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Part B Insider (Multispecialty) Coding Alert

Part B Coding Quiz Answers: G0206 or 77055? Test Your Mammogram Coding Skills

Plus: Review CMS's 2010 updates to signature requirements.

How sure are you that your mammogram program is compliant? Last week, we challenged you with three mammography coding questions, and todaywe've got the answers. Check out the following to determine how you fared.

Nail Down What Counts As 'Signature'

Question 1: In Transmittal 327, CR 6698 (www.cms.gov/transmittals/downloads/R327PI.pdf), Medicare instructed contractors reviewing claims on what counts as a signature and when the services or orders must have signatures. Does an illegible signature over a typed or printed name meet signature requirements for Medicare?

Answer 1: Yes. An illegible signature over a typed or printed name does meet Medicare's signature requirements, as noted in Transmittal 327, CR 6698. You also may meet signature requirements with a legible full signature, a legible first initial and last name, an illegible signature with the signator's name circled on the letterhead of that page, or several other options included in a chart in the transmittal. Items that don't meet requirements include an unsigned typed note with a typed name, or an unsigned handwritten note that's the only entry on the page, among others.

The Medicare transmittal also includes a special warning for electronic signatures: "Providers using electronic systems need to recognize that there is a potential for misuse or abuse with alternate signature methods. For example, providers need a system and software products which are protected against modification, etc., and should apply administrative procedures which are adequate and correspond to recognized standards and laws. The individual whose name is on the alternate signature method and the provider bears the responsibility for the authenticity of the information being attested to. Physicians are encouraged to check with their attorneys and malpractice insurers in regard to the use of alternative signature methods."

Diagnostic Mammograms Have Separate Regs

Question 2: A woman notices a lump in her breast. She sees her physician who orders a unilateral diagnostic mammogram, which the radiologist performs (digital mammogram). What is the appropriate procedure code for the mammogram?

Answer 2: You should report digital diagnostic mammogram code G0206 (Diagnostic mammography, producing direct digital image, unilateral, all views).

To be a diagnostic mammogram, a physician must order the diagnostic service and the patient must have either signs and symptoms supporting medical necessity, or a personal history or other factors the ordering physician decides merit a diagnostic service (Medicare Claims Processing Manual [MCPM], chapter 18, section 20.B, www.cms.hhs.gov/Manuals/IOM/list.asp).

Bonus: The diagnosis code will depend on the documented findings. If the radiologist doesn't offer anything more specific than the breast lump, consider 611.72 (Lump or mass in breast). Or if he notes the mammogram is inconclusive and the patient requires additional tests, remember to consider 793.82 (Inconclusive mammogram).

Screening to Diagnostic: Know the Rules

Question 3: A woman presents for a routine screening mammogram that reveals a mass. The radiologist orders a

unilateral diagnostic procedure for later that day and performs it (not digital). How should you report these mammograms (CPT)? Do you need orders from the patient's physician to perform these exams?

Answer 3: Report 77057 (Screening mammography, bilateral [2-view film study of each breast]) for the screening mammogram. For the same-day diagnostic exam, report 77055- GG (Mammography; unilateral; Performance and payment of a screening mammogram and diagnostic mammogram on the same patient, same day). Note the addition of modifier GG to the diagnostic code.

Tip: Depending on your Medicare contractor's instructions, your claim may include 77057 linked to V76.12 (Special screening for malignant neoplasms; breast; other screening mammogram). Then report 77055-GG linked to either 611.72 or a more specific exam finding.

You won't require orders from outside physicians for either of these exams. Medicare doesn't require patients who meet age and frequency requirements to have an order to get a screening exam (MCPM, chapter 18, section 20.A). In addition, Medicare allows radiologists who interpret a screening mammogram to order and interpret additional mammography films "while a beneficiary is still at the facility for the screening exam" if the screening reveals a potential problem, according to MCPM, chapter 18, section 20.B. For more on screening and diagnostic mammography, see Medicare Benefit Policy Manual, chapter 15, section 280.3.