

# Evolution and Clarification of Computer-Aided Detection (CAD) Coding

*Coding for CAD in conjunction with mammography has changed again in 2004. This month's feature article describes how coding for computer-aided detection (CAD), which is used in conjunction with mammography, has evolved and where we are today.*

Computer-aided detection, computer analysis of a digital image (either of film that has been converted to a digital image or an image obtained using full-field digital mammography), uses image analysis algorithms and subsequent visual display to mark areas of interest for further review by the radiologist after initial evaluation of the mammogram. The radiologist reviews these areas of interest, either dismissing the area noted by CAD as inconsequential (e.g. a benign calcification) or modifying the initial analysis in the final written report (e.g. for additional microcalcifications). Today, CAD can be used in conjunction with both screening and diagnostic mammography studies obtained digitally or converted from film to digital images.

## Background

In April 2001 Medicare began to cover, and provide additional payment for, the use of digital technology used for screening and diagnostic mammography studies. Payment for these procedures was mandated by the Benefits Improvement and Protection Act (BIPA) of 2000. In order to comply with BIPA,

the Health Care Financing Administration (now known as the Centers for Medicare & Medicaid Services) created HCPCS codes G0202-G0207 to accommodate payment of screening and diagnostic mammography procedures that converted films to digital images or images obtained using full-field digital mammography (FFDM).

The creation of HCPCS codes G0202-G0207 was followed by the creation of CAD code +76085 (*Digitization of film, radiographic images with computer analysis for lesion detection and further physician review for interpretation; screening mammography*) in 2002 to describe computer-aided detection of lesions and the additional analysis performed by the radiologist. This new code also included the conversion of film to digital images for *screening* mammography. As an add-on code, it was reported in addition to the primary screening mammography CPT® code 76092 when these services were provided. With the addition to CPT® of +76985, which now described both the digitization of film and CAD, the temporary HCPCS code G0203, which described the film-to-digital conversion for screening mammography, was no longer necessary and was deleted as of January 1, 2002.

In addition to +76085 for screening mammography, CMS created a new HCPCS code to describe CAD in conjunction with diagnostic mammography. Code +G0236 was developed to describe the computer-aided detection of lesions and additional interpretation by the radiologist, as well as the conversion of film to digital images for diagnostic mammography, as CAD had not yet been FDA-approved for diagnostic use. Consequently, beginning January 1, 2002, HCPCS add-on code +G0236 was used in conjunction with *diagnostic* mammography codes 76090 and 76091. With the creation of HCPCS code +G0236, codes G0205 (*Diagnostic Mammography, Bilateral, Film-to-Digital*) and G0207 (*Unilateral, Film-to-Digital*) were no longer necessary and were deleted..

In 2003, based on passage of FDA approval for diagnostic mammography, the film digitization and CAD add-on code +76085 was revised, and the word "screening" was dropped from the descriptor. In January 2003 it therefore became appropriate to use +76085 to describe digitization and CAD when used in conjunction with either *screening or diagnostic film-to-digital* mammography, i.e., +76085 could be used with the diagnostic codes 76090, 76091, as well as with the screening code 76092.

Note that in the above instances CAD codes were used only when CAD was performed with films that were converted to digital images. It was not until April 2003 that Medicare began to cover CAD in conjunction with directly acquired FFDM **NOTE: links to these transmittals are within the Mammography Packet area on the web site: (MCM Transmittal #1775 and MIM Transmittal #1864)**. As of April 1, 2003, it was appropriate to use code +G0236 to describe CAD performed in conjunction with diagnostic mammography codes 76091 (*bilateral*), 76090 (*unilateral*), G0204 (*bilateral diagnostic direct digital imaging*) and G0206 (*unilateral diagnostic direct digital imaging*). The descriptor for CAD code +G0236 was changed in 2003 to include the phrase "or computer analysis of *digital* mammogram for lesion detection," making it appropriate for use with the full-field digital mammography (FFDM) codes.

Because Medicare was required to pay for screening and diagnostic mammography studies performed at "facility-based" sites from different payment systems (i.e., Medicare Physician Fee Schedule vs. Hospital Outpatient Prospective Payment System), a payment policy revision for codes +76085 and +G0236 was necessary. As a result, effective April 1, 2003, Medicare permitted the use of +76085 in conjunction with both film-to-digital (76092) and FFDM (G0202) screening studies; and the use of +G0236 in conjunction with film-to-digital (76090, 76091) and FFDM (G0204, G0206) diagnostic mammography studies.

In order to amend CPT® to be consistent with this Medicare claims processing policy for screening and diagnostic CAD studies, two new add-on codes were created in 2004 to replace the add-on code +76085 (*Digitization of film radiographic images with computer analysis for lesion detection and further physician review and interpretation, mammography*). In addition, the requirement for film digitization was dropped. In 2004, CAD, with or without digitization, used in conjunction with screening mammography is coded using +76083 in addition to 76092 or G0202; and CAD, with or without digitization, used in conjunction with diagnostic mammography is coded using +76082 in addition to 76090, 76091, G0204, or G0206. These newly created add-on codes are to be reported in addition to the primary mammography codes for film mammography and for FFDM. Note also that, as of January 1, 2004, HCPCS add-on code +G0236 (*digital film conversion or direct digital mammography with CAD*) has been deleted and replaced by CPT® add-on code +76082 for diagnostic mammography studies.

The HCPCS codes (G0202, G0204, G0206) for FFDM established in 2001 are still valid as of this date. The CPT Editorial Panel agreed that it could consider development of CPT® Category I codes at the completion of the full-field digital technology trial study being coordinated by ACRIN in conjunction with the National Cancer Institute (NCI) if such a code change request is submitted. It is anticipated that the results will be reported in early 2005.

Note that it is not necessary to obtain an order for the CAD portion of the mammography procedure. As stated in the **NOTE: links to these transmittals are within the Mammography Packet area on the web site: Medicare Carrier's Manual, Transmittal #1725**, Section 15022 (E)(1) Test Design: Unless specified in the order, the radiologist may determine, without notifying the treating physician/practitioner, the parameters of the diagnostic test (i.e., number of radiographic views obtained, thickness of tomographic sections acquired, use or non-use of contrast media).

for a summary of Medicare payments for all mammography codes for the period 1999 through 2004. [See the link within the mammography packet area on the web site. This file is in Excel format.](#)

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