

BreastCare Billing Manual



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Arkansas Department of Health

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100 GETTING STARTED

This manual describes the BreastCare program billing and payment process, explains the methods for submitting claims electronically or on paper, and lists the procedure codes and other elements required for submitting an accurate claim and ensuring timely payment. The manual also serves as a reference for the forms and documentation used by providers in the BreastCare program.

Contacts

For provider enrollment or billing questions please call BreastCare at 1-855-661-7830 between 8:00 a.m. and 4:30 p.m.

Mailing addresses:

Arkansas Department of Health
BreastCare Billing, Slot 11
4815 West Markham
Little Rock, AR 72205

Claim Submission and Payment

Providers submit BreastCare claims using the following methods:

1. Online using the web-based BreastCare Billing System application
2. A paper claim form (using standard claim forms or BreastCare claim form)

The BreastCare program makes all payments for claims by electronic funds transfer (EFT). DataPath processes the EFT payments. Payments will show up as DFS, Inc Flex Plan. Changes to banking information should be reported to BreastCare using the **Authorization for Automatic Electronic Funds Deposit** form at the end of this manual. Failure to update your information may result in delayed payments.

200 CHECKING CLIENT ELIGIBILITY

Providers are encouraged to check the eligibility status of a client before providing services. A provider rendering services without verifying eligibility for BreastCare does so at the risk of not being reimbursed for the services. An eligibility verification ensures that claims will not deny due to client ineligibility. Each client has an ID card with initial dates of eligibility listed, but these may change over time. To verify client eligibility, contact BreastCare Billing at 1-855-661-7830.

300 BILLING BREASTCARE CLAIMS

For quicker processing, the BreastCare Billing System runs all edits at the time the claim is entered and notifies the user of any issues so they can be corrected immediately, thereby eliminating denials that have to be worked and resubmitted. Once the claim is accepted, it will be processed for payment. Providers can request access to the BreastCare Billing System for their billing personnel by completing the **BreastCare Billing System User Access Request** form located at the end of this manual. The form is also available on the provider section of the BreastCare website.

While electronic claims submission is preferred for faster processing, paper claims can be mailed to:

Arkansas Department of Health
BreastCare Billing, Slot 11

4815 West Markham
Little Rock, AR 72205

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BREASTCARE PROCEDURE CODES

This section lists the procedure codes used for billing in the BreastCare program.

CPT Code	Type Service Modifier	CPT Code Description	Provider Types	Provider Specialties	Plan Codes	Benefit Limits
10021	P	Fine needle aspiration biopsy without imaging guidance, first lesion	01, 02, 03, 05, 49	02, 08, 11, 16, 30, F2, W7	A, B, BA, C	2 per DOS 4 per year
10021	9	Fine needle aspiration biopsy without imaging guidance, first lesion	01, 02, 03, 05, 49	02, 08, 11, 16, 30, F2, W7	A, B, BA, C	2 per DOS 4 per year
10021	G	Fine needle aspiration biopsy without imaging guidance, first lesion	01, 02, 03, 05, 49	02, 08, 11, 16, 30, F2, W7	A, B, BA, C	2 per DOS 4 per year
10004	P	Fine needle aspiration biopsy without imaging guidance, each additional	01, 02, 03, 49	02, 08, 11, 16, 30, F2, W7	A, B, BA, C	2 per DOS 4 per year
10004	9	Fine needle aspiration biopsy without imaging guidance, each additional	01, 02, 03, 49	02, 08, 11, 16, 30, F2	A, B, BA, C	2 per DOS 4 per year
10005	P	Fine needle aspiration biopsy with ultrasound guidance, first lesion	01, 02, 03, 05, 49	02, 08, 11, 16, 30, F2, W7	A, B, BA, C	2 per DOS 4 per year
10005	9	Fine needle aspiration biopsy with ultrasound guidance, first lesion	01, 02, 03, 05, 49	02, 08, 11, 16, 30, F2, W7	A, B, BA, C	2 per DOS 4 per year
10005	G	Fine needle aspiration biopsy with ultrasound guidance, first lesion	01, 02, 03, 05, 49	02, 08, 11, 16, 30, F2, W7	A, B, BA, C	2 per DOS 4 per year
10006	P	Fine needle aspiration biopsy with ultrasound guidance, each additional	01, 02, 03, 49	02, 08, 11, 16, 30, F2	A, B, BA, C	2 per DOS 4 per year
10006	9	Fine needle aspiration biopsy with ultrasound guidance, each additional	01, 02, 03, 49	02, 08, 11, 16, 30, F2	A, B, BA, C	2 per DOS 4 per year
10007	P	Fine needle aspiration biopsy including fluoroscopic guidance, first lesion	01, 02, 03, 05, 49	02, 08, 11, 16, 30, F2, W7	A, B, BA, C	2 per DOS 4 per year
10007	9	Fine needle aspiration biopsy including fluoroscopic guidance, first lesion	01, 02, 03, 05, 49	02, 08, 11, 16, 30, F2, W7	A, B, BA, C	2 per DOS 4 per year
10007	G	Fine needle aspiration biopsy including fluoroscopic guidance, first lesion	01, 02, 03, 05, 49	02, 08, 11, 16, 30, F2, W7	A, B, BA, C	2 per DOS 4 per year

