

Connecticut Department of Social Services Medical Assistance Program

www.ctdssmap.com

Provider Bulletin 2015-25 April 2015

TO: General Acute Care Hospitals & Border Hospitals

RE: Digital Breast Tomosynthesis

The purpose of this bulletin is to clarify policy transmittal PB 2015-11 Digital Breast Tomosynthesis - CPT codes 77061-77063, which notified Physicians, Physician Assistants and Advanced Practice Registered Nurses that the Department is removing CPT codes 77061 (Digital breast tomosynthesis; 77062 (Digital unilateral), breast tomosynthesis; bilateral) and 77063 digital (Screening breast tomosynthesis, bilateral) from the Physician Radiology Fee Schedule. The Department inadvertently failed to copy hospital providers on PB 2015-11, and it is the Department's intent with this notice to inform hospitals that effective May 11, 2015 and forward, the above CPT codes are no longer a reimbursable service.

The Department is making this change because digital breast tomosynthesis has not been conclusively shown to improve clinical outcomes in breast cancer screening and diagnosis. In addition, the Department is making this change based on available clinical information that considers digital breast tomosynthesis to be an adjunct service that is investigational and lacking in clinical standards for routine use during screening or diagnostic mammography.

Paid claims that are submitted with revenue center code(s) 32X and 401 in conjunction with CPT 77061, 77062 and 77063 on or after May 11, 2015 will be recouped during post payment review. The Department will continue to reimburse enrolled providers for

other approved screening and diagnostic mammography services covered under the applicable Revenue Center Code/CPT or HCPCS combination. This policy change applies to services reimbursed under HUSKY Health (HUSKY A, B, C and D) for dates of service May 11, 2015 and forward.

If you have any questions or concerns, please contact the HP Provider Assistance Center at 1-800-842-8440.