| CMS Manual System | Department of Health & Human Services (DHHS) |
|---|---|
| Pub 100-04 Medicare Claims Processing | Centers for Medicare & Medicaid Services (CMS) |
| **Transmittal 3301** | **Date: August 6, 2015** |
| | **Change Request 9191** |

**SUBJECT: Claims Processing Instructions for Diagnostic Digital Breast Tomosynthesis**

**I. SUMMARY OF CHANGES:** This change request (CR) provides claims processing instructions for HCPCS code G0279, defined "diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to G0204 or G0206)."

**EFFECTIVE DATE: January 1, 2015**
**Unless otherwise specified, the effective date is the date of service.*
**IMPLEMENTATION DATE: January 4, 2016**

***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. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.***

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

| R/N/D | CHAPTER / SECTION / SUBSECTION / TITLE |
|---|---|
| **R** | 18/Table of Contents |
| **R** | 18/20/20.2.2/Digital Breast Tomosynthesis |
| **R** | 18/20/20.2.3/Claim Adjustment Reason Codes (CARCs), Remittance Advice Remark Codes (RARCs), Group Codes, and Medicare Summary Notice (MSN) Messages |

**III. FUNDING:**
**For Medicare Administrative Contractors (MACs):**
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENTS:**

**Business Requirements**
**Manual Instruction**

# Attachment - Business Requirements

| Pub. 100-04 | Transmittal: 3301 | Date: August 6, 2015 | Change Request: 9191 |
|---|---|---|---|

**SUBJECT: Claims Processing Instructions for Diagnostic Digital Breast Tomosynthesis**

**EFFECTIVE DATE: January 1, 2015**
**Unless otherwise specified, the effective date is the date of service.*
**IMPLEMENTATION DATE: January 4, 2016**

## I. GENERAL INFORMATION

**A. Background:** This change request (CR) provides claims processing instructions for HCPCS code G0279, defined "diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to G0204 or G0206)."

**B. Policy:** Effective for claims with dates of service on or after January 1, 2015, claims for HCPCS code G0279 are payable by Medicare.

## II. BUSINESS REQUIREMENTS TABLE

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

| Number | Requirement | Responsibility | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | A/B MAC | | | DME MAC | Shared-System Maintainers | | | | Other |
| | | A | B | HHH | | FISS | MCS | VMS | CWF | |
| 9191.1 | Effective for dates of service on and after January 1, 2015, contractors shall accept claims for diagnostic digital breast tomosynthesis, HCPCS code G0279. | X | | | | X | | | | |
| 9191.1.1 | Contractors shall update HCPCS code G0279 pricing indicator to "B" and type to "M" for all localities. | X | | | | | | | | |
| 9191.2 | Contractors shall apply deductible and coinsurance to claim lines with HCPCS code G0279. | X | | | | | | | | |
| 9191.3 | Contractors shall allow payment for HCPCS code G0279 only when billed in conjunction with HCPCS code G0204 or G0206. | X | | | | X | | | | |
| 9191.3.1 | Contractors shall use the following messages when denying claims lines for HCPCS code G0279 that are not submitted with HCPCS G0204 or G0206:<br><br>CARC 107 - The related or qualifying claim/service | X | | | | | | | | |

| Number | Requirement | Responsibility | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | A/B MAC | | | DME MAC | Shared-System Maintainers | | | | Other |
| | | A | B | HHH | | FISS | MCS | VMS | CWF | |
| | was not identified on this claim. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.<br><br>MSN 9.2 – This item or service was denied because information required to make payment was missing.<br><br>Spanish version – Este articulo o servicio fue denegado porque la informacion requerida para hacer el pago fue omitida.<br><br>Group Code CO (Contractual Obligation) assigning financial liability to the provider. | | | | | | | | | |
| 9191.4 | Contractors shall allow payment for HCPCS code G0279 on institutional claims when billed with revenue code 0401 and on professional claims TOB 85X when submitted with revenue code 096X, 097X, or 098X. | X | | | | X | | | | |
| 9191.4.1 | Contractors shall RTP claims for HCPCS code G0279 that are not submitted with revenue code 0401, 096X, 097X, or 098X. | X | | | | | | | | |
| 9191.5 | Contractors shall pay for HCPCS code G0279 on institutional claims TOBs 12X, 13X, 22X, and 23X based on MPFS, and TOB 85X with revenue code other than 096X, 097X, and 098X based on reasonable cost. | X | | | | X | | | | |
| 9191.5.1 | Contractors shall pay for HCPCS code G0279 on claims with TOB 85X (Method II) with revenue code 096X, 097X, or 098X based on MPFS (115% of the lesser of the fee schedule amount and submitted charge). | X | | | | X | | | | |
| 9191.6 | Contractors shall allow payment for HCPCS code G0279 only on institutional claims TOBs 12X, 13X, 22X, 23X, 85X, and professional claims TOB 85X. | X | | | | X | | | | |
| 9191.6.1 | Contractors shall RTP claims with HCPCS code G0279 when TOB is other than 12X, 13X, 22X, 23X, or 85X. | X | | | | | | | | |

| Number | Requirement | Responsibility | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | A/B MAC | | | DME MAC | Shared-System Maintainers | | | | Other |
| | | A | B | HHH | | FISS | MCS | VMS | CWF | |
| | | | | | | | | | | |
| 9191.7 | Contractors shall adjust improperly processed claims containing HCPCS code G0279 with dates of service on or after January 1, 2015 thru January 3, 2016. | X | | | | | | | | |

