Program Memorandum Intermediaries/Carriers

Department of Health and Human Services (DHHS)
HEALTH CARE FINANCING ADMINISTRATION (HCFA)

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CHANGE REQUEST 1520

SUBJECT: Payment Revisions For Diagnostic and Screening Mammograms Performed With New Technologies – Effectuated By Benefits Improvement and Protection Act 2000

Background

Section 104 of the Benefits Improvement and Protection Act 2000, entitled Modernization of Screening Mammography Benefit, provides for new payment methodologies for both diagnostic and screening mammograms that utilize advanced new technology for the period April 1, 2001, to December 31, 2001. Under this provision, payment for technologies that directly take digital images would equal 150 percent of the amount that would otherwise be paid for a bilateral diagnostic mammography. For technologies that convert standard film images to digital form, payment will be derived from the statutory screening mammography limit plus an additional payment of $15.00.

All coinsurance, deductible, and payment policy rules that currently apply to both diagnostic and screening mammographies also apply to the new diagnostic and screening mammography codes respectively.

Payment Requirements for Carrier Processed Claims

Four new HCPCS codes, identified below, have been added to the 2001 Medicare Physician Fee Schedule Database (MPFSDB). Special payment instructions, also identified below, exist for these services. Carriers will need to make the appropriate changes to determine payment rates for the new Screening Mammography HCPCS codes G0202 and G0203. The payment rates for the Bilateral Diagnostic Mammography HCPCS codes, G0204 and G0205, will be included in the file that accompanies Program Memorandum (PM) AB-01-19, Change Request 1508, dated February 1, 2001.

Additionally, two HCPCS codes for Unilateral Diagnostic Mammograms have also been created. Although the Benefits Improvement and Protection Act did not address the creation of new HCPCS codes for unilateral diagnostic mammograms, HCPCS codes G0206 and G0207 have been established for clarification purposes.

HCPCS Code:	G0202
Short Desc:	Screen Mammogram, digital
ProcStat:	X
RVU Work:	0.00
Fac PE RVU:	0.00
Non-Fac PE RVU:	0.00
MP RVU:	0.00

PC/TC:	9
SOS:	9
Global:	XXX
Pre-Op:	0.00
Intra-Op:	0.00
Post-Op:	0.00
Mult Surg:	9
Bilt Surg:	9
Asst Surg:	9
Co Surg:	9
Team Surg:	9
Bill Med:	9
Diag Supv:	P
No Rel Code:	0

TOS = 1

HCPCS Code **G0202, *Screening Mammography producing direct digital image, bilateral, all views***, is statutorily excluded from the Medicare Physician Fee Schedule until January 1, 2002. The Benefits Improvement and Protection Act of 2000 established a payment amount equal to the lesser of: the actual charge or 150 percent of the payment for CPT Code 76091, for dates of service April 1, 2001, through December 31, 2001.

To implement this provision carriers will pay the lesser of: the actual charge or 150 percent of the locality specific payment amount associated with CPT code 76091.

The payments associated with the professional (26) and technical (TC) components of HCPCS code G0202 will be based upon the total relative value percentages of the professional and technical portions of the standard bilateral diagnostic mammography (CPT code 76091). The percentages are 41.2 percent and 58.8 percent respectively.

HCPCS Code:	G0203
Short Desc:	Scr Mamm, film to digital
ProcStat:	X
RVU Work:	0.00
Fac PE RVU:	0.00
Non-Fac PE RVU:	0.00
MP RVU:	0.00
PC/TC:	9
SOS:	9
Global:	XXX
Pre-Op:	0.00
Intra-Op:	0.00
Post-Op:	0.00
Mult Surg:	9
Bilt Surg:	9
Asst Surg:	9
Co Surg:	9
Team Surg:	9
Bill Med:	9
Diag Supv:	P
No Rel Code:	0

TOS = 1

HCPCS Code **G0203, *Screening Mammography, film processed to produce digital image analyzed for potential abnormalities, bilateral, all views***, is statutorily excluded from the Medicare Physician Fee Schedule until January 1, 2002. The Benefits Improvement and Protection Act of 2000 established a payment amount, for dates of service April 1, 2001, through December 31, 2001, equal

to the lesser of: the actual charge, the locality specific payment amount for a bilateral diagnostic mammography (CPT code 76091), or the 2001 statutory limit of $69.23, increased by $ 15.00, for a screening mammography (as published in PM AB-00-91, Change Request 1276, dated October 5, 2000).

To implement this provision, carriers will pay the lesser of : the actual charge, the locality specific payment amount for a bilateral diagnostic mammography (CPT code 76091), or the 2001 statutory limit of $69.23, increased by $15.00, for a screening mammography.

