

Part B Insider (Multispecialty) Coding Alert

Part B Coding Quiz: 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 September, a radiology tech at a Georgia hospital was indicted on charges of submitting false mammogram reports, marking them as complete and entering "negative" results although a physician had not reviewed the exams. The hospital made a public announcement in May that more than 900 mammograms went uninterpreted (and they uncovered nearly 400 more since then).

Plenty of people have plenty of questions about what actually happened in this case, which, hopefully, involves more fraudulent intent than anything you'll ever see. But that doesn't mean you can let your guard down. There are plenty of smaller mistakes that can add up to trouble in an audit. Do your part to prevent problems by testing your knowledge of Medicare's mammogram coding rules and signature requirements.

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?

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?

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 these questions and then check out next week's edition of Part B Insider to find the answers.