

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 4225</b>	<b>Date: February 1, 2019</b>
	<b>Change Request 11132</b>

**SUBJECT: Update to Mammography Editing**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to modify existing editing to ensure only revenue codes 0401, 0403, 0520, 0521, 096, 097, or 098 are billed on claims containing mammography codes 77065, 77066, or 77067.

**EFFECTIVE DATE: July 1, 2019**

*\*Unless otherwise specified, the effective date is the date of service.*

**IMPLEMENTATION DATE: July 1, 2019**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
R	18/20/20.4.1/Rural Health Clinics and Federally Qualified Health Centers

**III. FUNDING:**

**For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENTS:**

**Business Requirements  
Manual Instruction**

# Attachment - Business Requirements

Pub. 100-04	Transmittal: 4225	Date: February 1, 2019	Change Request: 11132
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**SUBJECT: Update to Mammography Editing**

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## I. GENERAL INFORMATION

**A. Background:** This Change Request (CR) modifies existing editing for mammography to ensure that only the following revenue codes are billed on claims for screening and diagnostic mammography:

For types of bill (TOBs) 12x, 13x, 22x, 23x, or 85x:

Screening mammography (code 77067)

- 0403,
- 096x, 097x, and 098x

Diagnostic mammography (codes 77065 and 77066)

- 0401,
- 096x, 097x, and 098x

For TOBs 71x or 77x

Screening mammography (code 77067)

- 0403 or
- 052x (for professional component)

Diagnostic mammography (codes 77065 and 77066)

- 0401 or
- 052x (for professional component)

In addition, it has been brought to our attention that the professional component on CAH claims for screening/diagnostic mammography has been paid when the technical component on the same claim has been denied. This CR provides instructions to update the editing to deny the professional component service on CAH claims for screening/diagnostic mammography when the technical component service for the same encounter has been denied.

**B. Policy:** No change in Policy. CMS is modifying existing editing to ensure correct payment for claims related to screening and diagnostic mammography services.

## II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility										
		A/B MAC			D M E M A C	Shared- System Maintainers				Other		
		A	B	H H H		F I S S	M C S	V M S	C W F			
11132.1	<p>Effective for claims with dates of service on and after July 1, 2019, contractors shall modify existing editing to only allow line-item claims as follows:</p> <p>For types of bill (TOBs) 12x, 13x, 22x, 23x, or 85x:</p> <p>Screening mammography (code 77067)</p> <ul style="list-style-type: none"> <li>• 0403,</li> <li>• 096x, 097x, and 098x</li> </ul> <p>Diagnostic mammography (codes 77065 and 77066)</p> <ul style="list-style-type: none"> <li>• 0401,</li> <li>• 096x, 097x, and 098x</li> </ul> <p>For TOBs 71x or 77x</p> <p>Screening mammography (code 77067)</p> <ul style="list-style-type: none"> <li>• 0403 or</li> <li>• 052x (for professional component)</li> </ul> <p>Diagnostic mammography (codes 77065 and 77066)</p> <ul style="list-style-type: none"> <li>• 0401 or</li> <li>• 052x (for professional component)</li> </ul>	X										
11132.2	<p>Effective for claims with dates of service on and after July 1, 2019, contractors shall modify existing editing to deny the professional component of CAH claims for screening or diagnostic mammography services when the technical component on the same claim has been denied.</p>	X				X						

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility
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		A/B MAC			D M E	C E D I
		A	B	H H H	M A C	
	None					

**IV. SUPPORTING INFORMATION**

**Section A: Recommendations and supporting information associated with listed requirements: N/A**

*"Should" denotes a recommendation.*

<b>X-Ref Requirement Number</b>	<b>Recommendations or other supporting information:</b>
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**Section B: All other recommendations and supporting information: N/A**

**V. CONTACTS**

**Pre-Implementation Contact(s):** Bill Ruiz, 410-786-9283 or [william.ruiz@cms.hhs.gov](mailto:william.ruiz@cms.hhs.gov)

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

**VI. FUNDING**

**Section A: For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**ATTACHMENTS: 0**

## **20.4.1 - Rural Health Clinics and Federally Qualified Health Centers**

**(Rev. 4225, Issues: 02-01-19, Effective: 07-01-19, Implementation: 07-01-19)**

### **A. Provider-Based RHC & FQHC - Technical Component**

*The technical component of a screening or diagnostic mammography is outside the scope of the RHC/FQHC benefit. In a provider-based RHC or FQHC, the technical component is billed by the base provider to the A/B MAC (A) under bill type 12X, 13X, 22X, 23X or 85X as appropriate using the base provider's outpatient provider number (not the RHC/FQHC provider number). The revenue code for a screening mammography is 0403, and the HCPCS code is 77067\*, (G0202)\*. The revenue code for a diagnostic mammography is 0401, and the HCPCS codes are 77065\* (G0206\*), 77066\* (G0204\*). Payment is based on the payment method for the base provider.*

*\*\*G0236 is a deleted code after December 31, 2003. Use 76082\* for claims with dates of service January 1, 2004 through December 31, 2006, and code 77051 for claims with dates of service January 1, 2007 and later.*

*\* For claims with dates of service January 1, 2017 through December 31, 2017, report CPT codes G0206, G0204, and G0202. For claims with dates of service January 1, 2018 and later, report CPT codes 77065, 77066, and 77067 respectively.*

### **B. Independent RHCs and Freestanding FQHCs - Technical Component**

The technical component of a screening or diagnostic mammography is outside the scope of the RHC/FQHC benefit. The practitioner that renders the technical service bills their A/B MACs (B) *using* Form CMS-1500. Payment is based on the MPFS *national non-facility rate*.

### **C. Provider-Based RHC & FQHC, Independent RHCs and Freestanding FQHCs - Professional Component**

*The professional component of a screening or diagnostic mammography is within the scope of the RHC/FQHC benefit and is billed under the RHC AIR or the FQHC PPS payment methodology with revenue code 052X. A/B MACs (A) should assure payment is not made for revenue code 0403 (screening mammography) or 0401 (diagnostic mammography). No payment is made on the line item reporting revenue code 0403.*

For claims with dates of service on or after April 1, 2005, RHCs and FQHCs bill the A/B MAC (A) under bill type 71X or 77X for the professional component of a diagnostic mammography. *No payment is made for the professional component of a diagnostic mammography unless there is a qualifying visit on the same day. The services should be billed with the appropriate revenue code. HCPCS coding is required for the diagnostic mammography.*