For the professional (26) and technical (TC) components of HCPCS code G0203, carriers will use the standard screening mammography percentages, as published in CR 1276 (Mammography Screening Payment Limitations for 2001) of 32 percent and 68 percent respectively.

HCPCS Code:	G0204	G0204	G0204
Mod:		26	TC
Short Desc:	Diag Mamm, digital, bilat		
ProcStat:	A	A	A
RVU Work:	0.00	0.00	0.00
Fac PE RVU:	0.00	0.00	0.00
Non-Fac PE RVU:	0.00	0.00	0.00
MP RVU:	0.00	0.00	0.00
PC/TC:	1	1	1
SOS:	1	1	1
Global:	XXX	XXX	XXX
Pre-Op:	0.00	0.00	0.00
Intra-Op:	0.00	0.00	0.00
Post-Op:	0.00	0.00	0.00
Mult Surg:	0	0	0
Bilt Surg:	2	2	2
Asst Surg:	0	0	0
Co Surg:	0	0	0
Team Surg:	0	0	0
Bill Med:	0	0	0
Diag Supv:	P	P	P
No Rel Code:	0	0	0

TOS = 4

HCPCS Code **G0204*, Diagnostic Mammography, direct digital image, bilateral, all views,*** will be paid for as part of the Medicare Physician Fee Schedule effective April 1, 2001. Although The Benefits Improvement and Protection Act of 2000 instructs that HCPCS code G0204 will be paid on the Medicare Physician Fee Schedule, the methodology for arriving at a payment amount will be different from the standard Medicare Physician Fee Schedule payment formula.

To implement this provision we have established locality specific payment amounts for HCPCS code G0204 equal to 150 percent of CPT Code 76091. Carriers should pay the lesser of: the actual charge or the locality specific payment amount for HCPCS code G0204. The payments associated with the professional (26) and technical (TC) components of G0204 will be based upon the total relative value unit percentages of the professional and technical portions of the standard bilateral diagnostic mammography (CPT code 76091). These percentages are 41.2 percent for the professional component and 58.8 percent for the technical component.

Since the payment amount for HCPCS code G0204 is not driven by the standard Medicare Physician Fee Schedule payment formula, the MPFSDB will contain 0.00 relative value units. The pricing fields in the MPFSDB will contain the appropriate payment amount.

The payment amounts associated with HCPCS code G0204 will be included in the file that will be made available by PM AB-01-19, Change Request 1508, dated February 1, 2001.

HCPCS Code:	G0205	G0205	G0205
Mod:		26	TC
Short Desc:	Diag Mamm, film/digit, bil		
ProcStat:	A	A	A
RVU Work:	0.00	0.00	0.00
Fac PE RVU:	0.00	0.00	0.00
Non-Fac PE RVU:	0.00	0.00	0.00
MP RVU:	0.00	0.00	0.00
PC/TC:	1	1	1
SOS:	1	1	1
Global:	XXX	XXX	XXX
Pre-Op:	0.00	0.00	0.00
Intra-Op:	0.00	0.00	0.00
Post-Op:	0.00	0.00	0.00
Mult Surg:	0	0	0
Bilt Surg:	2	2	2
Asst Surg:	0	0	0
Co Surg:	0	0	0
Team Surg:	0	0	0
Bill Med:	0	0	0
Diag Supv:	P	P	P
No Rel Code:	0	0	0

TOS = 4

HCPCS Code **G0205, *Diagnostic Mammography, film processed to produce digital image analyzed for potential abnormalities, bilateral, all views***, will be paid for as a part of the Medicare Physician Fee Schedule effective April 1, 2001. Although The Benefits Improvement and Protection Act of 2000 instructs that HCPCS code G0205 will be paid on the Medicare Physician Fee Schedule, the methodology for arriving at a payment amount will be different from the standard Medicare Physician Fee Schedule payment formula.

To implement this provision, carriers will pay the lesser of: the actual charge, the locality specific payment amount for a bilateral diagnostic mammography (CPT code 76091), or the 2001 statutory limit of $69.23, increased by $15.00, for a screening mammography.

For the professional (26) and technical (TC) components of HCPCS code G0205, carriers will use the standard screening mammography percentages, as published in CR 1276 (Mammography Screening Payment Limitations for 2001) of 32 percent and 68 percent respectively.

Since the payment amount for HCPCS code G0205 is not driven by the standard Medicare Physician Fee Schedule payment formula, the MPFSDB will contain 0.00 relative value units. The pricing fields in the MPFSDB will contain the appropriate payment amount.

