must be submitted with the 14-digit ID#

Referral Provider: [Reason for Referral:]

Only the procedures listed below are covered under the Cancer Detection Programs: Every Woman Counts for "Referral 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> <input type="checkbox"/> 00400 – Anesthesia, Chest skin surgery <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 asp of cyst of breast <input type="checkbox"/> 19001 – each add cyst (list w/19000) <input type="checkbox"/> 19100 – Needle Core (Not using img.) <input type="checkbox"/> 19102 – Needle Core (Using image) <input type="checkbox"/> 19103 – Needle Core, auto vac. assist <input type="checkbox"/> 19120 – Excisional Biopsy <input type="checkbox"/> 19125 – Excision of lesion; single lesion <input type="checkbox"/> 19126 – Each additional lesion <input type="checkbox"/> 19290 – Preop Placement local wire <input type="checkbox"/> 19291 – Each add lesion; needle wire <input type="checkbox"/> 19295 – Image guided placement (list w/19102, 19103) <input type="checkbox"/> 57452 – Colposcopy <input type="checkbox"/> 57454 – Colposcopy w/bx of cervix	<p><u>Component Modifier Required*</u></p> <input type="checkbox"/> 76090 – Mammography – Unilateral <input type="checkbox"/> 76091 – Mammography – Bilateral <input type="checkbox"/> 76092 – Screen mammogram; bilateral <input type="checkbox"/> 76095 – Stereotactic localization for bx <input type="checkbox"/> 76096 – Preop plcmnt of localization wire <input type="checkbox"/> 76098 – Radio Exam, surg specimen <input type="checkbox"/> 76645 – Echography, (uni/bilateral) <input type="checkbox"/> 76942 – Ultrasonic guide for needle bx <input type="checkbox"/> 88141 – Cytopath, cervical or vaginal interp <input type="checkbox"/> 88164 – Cytopath, slides manual scrn. <input type="checkbox"/> 88173 – Interp/report for eval of FNA <input type="checkbox"/> 88305 – Level IV surg path, exam	<p><u>No Modifier required</u></p> <input type="checkbox"/> 99211 – OV; est pt 5 min <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"/> 99070 – Supplies/material, not inc w/OV <input type="checkbox"/> X7700 – Admin IV, initial, up to 1000ml <input type="checkbox"/> X7702 – Admin IV, each add 1000 ml <input type="checkbox"/> X7704 – Admin irri. sol, each 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, 1 st sub half hr <input type="checkbox"/> Z7510 – OR or Cysto Rm use, 2 nd sub half hr <input type="checkbox"/> Z7512 – Recovery Rm use <input type="checkbox"/> Z7514 – Rm/Brd gen nurs care, less than 24 hr <input type="checkbox"/> Z7610 – Misc. drugs and medical supply

Common Modifiers*

<p><u>Procedures 70000 and 80000 Range</u> 26 – Professional Component TC – Technical Component ZS – Prof/Tech Component Pathology section / Radiology section</p>	<p><u>Surgical Procedures (10000 – 69999)</u> AG – Primary Surgeon/Procedure 51 – Multiple surg procedure 99 – Multiple Mod (e.g. AG+51) ZM – Surgical supplies w/no anesthesia or other than general anesthesia ZN – Surgical supplies w/general anesthesia</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

Thank you for accepting this referral of a woman enrolled in the Cancer Detection Programs: Every Woman Counts. Here is some information about the program:

- **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 (Recipient ID#).**
- **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.**

Here is the contact information for this woman's Primary Care Provider:

Name:	Phone:
Address:	Fax:
Attention:	