10008	P	Fine needle aspiration biopsy with fluoroscopic guidance, each additional	01, 02, 03, 49	02, 08, 11, 16, 30, F2	A, B, BA, C	2 per DOS 4 per year
10008	9	Fine needle aspiration biopsy with fluoroscopic guidance, each additional	01, 02, 03, 49	02, 08, 11, 16, 30, F2	A, B, BA, C	2 per DOS 4 per year
10009	P	Fine needle aspiration biopsy including CT guidance, first lesion	01, 02, 03, 05, 49	02, 08, 11, 16, 30, F2, W7	A, B, BA, C	2 per DOS 4 per year
10009	9	Fine needle aspiration biopsy including CT guidance, first lesion	01, 02, 03, 05, 49	02, 08, 11, 16, 30, F2, W7	A, B, BA, C	2 per DOS 4 per year
10009	G	Fine needle aspiration biopsy including CT guidance, first lesion	01, 02, 03, 05, 49	02, 08, 11, 16, 30, F2, W7	A, B, BA, C	2 per DOS 4 per year
10010	P	Fine needle aspiration biopsy including CT guidance, each additional lesion	01, 02, 03, 49	02, 08, 11, 16, 30, F2	A, B, BA, C	2 per DOS 4 per year
10010	9	Fine needle aspiration biopsy including CT guidance, each additional lesion	01, 02, 03, 49	02, 08, 11, 16, 30, F2	A, B, BA, C	2 per DOS 4 per year
10060	P	Incision and drainage of abscess, simple	01, 02, 03, 05, 28, 49	02, 08, 11, 16, 30, F2, A4, W7	A, B, BA, C	1 per DOS 2 per year
10060	9	Incision and drainage of abscess, simple	01, 02, 03, 05, 28, 49	02, 08, 11, 16, 30, F2, A4, W7	A, B, BA, C	1 per DOS 2 per year
10060	G	Incision and drainage of abscess, simple	01, 02, 03, 05, 28, 49	02, 08, 11, 16, 30, F2, A4, W7	A, B, BA, C	1 per DOS 2 per year
10061	P	Incision and drainage of abscess, complicated	01, 02, 03, 05, 28, 49	02, 08, 11, 16, 30, F2, A4, W7	A, B, BA, C	1 per DOS 2 per year
10061	9	Incision and drainage of abscess, complicated	01, 02, 03, 05, 28, 49	02, 08, 11, 16, 30, F2, A4, W7	A, B, BA, C	1 per DOS 2 per year
10061	G	Incision and drainage of abscess, complicated	01, 02, 03, 05, 28, 49	02, 08, 11, 16, 30, F2, A4, W7	A, B, BA, C	1 per DOS 2 per year
11400	P	Excision, benign, lesion, axilla, diameter 0.5cm or less	01, 02, 03	02, 08, 16	A, B, BA, C	2 per DOS 4 per year
11400	9	Excision, benign, lesion, axilla, diameter 0.5cm or less	01, 02, 03	02, 08, 16	A, B, BA, C	2 per DOS 4 per year
11401	P	Excision, benign, lesion, axilla, diameter 0.6cm – 1.0cm	01, 02, 03	02, 08, 16	A, B, BA, C	2 per DOS 4 per year
11401	9	Excision, benign, lesion, axilla, diameter 0.6cm – 1.0cm	01, 02, 03	02, 08, 16	A, B, BA, C	2 per DOS 4 per year
11402	P	Excision, benign, lesion, axilla, diameter 1.1cm – 2.0cm	01, 02, 03	02, 08, 16	A, B, BA, C	2 per DOS 4 per year

11402	9	Excision, benign, lesion, axilla, diameter 1.1cm – 2.0cm	01, 02, 03	02, 08, 16	A, B, BA, C	2 per DOS 4 per year
11403	P	Excision, benign, lesion, axilla, diameter 2.1cm – 3.0cm	01, 02, 03	02, 08, 16	A, B, BA, C	2 per DOS 4 per year
11403	9	Excision, benign, lesion, axilla, diameter 2.1cm – 3.0cm	01, 02, 03	02, 08, 16	A, B, BA, C	2 per DOS 4 per year
11404	P	Excision, benign, lesion, axilla, diameter 3.1cm – 4.0cm	01, 02, 03, 05, 28	02, 08, 16, W7, A4	A, B, BA, C	2 per DOS 4 per year
11404	9	Excision, benign, lesion, axilla, diameter 3.1cm – 4.0cm	01, 02, 03, 05, 28	02, 08, 16, W7, A4	A, B, BA, C	2 per DOS 4 per year
11404	G	Excision, benign, lesion, axilla, diameter 3.1cm – 4.0cm	01, 02, 03, 05, 28	02, 08, 16, W7, A4	A, B, BA, C	2 per DOS 4 per year
11406	P	Excision, benign, lesion, axilla, diameter over 4.0cm	01, 02, 03, 05, 28	02, 08, 16, W7, A4	A, B, BA, C	2 per DOS 4 per year
11406	9	Excision, benign, lesion, axilla, diameter over 4.0cm	01, 02, 03, 05, 28	02, 08, 16, W7, A4	A, B, BA, C	2 per DOS 4 per year
11406	G	Excision, benign, lesion, axilla, diameter over 4.0cm	01, 02, 03, 05, 28	02, 08, 16, W7, A4	A, B, BA, C	2 per DOS 4 per year
11600	P	Excision, malignant, lesion, axilla, diameter 0.5 cm or less	01, 02, 03	02, 08, 16	A, B, BA, C	2 per DOS 4 per year
11600	9	Excision, malignant, lesion, axilla, diameter 0.5 cm or less	01, 02, 03	02, 08, 16	A, B, BA, C	2 per DOS 4 per year
11601	P	Excision, malignant lesion, axilla, diameter 0.6cm – 1.0cm	01, 02, 03	02, 08, 16	A, B, BA, C	2 per DOS 4 per year
11601	9	Excision, malignant lesion, axilla, diameter 0.6cm – 1.0cm	01, 02, 03	02, 08, 16	A, B, BA, C	2 per DOS 4 per year
11602	P	Excision, malignant lesion, axilla, diameter 1.1cm – 2.0cm	01, 02, 03	02, 08, 16	A, B, BA, C	2 per DOS 4 per year
11602	9	Excision, malignant lesion, axilla, diameter 1.1cm – 2.0cm	01, 02, 03	02, 08, 16	A, B, BA, C	2 per DOS 4 per year
11603	P	Excision, malignant lesion, axilla, diameter 2.1cm – 3.0cm	01, 02, 03	02, 08, 16	A, B, BA, C	2 per DOS 4 per year
11603	9	Excision, malignant lesion, axilla, diameter 2.1cm – 3.0cm	01, 02, 03	02, 08, 16	A, B, BA, C	2 per DOS 4 per year
11604	P	Excision, malignant lesion, axilla, diameter 3.1cm – 4.0cm	01, 02, 03, 05, 28	02, 08, 16, W7, A4	A, B, BA, C	2 per DOS 4 per year
11604	9	Excision, malignant lesion, axilla, diameter 3.1cm – 4.0cm	01, 02, 03, 05, 28	02, 08, 16, W7, A4	A, B, BA, C	2 per DOS 4 per year
11604	G	Excision, malignant lesion, axilla, diameter 3.1cm – 4.0cm	01, 02, 03, 05, 28	02, 08, 16, W7, A4	A, B, BA, C	2 per DOS 4 per year
11606	P	Excision, malignant lesion, axilla, diameter over 4.0cm	01, 02, 03, 05, 28	02, 08, 16, W7, A4	A, B, BA, C	2 per DOS 4 per year
11606	9	Excision, malignant lesion, axilla, diameter over 4.0cm	01, 02, 03, 05, 28	02, 08, 16, W7, A4	A, B, BA, C	2 per DOS 4 per year
11606	G	Excision, malignant lesion, axilla, diameter over 4.0cm	01, 02, 03, 05, 28	02, 08, 16, W7, A4	A, B, BA, C	2 per DOS 4 per year