The payment amounts associated with HCPCS code G0205 will be included in the file that will be made available by PM AB-01-19, Change Request 1508, dated February 1, 2001.

HCPCS Code:	G0206	G0206	G0206
Mod:		26	TC
Short Desc:	Diag Mamm, digital, uni		
ProcStat:	A	A	A
RVU Work:	0.58	0.58	0.00
Fac PE RVU:	1.25	0.19	1.06
Non-Fac PE RVU:	1.25	0.19	1.06
MP RVU:	0.08	0.03	0.05
PC/TC:	1	1	1
SOS:	1	1	1
Global:	XXX	XXX	XXX
Pre-Op:	0.00	0.00	0.00

Intra-Op:	0.00	0.00	0.00
Post-Op:	0.00	0.00	0.00
Mult Surg:	0	0	0
Bilt Surg:	0	0	0
Asst Surg:	0	0	0
Co Surg:	0	0	0
Team Surg:	0	0	0
Bill Med:	0	0	0
Diag Supv:	P	P	P
No Rel Code:	0	0	0

TOS = 4

HCPCS code **G0206,** ***Diagnostic mammography, direct digital image, unilateral, all views****,* will be paid as a part of the Medicare Physician Fee Schedule effective April 1, 2001. Since the Benefits Improvement and Protection Act did not specify a payment methodology for unilateral diagnostic mammograms using digital images, this service will be paid at the lesser of: the actual charge or at the same rate as CPT code 76090, Mammogram, one breast. Locality specific payment amounts associated with HCPCS code G0206 will be included in the file that will be made available by PM AB-01-19, Change Request 1508, dated February 1, 2001

HCPCS Code:	G0207	G0207	G0207
Mod:		26	TC
Short Desc:	Diag Mamm, film/digit, uni		
ProcStat:	A	A	A
RVU Work:	0.58	0.58	0.00
Fac PE RVU:	1.25	0.19	1.06
Non-Fac PE RVU:	1.25	0.19	1.06
MP RVU:	0.08	0.03	0.05
PC/TC:	1	1	1
SOS:	1	1	1
Global:	XXX	XXX	XXX
Pre-Op:	0.00	0.00	0.00
Intra-Op:	0.00	0.00	0.00
Post-Op:	0.00	0.00	0.00
Mult Surg:	0	0	0
Bilt Surg:	0	0	0
Asst Surg:	0	0	0
Co Surg:	0	0	0
Team Surg:	0	0	0
Bill Med:	0	0	0
Diag Supv:	P	P	P
No Rel Code:	0	0	0

TOS = 4

HCPCS code **G0207,** ***Diagnostic mammography, film processed to produce digital image analyzed for potential abnormalities, unilateral, all views****,* will be paid as a part of the Medicare Physician Fee Schedule effective April 1, 2001. Since the Benefits Improvement and Protection Act did not specify a payment methodology for unilateral diagnostic mammograms using film converted to a digital image, this service will be paid at the lesser of: the actual charge or at the same rate as CPT code 76090, Mammogram, one breast. Locality specific payment amounts associated with HCPCS code G0207 will be included in the file that will be made available by PM AB-01-19, Change Request 1508, dated February 1, 2001.

Place of Service Restrictions for Performance of Diagnostic and Screening Mammograms

Payment restrictions for screening and diagnostic mammography apply to those facilities that meet all FDA certifications as provided under the Mammography Quality Standards Act (MQSA). (Refer to Intermediary Manual §3660.10 and Carrier Manual §4601.)

Payment Requirements for Intermediary Processed Claims

Effective for services furnished on or after April 1, 2001, providers that bill intermediaries for the technical component of screening and diagnostic mammographies that utilize advanced technologies will also use the six new HCPCS codes, G0202 – G0207. How payment for each of the codes will be determined during the period April 1, 2001 through December 31, 2001, is described below. Intermediaries will need to make the appropriate systems changes to determine and make payments for the new codes. Payments for codes G0202 through G0205 are based, in part, on physician fee schedule payment amounts. The amounts that are based on the physician fee schedule that you will need in calculating the new payments for theses codes will be furnished to you in a BIPA mammography benefit pricing file. This file will be available no later than February 1, 2001, for implementation on April 1, 2001. You will be notified in a subsequent program memorandum about how the pricing file will be made available to you. Notify your providers of these coding and payment changes in your next provider bulletin.

HCPCS Code G0202, *Screening mammography producing direct digital image, bilateral, all views.* Payment will be the lesser of: the provider's charge or the amount that will be provided for this code in the pricing file. (That amount is 150 percent of the locality specific technical component payment amount under the physician fee schedule for CPT code 76091, the code for a bilateral diagnostic mammogram, during 2001.)

