

1. Billing Provider NPI		1a. Taxonomy Code		2. Client ID Number		2a. Client's SSN					
1b. Provider's Name, Address, Zip code				2b. Client's Last Name		2c. Client's First Name					
				2d. Client's Street Address							
				2e. Client's City, State, Zip Code							
3. Patient Account Number	4. Primary Diagnosis	5. Referring Provider NPI	6. Place of Service	7. Prior Authorization Number	8. TPL Indicator (Y or N)	8a. Paid Amount	8b. Denial Date (MM DD YY)				
9. Hospital Admit Date		10. Facility Name and Address									
11. DETAIL	A. Performing Provider		B. Dates of Service		C. Place of Service	D. Procedure Code	E. Modifier	F. Diagnosis Code	G. Units	H. Charges	
	NPI		From MM DD YY	To MM DD YY							
			/ /	/ /							
	Taxonomy Code		Please complete appropriate fields 11-I through 11-P and sign below.								
			I. Result code			M. Tumor stage					
			J. Recommendation code			N. Treatment Started (Yes or No)					
			K. Months for short-term follow-up			O. Reason code for no treatment					
		L. Tumor size			P. Pap Smear Adequacy Code						
11. DETAIL	A. Performing Provider		B. Dates of Service		C. Place of Service	D. Procedure Code	E. Modifier	F. Diagnosis Code	G. Units	H. Charges	
	NPI		From MM DD YY	To MM DD YY							
			/ /	/ /							
	Taxonomy Code		Please complete appropriate fields 11-I through 11-P and sign below.								
			I. Result code			M. Tumor stage					
			J. Recommendation code			N. Treatment Started (Yes or No)					
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		L. Tumor size			P. Pap Smear Adequacy Code						
11. DETAIL	A. Performing Provider ID		B. Dates of Service		C. Place of Service	D. Procedure Code	E. Modifier	F. Diagnosis Code	G. Units	H. Charges	
	NPI		From MM DD YY	To MM DD YY							
			/ /	/ /							
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11. DETAIL	A. Performing Provider ID		B. Dates of Service		C. Place of Service	D. Procedure Code	E. Modifier	F. Diagnosis Code	G. Units	H. Charges	
	NPI		From MM DD YY	To MM DD YY							
			/ /	/ /							
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			I. Result code			M. Tumor stage					
			J. Recommendation code			N. Treatment Started (Yes or No)					
			K. Months for short-term follow-up			O. Reason code for no treatment					
		L. Tumor size			P. Pap Smear Adequacy Code						

12. Provider Signature _____ Date _____
I certify that the information on both sides of this claim is true, accurate, and complete.

BREAST RESULT CODES

Screening & Diagnostic Mammography 0=Assessment is incomplete - Need additional imaging evaluation 1=Negative 2=Benign 3=Probably benign - Short interval follow-up indicated 4=Suspicious Abnormality - Biopsy should be considered 5=Highly suggestive of malignancy - Appropriate action should be taken	Surgical/Treatment Consultation 19=No intervention at this time - routine follow-up 20=Short-term follow-up 21=Biopsy/FNA required
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CERVICAL RESULT CODES

Colposcopy with Biopsy 1=Negative (WNL) 14=CIN-1 15=CIN-2 17=CIN-3/CIS 18=Invasive squamous cell carcinoma 19=Other non-malignant abnormality - HPV, condyloma 31=Adenocarcinoma, NOS 32=Other malignant neoplasms
Colposcopy without Biopsy 1=Negative (WNL) 2=Inflammation/infection/HPV changes 8=Unsatisfactory 23=Other abnormality

Ultrasound 15=Normal/no abnormality noted 16=Cystic mass 17=Suspicious for malignancy 18=Other benign abnormality	Biopsy 25=Hyperplasia 26=Other benign changes 28=Invasive breast cancer 29=Normal breast tissue 38=Ductal carcinoma in situ 39=Lobular carcinoma in situ	Cyst Aspirate 22=No fluid or tissue obtained 23=Non-suspicious 24=Suspicious for neoplasm
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Pap Smear Screenings <i>For DOH contracted cervical cytology lab, see the DOH table for result/recommendation code combinations.</i> 1=Negative (WNL) 2=Inflammation/infection/reactive changes (benign cellular changes) 3=Atypical squamous cells of undetermined significance (ASCUS) 4=Low grade SIL (include. HPV changes) 5=High grade SIL 6=Squamous cell cancer 7=Other 8=Unsatisfactory 11=Atrophic atypia 30=Atypical glandular cells (AGU) 31=Adenocarcinoma 32=Other malignant neoplasms
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ADH RESULT/RECOMMENDATION CODE COMBINATIONS

For billing procedure codes 88141, 88142, 88148, 88150, 88175 and 88164, use the following combinations of result/recommendation codes: Result Code 1 or 2=Recommendation Code 1 Result Code 3=Recommendation Code 2 Result Code 8=Recommendation Code 3 Result Code 4, 5, 6, 30, or 31=Recommendation Code 4

TUMOR STAGE CODES

0= Stage 0 - In situ (TNM) 1=Stage 1 (TNM) 2=Stage 2 (TNM) 3=Stage 3 (TNM) 4=Stage 4 (TNM)
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REASON CODES FOR NO TREATMENT

0=Refused by client 1=Lost to follow-up 2=Transportation problems 3=Financial problems 4=Not indicated 5=Other problems
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RECOMMENDATION CODES

Breast Recommendation Codes	Cervical Recommendation Codes
1=Follow routine screening	1=Follow routine screening
2=Short-term follow-up mammogram	2=Short-term follow-up
3=Diagnostic mammogram	3=Repeat Pap smear immediately
4=Repeat mammogram	4=Colposcopy
5=Repeat breast exam	5=Pelvic Ultrasound
6=Ultrasound	6=Endometrial biopsy
7=Surgical consultation	7=Gynecologic consultation
8=Cyst aspirate	8=Cryotherapy/Laser
9=Biopsy	9=Hysterectomy
10=Treatment indicated	10=LEEP/LLETZ
	11=Cone

TREATMENT STARTED INDICATORS

Yes
No

PAP SMEAR ADEQUACY CODES

1=Satisfactory
2=Unsatisfactory

PLACE OF SERVICE (POS) CODES

POS Code=Description
11=Office
15=Mobile Unit
21=Inpatient Hospital
22=Outpatient Hospital
24=Ambulatory Surgical Center
50=Federally Qualified Health Center
72=Rural Health Clinic
81=Independent Laboratory
99=Other Place of Service

MODIFIERS

TC=Technical Component
26=Professional Component
Blank=Complete Component, Facility Setting, Inpatient and Outpatient Services

RETURN TO

EDS-BreastCare
PO Box 709
Little Rock, AR 72203

Refer to Section 520 for further descriptions