19000	P	Aspiration of cyst of breast	01, 02, 03, 05, 49	02, 08, 11, 16, 30, F2, W7	A, B, BA, C	1 per DOS 2 per year
19000	9	Aspiration of cyst of breast	01, 02, 03, 05, 49	02, 08, 11, 16, 30, F2, W7	A, B, BA, C	1 per DOS 2 per year
19000	G	Aspiration of cyst of breast	01, 02, 03, 05, 49	02, 08, 11, 16, 30, F2, W7	A, B, BA, C	1 per DOS 2 per year
19001	P	Aspiration of cyst of breast, each additional	01, 02, 03, 49	02, 08, 11, 16, 30, F2	A, B, BA, C	1 per DOS 2 per year
19001	9	Aspiration of cyst of breast, each additional	01, 02, 03, 49	02, 08, 11, 16, 30, F2	A, B, BA, C	1 per DOS 2 per year
19081	P	Breast biopsy with placement of localization, device, stereotactic guidance; first lesion	01, 02, 03, 05, 49	02, 08, 11, 16, 30, F2, W7	A, B, BA, C	2 per DOS 4 per year
19081	9	Breast biopsy with placement of localization, device, stereotactic guidance; first lesion	01, 02, 03, 05, 49	02, 08, 11, 16, 30, F2, W7	A, B, BA, C	2 per DOS 4 per year
19081	G	Breast biopsy with placement of localization, device, stereotactic guidance; first lesion	01, 02, 03, 05, 49	02, 08, 11, 16, 30, F2, W7	A, B, BA, C	2 per DOS 4 per year
19082	P	Breast biopsy with placement of localization device; stereotactic guidance, each addition lesion	01, 02, 03, 49	02, 08, 11, 16, 30, F2	A, B, BA, C	2 per DOS 4 per year
19082	9	Breast biopsy with placement of localization device; stereotactic guidance, each addition lesion	01, 02, 03, 49	02, 08, 11, 16, 30, F2	A, B, BA, C	2 per DOS 4 per year
19083	P	Breast biopsy with placement of localization device; ultrasound guidance; first lesion	01, 02, 03, 05, 49	02, 08, 11, 16, 30, F2, W7	A, B, BA, C	2 per DOS 4 per year
19083	9	Breast biopsy with placement of localization device; ultrasound guidance; first lesion	01, 02, 03, 05, 49	02, 08, 11, 16, 30, F2, W7	A, B, BA, C	2 per DOS 4 per year
19083	G	Breast biopsy with placement of localization device; ultrasound guidance; first lesion	01, 02, 03, 05, 49	02, 08, 11, 16, 30, F2, W7	A, B, BA, C	2 per DOS 4 per year
19084	P	Breast biopsy with placement of localization device; ultrasound guidance; each addition lesion	01, 02, 03, 49	02, 08, 11, 16, 30, F2	A, B, BA, C	2 per DOS 4 per year
19084	9	Breast biopsy with placement of localization device; ultrasound guidance; each addition lesion	01, 02, 03, 49	02, 08, 11, 16, 30, F2	A, B, BA, C	2 per DOS 4 per year
19085	P	Breast biopsy with placement of localization device; magnetic resonance guidance, first lesion	01, 02, 03, 05, 49	02, 08, 11, 16, 30, F2, W7	A, B, BA, C	2 per DOS 4 per year
19085	9	Breast biopsy with placement of localization device; magnetic resonance guidance, first lesion	01, 02, 03, 05, 49	02, 08, 11, 16, 30, F2, W7	A, B, BA, C	2 per DOS 4 per year

19085	G	Breast biopsy with placement of localization device; magnetic resonance guidance, first lesion	01, 02, 03, 05, 49	02, 08, 11, 16, 30, F2, W7	A, B, BA, C	2 per DOS 4 per year
19086	P	Breast biopsy with placement of localization device; magnetic resonance guidance; each additional le	01, 02, 03, 49	02, 08, 11, 16, 30, F2	A, B, BA, C	2 per DOS 4 per year
19086	9	Breast biopsy with placement of localization device; magnetic resonance guidance; each additional le	01, 02, 03, 49	02, 08, 11, 16, 30, F2	A, B, BA, C	2 per DOS 4 per year
19100	P	Biopsy of breast; needle core (surgical procedure only)	01, 02, 03	02, 30	A, B, BA, C	2 per DOS 4 per year
19100	9	Biopsy of breast; needle core (surgical procedure only)	01, 02, 03	02, 30	A, B, BA, C	2 per DOS 4 per year
19101	P	Incisional biopsy of breast	01, 02, 03, 05, 28	02, 30, A4, W7	A, B, BA, C	2 per DOS 4 per year
19101	9	Incisional biopsy of breast	01, 02, 03, 05, 28	02, 30, A4, W7	A, B, BA, C	1 per DOS 2 per year
19101	G	Incisional biopsy of breast	01, 02, 03, 05, 28	02, 30, A4, W7	A, B, BA, C	1 per DOS 2 per year
19110	P	Nipple Excision	01, 02, 03, 05, 28	02, A4, W7	A, B, BA, C	2 per DOS 4 per year
19110	9	Nipple Excision	01, 02, 03, 05, 28	02, A4, W7	A, B, BA, C	2 per DOS 4 per year
19110	G	Nipple Excision	01, 02, 03, 05, 28	02, A4, W7	A, B, BA, C	2 per DOS 4 per year
19120	P	Excision of cyst, fibroadenoma, or other benign or malignant tumor aberrant breast tissue, duct lesi	01, 02, 03, 05, 28	02, A4, W7	A, B, BA, C	2 per DOS 4 per year
19120	9	Excision of cyst, fibroadenoma, or other benign or malignant tumor aberrant breast tissue, duct lesi	01, 02, 03, 05, 28	02, A4, W7	A, B, BA, C	1 per DOS 2 per year
19120	G	Excision of cyst, fibroadenoma, or other benign or malignant tumor aberrant breast tissue, duct lesi	01, 02, 03, 05, 28	02, A4, W7	A, B, BA, C	1 per DOS 2 per year
19125	P	Excision of breast lesion identified by preoperative placement of radiological marker	01, 02, 03, 05, 28	02, A4, W7	A, B, BA, C	2 per DOS 4 per year
19125	9	Excision of breast lesion identified by preoperative placement of radiological marker; first	01, 02, 03, 05, 28	02, A4, W7	A, B, BA, C	2 per DOS 4 per year
19125	G	Excision of breast lesion identified by preoperative placement of radiological marker; first	01, 02, 03, 05, 28	02, A4, W7	A, B, BA, C	2 per DOS 4 per year
19126	P	Excision of breast lesion identified by preoperative placement of radiological marker; each additional	01, 02, 03	2	A, B, BA, C	2 per DOS 4 per year

