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BALTIMORE MD 21244-1850

AUG 11 1999

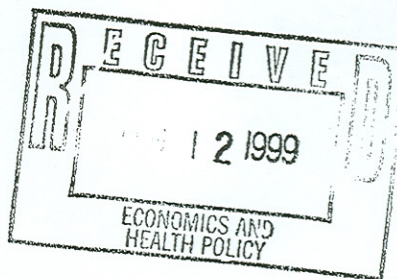
Ann W. Rosser, Senior Director
Department of Economics and Health Policy
American College of Radiology
1891 Preston White Drive
Reston, VA 20191-4397

Dear Ms Rosser:

I am responding to your letter of June 7, 1999, regarding the provisions of 42 CFR 410.32(a). That section requires that diagnostic tests be ordered by a physician (or nonphysician practitioner) who furnishes a consultation or is treating the Medicare beneficiary for a specific medical problem in order for such tests to be considered reasonable and necessary and, therefore, covered. Under an exception to the general policy in (a)(2), a physician meeting certain qualification requirements of the Public Health Service Act may order a diagnostic mammogram based on the results of a screening mammogram even though that physician does not treat the beneficiary. Your letter requests clarification that other procedures listed in the ACR Standard for Diagnostic Mammography should be considered in the same exception to the general policy. The standard states on page 43:

Additional separate studies or procedures such as ultrasonography, ductography, fine-needle aspiration, core needle biopsy, MRI, and others may be indicated to complete the diagnostic assessment.

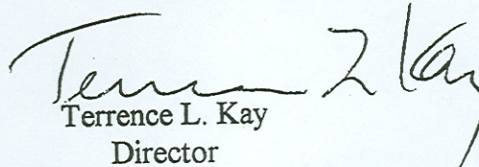
We proposed and adopted the mammography exception to this rule because Congress made the FDA, rather than HCFA, responsible for the conditions under which mammograms are covered. In addition, under the screening mammography benefit, there is no requirement for a physician's order. Thus, there could be situations in which the beneficiary received the screening mammogram on a walk-in basis, and there was no treating physician to order the subsequent, diagnostic procedure. The same rationale does not apply to additional testing that includes ultrasound and the other procedures listed. However, we are aware many physicians believe that an expansion of the exception to include ultrasound, specifically, would promote good medical practice.



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In order to bring about the interpretation of the exception requested in your letter, the regulation in question would have to be modified through the rulemaking process in order to include these additional tests. We will consider this matter in our deliberations regarding issues to address in the physician fee schedule proposed rule for 2001.

Sincerely,

A handwritten signature in black ink, appearing to read "Terrence L. Kay". The signature is fluid and cursive, with the first name "Terrence" written in a larger, more prominent script than the last name "Kay".

Terrence L. Kay

Director

Division of Practitioner and Ambulatory Care
Plan and Provider Purchasing Policy Group
Center for Health Plans and Providers