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Insurance Bulletin #200

Coding for Screening Mammograms and Ultrasounds

June 20, 2018

This bulletin will replace Insurance Bulletin #195.

Pursuant to 8 V.S.A. § 4100a, the Department of Financial Regulation is issuing this bulletin to provide clarification to health insurers regarding the coding structure for screening mammograms and ultrasounds.

The attached document, titled Payer Provider Partnership Understanding of Preventive Coding for Screening Mammography, reflects the work of a broad stakeholder group that included representatives of health insurance carriers, affected providers, the Office of the Health Care Advocate, the Department of Financial Regulation, the Vermont Association of Hospitals and Health Systems, and the Vermont Cancer Society. This stakeholder group met several times in 2017 and 2018 to develop a common understanding and agreed-upon methodology for addressing coding for screening mammograms. It also addressed ultrasounds without a cost-share for patients with an inconclusive mammogram, dense breasts, or both.

As stated in the attached Payer Provider Partnership Understanding of Preventive Coding for Screening Mammography, insurers shall process screening mammography at no cost to the member when the CPT and ICD10-CM codes noted therein are utilized. In addition, for additional views or “call-backs” if the initial screening mammography resulted in a BI-RADS 0 exam, such additional reviews or “call-backs” shall be at no cost to the member when the attached CPT and ICD10 – CM codes are utilized. The above codes are current as of 12/2017. The AMA publishes updates to codes on a quarterly basis and these may change as a result in the future as codes change, are retired or replaced.



Michael S. Pieciak, Commissioner
Department of Financial Regulation

