Neighborhood Health Plan of Rhode Island

Billing and Reimbursement Guideline:	**Mammography Screening**

Guideline Publication Date:	**September 1, 2010**

Key coding, documentation and reimbursement points include:

- Billable primary diagnosis codes are V76.11 "Special screening for malignant neoplasm, screening mammogram for high-risk patients" and V76.12 "Special screening for malignant neoplasm, other screening mammogram."
- When submitting a claim for a screening mammography and a diagnostic mammography for the same patient on the same day, attach modifier GG to the diagnostic mammography.
- List procedure code 77051 (Computer aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of film radiographic images, diagnostic mammography) separately in addition to code for primary diagnostic procedure, 77055, 77056, G0204, G0206.
- List 77052 (Computer aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of film radiographic images, screening mammography) separately in addition to code for primary screening procedure, 77057 or G0202.
- To bill the technical component only, use modifier TC. To bill the professional component only, use modifier 26. When billing a global fee, no modifier is needed.
- If more than one modifier is necessary (i.e., for HPSA), place the mammography modifier in position 1 and the other modifier in position 2.
- This guideline applies to both CMS-1500 and UB-92 claim submissions.

Please refer to Neighborhood's provider website at http://www.nhpri.org for specific provisions by product line.

This guideline is not a guarantee of reimbursement. Plan coverage, eligibility and claim payment edit rules may apply.

Version History
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