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Implementation Date: July 3, 2006

## Mammography Facility Certification File - Updated Procedures and Content

**Note:** This article was updated on October 24, 2012, to reflect current Web addresses. This article was previously revised on June 24, 2008, to add a reference to related MLN Matters article MM5577 (Mammography: Change Certification-Based Action from Return to Provider (RTP)/Return as Unprocessable to Denial) in the Relevant Links section below. All other information remains the same.

### Provider Types Affected

Providers (facilities certified by the Food and Drug Administration (FDA)), who submit screening and diagnostic mammography claims to Medicare fiscal intermediaries (FIs) and to carriers

### Key Points

- This article is related to CR4303. It provides guidelines for carriers/intermediaries to download the most recent Mammography Quality Standards Act (MQSA) file **on a weekly basis** and use it to adjudicate claims.
- Currently, the FDA file does not contain information on terminated facilities. The Centers for Medicare & Medicaid Services (CMS) will be populating a new file, however, with terminated facilities to enable carriers/intermediaries to pay for services prior to the date of termination and to deny services rendered after the date of termination.

### Background

The Mammography Quality Standards Act (MQSA) ensures that all facilities that provide mammography services meet national quality standards.

The FDA, Center for Devices and Radiological Health, is responsible for collecting certificate fees and surveying mammography facilities (screening and diagnostic).

FDA provides CMS with a file which contains a listing of all facilities that have been issued certificates to perform mammography services. CMS then provides

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the list to Medicare Carriers and FIs, which also contains information about terminated facilities.

## Additional Information

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Section 104 of the Benefits Improvement and Protection Act (BIPA) of 2000, "Modernization of Screening Mammography Benefit," provided new payment methodologies for both diagnostic and screening mammograms that utilize digital technology.

For Medicare to determine whether the mammography facility is certified to perform digital mammography (due a higher payment rate), the FDA sends an updated file via the CMS Mainframe Telecommunications System (CMSTS) on a weekly basis.

Effective July 1, 2006, CMS will be populating a new Mammography Quality Standards Act (MQSA) file with terminated FDA-certified facilities (designated with a "T" value). This will enable carriers/intermediaries to pay for screening and diagnostic mammography services for terminated facilities prior to the date of termination and to deny services furnished after the date of termination. By doing so, it will enable the payment of claims that come into Medicare from a terminated facility if the date of service occurred before the facility was terminated.

## Relevant Links

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CR4303 is the official instruction issued to your FI or carrier, regarding this change. CR4303 may be found by going to <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R828CP.pdf> on the CMS website.

You may also want to review MM5577 (<http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/mm5577.pdf>), which instructs FIs, carriers and A/B MACs to deny claims for mammography services (rather than returning them as unprocessable) if the appropriate FDA certification status is not listed on the FDA-created, CMS-supplied, MQSA data file.

Please refer to your local FI or carrier if you have questions about this issue. To find their toll free phone number, go to <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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