

NYS MEDICAID REIMBURSEMENT OF DIGITAL MAMMOGRAPHY

Effective for dates of service on or after July 1, 2008 the following codes will be reimbursed:

G0202	Screening mammography, producing direct digital image, bilateral, all views	\$97.00
G0204	Diagnostic mammography, producing direct digital image, bilateral, all views	\$90.00
G0206	Diagnostic mammography, producing direct digital image, unilateral, all views	\$90.00
77051	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	\$7.00
77052	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	\$7.00

Please see the ***NYS Medicaid Coverage Policy for Digital Mammography*** article in the July Medicaid Update for the policy guidelines and billing instructions. These fees are temporary and may change in January 2009.

For questions contact the Division of Financial Planning and Policy at (518) 473-2160.