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Memorandum

Date: May 19, 2008

To: Alliance Providers

From: Provider Services Department

Re: Amend the Requirement of Reporting CPT- 4 Code 88141
(Cytopathology, Cervical, or Vaginal Any Reporting)

Previously, claims for CPT- 4 Code 88141 were required to suspend for medical review of a pathology report.

Medi-Cal Benefits Branch (MBB) has modified the policy for the medical justification requirement for CPT-4 Code 88141. Instead of requiring a copy of the pathology report for manual review, claims billing procedure Code 88141 may now be reimbursed when billed with a diagnosis code within the range of 795.0 – 795.09. Failure to document one of these ICD-p-CM diagnosis codes will result in a denial of the claim.

Please call your Provider Services Representative if you have any questions.