

Diagnostic Mammogram (RAD-005) Billing and Coding Guidelines

Billing and Coding Information:

1. Place the appropriate procedure code in field 24c on the CMS 1500 form.
2. Do not submit claims reflecting HCPCS codes 77055 or 77056 (diagnostic mammography-film) **and** G0204 or G0206 (diagnostic mammography-digital). Claims will be denied when both a film and digital diagnostic mammography are reported. However, a screening and diagnostic mammography can be billed together.
3. When submitting a claim for a screening mammography and a diagnostic mammography for the same patient on the same day, attach Modifier **GG** to the diagnostic mammography.
4. To bill the technical component, only, use modifier TC. To bill the professional component, only, use modifier 26. When billing a global fee, no modifier is needed.
5. If more than one modifier is needed (i.e. for HPSA) place the component (TC or 26) modifier in position 1 and the other modifier in position 2.
6. List the ordering physician's name and NPI in item 17 and 17a of the CMS 1500 form. For electronic claims, this information must be listed in FB1: 10, 11, 12 (Name); and FB1 13.0 (NPI) fields.

CMS National Coverage Policy

Title XVIII of the Social Security Act section 1862 (a)(1)(A). This section allows coverage and payment of those services that are considered to be medically reasonable and necessary.

Regulation Excerpts:

PUB 100-3 National Coverage Decisions Chapter 1 Part 4 Section 220.4(formerly (CIM) 50-21)

A diagnostic mammography is a radiologic procedure furnished to a man or woman with signs and symptoms of breast disease, or a personal history of breast cancer, or a personal history of biopsy – proven benign breast disease, and includes a physician's interpretation of the results of the procedure. A diagnostic mammography is a covered service if it is ordered by a doctor of medicine or osteopathy as defined in §1861 (r) (1) of the Act.

A radiological mammogram is a covered diagnostic test under the following conditions:

- A patient has distinct signs and symptoms for which a mammogram is indicated;
- A patient has a history of breast cancer; or
- A patient is asymptomatic but, on the basis of the patient's history and other factors the physician considers significant, the physician's judgment is that a mammogram is appropriate.

PUB 100-4 Medicare Claims Processing Chapter 18 section 20 (formerly MCM 4601)

I. Special Billing Instructions when Radiologist Interpretation Results in Additional Films

*For dates of service on or after January 1, 2002 – New billing instructions apply. Medicare allows additional films to be done without an additional order from the treating physician. When submitting a claim for a screening mammography and a diagnostic mammography for the same patient on the same day, attach Modifier **GG** to the diagnostic mammography. Medicare requires Modifier **GG** be appended to the claim for the diagnostic mammogram for tracking and data collection purposes. Both the screening mammography and the diagnostic mammography will be reimbursed by Medicare.*

II. Payment limitation

For claims with dates of service on or after January 1, 2002, §104 of the Benefits Improvement and Protection Act (BIPA) 2000, provides for payment of all mammography tests (including

screening mammography) under the Medicare Physician Fee Schedule (MPFS). The technical component, the professional component and the global service will all be included on the Medicare Physician Fee Schedule. The Medicare allowed charge is the lower of the actual charge or the MPFS amount. The Medicare payment for the service is 80 percent of the allowed charge. Coinsurance is made at 20 percent of the lower of the actual charge or the MPFS amount. Part B deductible is waived and does not apply to screening mammography.

III. Transportation Costs for Diagnostic Mammograms in Mobile Units.

Transportation costs are associated with mobile units for diagnostic mammography tests only. HCFA formally added diagnostic mammography to the regulation language of the portable x-ray benefit in S 42CFR 410.32(e)(3). These transportation costs should seldom be seen. Carriers will be investigating high volume transportation costs associated with diagnostic mammography testing.

IV. *Payment restrictions for screening and diagnostic mammography apply to those facilities that meet all FDA certifications as provided under the Mammography Quality Standards Act (MQSA). Refer to PUB 100-4 Chapter 18 section 20. (Formerly Medicare Carrier Manual Section 4601).*

V. *Screening and diagnostic mammographies (film and digital) are subject to FDA certification. However, Computer Aided Detection (CAD) equipment does not require FDA certification. Mammography utilizes a direct x-ray of the breast. By contrast, the CAD process uses laser beam to scan the mammography film from a film (analog)*

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Revision History:

*04/01/2011-Removed reference to RAD-016 screening mammography and UPIN changed to NPI.

01/01/2007- 07 code update-added 77055, 77056 removed 76090 and 76091; 4/01/2005 Reformatted into coding document and LCD