



# MLN Matters<sup>®</sup>



Information for Medicare Fee-For-Service Health Care Professionals

Related Change Request (CR) #: 3562

MLN Matters Number: MM3562

Related CR Release Date: October 7, 2005

Related CR Transmittal #: 705

Effective Date: January 1, 1998

Implementation Date: July 5, 2005

## *Modification to Reporting of Diagnosis Codes for Screening Mammography Claims*

**Note:** This article was updated on February 16, 2013, to reflect current Web addresses. All other information remains unchanged.

### Provider Types Affected

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

### Provider Action Needed

This article modifies instructions to allow reporting of either diagnosis code V76.11 or V76.12.

Providers should note that to ensure proper coding, 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.”

### Background

Effective January 1, 1998, providers only reported diagnosis code V76.12 on screening mammography claims. Effective July 1, 2005, the Centers for Medicare & Medicaid Services (CMS) will allow reporting of either V76.11 or V76.12, as appropriate.

### Additional Information

The official instruction issued to your carrier/intermediary regarding this change may be found at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R705CP.pdf> on the CMS website.

If you have any questions, please contact your carrier/intermediary at their toll-free number, which may be found at <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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