

EWC Covered Services

EWC Provider Orientation

EWC Covered Services CPT/HCPCS

- » A list of covered services and their definitions can be found in the Every Woman Counts Provider Medical Manual (*ev woman*)
- » Only the listed codes are covered. If it isn't listed, it isn't covered

CPT Codes		EWC Covered Procedures (continued)	
19286 – With 19285; each additional lesion	19287 – Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion	19288 – with 19287; each additional lesion	57454 – Colposcopy w/bx of cervix and ECC
57455 – Colposcopy w/bx of cervix	57456 – Colposcopy w/ECC	57500 – Biopsy of cervix	57505 – Endocervical curettage, w/58100
58100 – Endometrial sampling, w/57505	58110 – Endometrial sampling with colposcopy	76098 – X-ray Exam, surg specimen	76641 – Ultrasound, unilateral, include axilla; complete
76642 – Ultrasound, unilateral, include axilla; limited	76942 – US guidance for needle placement; imaging, supervise & interpret	77046 – MRI, breast, without contrast unilateral	77047 – With 77046; bilateral
77048 – MRI, breast, including CAD, with and without contrast materials, unilateral	77049 – With 77048; bilateral imaging, supervise & interpret	77063 – Screening digital breast tomosynthesis, bilateral	77065 – Diagnostic mammography unilateral includes CAD
77066 – Diagnostic mammography; bilateral includes CAD	77067 – Screening mammogram bilateral	81025 – Urine pregnancy test	87624 – Infect agent detect by DNA or RNA; HPV, high-risk types
87625 – Human Papillomavirus (HPV), type 16 and 18 only, includes type 45, if performed	88141 – Pap, physician interpretation	88142 – Pap, liquid, based (LBP); man scrng	88143 – Cytopathology-C/V, LBP, manual
88164 – Cytopathology, slides, cervical or vaginal; manual screening under physician supervision	88172 – Cytopathology of FNA; to determine	EWC Covered Procedures Only the procedures listed below are covered under the Every Woman Counts (EWC) Program for "Breast and Cervical Primary Care Providers." Providers must have only EWC-approved ICD-10-CM code(s) listed on the claim to be eligible for payment. For the list of appropriate CPT specific ICD-10-CM codes, refer to the "Approved Procedures" heading in this manual section.	
Note: Procedure code definitions may require modifiers.		CPT Codes: 00400 – Anesthesia, integumentary system anterior trunk 10004 – Fine needle aspiration biopsy; without imaging, each additional lesion 10005 – Fine needle aspiration biopsy including ultrasound guidance first lesion 10006 – With 10005; each additional lesion 10007 – Fine needle aspiration biopsy, including fluoroscopic guidance first lesion 10008 – With 10007; each additional lesion 10011 – Fine needle aspiration biopsy including MRI guidance; first lesion 10012 – With 10011; each additional lesion 10021 – Fine needle aspiration; without imaging Guidance	
19000 – Puncture aspiration of cyst of breast 19001 – With 19000; each additional cyst 19081 – Biopsy, with localization device placement and imaging of biopsy specimen, percutaneous; stereotactic guidance first lesion 19082 – With 19081; each additional lesion 19083 – Biopsy, with localization device placement and imaging of biopsy specimen, percutaneous; US guidance; first lesion 19084 – With 19083; each additional lesion 19085 – Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous magnetic resonance; first lesion 19086 – With 19085; each additional lesion		19100 – Needle Core biopsy; without imaging guidance 19101 – Biopsy of breast, open, incisional 19120 – Excisional Biopsy, open 19125 – Excision of lesion, identified by preop placement of radiomarker; single lesion 19126 – With 19125; each additional lesion 19281 – Localization device placement, percutaneous; mammographic guidance; first lesion 19282 – With 19281; each additional lesion 19283 – Localization device placement, percutaneous; stereotactic guidance first lesion 19284 – With 19283; each additional lesion 19285 – Localization device placement, percutaneous; US guidance; first lesion	

Part 2 – Every Woman Counts

Part 2 – Every Woman Counts

EWC Covered Services Disclosure

PCPs and referral providers agree to disclose any non-covered services to the patient and to receive their written authorization before the service is provided

- » Provider should provide information regarding the cost to recipient
- » Recipient must sign disclosure accepting financial responsibility for the service

Office Visits

- » EWC covers office visit codes 99202-99204 for new patients, and 99211-99214 for established patients.
- » Codes CPT 99204 and 99214 are reserved for individuals who receive both breast cancer screening and cervical cancer screening during the same visit.

