Flu Shot Reminder

Flu season is here! Medicare patients give many reasons for not getting their flu shot, including—"It causes the flu; I don't need it; it has side effects; it's not effective; I didn't think about it; I don't like needles!" The fact is that out of the average 36,000 people in the U.S. who die each year from influenza and complications of the virus, greater than 90 percent of deaths occur in persons 65 years of age and older. You can help your Medicare patients overcome these odds and their personal barriers through patient education. Talk to your Medicare patients about the importance of getting their annual flu shot--and don’t forget to immunize yourself and your staff. Protect yourself, your patients, and your family and friends. Get Your Flu Shot. Remember - Influenza vaccination is a covered Part B benefit. Note that influenza vaccine is NOT a Part D covered drug. For more information about Medicare’s coverage of adult immunizations and educational resources, go to CMS’s website: [http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/SE0667.pdf](http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/SE0667.pdf) on the CMS website.

MLN Matters Number: MM5327
Related Change Request (CR) #: 5327
Related CR Release Date: September 29, 2006
Effective Date: January 1, 2007
Related CR Transmittal #: R1070CP
Implementation Date: January 2, 2007

Note: This article was updated on October 24, 2012, to reflect current Web addresses. All other information remains unchanged.


Provider Types Affected
All physicians and providers who bill Medicare carriers, fiscal intermediaries (FI), or Part A/B Medicare Administrative Contractors (A/B MACs) for providing mammography services.

Provider Action Needed

STOP – Impact to You
As part of the annual HCPCS update, CMS has assigned new 2007 Current Procedural Terminology (CPT) mammography codes for screening and diagnostic

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mammography services. Effective January 1, 2007, these codes (77051, 77052, 77055, 77056, and 77057) will replace the current CPT codes; however the CPT code descriptors for the services are unchanged.

**CAUTION – What You Need to Know**
Failure to submit the correct codes will cause your claims to be returned and not processed.

**GO – What You Need to Do**
Make sure that your billing staffs are aware of the CPT code changes.

**Background**

CR 5327, from which this article was taken, announces the assignment of new CPT codes for screening and diagnostic mammography services.

As part of the annual HCPCS update, CMS has assigned new 2007 CPT mammography codes for screening and diagnostic mammography services. Effective January 1, 2007, these codes (77051, 77052, 77055, 77056, and 77057) will replace the current CPT codes; however the CPT code descriptors for the services are unchanged.

The following table displays the new (and old) replacement codes and their description.

<table>
<thead>
<tr>
<th>2007 Screening and Diagnostic Mammography CPT codes</th>
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<tbody>
<tr>
<td><strong>New Code</strong></td>
</tr>
<tr>
<td>77051</td>
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<td>77052</td>
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<td>77055</td>
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<td>77056</td>
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<td>77057</td>
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Be advised that your carriers and FIs will return claims (with dates of service on or after January 1, 2007) that contain the old screening and diagnostic mammography codes. And also effective January 1, 2007, frequency standards for screening mammography will be applied to the new screening codes (77052 and 77057).

Additional Information


There, as an attachment to that CR, you will find revised Chapter 18 (Preventive and Screening Services), Section 20 (Mammography Services) of the Medicare Claims Processing Manual (100-04),

If you have any questions, please contact your carrier, FI, or A/B MAC 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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