



## Aetna Better Health® of Louisiana

### Diagnostic Mammograms

<u>Original Issue Date</u>	<u>Next Annual Review</u>	<u>Effective Date</u>
<u>Policy Name</u>		<u>Policy Number</u>
<u>Diagnostic Mammograms</u>		<u>ABHLA-RP-0006</u>
<u>Policy Type</u>		
<u>Medical</u>	<u>Administrative</u>	<u>Pharmacy</u>
		<u>Reimbursement</u>

Aetna Better Health of Louisiana reimbursement policies are intended to provide a general reference for claims filing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims logic, benefits design and other factors not listed in this policy statement are considered in the development of reimbursement policies.

In addition to this Policy, reimbursement of rendered services are subject to member benefits, eligibility on the date of service, medical necessity, other plan policies and procedures, claim editing logic, provider contracts and all applicable authorization, notification and utilization management guidelines set forth by the Louisiana Department of Health (LDH) and Centers for Medicare and Medicaid Services (CMS).

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### A. Overview

A diagnostic mammography is a radiologic procedure furnished to a man or woman with signs and symptoms of breast disease, or a personal history of breast cancer, or a personal history of biopsy proven benign breast disease and includes a physician's interpretation of the results of the procedure.

### B. Policy

This policy is to provide a guide for medical coding and editing guidelines for diagnostic mammograms based on Centers for Medicare and Medicaid Services (CMS) Claims Processing Manual.

According to CMS Claims Processing Manual, diagnostic mammograms are covered if billed with appropriate diagnosis.

A radiological mammogram is a covered diagnostic test under the following conditions:

- A patient has distinct signs and symptoms for which a mammogram is indicated
- A patient has a history of breast cancer
- A patient is asymptomatic but, based on the patient's history and other factors the physician considers significant, the physician's judgment is that a mammogram is appropriate.

### C. Definitions

<u>Term</u>	<u>Definition</u>
<u>Aetna Better Health of Louisiana (ABHLA)</u>	<u>A subsidiary of CVS Health Corporation, Medicaid subsidiary that provides plan management and other administrative services for the Louisiana Medicaid program.</u>
<u>Current Procedural Terminology (CPT)</u>	<u>A medical code set maintained by the American Medical Association through the CPT Editorial Panel. The CPT code set (copyright protected by the AMA) describes medical, surgical, and diagnostic services and is designed to communicate uniform information about medical services and procedures among physicians, coders, patients, accreditation organizations, and payers for administrative, financial, and analytical purposes.</u>
<u>Centers for Medicare and Medicaid Services (CMS)</u>	<u>Federal agency that provides health coverage through Medicare, Medicaid, the Children's Health Insurance Program, and the Health Insurance Marketplace. CMS works in partnership with the entire health care community to improve quality, equity, and outcomes in the health care system.</u>
<u>Healthcare Common Procedure Coding System (HCPCS)</u>	<u>Level II of the HCPCS is a standardized coding system that is used primarily to identify products, supplies, and services not included in the CPT codes, such as Ambulance Services, Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) when used outside a physician's office. Because Medicare and other insurers cover a variety of services, supplies, and equipment that are not identified by CPT codes, the level II HCPCS codes were established for submitting claims for these items.</u>
<u>International Statistical Classification of Diseases (ICD-10)</u>	<u>The 10th revision of the (ICD), a medical classification list by the World Health Organization (WHO). It contains codes for diseases, signs and symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or diseases.</u>



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<b><u>Medicaid</u></b>	<b><u>Medicaid provides health coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities. Medicaid is administered by states, according to federal requirements. The program is funded jointly by states and the federal government.</u></b>
<b><u>Medicare</u></b>	<b><u>Medicare is a health insurance program for: people age sixty-five (65) or older, people under aged sixty-five (65) with certain disabilities, and people of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).</u></b>

  

<b><u>CPT/HCPC Codes</u></b>	<b><u>Description</u></b>
<b><u>77065</u></b>	<b><u>Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral.</u></b>
<b><u>77066</u></b>	<b><u>Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral.</u></b>
<b><u>G0279</u></b>	<b><u>Diagnostic digital breast tomosynthesis, unilateral or bilateral (List separately in addition to code for primary procedure).</u></b>

### D. Reimbursement Guidelines

**In accordance with correct coding, ABH LA will only reimburse for diagnostic mammograms (CPT Codes 77065, 77066 & HCPCS Code: G0279) that are billed with appropriate diagnoses codes.**

**Refer to Supporting ICD-10 codes for 77065, 77066 & HCPCS Code: G0279 Excel**

**Examples of covered diagnoses:**

- Bariatric surgery status (Z98.84)**
- ESRD (N18.3-N18.6)**
- Hypercalcemia (E83.5-E83.59)**
- Hypervitaminosis D (E67.3)**
- Long term [current] use of insulin; steroids; other medications (Z79.3-Z79.4, Z79.5-Z79.52, Z79.8-Z79.899)**
- Other psoriasis (L40-L40.9)**
- Protein-calorie malnutrition (E43)**
- Vitamin D deficiency (E55-E55.9, E64.3, M83-M83.9)**

**Supporting ICD-10 codes for 77065, 77066 & HCPCS Code: G0279 Excel**



Supporting ICD-10  
codes for 77065, 77066 & HCPCS Code: G0279 Excel

### E. Review/Revision Date



## Aetna Better Health® of Louisiana

<u>Action</u>	<u>Date</u>	<u>Comments</u>
<u>Date Issued</u>		<u>Date issued contingent upon LDH approval</u>
<u>Date Revised</u>		
<u>Effective Date</u>		<u>Effective date contingent upon LDH approval</u>

### **F. Resources**

Louisiana Department of Health State Contract, regulations, Provider Manual, fee schedules and notices

<http://www.lamedicaid.com/provweb1/Providermanuals/manuals/PS/PS.pdf>

Individual state Medicaid regulations, manuals & fee schedules

[http://www.lamedicaid.com/provweb1/fee\\_schedules/feeschedulesindex.htm](http://www.lamedicaid.com/provweb1/fee_schedules/feeschedulesindex.htm)

American Medical Association, Current Procedural Terminology ( CPT® ) Professional Edition and associated publications and services

<https://www.ama-assn.org/>

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services <https://www.cms.gov/>

- CMS IOM 100-04-Claims Processing Manual: IOM 100-04, Chapter 18, Section 20.2
- CMS IOM 100-03-NCD Manual: Chapter 1, Part 4, Section 220.4