

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								
D E T A I L 1	11. 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-L and sign below.								
		I. Result code		J. Recommendation code						
	K. Months for short-term follow-up		L. Pap Smear Adequacy Code							
D E T A I L 2	11. 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-L and sign below.								
		I. Result code		J. Recommendation code						
	K. Months for short-term follow-up		L. Pap Smear Adequacy Code							
D E T A I L 3	11. 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							
		/ /	/ /							
	Taxonomy Code	Please complete appropriate fields 11-I through 11-L and sign below.								
		I. Result code		J. Recommendation code						
	K. Months for short-term follow-up		L. Pap Smear Adequacy Code							
D E T A I L 4	11. 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							
		/ /	/ /							
	Taxonomy Code	Please complete appropriate fields 11-I through 11-L and sign.								
		I. Result code		J. Recommendation code						
	K. Months for short-term follow-up		L. 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	Surgical/Treatment Consultation
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	19=No intervention at this time - routine follow-up 20=Short-term follow-up 21=Biopsy/FNA required

**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
Pap Smear Screenings
<i>For ADH contracted cervical cytology lab, see the ADH 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

Ultrasound	Biopsy	Cyst Aspirate
15=Normal/no abnormality noted 16=Cystic mass 17=Suspicious for malignancy 18=Other benign abnormality	25=Hyperplasia 26=Other benign changes 28=Invasive breast cancer 29=Normal breast tissue 38=Ductal carcinoma in situ 39=Lobular carcinoma in situ	22=No fluid or tissue obtained 23=Non-suspicious 24=Suspicious for neoplasm

**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
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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

**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**

HP-BreastCare  
 PO Box 709  
 Little Rock, AR 72203

Refer to Section 520 for further descriptions