

Reimbursement 2015?



October 2013 CPT® Editorial Panel Meeting Summary of Panel Actions

| Tab | Name | Codes | Description of CPT Editorial Panel Action | Request for Reconsideration |
|-----|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| 24 | Aqueous Shunt Procedures | 66180 66185 66179X1 66184X1 67255 | Accepted (1) revision of 66180, 66185 (2) addition of codes 6618X1 , 6618X2 to report shunt services with and without grafts and (3) addition of instructions for reporting 67255 | |
| 25 | Liver MRI for Iron Detection - | 7418XX 7637XX | WITHDRAWN | |
| 26 | Breast Ultrasound | 76645 7664X1 7664X2 | Accepted addition of 7664X1, 7664X2 to report limited and complete breast ultrasound procedures and deletion of 76645 | |
| 27 | Breast Tomosynthesis | 7705XX1, 7705XX2 | WITHDRAWN | |
| 28 | Radiation Treatment Delivery | 7741X1, 7741X2, 7742X3, 76950, 77403, 77404, 77406, 77408, 77409, 77411, 77413, 77414, 77416, 77418, 77421, 0073T, 0197T, 77402, 77407, 77412 | Accepted (1) revision of codes and guidelines , including codes 77402, 77407, 77412; (2) addition of codes 7741X1, 7741X2, 7742X3, to report radiation treatment delivery services; and (3) deletion of codes 76950, 77403, 77404, 77406, 77408, 77409, 77411, 77413, 77414, 77416, 77418, 77421, 0073T, 0197T | |

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Reimbursement Method Using CPT 76999

Some sites are getting pre-authorization first and receiving reimbursement.

- “ For AWBUS exams they use the CPT code 76999 along with ICD9 code 793.89, and if the patient has a family history of breast cancer she includes V16. *“Use of a dedicated automated technology allowing recording of the ultrasound examination and remote evaluation of images in both the acquired and post processed formats.”*
- “ Charging the private insurance companies \$850 for the AWBUS exam and receiving reimbursement minus their already negotiated contract. Collecting around \$600

793.82 Inconclusive mammography due to dense breast tissue

610.0-611.9- Disorders of the breast

V10.3 Personal history of breast cancer

V16.3 Family history of breast cancer

V76.10 Breast Screening Unspecified

V76.10 Other screening breast examination

I am not saying this will work for your hospital! Check with your billing department, ask them to test it with your payers.

Illinois Public Act 95-1045

Mammograms

Illinois Law

Mammograms . All individual and group health insurance and HMO policies must cover **routine mammograms** for all women age 35 and older. A routine mammogram is an x-ray or digital examination of the breast for the presence of breast cancer, even if no symptoms are present. The insurance company or HMO must provide for routine mammograms according to the following schedule:

~Women age 35 to 39 . one baseline mammogram;

~Women age 40 or older . one mammogram annually.

For women under age 40 who have a family history of breast cancer or other risk factors, coverage must include a mammogram at the age and intervals considered medically necessary by the woman's health care provider.

If a routine mammogram reveals heterogeneous or dense breast tissue, coverage must provide for a comprehensive ultrasound screening of an entire breast or breasts, when determined to be medically necessary by a physician. [215 ILCS 5/356g and 215 ILCS 125/4-6.1]

Cost to Consumer (Public Act 95-1045)

Beginning March 27, 2009, the required coverage for mammograms and ultrasound screenings as described above must be provided **at no cost to the insured** (i.e., co-pays or deductibles may not be applied). The cost of the mammogram or screening must not count against any annual or lifetime benefit limits contained in the insurance policy or HMO contract.

NOTE: If the mammogram or screening is provided by an out-of-network provider, the cost-sharing prohibition does not apply. However, the insurance company or HMO must provide coverage that is at least as favorable as out-of-network coverage for other radiological examinations.

215 ILCS 5/356g(a-5) . Insurers

215 ILCS 125/4-6.1 . HMOs

215165/10 - Voluntary Health Services Plans Act

55 ILCS 5/5-1069(d) . Counties Code

65ILCS 5/10-4-2(d) . Illinois Municipal Code

5 ILCS 375/6.11 State Employees Group Insurance Act

105 ILCS 5/10-22.3f . School Code

305 ILCS 5/5-5 Illinois Public Aid Code