HCPCS Code G0203, *Screening mammography, film processed to produce digital image analyzed for potential abnormalities, bilateral, all views.* Payment will be equal to the lesser of: the actual charge for the procedure, the amount that will be provided in the pricing file (which represents 68 percent of the locality specific global payment amount for a bilateral diagnostic mammography (CPT 76091) under the physician fee schedule), or $ 57.28 (which represents the amount of the 2001 statutory limit for a screening mammography attributable to the technical component of the service, plus the technical portion of the $15.00 add-on for 2001 which is provided under the new legislation).

HCPCS Code G0204, *Diagnostic mammography, direct digital image, bilateral, all views.* Payment will be the lesser of: the provider's charge or the amount that will be provided for this code in the pricing file. (That amount is 150 percent of the locality specific amount paid under the physician fee schedule for the technical component (TC) of CPT code 76091, the code for a bilateral diagnostic mammogram.)

HCPCS Code G0205, *Diagnostic mammography, film processed to produce digital image analyzed for potential abnormalities, bilateral, all views*.. Payment will be equal to the lesser of: the actual charge for the procedure, the amount that will be provided in the pricing file (which represents 68 percent of the locality specific global payment amount for a bilateral diagnostic mammography (CPT 76091) under the physician fee schedule), or $ 57.28 (which represents the amount of the 2001 statutory limit for a screening mammography attributable to the technical component of the service, plus the technical portion of the $15.00 add-on for 2001 which is provided under the new legislation).

HCPCS Code G0206, *Diagnostic mammography, direct digital image, unilateral, all views* Payment will be made based on the same amount that is paid to the provider, under the payment method applicable to the specific provider type (i.e., hospital, rural health clinic) for CPT code 76090, the code for a mammogram, one breast. For example, this service, when furnished as a hospital outpatient service, will be paid the amount payable under the outpatient prospective payment system (OPPS) for CPT code 76090.

HCPCS Code G0207, *Diagnostic mammography, film processed to produce digital image analyzed for potential abnormalities, unilateral, all view.* Payment will be based on the same amount that is paid to the provider, under the payment method applicable to the specific provider type (i.e., hospital, rural health clinic) for CPT code 76090, the code for a mammogram, one breast. For example, this service, when furnished as a hospital outpatient service, will be paid the amount payable under the OPPS for CPT code 76090.

Billing Requirements for Institutional Providers That Bill the Intermediary

Providers (see below for RHC/FQHCs) bill for the technical portion of screening and diagnostic mammograms on Form HCFA-1450 under bill type 14X, 22X, 23X, or 85X**.** The professional component is billed to the carrier on Form HCFA-1500 **(or electronic equivalent)**.

Screening and diagnostic mammography services are not within the scope of RHC/FQHC services. Providers sometimes operate multi-purpose outpatient facilities based in the provider, all or part of which may be certified by Medicare as an RHC/FQHC. If the multi-purpose outpatient facility is certified to provide screening and diagnostic mammography services, it should bill the intermediary for the technical component and the practitioner may bill for the professional component of the screening or diagnostic mammography using their own Part B billing number. These multi-purpose outpatient facilities utilize bill type 14X, 22X, 23X, or 85X along with their outpatient provider number (not the RHC/FQHC billing number since these services are not covered as RHC/FQHC services) when billing their intermediary for this service.

Practitioners operating in independent multi-purpose facilities with designated parts certified as independent RHCs or freestanding FQHCs may bill their carrier, under their own Part B billing number, for both the technical and professional components of screening or diagnostic mammography services.

When billing for screening mammographies on Form HCFA-1450, the appropriate revenue code is 403 and the appropriate HCPCS are G0202 and G0203.

When billing for diagnostic mammographies on Form HCFA-1450, the appropriate revenue code is 401 and the appropriate HCPCS are G0204, G0205, G0206, and G0207.

Billing Requirements for Carriers

Carriers will receive claims for these services on Form HCFA-1500. The six (6) new G codes (G0202 and G0203 for screening mammography and G0204, G0205, G0206, and G0207 for diagnostic mammography) will be added to the Medicare Physician Fee Schedule for April 1, 2001, implementation. See payment methodologies above.

The *effective date* of this PM is April 1, 2001.

The *implementation date* of this PM is April 1, 2001.

These instructions should be implemented within your current operating budget.

This PM may be discarded after January 1, 2002.

Contact person for this PM is Rick Ensor at (410) 786-5617.