EWC Covered Services

CPT and ICD-10 codes

- » Providers must only list EWC-approved ICD-10-CM code(s) on the claim to be eligible for payment.
- » For the list of appropriate CPT specific ICD-10-CM codes, refer to the "Approved Procedures" heading in ev woman manual

EWC Covered Services

Breast Services - Screening

- » During office visits, EWC PCPs should offer counseling to all recipients about:
 - » Age of initiation of screening
 - » Frequency of screening
 - » Individual breast cancer risk assessment
- » Screening mammogram and/or screening digital tomosynthesis (3-D mammography) is a covered benefit beginning at age 40 and is payable once every 365 days for recipients at average risk
- » Screening MRI in conjunction with screening mammography/digital tomosynthesis are reimbursable services once every 365 days for recipients of any age determined to be at high risk (BRCA gene mutation, a first-degree relative who is a BRCA carrier, or a lifetime risk of 20 percent or greater as defined by risk assessment models such as BRCAPRO that depend largely on family history)

EWC Covered Services

Breast Services - Diagnostic

- » Diagnostic services do not have age, frequency or gender limits and include:
- » Breast diagnostic imaging (including diagnostic mammograms, tomosynthesis, US, MRI)
- » MRI - used to assess areas of concern on a mammogram or to evaluate a client with a history of breast cancer after completing treatment
- » Fine needle aspiration biopsies
- » Core needle biopsies, including imaging when indicated
- » Incisional and excisional biopsies
- » Pathology (including immunohistochemistry and morphometric analysis)

Services Not Covered by EWC

Breast Services

Procedures that are not covered:

- » Chest x-rays
- » Blood tests
- » Thermography
- » Molecular Breast Imaging (MBI)
- » Contrast-enhanced mammography (CEM)
- » BRCA gene and multigene panels testing
- » Breast cancer treatment (covered by BCCTP)

EWC Covered Services

Cervical Services - Screening

Clinician collected:

- » Pap test every three years starting at age 21 and older
 - Pap test and HPV screening (co-test) every five years for age 30 and older
 - Primary HPV testing every five years for age 30 and older
- » Self-collected vaginal specimens at age 30 and older

Note: at the time of this orientation posting the Enduring Guidelines Committee recommends self-collection HPV testing at three-year intervals, while the draft United States Preventative Services Task Force (USPSTF) guidelines propose five-year intervals. It is unknown what the final USPSTF guidelines will state. EWC providers can adopt either interval strategy.

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Cervical Services - Screening

Screening ends:

- » At age 65 for individuals with adequate negative prior screening
 - Three consecutive negative Pap tests or two negative cotests/primary HPV tests within 10 years with the most recent occurring in the past five years
- » For individuals who have not had adequate prior screening there is no upper age limit

EWC Covered Services

Cervical Cancer Screening for High-Risk Patients

- » Annual screening for patients who are high risk
- » Exposed to DES in-utero, immunocompromised (such as those with HIV), or a history of cervical cancer
- » Patients over the age of 65 determined to be high risk and/or are in need of long-term surveillance for previous abnormal results may continue to be screened

Changes in sexual partners/increases in the number of partners does NOT put patients into this high-risk category

EWC Covered Services

Cervical Services - Screening

For individuals without a cervix:

- » EWC will pay for an initial pelvic exam to determine the presence of a cervix
- » Patients with a total hysterectomy, including removal of the cervix, should not be screened unless:
 - There is a history of high-grade pre-cancer or cervical cancer or
 - The hysterectomy was performed for unknown reasons and medical records are unavailable

EWC Covered Services

Cervical Services - Diagnostic

Diagnostic services may include:

- » HPV Genotyping
- » Colposcopy
 - With or without biopsy
 - With or without endocervical curettage (ECC)
- » Pathology
- » Dual staining with
 - P16: A protein marker for HPV infection
 - Ki-67: A marker for cell proliferation
- » Endometrial (EMB) biopsy (only for the work up of Atypical Glandular Cells (AGC))

Services Not Covered by EWC

Cervical Services

Procedures that are not covered:

- » Ablation
- » Excisional procedures (covered by BCCTP), including all types of conization (LEEP, LLETZ, cold knife cone and CO2 laser)
- » Routine pelvic exam alone without cervical cancer screening
- » Testing for Sexually Transmitted Infections (STIs)
- » Pelvic ultrasounds

EWC Covered Services

Cervical Services

EWC endorses the ASCCP guidelines for managing abnormal cervical cancer screening tests and cancer precursors

ASCCP Risk-Based Management
Consensus Guidelines

