



Provider Bulletin

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| Subject: | Diagnostic Tomosynthesis | | |
| Plan: | Coordinated Care Option 1 | Bulletin Date: | March 9, 2016 |
| Bulletin Number: | 16-001 | Effective Date: | Immediately |

This bulletin serves to inform participating providers of mandatory coding changes for reporting diagnostic tomosynthesis.

In accordance with CMS guidelines, the Health Care District will no longer accept procedure codes 77061 and 77062 for the reporting of diagnostic tomosynthesis.

Providers must report diagnostic tomosynthesis using the new HCPCS code:

- G0279 – Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to G0204 or G0206)

The G0279 is an add-on code that cannot be reported as a stand-alone service. Claims received with an invalid code will be denied accordingly.

If you have questions regarding the bulletin, please contact your Provider Representative at (561) 659-1002.

Please insert the bulletin into your Provider Handbook. The policies and procedures in this bulletin supersede any related policies and procedures within the handbook.