## III. PROVIDER EDUCATION TABLE

| Number | Requirement | Responsibility | | | | |
|---|---|---|---|---|---|---|
| | | A/B MAC | | | DME MAC | CEDI |
| | | A | B | HHH | | |
| 9191.8 | MLN Article: A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within 5 business days after receipt of the notification from CMS announcing the availability of the article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly. | X | | | | |

## IV. SUPPORTING INFORMATION

**Section A: Recommendations and supporting information associated with listed requirements: N/A**

*"Should" denotes a recommendation.*

| X-Ref Requirement Number | Recommendations or other supporting information: |
|---|---|

**Section B: All other recommendations and supporting information:** N/A

## V. CONTACTS

**Pre-Implementation Contact(s):** Thomas Dorsey, 410-786-7434 or thomas.dorsey@cms.hhs.gov, William Ruiz, 410-786-9283 or william.ruiz@cms.hhs.gov

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

## VI. FUNDING

**Section A: For Medicare Administrative Contractors (MACs):**
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**ATTACHMENTS: 0**

# Medicare Claims Processing Manual
## Chapter 18 - Preventive and Screening Services

**Table of Contents**
***(Rev. 3301, Issued: 08-06-15)***

## 20.2.2 – Digital Breast Tomosynthesis

***(Rev. 3301, Issued: 08-06-15, Effective: 01-01-15, Implementation: 01-04-16)***

***A. Screening Breast Tomosynthesis***

Effective *for* claims with dates of service January 1, 2015 and later, HCPCS code 77063, "Screening Digital Breast Tomosynthesis, bilateral, must be billed in conjunction with the primary service mammogram code G0202.

Contractors must assure that claims containing code 77063 also contain HCPCS code G0202. A/B MACs (A) return claims containing code 77063 that do not also contain HCPCS code G0202 with an explanation that payment for code 77063 cannot be made when billed alone. A/B MACs (B) deny payment for 77063 when billed without G0202.

**NOTE:** When screening digital breast tomosynthesis, code 77063, is billed in conjunction with a screening mammography, code G0202, and the screening mammography G0202 fails the age and frequency edits in CWF, both services will be rejected by CWF.

***B. Diagnostic Breast Tomosynthesis***

*Effective with claims with dates of service January 1, 2015 and later, HCPCS code G0279, "Diagnostic digital breast tomosynthesis, unilateral or bilateral", must be billed in conjunction with the primary service mammogram code G0204 or G0206.*

*Contractors must assure that claims containing code G0279 also contain HCPCS code G0204 or G0206. A/B MACs deny claims containing code G0279 that do not also contain HCPCS code G0202 or G0206 with an explanation that payment for code G0279 cannot be made when billed alone.*

*Claims for diagnostic breast tomosynthesis, HCPCS code G0279, submitted with a revenue code other than 0401, 096X, 097X, or 098X will be return to providers.*

*Claims for diagnostic breast tomosynthesis, HCPCS code G0279, submitted with a TOB other than 12X, 13X, 22X, 23X, or 85X will be return to providers.*

## 20.2.3 - Claim Adjustment Reason Codes (CARCs), Remittance Advice Remark Codes (RARCs), Group Codes, and Medicare Summary Notice (MSN) Messages

***(Rev. 3301, Issued: 08-06-15, Effective: 01-01-15, Implementation: 01-04-16)***

When denying claim lines for HCPCS code 77063 that are not submitted with the diagnosis code V76.11 or V76.12 use the following messages:

CARC 167 - This (these) diagnosis(es) is (are) not covered. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

RARC N386 - This decision was based on a National Coverage Determination (NCD). An NCD provides a coverage determination as to whether a particular item or service is covered. A copy of this policy is available at www.cms.gov/mcd/search.asp. If you do not have web access, you may contact the contractor to request a copy of the NCD.

MSN 14.9 - Medicare cannot pay for this service for the diagnosis shown on the claim.

Group Code PR (Patient Responsibility) assigning financial responsibility to the beneficiary (if a claim is received with a GA modifier indicating a signed ABN is on file).

Group Code CO (Contractual Obligation) assigning financial liability to the provider (if a claim is received with a GZ modifier indicating no signed ABN is on file).

*When denying claim lines for HCPCS code G0279 that are not submitted with HCPCS G0204 or G0206, contractors shall use the following messages:*

*CARC 107 - The related or qualifying claim/service was not identified on this claim. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.*

*MSN 9.2 – This item or service was denied because information required to make payment was missing.*

*Spanish version – Este articulo o servicio fue denegado porque la informacion requerida para hacer el pago fue omitida.*

*Group Code CO (Contractual Obligation) assigning financial liability to the provider.*