19126	9	Excision of breast lesion identified by preoperative placement of radiological marker; each additional	01, 02, 03	2	A, B, BA, C	2 per DOS 4 per year
19281	P	Placement of breast localization device; first lesion	01, 02, 03	02, 30	A, B, BA, C	2 per DOS 4 per year
19281	9	Placement of breast localization device; first lesion	01, 02, 03	02, 30	A, B, BA, C	2 per DOS 4 per year
19282	P	Placement of breast localization device; each additional lesion	01, 02, 03	02, 30	A, B, BA, C	2 per DOS 4 per year
19282	9	Placement of breast localization device; each additional lesion	01, 02, 03	02, 30	A, B, BA, C	2 per DOS 4 per year
19283	P	Placement of breast localization device; stereotactic guidance; first lesion	01, 02, 03	02, 30	A, B, BA, C	2 per DOS 4 per year
19283	9	Placement of breast localization device; stereotactic guidance; first lesion	01, 02, 03	02, 30	A, B, BA, C	2 per DOS 4 per year
19284	P	Placement of breast localization device; stereotactic guidance; each addition lesion	01, 02, 03	02, 30	A, B, BA, C	2 per DOS 4 per year
19284	9	Placement of breast localization device; stereotactic guidance; each addition lesion	01, 02, 03	02, 30	A, B, BA, C	2 per DOS 4 per year
19285	P	Placement of breast localization device; ultrasound guidance; first lesion	01, 02, 03	02, 30	A, B, BA, C	2 per DOS 4 per year
19285	9	Placement of breast localization device; ultrasound guidance; first lesion	01, 02, 03	02, 30	A, B, BA, C	2 per DOS 4 per year
19286	P	Placement of breast localization device; ultrasound guidance; each addition lesion	01, 02, 03	02, 30	A, B, BA, C	2 per DOS 4 per year
19286	9	Placement of breast localization device; ultrasound guidance; each addition lesion	01, 02, 03	02, 30	A, B, BA, C	2 per DOS 4 per year
19287	P	Placement of breast localization device; magnetic resonance guidance; first lesion	01, 02, 03	02, 30	A, B, BA, C	2 per DOS 4 per year
19287	9	Placement of breast localization device; magnetic resonance guidance; first lesion	01, 02, 03	02, 30	A, B, BA, C	2 per DOS 4 per year
19288	P	Placement of breast localization device; magnetic resonance guidance; each additional lesion	01, 02, 03	02, 30	A, B, BA, C	2 per DOS 4 per year
19288	9	Placement of breast localization device; magnetic resonance guidance; each additional lesion	01, 02, 03	02, 30	A, B, BA, C	2 per DOS 4 per year

38500	P	Biopsy or excision of lymph node(s); open, superficial	01, 02, 03, 05, 28	02, A4, W7	A, B, BA, C	2 per DOS 4 per year
38500	9	Biopsy or excision of lymph node(s); open, superficial	01, 02, 03, 05, 28	02, A4, W7	A, B, BA, C	2 per DOS 4 per year
38500	G	Biopsy or excision of lymph node(s); open, superficial	01, 02, 03, 05, 28	02, A4, W7	A, B, BA, C	2 per DOS 4 per year
38525	P	Biopsy or excision of lymph node(s); open, deep axillary nodes	01, 02, 03, 05, 28	02, A4, W7	A, B, BA, C	2 per DOS 4 per year
38525	9	Biopsy or excision of lymph node(s); open, deep axillary nodes	01, 02, 03, 05, 28	02, A4, W7	A, B, BA, C	2 per DOS 4 per year
38525	G	Biopsy or excision of lymph node(s); open, deep axillary nodes	01, 02, 03, 05, 28	02, A4, W7	A, B, BA, C	2 per DOS 4 per year
57105	P	Vaginal Biopsy	01, 02, 03, 49, 58	02, 08, 16, F2, N3	A, B, BA, C	1 per DOS 2 per year
57105	9	Vaginal Biopsy	01, 02, 03, 49, 58	02, 08, 16, F2, N3	A, B, BA, C	1 per DOS 2 per year
57420	P	Colposcopy for entire vagina & cervix, if present	01, 02, 03, 49, 58	08, 16, F2, N3	A, B, BA, C	1 per DOS 2 per year
57420	9	Colposcopy for entire vagina & cervix, if present	01, 02, 03, 49, 58	08, 16, F2, N3	A, B, BA, C	1 per DOS 2 per year
57421	P	Colposcopy with biopsy of vagina/cervix	01, 02, 03, 49, 58	08, 16, F2, N3	A, B, BA, C	1 per DOS 2 per year
57421	9	Colposcopy with biopsy of vagina/cervix	01, 02, 03, 49, 58	08, 16, F2, N3	A, B, BA, C	1 per DOS 2 per year
57452	P	Colposcopy without biopsy	01, 02, 03, 49, 58	08, 16, F2, N3	A, B, BA, C	1 per DOS 4 per year
57452	9	Colposcopy without biopsy	01, 02, 03, 49, 58	08, 16, F2, N3	A, B, BA, C	1 per DOS 4 per year
57454	P	Colposcopy with biopsy and endocervical curettage	01, 02, 03, 49, 58	08, 16, F2, N3	A, B, BA, C	1 per DOS 4 per year
57454	9	Colposcopy with biopsy and endocervical curettage	01, 02, 03, 49, 58	08, 16, F2, N3	A, B, BA, C	1 per DOS 4 per year
57455	P	Colposcopy with biopsy of cervix	01, 02, 03, 49, 58	08, 16, F2, N3	A, B, BA, C	1 per DOS 2 per year
57455	9	Colposcopy with biopsy of cervix	01, 02, 03, 49, 58	08, 16, F2, N3	A, B, BA, C	1 per DOS 2 per year
57456	P	Colposcopy with endocervical curettage	01, 02, 03, 49, 58	08, 16, F2, N3	A, B, BA, C	1 per DOS 2 per year
57456	9	Colposcopy with endocervical curettage	01, 02, 03, 49, 58	08, 16, F2, N3	A, B, BA, C	1 per DOS 2 per year
57460	P	Colposcopy with loop electrode biopsy of cervix (PA required for physician services)	01, 02, 03, 05, 28, 49	02, 08, 16, A4, F2, W7	A, B, BA, C	1 per DOS 2 per year
57460	9	Colposcopy with loop electrode biopsy of cervix (PA required for physician services)	01, 02, 03, 05, 28, 49	02, 08, 16, A4, F2, W7	A, B, BA, C	1 per DOS 2 per year
57460	G	Colposcopy with loop electrode biopsy of cervix (PA required for physician services)	01, 02, 03, 05, 28, 49	02, 08, 16, A4, F2, W7	A, B, BA, C	1 per DOS 2 per year

