



Related MLN Matters Article #: MM3562

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Related Change Request: 3562

Modification to Reporting of Diagnosis Codes for Screening Mammography Claims

Key Words

CR3562, MM3562, V76.11, V76.12, Diagnosis, Mammography, Screening, Neoplasm

Provider Types Affected

All providers billing Medicare Carriers or Fiscal Intermediaries (FIs) for screening mammography claims

Key Points

- The effective date of the instruction is January 1, 1998.
- The implementation date is July 5, 2005.
- Effective January 1, 1998, providers reported only diagnosis code V76.12 on screening mammography claims.
- Effective July 1, 2005, providers are allowed to report either V76.11 or V76.12.
- One of the following diagnosis codes should be reported on screening mammography claims:
 - **V76.11** – “Special screening for malignant neoplasm, screening mammogram for high-risk patients;” or
 - **V76.12** – “Special screening for malignant neoplasm, other screening mammography”.

Important Links

The related MLN Matters article can be found at

<http://www.cms.hhs.gov/MLNmattersarticles/downloads/MM3562.pdf> on the CMS website.

The official instructions (CR3562) issued to the provider’s Medicare FI or carrier regarding this change, can be found at

<http://www.cms.hhs.gov/Transmittals/downloads/R705CP.pdf> on the CMS website.

If providers have questions, they may contact their Medicare FI or carrier at their toll-free number, which may be found at

<http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.