CMS Manual System Pub. 100-04 Medicare Claims Processing Transmittal 33 Department of Health & Human Services (DHHS) Centers for Medicare & Medicaid Services (CMS) Date: NOVEMBER 28, 2003 CHANGE REQUEST 1729

I. SUMMARY OF CHANGES: This transmittal manualizes Program Memorandum AB-02-149, Change Request 1729, (Update to the MQSA File Record Layout for the FDA Certified Digital Mammography Center).

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.

EFFECTIVE/IMPLEMENTATION DATE: Not Applicable.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual not updated.)
(R = REVISED, N = NEW, D = DELETED – (Only One Per Row.)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	18/Table of Contents
N	18/20.1.2/MQSA File

III. FUNDING: *Medicare contractors only:

These instructions should be implemented within your current operating budget.

IV. ATTACHMENTS:

	Business Requirements
X	Manual Instruction
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	One-Time Notification

Medicare Claims Processing Manual

Chapter 18 - Preventive and Screening Services

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20.1.2 – MQSA File

(Rev. 33, 11-28-03)

Prior to April 1, 2003, the MQSA file showed all facilities that are certified to perform film screening and diagnostic mammograms. After April 1, 2003, the file shows a new Record Type with two indicators, "1" for film and "2" for digital to determine which mammograms the facility is certified to perform.

Section 104 of the Benefits Improvement and Protection Act (BIPA) of 2000, entitled "Modernization of Screening Mammography Benefit," provided new payment methodologies for both diagnostic and screening mammograms that utilize digital technology. The new digital mammography codes have a higher payment rate. In order for Medicare to know whether the mammography facility is certified to perform digital mammography and, therefore, due a higher payment rate, the FDA will send an updated file via CMS Mainframe Telecommunications System (CMSTS), formerly Network Data Mover, on a weekly basis.

Effective April 1, 2003, the file shows:

• *Name of Facility,*

Certification number of the facility,

• Film certification obtained (Record-type = 1) or digital certification obtained (Record-type = 2), and

• Effective and Expiration dates of each certification.

Some mammography facilities are certified to perform both film and digital mammography. In this case, the facility's name and FDA certification number shows up on this file twice. One line will indicate film certification with effective date/expiration date while the other line will indicate digital certification with effective date/expiration date. The facilities may not have the same effective date and expiration date for both film and digital certification.

NOTE: FDA does not issue printed certification which indicates film or/and digital. Refer to the MQSA file for proof of types of mammography the facility is certified to perform.

Medicare pays for film mammography and digital mammography at different rates and pays for a service only if the provider or supplier is certified by the FDA to perform those types of mammogram for which payment is sought. If the FDA mammography file has an error, contact your regional office mammography coordinator. The coordinators will contact the FDA to research the error. The FDA file is transmitted weekly.

In order to implement these procedures take the following steps:

- 1) The contractors must use the updated file to match the mammography certification number to a provider for validity to adjudicate claims.
- 2) When a film mammography HCPCS code comes in on a claim, check for a "1" film indicator.
- If a film mammography HCPCS code comes in on a claim and the facility is certified for film mammography, pay the claim.
- If a film mammography HCPCS code comes in on a claim and the facility is certified for digital mammography only, return to provider (RTP).

- If a film mammography HCPCS code comes in on a claim and there is no certification number on the claim, return to provider (RTP) (carriers only).
- 3) When a digital mammography HCPCS code comes in on a claim, check for "2" digital indicator.
- If a digital mammography HCPCS code comes in on a claim and the facility is certified for digital mammography, pay the claim.
- If a digital mammography HCPCS code comes in on a claim and the facility is certified for film mammography only, return to provider (RTP).
- If a digital mammography HCPCS code comes in on a claim and there is no certification number on the claim, return to provider (RTP) (carriers only).

NOTE: Refer to §20.2 for a complete listing of mammography HCPCS codes.

4) Common Working File (CWF) no longer receives the mammography file for editing purposes.