57461	P	Colposcopy with loop electrode conization of cervix (PA required for physician services)	01, 02, 03, 05, 28, 49	02, 08, 16, A4, F2, W7	A, B, BA, C	1 per DOS 2 per year
57461	9	Colposcopy with loop electrode conization of cervix (PA required for physician services)	01, 02, 03, 05, 28, 49	02, 08, 16, A4, F2, W7	A, B, BA, C	1 per DOS 2 per year
57461	G	Colposcopy with loop electrode conization of cervix (PA required for physician services)	01, 02, 03, 05, 28, 49	02, 08, 16, A4, F2, W7	A, B, BA, C	1 per DOS 2 per year
57500	P	Biopsy or local excision of lesion	01, 02, 03, 05, 28, 49	02, 08, 16, A4, F2, W7	A, B, BA, C	1 per DOS 2 per year
57500	9	Biopsy or local excision of lesion	01, 02, 03, 05, 28, 49	02, 08, 16, A4, F2, W7	A, B, BA, C	1 per DOS 2 per year
57500	G	Biopsy or local excision of lesion	01, 02, 03, 05, 28, 49	02, 08, 16, A4, F2, W7	A, B, BA, C	1 per DOS 2 per year
57505	P	Endocervical curettage	01, 02, 03, 49, 58	02, 08, 16, F2, N3	A, B, BA, C	1 per DOS 2 per year
57505	9	Endocervical curettage	01, 02, 03, 49, 58	02, 08, 16, F2, N3	A, B, BA, C	1 per DOS 2 per year
57520	P	Conization of cervix (PA required for physician services)	01, 02, 03, 05, 28, 49	02, 08, 16, A4, F2, W7	A, B, BA, C	1 per DOS 2 per year
57520	9	Conization of cervix (PA required for physician services)	01, 02, 03, 05, 28, 49	02, 08, 16, A4, F2, W7	A, B, BA, C	1 per DOS 2 per year
57520	G	Conization of cervix (PA required for physician services)	01, 02, 03, 05, 28, 49	02, 08, 16, A4, F2, W7	A, B, BA, C	1 per DOS 2 per year
57522	P	Loop electrode excision (PA required for physician services)	01, 02, 03, 05, 28, 49	02, 08, 16, A4, F2, W7	A, B, BA, C	1 per DOS 2 per year
57522	9	Loop electrode excision (PA required for physician services)	01, 02, 03, 05, 28, 49	02, 08, 16, A4, F2, W7	A, B, BA, C	1 per DOS 2 per year
57522	G	Loop electrode excision (PA required for physician services)	01, 02, 03, 05, 28, 49	02, 08, 16, A4, F2, W7	A, B, BA, C	1 per DOS 2 per year
58100	P	Endometrial biopsy	01, 02, 03, 49, 58	08, 16, F2, N3	A, B, BA, C	1 per DOS 2 per year
58100	9	Endometrial biopsy	01, 02, 03, 49, 58	08, 16, F2, N3	A, B, BA, C	1 per DOS 2 per year
58110	P	Endometrial sampling, biopsy	01, 02, 03, 49, 58	08, 16, F2, N3	A, B, BA, C	1 per DOS 2 per year
58110	9	Endometrial sampling, biopsy	01, 02, 03, 49, 58	08, 16, F2, N3	A, B, BA, C	1 per DOS 2 per year

76830	P	Transvaginal ultrasound non-ob	01, 02, 03, 05, 10, 28, 49	02, 08, 16, 30, 63, A4, F2, W7	A, B, BA, C	1 per DOS 2 per year
76830	T	Transvaginal ultrasound non-ob	01, 02, 03, 05, 10, 28, 49	02, 08, 16, 30, 63, A4, F2, W7	A, B, BA, C	1 per DOS 2 per year
76830	C	Transvaginal ultrasound non-ob	01, 02, 03, 05, 10, 28, 49	02, 08, 16, 30, 63, A4, F2, W7	A, B, BA, C	1 per DOS 2 per year
76856	P	Ultrasound exam pelvic complete	01, 02, 03, 05, 10, 28, 49	02, 08, 16, 30, 63, A4, F2, W7	A, B, BA, C	1 per DOS 2 per year
76856	T	Ultrasound exam pelvic complete	01, 02, 03, 05, 10, 28, 49	02, 08, 16, 30, 63, A4, F2, W7	A, B, BA, C	1 per DOS 2 per year
76856	C	Ultrasound exam pelvic complete	01, 02, 03, 05, 10, 28, 49	02, 08, 16, 30, 63, A4, F2, W7	A, B, BA, C	1 per DOS 2 per year
G0279	P	Tomosynthesis	010, 02, 03, 05, 10	08, 30, 63, W7	A, B, BA, C	1 per DOS 3 per year
G0279	T	Tomosynthesis	010, 02, 03, 05, 10	08, 30, 63, W7	A, B, BA, C	1 per DOS 3 per year
G0279	C	Tomosynthesis	010, 02, 03, 05, 10	08, 30, 63, W7	A, B, BA, C	1 per DOS 3 per year
77046	P	Magnetic resonance imaging (MRI), breast, without contrast, unilateral	01, 02, 03, 05, 10	30, 63, W7	A, B, BA, C	1 per DOS 1 per year
77046	T	Magnetic resonance imaging (MRI), breast, without contrast, unilateral	01, 02, 03, 05, 10	30, 63, W7	A, B, BA, C	1 per DOS 1 per year
77046	C	Magnetic resonance imaging (MRI), breast, without contrast, unilateral	01, 02, 03, 05, 10	30, 63, W7	A, B, BA, C	1 per DOS 1 per year
77047	P	Magnetic resonance imaging (MRI), breast, without contrast, bilateral	01, 02, 03, 05, 10	30, 63, W7	A, B, BA, C	1 per DOS 1 per year
77047	T	Magnetic resonance imaging (MRI), breast, without contrast, bilateral	01, 02, 03, 05, 10	30, 63, W7	A, B, BA, C	1 per DOS 1 per year
77047	C	Magnetic resonance imaging (MRI), breast, without contrast, bilateral	01, 02, 03, 05, 10	30, 63, W7	A, B, BA, C	1 per DOS 1 per year
77048	P	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, unilateral	01, 02, 03, 05, 10	30, 63, W7	A, B, BA, C	1 per DOS 1 per year
77048	T	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, unilateral	01, 02, 03, 05, 10	30, 63, W7	A, B, BA, C	1 per DOS 1 per year

