



Change in Type of Service (TOS) for Current Procedural Terminology (CPT) Code 77067

MLN Matters Number: MM10607

Related Change Request (CR) Number: 10607

Related CR Release Date: April 13, 2018

Effective Date: January 1, 2017

Related CR Transmittal Number: R2054OTN

Implementation Date: July 2, 2018

PROVIDER TYPES AFFECTED

This MLN Matters Article is for physicians, providers and suppliers billing Medicare Administrative Contractors (MACs) for services provided to Medicare patients.

PROVIDER ACTION NEEDED

Change Request (CR) 10607 updates the Type of Service (TOS) code for Current Procedural Terminology (CPT) code 77067. CR10607 corrects the TOS indicator assigned to CPT code 77067 – Screening Mammography. Effective for claims with dates of service on or after January 1, 2017, the TOS indicator is updated to reflect “1” instead of “4” to allow for proper claim submission and adjudication. Make sure your billing staffs are aware of this change.

BACKGROUND

CMS issued [CR10181](#) on November 21, 2017. CR10181 instructed the Medicare claims processing system maintainers and MACs to implement CPT code 77067 in place of the HCPCS screening mammography code G0202, effective for claims with dates of service on or after January 1, 2018.

CMS instructed the MACs to apply the same payment methodologies and editing as applicable for CPT code 77067 as they did for G0202. As part of the instruction to apply the same editing, the TOS coding for the 77067 should have remained, as it was for G0202, with a “1” (Medical Care) indicator. Correcting the TOS code for 77067 allows the screening mammography claims to be billed without referring physician information on the claim, which is consistent with Medicare’s coverage policy for screening mammograms. See [Chapter 18](#), Section 20 of the Medicare Claims Processing Manual for more information.

Note: MACs will automatically reprocess previously adjudicated screening mammography claims received with CPT - 77067 with a TOS code of “4” with dates of service on and after January 1, 2018, and through July 2, 2018, when the claim was denied because there was no referring provider information. MACs will reprocess screening mammography claims with dates

of service between January 1, 2018, and July 2, 2018, which cannot be automatically reprocessed only if brought to their attention.

ADDITIONAL INFORMATION

The official instruction, CR10607, issued to your MAC regarding this change is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018Downloads/R2054OTN.pdf>.

The Medicare Claims Processing Manual, Chapter 18, is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c18.pdf>.

If you have any questions, please contact your MAC at their toll-free number. That number is available at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map/>.

DOCUMENT HISTORY

Date of Change	Description
March 15, 2021	We replaced an article link with a related CR link.
April 13, 2018	Initial article released.

Disclaimer: This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only Copyright 2017 American Medical Association. All rights reserved.

Copyright © 2018, the American Hospital Association, Chicago, Illinois. Reproduced with permission. No portion of the AHA copyrighted materials contained within this publication may be copied without the express written consent of the AHA. AHA copyrighted materials including the UB-04 codes and descriptions may not be removed, copied, or utilized within any software, product, service, solution or derivative work without the written consent of the AHA. If an entity wishes to utilize any AHA materials, please contact the AHA at 312-893-6816. Making copies or utilizing the content of the UB-04 Manual, including the codes and/or descriptions, for internal purposes, resale and/or to be used in any product or publication; creating any modified or derivative work of the UB-04 Manual and/or codes and descriptions; and/or making any commercial use of UB-04 Manual or any portion thereof, including the codes and/or descriptions, is only authorized with an express license from the American Hospital Association. To license the electronic data file of UB-04 Data Specifications, contact Tim Carlson at (312) 893-6816 or Laryssa Marshall at (312) 893-6814. You may also contact us at ub04@healthforum.com

The American Hospital Association (the "AHA") has not reviewed, and is not responsible for, the completeness or accuracy of any information contained in this material, nor was the AHA or any of its affiliates, involved in the preparation of this material, or the analysis of information provided in the material. The views and/or positions presented in the material do not necessarily represent the views of the AHA. CMS and its products and services are not endorsed by the AHA or any of its affiliates.