

## Mammograms (NCD 220.4)

<b>Policy Number</b>	220.4	<b>Approved By</b>	UnitedHealthcare Medicare Reimbursement Policy Committee	<b>Current Approval Date</b>	05/14/2014
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### IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®\*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy. This information is intended to serve only as a general resource regarding UnitedHealthcare's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee's benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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### Table of Contents

<b>Application</b> .....	<b>1</b>
<b>Summary</b> .....	<b>2</b>
Overview .....	2
Reimbursement Guidelines .....	2
<b>CPT/HCPCS Codes (Screening CPT/HCPCS Codes)</b> .....	<b>2</b>
<b>CPT/HCPCS Codes (Diagnostic CPT/HCPCS Codes)</b> .....	<b>3</b>
<b>Modifiers</b> .....	<b>3</b>
<b>References Included (but not limited to):</b> .....	<b>3</b>
CMS NCD .....	3
CMS LCD(s) .....	3
CMS Article .....	3
CMS Benefit Policy Manual .....	3
CMS Claims Processing Manual .....	3
CMS Transmittals .....	3
UnitedHealthcare Medicare Advantage Coverage Summaries .....	3
MLN Matters .....	3
<b>History</b> .....	<b>3</b>

### Application

This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its

## Mammograms (NCD 220.4)

electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other health care professionals.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. CPT codes and descriptions are copyright 2010 American Medical Association (or such other date of publication of CPT). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to Government use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Current Dental Terminology (CDT), including procedure codes, nomenclature, descriptors, and other data contained therein, is copyright by the American Dental Association, 2002, 2004. All rights reserved. CDT is a registered trademark of the American Dental Association. Applicable FARS/DFARS apply.

### Summary

#### Overview

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 screening mammography is a radiologic procedure furnished to a woman without signs or symptoms of breast disease, for the purpose of early detection of breast cancer, and includes a physician's interpretation of the results of the procedure. A screening mammography has limitations as it must be, at a minimum a two-view exposure (cranio-caudal and a medial lateral oblique view) of each breast.

#### Reimbursement Guidelines

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.

Payment may not be made for a screening mammography performed on a woman under age 35. Payment may be made for only one screening mammography performed on a woman over age 34, but under age 40. For an asymptomatic woman over age 39, payment may be made for a screening mammography performed after at least 11 months have passed following the month in which the last screening mammography was performed.

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.

Use of mammograms in routine screening of: (1) asymptomatic women aged 50 and over, and (2) asymptomatic women aged 40 or over whose mothers or sisters have had the disease, is considered medically appropriate, but would not be covered for Medicare purposes.

#### CPT/HCPCS Codes (Screening CPT/HCPCS Codes)

Code	Description
77052	Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of film radiographic images; screening mammography (List separately in addition to code for primary procedure)
77057	Screening mammography, bilateral (2-view film study of each breast)
G0202	Screening Mammography producing direct digital image, bilateral, all views

## Mammograms (NCD 220.4)

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Code	Description
77051	Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (List separately in addition to code for primary procedure)
77055	Mammography; unilateral
77056	Mammography; bilateral
G0204	Diagnostic Mammography, direct digital image, bilateral, all views
G0206	Diagnostic mammography, direct digital image, unilateral, all views

### Modifiers

Code	Description
GH	1) Diagnostic mammogram converted from screening mammogram on same day. 2) Hsp dialysis fac/hospital.
GG	1) Performance and payment of a screening mammogram and diagnostic mammogram on the same patient, same day. 2) Hsp dialysis fac/hsp dialysis facility.
RT	Right side (used to identify procedures performed on the right side of the body)
LT	Left side (used to identify procedures performed on the left side of the body)
TC	Technical Component
26	Professional Component

### References Included (but not limited to):

#### CMS NCD

NCD 220.4 Mammograms

#### CMS LCD(s)

Numerous LCDs

#### CMS Article

One Article

#### CMS Benefit Policy Manual

Chapter 1; § 50 Other Diagnostic or Therapeutic Items or Services

Chapter 15; § 80 Requirements for Diagnostic X-Ray, Diagnostic Laboratory, and Other Diagnostic Tests

#### CMS Claims Processing Manual

Chapter 18; § 20 Mammography Services (Screening and Diagnostic)

#### CMS Transmittals

Transmittal 705, Change Request 3562, Dated 10/07/2005 (Modification to Reporting of Diagnosis Codes for Screening Mammography Claims)

#### UnitedHealthcare Medicare Advantage Coverage Summaries

Radiologic Diagnostic Procedures

Preventive Health Services and Procedures

#### MLN Matters

Screening and Diagnostic Mammography

### History

Date	Revisions
05/14/2014	Annual review
04/10/2013	Annual Review for MRP Committee presentation and approval
09/12/2012	MRP Committee approved