





Wellness Wednesday: Screening Mammography 8/10/2022





Today's Presenters

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Objectives

- Provide an overview of the Medicare preventive services: screening mammography
- Encourage providers to promote and educate beneficiaries in life-saving preventive services and screenings
- Assist providers in billing so that claim denials can be avoided





Agenda

- Overview of Medicare's preventive services program
- Screening mammography
- Resources and references
- Questions and answers





Preventive Services Overview





Did You Know...

A beneficiary must be enrolled in Medicare
 Part B in order to be covered for any Medicare
 preventive services





Preventive Services Overview

- Medicare pays for many preventive benefits,
- Preventive services support the health of Medicare beneficiaries by:
 - Educating about potentially life-saving services and screenings
 - Early detection and/or prevention of diseases
 - Assisting with/suggesting lifestyle modifications





Screening Mammography





Screening vs. Diagnostic

- Screening = procedure provided to an asymptomatic patient for the purpose of early detection of illness/disease
 - May include a physician's interpretation of the results of the procedure
- Diagnostic = procedure provided based on signs, symptoms, or history of illness/disease





Screening Mammography

- Radiologic procedure, x-ray used for early detection
 - Includes physician's interpretation of results
 - Must be, at a minimum, a two-view exposure (craniocaudal and a medial lateral oblique view) of each breast





Benefits of Screening Mammography

- Earlier detection, earlier treatment of breast cancer
- Detection of tumors that cannot be felt
- Reduce number of women who die from breast cancer





Who is Covered

- Women age 35 and older
 - Medicare does not cover screening mammography for men
- Asymptomatic





Frequency of Screening Mammography

- Women aged 35-39 years
 - One baseline screening
- Women aged 40 and older
 - Annual screening
 - At least 11 months have passed since last covered screening





Who Can Perform

- FDA-certified facility (six-digit certification number)
 - A/B MACs notified of certifications and when certificate expired, suspended or revoked
 - When services provided under arrangements, arranging provider must ensure performing provider certified
- Qualified physician directly associated with FDA-certified facility must interpret results





Documentation

- Must include all coverage requirements
 - Age
 - Facility certification
 - Date of last screening mammography
- For screening that turned into diagnostic, additional documentation required
 - Medical reasoning/test results from screening
 - Doctor's order for diagnostic mammogram





Billing Requirements

- ICD-10-CM Diagnosis Code
 - Z12.31 use if only service reported on claim
 - C84.7 effective 10/1/2021
 - N61.21
 - N61.22
 - N61.23
 - N63.15
 - N63.25
- Report dual diagnosis codes showing specific quadrants instead of unspecified quadrants, if appropriate





Billing Requirements

- Line item reporting
 - Appropriate HCPCS/CPT code
 - Revenue code based on TOB





HCPCS/CPT Coding

HCPCS/CPT Codes	Description		
77063	Screening digital breast tomosynthesis; bilaterial (bill in addition to primary procedure; use as add on to 77067)		
77067	Screening mammography, bilateral (2-view study of each breast), including CAD when performed		





HCPCS/CPT Coding

- Modifier GG is used when submitting claim for screening and diagnostic mammogram performed on same beneficiary, same day
 - Append to diagnostic mammogram CPT/HCPCS code
 - 77065
 - 77066
 - G0279
 - Reimbursement made for screening and diagnostic mammograms





TOBs & Revenue Codes

ТОВ	Description	Revenue Code
12X	Hospital inpatient Part B	0403
13X	Hospital outpatient	0403
22X	SNF inpatient Part B	0403
23X	SNF outpatient	0403
71X	RHC	052X
77X	FQHC	052X
85X	CAH outpatient	0403, 096X, 097X, 098X





Billing Instructions for RHC/FQHC

- Technical component of screening mammography outside scope of RHC/FQHC benefit
 - Billed by base provider or performing practitioner
- Screening mammography does not qualify as stand-alone billable encounter
 - If only service performed on DOS, do not submit claim
 - Payment cannot be made for professional component if claim does not have related visit code





Billing Tips

- If admitting hospital renders outpatient screening mammogram within timeframe of preadmission services window policy
 - Revenue code 0403 not billable on 11X TOB
 - Screening mammogram separately billable on 13X TOB
- When screening mammography performed on patient within inpatient stay
 - Bill on TOB 12X (hospital inpatient) or 22X (SNF inpatient) using discharge date as from and through date on claim





