

Services	Plan A	Plan C
Screening mammogram	◆	◆
Diagnostic/Follow up mammogram (bilateral and unilateral)	◆	◆
Digital Screening mammogram	◆	◆
Digital Diagnostic mammogram (bilateral and unilateral)	◆	◆
Computer-aided detection for screening mammography	◆	◆
Computer-aided detection for diagnostic mammography	◆	◆
Stereotactic localization for breast biopsy, each lesion, radiological supervision and interpretation	◆	◆
Preoperative placement of the needle localization wire, breast radiological supervision and interpretation	◆	◆
Radiological examination, surgical specimen	◆	◆
Ultrasound - Echography, Breasts (unilateral or bilateral) B-scan and/or time with image documentation	◆	◆
Ultrasonic guidance for cyst aspiration, radiological supervision and interpretation	◆	◆
Ultrasonic guidance for needle biopsy, radiological supervision and interpretation	◆	◆
Ultrasound guided localization, intraoperative guidance	◆	◆
Nipple excision	◆	◆
Aspiration of cyst of breast	◆	◆
Percutaneous needle core with image guidance	◆	◆
Image guided placement, metallic localization clip, percutaneous during breast biopsy	◆	◆
Biopsy of breast; needle core (surgical procedure only)	◆	◆
Incision and drainage of abcess, simple/complicated	◆	◆
Incisional biopsy of breast	◆	◆
Excision of cyst, fibroadenoma, or other benign or malignant tumor aberrant breast tissue, duct lesion or nipple lesion	◆	◆
Excision of breast lesion identified by pre-operative placement of radiological marker	◆	◆
Excision, benign or malignant lesion, axilla	◆	◆
Preoperative placement of needle localization wire breast	◆	◆
New Patient office visits	◆	◆
Established Patient office visits	◆	◆
Consultations office visits	◆	◆
Drainage of breast abcess	◆	◆
Pap Smear screening	◆	◆
Automated / Computerized thin prep	◆	◆
Slide Consult	◆	◆
High Risk HPV DNA Test	◆	◆
Colposcopy with biopsy of vagina/cervix	◆	◆
Colposcopy of entire vagina and cervix, if present	◆	◆
Colposcopy with or without cervical biopsy	◆	◆
Colposcopy with biopsy and endocervical curettage (pre approval required)	◆	◆
Colposcopy with loop electrode biopsy or conization of cervix (pre approval required)	◆	◆
Biopsy or local excision of lesion	◆	◆
Endocervical curettage	◆	◆
Endometrial Biopsy and Endometrial Sampling Biopsy	◆	◆
Frozen Section Pathology	◆	◆

BreastCare Covered Services

Vaginal Biopsy	◆	◆
Conization of cervix (pre approval required)	◆	◆
Loop electrode excision (pre approval required)	◆	◆
Surgical Pathology Level III	◆	◆
Biopsy Interpretation, Surgical Pathology Level IV	◆	◆
Surgical Pathology, Level V, Mastectomy, partial/simple	◆	◆
Immunohistochemistry (including tissue immunoperoxidase) each antibody, (breast or cervical only)	◆	◆
Culture, aerobic and anaerobic	◆	◆
Smear, primary source w/interpretation gram or griemsa stain for bacteria	◆	◆
Cytopathology, concentration technique, smears and interpretation	◆	◆
Cytopathology, enhancement technique with interpretation	◆	◆
Interpretation of fine needle aspirate	◆	◆
Basic Metabolic Panel (pre-op)	◆	◆
Complete Blood Count (CBC) – (pre-op)	◆	◆
Comprehensive Metabolic Profile (CMP) (pre-op)	◆	◆
Chest x-ray	◆	◆
Hemogram and platelet count, automated (pre-op)	◆	◆
Anesthesia for breast biopsy (pre approval required)	◆	◆
*Anesthesia for Vaginal Procedures	◆	◆
*Morphometric Analysis, tumor immunohistochemistry	◆	◆
*Metamorphic analysis, tumor	◆	◆
*Lymphatic & Lymph gland imaging	◆	◆
*Flow Cytometry	◆	◆
*DNA Analysis	◆	◆

*** If you have been diagnosed with breast or cervical cancer or CIN II/III on cervical biopsy and are a Medicaid recipient, these procedures are covered according to Medicaid's guidelines.**

Please note that all covered services may only be paid for a certain number of times in one year. Once that limit has been reached you will be responsible for payment of these services. All Procedures are covered based on your diagnosis. Ask your doctor to be sure that you are staying within these limits.

Non-Covered Services

Services not paid for by **BreastCare** include, but are not limited to those listed below. Please take time to review this list so that you will understand when you will be responsible for payment.

- ◆ Chlamydia
- ◆ Gonorrhea
- ◆ VDRL
- ◆ ductogram
- ◆ Experimental Therapies*
- ◆ Second Opinions*
- ◆ Unproven Methods*
- ◆ Bone Marrow Transplant*
- ◆ Breast Reconstruction*
- ◆ Pharmaceuticals Including Tamoxifen*
- ◆ Sestamibi Scintimammography*
- ◆ Breast MRI*
- ◆ CT Scans*
- ◆ Ambulance*
- ◆ Durable Medical Equipment*
- ◆ Prosthesis / Bras / Wigs*
- ◆ Home Health Care / Hospice*
- ◆ Post-treatment Follow-up / Office Consultation Visits*
- ◆ Emergency Room Visits*
- ◆ Surgical Complications*

*** If you have been diagnosed with breast or cervical cancer or CIN II/III on cervical biopsy and are a Medicaid recipient, you are covered according to Medicaid's guidelines for the above services. Call 1-800-482-8988 for more information.**