77048	C	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, unilateral	01, 02, 03, 05, 10	30, 63, W7	A, B, BA, C	1 per DOS 1 per year
77049	P	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, bilateral	01, 02, 03, 05, 10	30, 63, W7	A, B, BA, C	1 per DOS 1 per year
77049	T	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, bilateral	01, 02, 03, 05, 10	30, 63, W7	A, B, BA, C	1 per DOS 1 per year
77049	C	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, bilateral	01, 02, 03, 05, 10	30, 63, W7	A, B, BA, C	1 per DOS 1 per year
77053	P	Mammary ductogram or galactogram, single duct	01, 02, 03, 05, 10	30, 63, W7	A, B, BA, C	1 per DOS 1 per year
77053	T	Mammary ductogram or galactogram, single duct	01, 02, 03, 05, 10	30, 63, W7	A, B, BA, C	1 per DOS 1 per year
77053	C	Mammary ductogram or galactogram, single duct	01, 02, 03, 05, 10	30, 63, W7	A, B, BA, C	1 per DOS 1 per year
77063	P	Breast Tomosynthesis	01, 02, 03, 05, 10	30, 63, W7	A, C	1 per DOS 1 per year
77063	T	Breast Tomosynthesis	01, 02, 03, 05, 10	30, 63, W7	A, C	1 per DOS 1 per year
77063	C	Breast Tomosynthesis	01, 02, 03, 05, 10	30, 63, W7	A, C	1 per DOS 1 per year
77065	P	Digital Diagnostic Mammogram unilateral	01, 02, 03, 05, 10	30, 63, W7	A, B, BA, C	1 per DOS 3 per year
77065	T	Digital Diagnostic Mammogram unilateral	01, 02, 03, 05, 10	30, 63, W7	A, B, BA, C	1 per DOS 3 per year
77065	C	Digital Diagnostic Mammogram unilateral	01, 02, 03, 05, 10	30, 63, W7	A, B, BA, C	1 per DOS 3 per year
77066	P	Digital Diagnostic Mammogram bilateral	01, 02, 03, 05, 10	30, 63, W7	A, B, BA, C	1 per DOS 3 per year
77066	T	Digital Diagnostic Mammogram bilateral	01, 02, 03, 05, 10	30, 63, W7	A, B, BA, C	1 per DOS 3 per year
77066	C	Digital Diagnostic Mammogram bilateral	01, 02, 03, 05, 10	30, 63, W7	A, B, BA, C	1 per DOS 3 per year
77067	P	Screening Mammogram	01, 02, 03, 05, 10	30, 63, W7	A, C	1 per DOS 1 per year
77067	T	Screening Mammogram	01, 02, 03, 05, 10	30, 63, W7	A, C	1 per DOS 1 per year
77067	C	Screening Mammogram	01, 02, 03, 05, 10	30, 63, W7	A, C	1 per DOS 1 per year
76098	P	Radiological examination, surgical specimen	01, 02, 03, 05, 10, 28	02, 30, 63, A4, W7	A, B, BA, C	1 per DOS 4 per year
76098	T	Radiological examination, surgical specimen	01, 02, 03, 05, 10, 28	02, 30, 63, A4, W7	A, B, BA, C	1 per DOS 4 per year

76098	C	Radiological examination, surgical specimen	01, 02, 03, 05, 10, 28	02, 30, 63, A4, W7	A, B, BA, C	1 per DOS 4 per year
76641	P	Ultrasound, complete examination of breast including axilla, unilateral/bilateral	01, 02, 03, 05, 10, 28, 49	02, 30, 63, A4, W7, F2	A, B, BA, C	2 per DOS 4 per year
76641	T	Ultrasound, complete examination of breast including axilla, unilateral/bilateral	01, 02, 03, 05, 10, 28, 49	02, 30, 63, A4, W7, F2	A, B, BA, C	2 per DOS 4 per year
76641	C	Ultrasound, complete examination of breast including axilla, unilateral/bilateral	01, 02, 03, 05, 10, 28, 49	02, 30, 63, A4, W7, F2	A, B, BA, C	2 per DOS 4 per year
76641	P/50	Ultrasound, complete examination of breast including axilla, unilateral/bilateral	01, 02, 03, 05, 10, 28, 49	02, 30, 63, A4, W7, F2	A, B, BA, C	1 per DOS 4 per year
76641	T/50	Ultrasound, complete examination of breast including axilla, unilateral/bilateral	01, 02, 03, 05, 10, 28, 49	02, 30, 63, A4, W7, F2	A, B, BA, C	1 per DOS 4 per year
76641	C/50	Ultrasound, complete examination of breast including axilla, unilateral/bilateral	01, 02, 03, 05, 10, 28, 49	02, 30, 63, A4, W7, F2	A, B, BA, C	1 per DOS 4 per year
76642	P	Ultrasound, limited examination of breast including axilla, unilateral/bilateral	01, 02, 03, 05, 10, 28, 49	02, 30, 63, A4, W7, F2	A, B, BA, C	2 per DOS 4 per year
76642	T	Ultrasound, limited examination of breast including axilla, unilateral/bilateral	01, 02, 03, 05, 10, 28, 49	02, 30, 63, A4, W7, F2	A, B, BA, C	2 per DOS 4 per year
76642	C	Ultrasound, limited examination of breast including axilla, unilateral/bilateral	01, 02, 03, 05, 10, 28, 49	02, 30, 63, A4, W7, F2	A, B, BA, C	2 per DOS 4 per year
76642	P/50	Ultrasound, limited examination of breast including axilla, unilateral/bilateral	01, 02, 03, 05, 10, 28, 49	02, 30, 63, A4, W7, F2	A, B, BA, C	1 per DOS 4 per year
76642	T/50	Ultrasound, limited examination of breast including axilla, unilateral/bilateral	01, 02, 03, 05, 10, 28, 49	02, 30, 63, A4, W7, F2	A, B, BA, C	1 per DOS 4 per year
76642	C/50	Ultrasound, limited examination of breast including axilla, unilateral/bilateral	01, 02, 03, 05, 10, 28, 49	02, 30, 63, A4, W7, F2	A, B, BA, C	1 per DOS 4 per year
76942	P	Ultrasonic guidance for needle biopsy, radiological supervision and interpretation	01, 02, 03, 05, 10, 28	02, 30, 63, A4, W7	A, B, BA, C	2 per DOS 4 per year
76942	T	Ultrasonic guidance for needle biopsy, radiological supervision and interpretation	01, 02, 03, 05, 10, 28	02, 30, 63, A4, W7	A, B, BA, C	2 per DOS 4 per year
76942	C	Ultrasonic guidance for needle biopsy, radiological supervision and interpretation	01, 02, 03, 05, 10, 28	02, 30, 63, A4, W7	A, B, BA, C	2 per DOS 4 per year

76998	P	Ultrasonic guidance localization, intraoperative guidance	01, 02, 03, 05, 10	02, 30, 63, W7	A, B, BA, C	2 per DOS 4 per year
80048	T	Basic Metabolic Panel	01, 02, 03, 05, 09, 28, 49	02, 08, 11, 16, 69, A4, F2, W7	A, B, BA, C	1 per DOS 3 per year
80053	T	Comprehensive Metabolic Panel	01, 02, 03, 05, 09, 49	02, 08, 11, 16, 69, F2, W7	A, B, BA, C	1 per DOS 2 per year
80076	T	Hepatic Function Panel	01, 02, 03, 05, 09, 49	02, 08, 11, 16, 69, F2, W7	A, B, BA, C	1 per DOS 2 per year
81025	T	Urine Pregnancy test	01, 02, 03, 05, 49, 58	08, 16, F2, N3, W7	A, B, BA, C	1 per DOS 2 per year
85025	T	Blood Count, Complete CBC	01, 02, 03, 05, 49, 09	02, 08, 11, 16, F2 W7, 09	A, B, BA, C	1 per DOS 2 per year
85027	T	Hemogram and platelet count, automated	01, 02, 03, 05, 49, 09	02, 08, 11, 16, F2 W7, 09	A, B, BA, C	1 per DOS 2 per year
87070	T	Culture, aerobic	05, 09	69, W7	A, B, BA, C	1 per DOS 4 per year
87075	T	Culture, anaerobic	05, 09	69, W7	A, B, BA, C	1 per DOS 4 per year
87205	T	Smear, primary source with interpretation gram or griemsa stain for bacteria fungi or cell types	05, 09	69, W7	A, B, BA, C	1 per DOS 4 per year
87624	T	HPV DNA Testing (High-risk testing only)	05, 09	69, W7	A, B, BA, C	1 per DOS 1 per year
87625	T	HPV DNA Testing (High-risk typing for HPV types 16 & 18 only)	05, 09	69, W7	A, B, BA, C	1 per DOS 1 per year
88112	P	Cytopathology, enhancement technique with interpretation	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	3 per DOS 6 per year
88112	T	Cytopathology, enhancement technique with interpretation	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	3 per DOS 6 per year
88112	C	Cytopathology, enhancement technique with interpretation	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	3 per DOS 6 per year
88108	P	Cytopathology, concentration technique, smears and interpretation	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	1 per DOS 2 per year
88108	T	Cytopathology, concentration technique, smears and interpretation	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	1 per DOS 2 per year
88108	C	Cytopathology, concentration technique, smears and interpretation	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	1 per DOS 2 per year

