

BreastCare Covered Services				
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Services	Plan A	Plan B	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	♦	♦	♦
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			
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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)	◆	◆	◆
*Biopsy or excision lymph node open deep axillary	◆		◆
*Mastectomy, Partial (REQUIRES PRIOR APPROVAL)	◆		◆
*Mastectomy, Simple	◆		◆
*Mastectomy, Partial ax dissection	◆		◆
*Modified Radical Mastectomy (MRM)	◆		◆
*Anesthesia for Mastectomy, Partial, Radical or Modified Radical Procedures of Breast, Axillary Dissection/Node Biopsy /Insertion of Venous Access Port	◆		◆
*Trachelectomy	◆		◆
*Radical Trachelectomy with bilateral pelvic lymphadenectomy	◆		◆
*Total Abdominal Hysterectomy	◆		◆
*Supracervical Abdominal Hysterectomy	◆		◆
*Total Abdominal Hysterectomy, partial vaginectomy, lymph node sampling	◆		◆
*Radical Abdominal Hysterectomy with bilateral total lymphadenectomy	◆		◆
*Pelvic exenteration, total abdominal hysterectomy, removal of bladder and ureters, and or abdominal peritoneal resection	◆		◆
*Cauterization of Cervix	◆		◆
*Cryocautery	◆	◆	◆
*Laser ablation	◆		◆
*Vaginal Hysterectomy	◆		◆
*Anesthesia for Vaginal Procedures, Vaginal Hysterectomy, Radical hysterectomy, intraperitoneal procedures in lower abdomen	◆		◆
*CT abdomen with or without contrast	◆		◆
*CT pelvis with or without contrast	◆		◆
*Placement of central venous catheter	◆		◆
*Insertion of tunneled CV catheter and or access device with or w/o port	◆		◆
*Removal of tunneled CV catheter and or access device with or w/o port/pump	◆		◆
*Axillary node dissection, Superficial	◆		◆
*Axillary node dissection, Complete	◆		◆

BreastCare	Covered Services			
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*Chemotherapy	◆			◆
*Radiation Therapy	◆			◆
*Adrimycin, 10 mg	◆			◆
*Cytoxan, 1000 mg, 500 mg, 200 mg, 2mg, 1 mg	◆			◆
*Cisplatin, 10 mg, 50 mg	◆			◆
*Taxotere, 20 mg	◆			◆
*5FU, 500 mg	◆			◆
*Zofran 1mg	◆			◆
*Taxol 350mg X4 (limited to certain conditions. Ask your doctor)	◆			◆
*Injection of Dye	◆			◆
*Heparin	◆			◆
*Saline	◆			◆
*Morphometric Analysis, tumor immunohistochemistry	◆			◆
*Metamorphic analysis, tumor	◆			◆
*Lymphatic & Lymph gland imaging	◆			◆
*Flow Cytometry	◆			◆
*DNA Analysis	◆			◆
*Bone Scan (limited to certain conditions. Ask your doctor)	◆			◆

• Effective January 1, 2004, this procedure code is covered for Plan A and Plan C.

*** 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.**

All Procedures may be limited to diagnosis.

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
- ◆ 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.

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. Ask your doctor to be sure that you are staying within these limits.