Payment

- Generally, lower of actual charge or localityspecific technical component payment amount under MPFS
 - FQHC/RHC Refer to CMS IOM 100-04, Chapter 18,
 Medicare Claims Processing Manual, Section 20.4.1
 - Differences between provider-based and freestanding/independent
 - CAH Refer to chart in CMS IOM Publication 100-04,
 Chapter 18, Section 20.3.1.2.1
 - Differences between Method I and Method II





Beneficiary Cost-Sharing

- Affordable Care Act Section 4104
 - Deductible waived
 - Coinsurance/copayment waived
 - Except for CAH





Why the Claim Did Not Pay

- Beneficiary not at least age 35
- Frequency
 - Age 35-39 Beneficiary previously received one baseline mammogram
 - Age 40 and over Beneficiary received covered screening mammogram during past year
- Beneficiary received screening mammogram from non-FDA-certified provider





Avoiding Screening Mammography Denials

HIQACOP	CWF PART A	INQUIRY REPLY	PAGE 06 OF 15
IP-REC CN XXXXXXXX	CX NM XXXXXX II	X DB XXXXXXXX SX	X INT 13201
PREVENTIVE SERVICE	TECH DTE PROF DTE	PREVENTIVE SERVICE	TECH DTE PROF DTE
	MMDDCCYY MMDDCCYY		MMDDCCYY MMDDCCYY
CARDIOVASC (80061)	01012005 01012005	PCB EXAM (G0101)	07012001 07012001
CARDIOVASC (82465)	01012005 01012005	PV 90732,90669,90670	VACCINTD VACCINTD
CARDIOVASC (83718)	01012005 01012005	PROSTATE (G0102)	GDRNOELG GDRNOELG
CARDIOVASC (84478)	01012005 01012005	PROSTATE (G0103)	GDRNOELG GDRNOELG
COLORECTAL (G0104)	01011998 01011998	PAP TEST (Q0091)	07012005 07012005
COLORECTAL (G0105)	01011998 01011998	DIABETES (82947)	05012012 01012005
COLORECTAL (G0106)	01011998 01011998	DIABETES (82950)	01012005 01012005
COLORECTAL (G0120)	01011998 01011998	DIABETES (82951)	01012005 01012005
COLORECTAL (G0121)	07012001 07012001	GLAU (G0117,G0118)	01012002 01012002
FOB TEST (G0107)	01011998 01011998	MAMM (G0202,G0203)	04012001 08012002
FOB TEST (G0328)	01012004 01012004	MAMM (76092)	01011998 08012002
FOB TEST (82270)	01012007 01012007	MAMM (77057)	01012007 01012007
IPP EXAM (G0344)	SRVNOELG SRVNOELG	PAPT (P3000,G0123,	07012001 07012001
IPP EXAM (G0366)	SRVNOELG SRVNOELG	G0143,G0144,	
IPP EXAM (G0367)	SRVNOELG 00000000	G0145,G0147,	
IPP EXAM (G0368)	00000000 SRVNOELG	G0148)	





What You Should Do Now...

- Share this presentation with other internal staff members
- Talk to your patients about the importance of taking advantage of Medicare preventive services
- Update system with correct coding information
- Update any internal procedure to include verifying the patient's age and eligibility to receive preventive services to avoid costly, timeconsuming claim errors





Resources & References





CMS Resources

- CMS IOMs
 - Regulations and Guidance > Manuals > Internet-Only Manuals (IOMs)
- CMS Preventive Services Web Pages
 - Medicare > Prevention (Individual links for each preventive service are located under Prevention tab)





CMS Internet-Only Manuals

- CMS IOM Publications
 - 100-02, Medicare Benefit Policy Manual, Chapter 15
 - Section 280.3 Screening Mammography
 - 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Part 4
 - Section 220.4 Mammography
 - 100-04, Medicare Claims Processing Manual, Chapter 18
 - Section 20 Screening Mammography





CMS Medicare Learning Network

- MLN Matters Articles
- MLN Products
 - Preventive Services Educational Products Web page
 - MLN Products Catalog
 - Web-based training





Thank You!

- Follow-up email
 - Attendees will be provided a Medicare University Course Code
- Questions?