88141	P	Pap smear, reported in Bethesda system, requiring physician interpretation	01, 02, 03, 05	22, W7	A, C	1 per DOS 3 per year
88142	T	Automated thin preparation	05, 09	69, W7	A, C	1 per DOS 3 per year
88148	T	Screening by automated system with manual re-screening	05, 09	69, W7	A, C	1 per DOS 3 per year
88150	T	Pap smear screening	05, 09	69, W7	A, C	1 per DOS 3 per year
88160	P	Cytopathology, smears, any other source, screening and interpretation	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	1 per DOS 2 per year
88160	T	Cytopathology, smears, any other source, screening and interpretation	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	1 per DOS 2 per year
88160	C	Cytopathology, smears, any other source, screening and interpretation	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	1 per DOS 2 per year
88164	T	Manual screening under physician supervision	05, 09	69, W7	A, C	1 per DOS 3 per year
88165	T	Manual screening and rescreening under physician supervision	05, 09	69, W7	A, C	1 per DOS 3 per year
88172	P	Cytopathology, evaluation of fine needle aspirate; First evaluation episode only	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	1 per DOS 2 per year
88172	T	Cytopathology, evaluation of fine needle aspirate; First evaluation episode only	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	1 per DOS 2 per year
88172	C	Cytopathology, evaluation of fine needle aspirate; First evaluation episode only	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	1 per DOS 2 per year
88173	P	Interpretation of Fine Needle Aspirate	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	1 per DOS 2 per year
88173	T	Interpretation of Fine Needle Aspirate	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	1 per DOS 2 per year
88173	C	Interpretation of Fine Needle Aspirate	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	1 per DOS 2 per year
88175	T	Computerized Thin Prep	05, 09	69, W7	A, C	1 per DOS 3 per year
88177	P	Cytopathology, evaluation of fine needle aspirate; Each additional episode evaluation	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	1 per DOS 2 per year
88177	T	Cytopathology, evaluation of fine needle aspirate; Each additional episode evaluation	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	1 per DOS 2 per year
88177	C	Cytopathology, evaluation of fine needle aspirate; Each additional episode evaluation	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	1 per DOS 2 per year

88304	P	Surgical Pathology Level III	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	4 per DOS 8 per year
88304	T	Surgical Pathology Level III	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	4 per DOS 8 per year
88304	C	Surgical Pathology Level III	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	4 per DOS 8 per year
88305	P	Surgical Pathology Level IV	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	4 per DOS 8 per year
88305	T	Surgical Pathology Level IV	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	4 per DOS 8 per year
88305	C	Surgical Pathology Level IV	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	4 per DOS 8 per year
88307	P	Surgical Pathology Level V	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	2 per DOS 4 per year
88307	T	Surgical Pathology Level V	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	2 per DOS 4 per year
88307	C	Surgical Pathology Level V	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	2 per DOS 4 per year
88309	P	Surgical Pathology Level VI (cervical only)	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	2 per DOS 4 per year
88309	T	Surgical Pathology Level VI (cervical only)	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	2 per DOS 4 per year
88309	C	Surgical Pathology Level VI (cervical only)	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	2 per DOS 4 per year
88312	P	Special stains group 1	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	3 per DOS 6 per year
88312	T	Special stains group 1	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	3 per DOS 6 per year
88312	C	Special stains group 1	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	3 per DOS 6 per year
88313	P	Special stains group 2	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	3 per DOS 6 per year
88313	T	Special stains group 2	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	3 per DOS 6 per year
88313	C	Special stains group 2	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	3 per DOS 6 per year
88321	P	Slide Consult	01, 02, 03, 05	22, W7	A, C	1 per DOS 3 per year
88329	P	OR Consult	01, 02, 03	22	A, B, BA, C	1 per DOS 2 per year
88331	P	Frozen Section Pathology	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	2 per DOS 4 per year
88331	T	Frozen Section Pathology	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	2 per DOS 4 per year
88331	C	Frozen Section Pathology	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	2 per DOS 4 per year
88332	P	Frozen Section Pathology, Additional	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	2 per DOS 4 per year

88332	T	Frozen Section Pathology, Additional	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	2 per DOS 4 per year
88332	C	Frozen Section Pathology, Additional	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	2 per DOS 4 per year
88341	P	Immunohistochemistry or immunocytochemistry, per specimen, each additional stain	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	3 per DOS 6 per year
88341	T	Immunohistochemistry or immunocytochemistry, per specimen, each additional stain	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	3 per DOS 6 per year
88341	C	Immunohistochemistry or immunocytochemistry, per specimen, each additional stain	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	3 per DOS 6 per year
88342	P	Immunohistochemistry or immunocytochemistry, per specimen, first stain	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	3 per DOS 6 per year
88342	T	Immunohistochemistry or immunocytochemistry, per specimen, first stain	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	3 per DOS 6 per year
88342	C	Immunohistochemistry or immunocytochemistry, per specimen, first stain	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	3 per DOS 6 per year
88360	P	Tumor immunohistochem/manual	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	3 per DOS 6 per year
88360	T	Tumor immunohistochem/manual	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	3 per DOS 6 per year
88360	C	Tumor immunohistochem/manual	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	3 per DOS 6 per year
88361	P	Tumor immunohistochem/computer	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	3 per DOS 6 per year
88361	T	Tumor immunohistochem/computer	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	3 per DOS 6 per year
88361	C	Tumor immunohistochem/computer	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	3 per DOS 6 per year
88377	P	Morphometric analysis, each multiplex probe stain	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	3 per DOS 6 per year
88377	T	Morphometric analysis, each multiplex probe stain	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	3 per DOS 6 per year
88377	C	Morphometric analysis, each multiplex probe stain	01, 02, 03, 05, 09	22, 69, W7	A, B, BA, C	3 per DOS 6 per year
99202	P	New office consultation	01, 02, 03, 49, 58	02, 08, 11, 16, F2, N3	A, B, BA, C	2 per DOS 2 per year
99202	9	New office consultation	01, 02, 03, 49, 58	02, 08, 11, 16, F2, N3	A, B, BA, C	2 per DOS 2 per year
99203	P	New office consultation	01, 02, 03, 49, 58	02, 08, 11, 16, F2, N3	A, B, BA, C	2 per DOS 2 per year
99203	9	New office consultation	01, 02, 03, 49, 58	02, 08, 11, 16, F2, N3	A, B, BA, C	2 per DOS 2 per year

