Claims Processing Instructions for Diagnostic Digital Breast Tomosynthesis

Provider Types Affected

This MLN Matters® Article is intended for providers who bill Medicare Administrative Contractors (MACs) for diagnostic digital breast tomosynthesis services provided to Medicare beneficiaries.

Provider Action Needed

The Centers for Medicare & Medicaid Services (CMS) issued Change Request (CR) 9191 to provide claims processing instructions for Healthcare Common Procedure Coding System (HCPCS) code G0279, defined “diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to G0204 or G0206).” Make sure your billing staff is aware of this update.
Key Points

Effective for claims with dates of service on or after January 1, 2015, claims for HCPCS code G0279 are payable by Medicare under the following conditions:

- Payment for HCPCS code G0279 will be permitted only when billed in conjunction with HCPCS code G0204 or G0206.
- A deductible and coinsurance will be applied to claim lines with HCPCS code G0279.
- Institutional claims for HCPCS code G0279 will be paid for type of bills (TOBs) 12X, 13X, 22X, 23X, and 85X when submitted with revenue code 0401.
- Professional claims for HCPCS code G0279 will be paid for TOB 85X when submitted with revenue code 096X, 097X, or 098X.
- Your Medicare contractor will pay for HCPCS code G0279 on institutional claims TOBs 12X, 13X, 22X, and 23X based on the Medicare Physician Fee Schedule (MPFS), and TOB 85X with revenue code other than 096X, 097X, and 098X based on reasonable cost.
- Your Medicare contractor will pay for HCPCS code G0279 on claims with TOB 85X (Method II) with revenue code 096X, 097X, or 098X based on MPFS (115 percent of the lesser of the fee schedule amount and submitted charge).

Below is a summary of the Conditions and Payment Policies stated above:

<table>
<thead>
<tr>
<th>HCPCS</th>
<th>Claim Type</th>
<th>TOB</th>
<th>Revenue Code</th>
<th>Payment based on:</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0279</td>
<td>Institutional</td>
<td>12X,13X,22X,23X</td>
<td>401</td>
<td>MPFS</td>
</tr>
<tr>
<td>G0279</td>
<td>Institutional</td>
<td>85X</td>
<td>401</td>
<td>Reasonable Costs</td>
</tr>
<tr>
<td>G0279</td>
<td>Professional</td>
<td>85X (Method II)</td>
<td>96X,97X,98X</td>
<td>MPFS (115 percent of the lesser of the fee schedule amount and submitted charge)</td>
</tr>
</tbody>
</table>

Note: Your MAC will adjust claims containing HCPCS code G0279 with dates of service on or after January 1, 2015 thru January 3, 2016.
Claim Adjustment Reason Code (CARC) and Remittance Advice Remark Code (RARC) for Denied Claims

MACs will use the following messages when denying claim lines for HCPCS code G0279 that are not submitted with HCPCS G0204 or G0206:

- CARC 107 - The related or qualifying claim/service was not identified on this claim. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present; and
- Group Code CO (Contractual Obligation) assigning financial liability to the provider.

Claims Returned to Provider

- Claims for diagnostic breast tomosynthesis, HCPCS code G0279, submitted with a revenue code other than 0401, 096X, 097X, or 098X will be returned to providers.
- Claims for diagnostic breast tomosynthesis, HCPCS code G0279, submitted with a TOB other than 12X, 13X, 22X, 23X, or 85X will be returned to providers.

Additional Information


If you have questions please contact your MAC at their toll-free number. The number is available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-NetworkMLN/MLNMattersArticles/index.html under - How Does It Work?

To review the CMS online training course for Medicare Billing: 837I and Form CMS-1450 you may go to http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/WebBasedTraining.html on the CMS website. Scroll to the related links and proceed.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2014 American Medical Association.