

CMS Limitations Guide – Mammography & Bone Mass Measurement

Starting October 1, 2015, CMS will update their existing medical necessity limitations on tests and procedures to correspond to ICD-10 codes. This limitations guide provides you with the latest changes.

This guide is not an all-inclusive list of National Coverage Documents (NCD) and Local Coverage Documents (LCD). You can search by LCD or NCD or keyword and region on the CMS website at: <https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx?clickon=search>.

CMS will deny payment if the correct diagnosis codes are not entered on the order form, and your patient's test or procedure will not be covered. We compiled this information in one location to make it easier for you to find the proper codes for medically necessary diagnoses.

It is the responsibility of the provider to code to the highest level specified in the ICD-10-CM. The correct

use of an ICD-10-CM code listed below does not assure coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified in this determination.

We will continue to update this list as new CMS limitations are announced. You can always find the most current list at:

www.munsonhealthcare.org/medicalnecessity.

If you have any questions, please contact Kari Smith, Office Coordinator, at **(231) 935-2296**, or Karen Popa, Director, Patient Access Services, at **(231) 935-7493**.

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Screening Mammography

HCPCS/CPT Codes:

77052 - Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation; screening mammography (List separately in addition to code for primary procedure)

77057 - Screening mammography, bilateral (2-view film study of each breast)

77063 - Screening digital breast tomosynthesis; bilateral (List separately in addition to code for primary procedure) (Use this as an add-on code to G0202 when tomosynthesis is used in addition to 2-D mammography)

G0202 - Screening mammography, producing direct 2-D digital image, bilateral, all views

NOTE: if billing a screening mammogram and a diagnostic mammogram on the same day, use modifier -GG to show a screening mammogram turned into a diagnostic mammogram.

ICD-10-CM Codes:

Z12.31

Who Is Covered:

All female Medicare beneficiaries aged 35 and older

Frequency:

- Aged 35 through 39: One baseline; or
- Aged 40 and older: Annually

Beneficiary Pays:

- Copayment/coinsurance waived
- Deductible waived