



Inpatient Services

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*Medi-Cal Training Seminars
(two flyers)*

Digital Mammography and Computer Aided Detection Benefits 1

Digital Mammography and Computer Aided Detection Benefits

Effective for dates of service on or after December 1, 2006, the following HCPCS and CPT-4 codes are new Medi-Cal mammography benefits.

<u>HCPCS Code</u>	<u>Description</u>
G0202	Screening mammography, producing direct digital image, bilateral, all views
G0204	Diagnostic mammography, producing direct digital image, bilateral, all views
G0206	unilateral, all views
<u>CPT-4 Code</u>	<u>Description</u>
76083	Computer aided detection with further physician review for interpretation, with or without digitization of film radiographic images; screening mammography
76082	Computer aided detection with further physician review for interpretation, with or without digitization of film radiographic images; diagnostic mammography

Screening Mammography

Policy for screening mammography applies both to new and existing codes. Screening mammograms are restricted to females. The following age and frequency restrictions apply:

- Ages 34 years and younger - do not receive this benefit
- Ages 35 thru 39 - receive screening to establish a baseline; only one screening is reimbursable for women within this age range
- Ages 40 and older - restricted to one screening per year

Digital screening mammography (code G0202) and film screening mammography (codes 76083 and 76090 – 76092) will not be reimbursed in the same year by the same provider.

Diagnostic Mammography

Policy for diagnostic mammography applies both to new and existing codes. Diagnostic mammograms are reimbursable if one of the following applies:

- The recipient has distinct signs and symptoms for which a mammogram is indicated
- The recipient has a history of breast cancer
- The recipient is asymptomatic, but on the basis of the recipient’s history and other significant factors in the physician’s judgment, a diagnostic mammogram is indicated and appropriate

*Please see **Diagnostic Mammography**, page 2*

Diagnostic Mammography *(continued)*

ICD-9 Code Requirements

Claims submitted for diagnostic mammograms must include one of the following ICD-9 diagnosis codes. Claims without a diagnosis code will be denied.

<u>ICD-9 Code</u>	<u>Description</u>
174.0 – 174.9	Malignant neoplasm of female breast
175.0 – 175.9	of male breast
198.81	Secondary malignant neoplasm; breast
198.89	other
233.0	Carcinoma in situ of breast
238.3	Neoplasm of uncertain behavior; breast
239.3	Neoplasms of unspecified nature; breast
V10.3	Personal history of malignant neoplasm; breast
V16.3	Family history of malignant neoplasm; breast
V76.10 – V76.19	Special screening for malignant neoplasms; breast

CPT-4 Code 76499 Discontinued

Diagnostic mammograms are no longer reimbursable with CPT-4 code 76499 (unlisted diagnostic radiographic procedure).

Modifiers

When billing mammography with multiple views, providers must include the appropriate modifier(s) on the claim. For information about billing with modifiers, providers may refer to “Multiple Views” in the *Radiology: Diagnostic* section of the Part 2 provider manual.

This information is reflected on manual replacement page [tar and non cd7 2](#) (Part 2).

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Remove and replace
at the end of the *California
Children's Services (CCS)
Billing Overview*

section: *CCS Program Billing Guidelines 1/2 **

Remove: cal child sar 7 thru 9 *

Insert: cal child sar 7/8 *

Remove and replace: cal child ser 1/2 *

Insert: cal child ser 23 *

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hcpcs 1/2 *

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tar and non cd7 1/2