

---

# CMS Manual System

## Pub. 100-04 Medicare Claims Processing

---

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

Transmittal 501

Date: March 11, 2005

---

CHANGE REQUEST 3719

**SUBJECT: Bone Mass Measurements – Procedure Coding**

**I. SUMMARY OF CHANGES:** Section number 140.3 is revised to delete two outdated HCPCS codes and to insert the replacement procedure codes.

**NEW/REVISED MATERIAL - EFFECTIVE DATE\*: April 11, 2005**

**IMPLEMENTATION DATE: April 11, 2005**

*Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. 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:**

**(R = REVISED, N = NEW, D = DELETED)**

<b>R/N/D</b>	<b>CHAPTER/SECTION/SUBSECTION/TITLE</b>
<b>R</b>	13/140.3/Payment Methodology and HCPCS Coding

**III. FUNDING:** Medicare contractors shall implement these instructions within their current operating budgets.

**IV. ATTACHMENTS:**

	<b>Business Requirements</b>
X	<b>Manual Instruction</b>
	<b>Confidential Requirements</b>
	<b>One-Time Notification</b>
	<b>Recurring Update Notification</b>

**\*Unless otherwise specified, the effective date is the date of service.**

### **140.3 - Payment Methodology and HCPCS Coding**

*(Rev. 501 , Issued: 03-11-05, Effective/Implementation: 04-11-05)*

Carriers pay for bone mass measurement procedures based on the Medicare physician fee schedule. Claims from physicians, other practitioners, or suppliers where assignment was not taken are subject to the Medicare limiting charge.

FIs pay for bone mass measurement procedures under the current payment methodologies for radiology services according to the type of provider.

Deductible and coinsurance apply.

Any of the following codes may be used when billing for bone mass measurements. All of these codes are bone densitometry measurements except code 76977 which is bone sonometry measurements. Codes are applicable to billing FIs and carriers.

*76070 76071 76075 76076 76078 76977 78350 G0130*

FIs are billed using Form CMS-1450 or its electronic equivalent. The appropriate bill types are: 12X, 13X, 14X, 22X, 23X, 34X, 71X (Provider-based and independent), 72X, 73X (Provider-based and freestanding), 83X, and 85X.

Providers using the UB-92 flat file use record type 40 to report bill type. Record type (Field No. 1), sequence number (Field No. 2), patient control number (Field No. 3), and type of bill (Field No. 4) are required.

Providers who use the hard copy UB-92 (Form CMS-1450) report the applicable bill type in Form Locator (FL) 4, Type of Bill.

Providers must report HCPCS codes for bone mass measurements under revenue code 320 with number of units and line item dates of service per revenue code line for each bone mass measurement reported.

Carriers are billed for bone mass measurement procedures using Form CMS-1500 or its electronic equivalent.