



Wellness Wednesday: Screening Mammography

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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 (cranio-caudal 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 (6-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
 - Report as principal diagnosis code if only service reported on claim
 - N63.15 (effective 10/1/19)
 - N63.25 (effective 10/1/19)
- Line item reporting
 - Appropriate HCPCS/CPT code
 - Revenue code based on TOB

HCPCS/CPT Coding

HCPCS/CPT Codes	Description
77063	Screening digital breast tomosynthesis; bilateral (bill in addition to primary procedure; can 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 and Revenue Codes

TOB	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 locality-specific technical component payment amount under MPFS
 - FQHC/RHC – Refer to IOM 100-04, *Medicare Claims Processing Manual*, Chapter 18, Section 20.4.1
 - Differences between provider-based and free-standing/independent
 - CAH – Refer to chart in IOM 100-04, *Medicare Claims Processing Manual*, 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	XXXXXXXXXX	NM	XXXXXX	IT	X	DB	XXXXXXXXXX	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, time-consuming claim errors

Resources and References



CMS Resources

- CMS IOMs

- <http://www.cms.gov/Manuals/IOM/list.asp>

- Regulations and Guidance > Manuals > Internet-Only Manuals (IOMs)

- CMS Preventive Services Web Pages

- <http://www.cms.gov/home/medicare.asp>

- 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
 - <http://www.cms.gov/MLNMattersArticles/>
- MLN Products
 - <http://www.cms.gov/MLNProducts/>
 - 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?

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