
CMS Manual System

Pub. 100-20 One-Time Special Notification

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 25

Date: NOVEMBER 28, 2003

CHANGE REQUEST 2932

I. SUMMARY OF CHANGES: Contractors shall start the count for the next annual screening mammography beginning with the month after the month in which a screening mammography was performed and count until 11 full months have elapsed.

EFFECTIVE/IMPLEMENTATION DATE: December 10, 2003

Disclaimer: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged.

II. SCHEDULE OF CHANGES (R = REVISED, N = NEW, D = DELETED) N/A

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE

III. FUNDING: *Medicare contractors only:

These instructions should be implemented within your current operating budget.

IV. ATTACHMENTS:

	Business Requirements
	Manual Instruction
	Confidential Requirements
X	One-Time Notification

One-Time Special Notification

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SUBJECT: Clarification of Mammography Annual Screening Examination

I. GENERAL INFORMATION

A. Background: Medicare provides Part B coverage of screening mammography for women. Screening mammographies are radiologic procedures for early detection of breast cancer. The Balanced Budget Act of 1997 provides for annual screening mammographies for women over age 39 and waives the Part B deductible.

B. Policy: The purpose of this notification is to clarify the “annual” screening time frame. As stated in MCM 4601.2 & MIM 3660.10, crosswalked to IOM Pub 100-04 Section 20, contractors must count 11 full months after the month the screening examination was performed. For example, if Mrs. Smith received a screening mammography examination at any time in March, 2002, start counting in April, 2002 and continue until 11 full months have elapsed, i.e., February, 2003. The next annual mammography screening test may be done as early as March 1, 2003.

C. Provider Education: Intermediaries and Carriers shall inform affected provider communities by posting either a summary or relevant portions of this instruction on their websites within two weeks of the issuance date of this instruction. In addition, this same information shall be published in your next regularly scheduled bulletin. If you have a listserv that targets the affected provider communities, you must use it to notify subscribers that information about “Clarification in counting months for Mammography Annual Screening Examination” is available on your Web Site.

II. BUSINESS REQUIREMENTS

“Shall” denotes a mandatory requirement

“Should” denotes an optional requirement

Requirement #	Requirements	Responsibility
1	Contractors shall start the count for the next annual screening mammography beginning with the month after the month in which a screening mammography was performed and count until 11 full months have elapsed.	CWF, Contractors

III. SUPPORTING INFORMATION & POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

IV. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date: December 10, 2003</p> <p>Implementation Date: December 10, 2003</p> <p>Pre-Implementation Contact(s): Angie Costello at acostello@cms.gov.</p> <p>Post-Implementation Contact(s): Wendy Knarr (Part B) at Wknarr@cms.hhs.gov or Linda Gregory (Part A) at Lgregory@cms.hhs.gov</p>	<p>These instructions should be implemented within your current operating budget.</p>
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