IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy. This information is intended to serve only as a general resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee’s benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

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Summary

Overview

While transillumination light scanning, or diaphanography, for use in detection of cancer and other diseases of the breast, appears safe, the usefulness of this instrumentation, when compared to existing modes of cancer and other breast disease detection, has not clearly been established.

Reimbursement Guidelines

Further study of this technology is needed to determine its role in breast cancer diagnosis. Program payment may not be made for this procedure at this time.

CPT/HCPCS Codes

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<th>Description</th>
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<td>99199</td>
<td>Unlisted special service, procedure or report</td>
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References Included (but not limited to):

CMS NCD
NCD 30.9 Transillumination Light Scanning, or Diaphanography

CMS Claims Processing Manual
Chapter 12; § 30.6 Evaluation and Management Service Codes

UnitedHealthcare Medicare Advantage Coverage Summaries
Radiologic Diagnostic Procedures

History

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