



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.hhs.gov/MLNMattersArticles/downloads/SE0667.pdf>

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

New 2007 Current Procedural Terminology (CPT) Mammography Codes

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 mammography services. Effective January 1, 2007, these codes ((77051, 77052,

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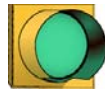
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77055, 77056, and 77057) will replace the current CPT codes; however the CPT code descriptors for the services are unchanged.



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.

2007 Screening and Diagnostic Mammography CPT codes		
New Code	Old Code	Description
77051	76082	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. (list separately in addition to code for primary procedure)
77052	76083	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. (list separately in addition to code for primary procedure)
77055	76090	Diagnostic mammography, unilateral
77056	76091	Diagnostic mammography, bilateral
77057	76092	Screening mammography, bilateral (two view film study of each breast)

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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

You can find more information about the new 2007 mammography CPT codes by going to CR5327, located at <http://www.cms.hhs.gov/Transmittals/downloads/R1070CP.pdf> on the CMS website.

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.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip>

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