99204	P	New patient office visit with detailed risk assessment	01, 02, 03, 49, 58	02, 08, 11, 16, F2, N3	A, B, BA, C	2 per DOS 2 per year
99204	9	New patient office visit with detailed risk assessment	01, 02, 03, 49, 58	02, 08, 11, 16, F2, N3	A, B, BA, C	2 per DOS 2 per year
99205	P	New patient office visit with detailed risk assessment	01, 02, 03, 49, 58	02, 08, 11, 16, F2, N3	A, B, BA, C	2 per DOS 2 per year
99205	9	New patient office visit with detailed risk assessment	01, 02, 03, 49, 58	02, 08, 11, 16, F2, N3	A, B, BA, C	2 per DOS 2 per year
99212	P	Established Patient, follow-up office visit	01, 02, 03, 49, 58	02, 08, 11, 16, F2, N3	A, B, BA, C	1 per DOS 3 per year
99212	9	Established Patient, follow-up office visit	01, 02, 03, 49, 58	02, 08, 11, 16, F2, N3	A, B, BA, C	1 per DOS 3 per year
99213	P	Established patient office visit	01, 02, 03, 49, 58	02, 08, 11, 16, F2, N3	A, B, BA, C	1 per DOS 4 per year
99213	9	Established patient office visit	01, 02, 03, 49, 58	02, 08, 11, 16, F2, N3	A, B, BA, C	1 per DOS 3 per year
99214	P	Established patient office visit	01, 02, 03, 49, 58	02, 08, 11, 16, F2, N3	A, B, BA, C	1 per DOS 3 per year
99214	9	Established patient office visit	01, 02, 03, 49, 58	02, 08, 11, 16, F2, N3	A, B, BA, C	1 per DOS 3 per year
99215	P	Established patient office visit	01, 02, 03, 49, 58	02, 08, 11, 16, F2, N3	A, B, BA, C	1 per DOS 3 per year
99215	9	Established patient office visit	01, 02, 03, 49, 58	02, 08, 11, 16, F2, N3	A, B, BA, C	1 per DOS 3 per year
00400	P	Anesthesia for breast biopsy/excision of axillary lesion/Node biopsy	01, 02, 03, 05	05, C3, W7	A, B, BA, C	1 per DOS 2 per year
00940	P	Anesthesia for cervical procedures (57420, 57460, 57461, 57520, 57522)	01, 02, 03, 05	05, C3, W7	A, B, BA, C	1 per DOS 2 per year
01610	P	Anesthesia for excision of lymph nodes, anesthesia	01, 02, 03, 05	05, C3, W7	A, B, BA, C	1 per DOS 2 per year

500 ADDITIONAL BILLING INFORMATION

Type of Service Modifiers Used by BreastCare	
C	Complete
T	Technical Component
P/26	Professional Component
50	Bilateral procedure (P, T and C)
9	Facility
G	Hospital

600 REMITTANCE ADVICE REPORTS/EOBS

Remittance Advices Reports (RAs) are available through the web-based BreastCare Billing System on the Reports and Resources page. Additionally, those with access can download a pdf RA/EOB from the DataPath portal.

700 REFUND FORM

If an overpayment or a payment error has occurred, it is the responsibility of the provider to refund the BreastCare Program. Refunds to the BreastCare program may be done by sending a check in the amount of the overpayment made payable to the Arkansas Department of Health, BreastCare. A completed BreastCare Refund Form and or RA/EOB must be mailed with the refund check. Refunds received without the refund form or RA/EOB may be returned to the provider if BreastCare does not have enough information necessary to post the refund in our system correctly.

800 BREASTCARE BILLING USER ACCESS

In order for providers' billing personnel to submit claims to BreastCare using the BreastCare Billing System, a BreastCare Billing System User Access Request form must be submitted to BreastCare for all the users who will need access to bill for a particular provider. A copy of the form can be found at the end of this manual or on the provider page of the BreastCare website.

900 EFT/BANKING UPDATES AND CHANGES

It is important that any changes to a provider's banking information be reported to BreastCare using the Authorization for Automatic Electronic Funds Deposit form as soon as possible. Failure to notify BreastCare of changes may result in delayed or returned payments. A copy of the form can be found at the end of this manual or on the provider page of the BreastCare website.

BreastCare Refund Form

Mail to: Arkansas Department of Health
 Attn: BreastCare Billing
 4815 W. Markham, Slot 11
 Little Rock, AR 72205

Provider Name	
BreastCare Provider ID/NPI	
Refund check number	
Refund check date	
Refund check amount	

Information from claim	Claim 1	Claim 2
RA Date (Paid Date)		
Claim number		
Patient's BreastCare number		
Patient's name		
Date of service on claim		
Procedure code being refunded		
Amount of refund		
Reason for refund (see codes below)		

Refund Reasons

1. A billing or keying error was made
2. Duplicate payment
3. Payment received from third party (insurance or Medicaid)
4. Overpayment
5. Other: Please explain _____

Name of person completing form	
Telephone number	

Signature: _____ Date: _____

Attachment B

Arkansas Department of Health
Authorization for Automatic Electronic Funds Deposit



Provider Legal Business Name: _____ Provider #: _____

Doing Business as Name: _____

Provider Address: _____ Telephone: (____) _____

City, State: _____ Zip: _____

Type of Authorization: Same Change New

For verification purposes, please complete the following:

Routing Transit # : _____ Bank Account #: _____

PLEASE ATTACH A COPY OF A BANK LETTER TO VERIFY THESE NUMBERS. The name on the voided check/deposit slip should match the name on the provider business name of DBA state above

Name of Depository Bank: _____

Depository Address: _____

City, State: _____ Zip Code: _____

I hereby authorize the Arkansas Department of Health, *BreastCare* to initiate credit entries to the account indicated above and the depository named above to *credit* the same to such account. I understand that I am responsible for the validity of information on this form.

I understand in endorsing this funds transfer that payment will be from Federal and State funds and that any falsification or concealment of a material fact may be prosecuted under Federal and State Laws.

Arkansas Department of Health BreastCare will send the direct deposit to the Depository indicated above until notified by me that I wish to change the Depository receiving the direct deposit. If my Depository information changes, I agree to submit to BreastCare an updated Automatic Authorization Agreement.

Authorized Official Name (Print): _____

Authorized Official Title: _____

Authorized Official Signature: _____ **Date:** _____

Please return this form to:
Arkansas Department of Health
BreastCare
4815 West Markham, Slot 11
Little Rock, AR 72205