CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2054	Date: April 13, 2018
	Change Request 10607

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

I. SUMMARY OF CHANGES: This Change Request (CR) updates the TOS for CPT code 77067.

**EFFECTIVE DATE: January 1, 2017** 

\*Unless otherwise specified, the effective date is the date of service. IMPLEMENTATION DATE: July 2, 2018

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	
N/A	N/A	

## **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:**

**One Time Notification** 

# **Attachment - One-Time Notification**

Pub. 100-2	20 <b>T</b>	ransmittal: 2054	Date: April 13, 2018	Change Request: 10607

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# I. GENERAL INFORMATION

**A. Background:** CR 10181 was issued to the public by the Centers for Medicare & Medicaid Services (CMS) on November 21, 2017. CR 10181, in part, instructed the claims processing system maintainers and contractors to implement CPT code 77067 in place of the healthcare common procedure coding system screening mammography code G0202, effective for claims with dates of service on or after January 1, 2018. Contractors were instructed 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 100-04 – Claims Processing Manual, Chapter 18 – Preventive and Screening Services, Section 20.)

**B. Policy:** This instruction 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 shall be updated to reflect "1" instead of "4" to allow for proper claim submission and adjudication.

#### II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility																														
		A/B MAC			-						-								-									A System				Other
		A	В	H H H	M A C	F I	M	-	C																							
10607.1	CWF shall update the Type Of Service (TOS) indicator for CPT code 77067 – Screening Mammography from "4" to "1".								X																							
10607.2	CWF shall ensure that the TOS indicator change for CPT 77067 – Screening Mammography is applicable to all claims (including adjustments) with dates of service on or after January 1, 2017.								X																							
10607.3	Effective January 1, 2017, contractors shall use Type of Service code '1' for CPT code 77067 – Screening Mammography.		X																													

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

Number	Requirement	Responsibility																													
		A/B MAC			MAC		MA		MAC		MA		MAC		MA		MAC		MAC		MAC M E		MAC		MAC		System Maintainers				Other
		A	В	H H H	M A C	F I S S	С	V M S																							
10607.4	As necessary, contractors shall 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.		X																												
10607.5	Contractors shall 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 your attention.		X																												

# III. PROVIDER EDUCATION TABLE

Number	Requirement					Responsibility						
			A/B MAC		D M E	C E D						
		A	В	H H H	M A C	I						
10607.6	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.

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

## V. CONTACTS

Pre-Implementation Contact(s): Teira Canty, teira.canty@cms.hhs.gov

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

## **VI. FUNDING**

#### Section A: For Medicare Administrative Contractors (MACs):

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## **ATTACHMENTS: 0**