RESOURCE AND PATIENT MANAGEMENT SYSTEM

Clinical Reporting System (CRS)
For FY 2007 Clinical Measures
(BGP)

Administrator Manual Addendum

Version 7.0 Patch 1
April 2007

Office of Information Technology (OIT)
Division of Information Resource Management
Albuquerque, New Mexico
TABLE OF CONTENTS

1.0 INTRODUCTION ................................................................. 1

2.0 PATCH 1 .................................................................................. 2
  2.1 Change 1 ........................................................................... 2
  2.2 Change 2 ........................................................................... 2

3.0 CONTACT INFORMATION ........................................................ 4
1.0 Introduction

Please review these changes and add a copy of them to any printed documentation your site may be using for the Clinical Reporting System version 7.0. These changes will be integrated into future versions of the software and user manuals and will no longer be considered an addendum at the time of the next release.

Patch 1 of the Clinical Reporting System version 7.0 contains the following changes applicable to this manual:

- Added additional CPT codes for mammography screening in the Cancer Screening: Mammogram Rates topic and identified several codes as old codes.
- Added new ADA code for topical fluoride in the Topical Fluoride topic and identified two existing codes as old codes.
2.0 Patch 1

Patch 1 of the Clinical Reporting System version 7.0 contains the following changes:

- Added additional codes for mammography screening in the Cancer Screening: Mammogram Rates topic.
- Added new ADA code for topical fluoride in the Topical Fluoride topic and identified two existing codes as old codes.

2.1 Change 1

For Cancer Screening: Mammogram Rates, CPT codes 76090-76091 have been noted as old codes in the CRS logic because these codes were inactivated effective January 1, 2007 and replaced by new codes. The new codes that replaced them are 77055 Diagnostic mammogram, unilateral; 77056 Diagnostic mammogram, bilateral; and 77057 Screening mammogram, bilateral. These codes have been added to the CRS logic. In addition, codes for magnetic resonance imaging (MRI) have been added to the CRS logic. The codes added are 77058 Magnetic resonance imaging, breast, without and/or with contrast material(s), unilateral and 77059, Magnetic resonance imaging, breast, without and/or with contrast material(s), bilateral.

The table below provides the updated CRS logic for mammogram.

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>ICD and Other Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>V Rad or VCPT: 77055-77059, 76090–76092 (old codes), G0206, G0204, G0202</td>
<td>POV: V76.11, V76.12</td>
</tr>
<tr>
<td>V Procedure: 87.36-87.37</td>
<td></td>
</tr>
<tr>
<td>Women’s Health: Screening Mammogram, Mammogram Dx Bilat, Mammogram Dx Unilat</td>
<td></td>
</tr>
</tbody>
</table>

2.2 Change 2

For Topical Fluoride, ADA codes 1201 and 1205 have been noted as old codes and new code ADA 1206 has been added to the CRS logic. These changes were made to comply with changes effective January 1, 2007 in the Current Dental Terminology (CDT) 2007/2008 coding book in which the CDT separated prophylaxis and application of fluoride and distinguished between topical fluoride and varnish. As a result, providers should cease using codes 1201 and to 1205 for topical fluoride application and use code 1203 (Topical application of fluoride [prophylaxis not included]; child) or 1204 (Topical application of fluoride [prophylaxis not included]; adult) for topical applications other than fluoride varnish. Code 1206 (Topical application of fluoride [prophylaxis not included]; adult) has been added to the CRS logic.
fluoride varnish; therapeutic application for moderate to high caries risk patients) should be indicated for the varnish.

The Logic Description below provides the updated CRS logic for Topical Fluoride.

**Logic Description**
Topical fluoride application defined as: 1) V Dental ADA codes 1201 (old code), 1203, 1204, 1205 (old code), or 1206; 2) V POV V07.31; or 3) Refusal of ADA code 1201 (old code), 1203, 1204, or 1205 (old code), or 1206. A maximum of one application per patient per visit is allowed. A maximum of four topical fluoride applications are allowed per patient per year for the applications measure. Refusals are only counted if a patient did not have a topical fluoride application during the Report Period. If a patient had both an application and a refusal, only the application will be counted.
3.0 Contact Information

If you have any questions or comments regarding this distribution, please contact the OIT Help Desk by:

Phone: (505) 248-4371 or (888) 830-7280
Fax: (505) 248-4363
Web: http://www.ihs.gov/GeneralWeb/HelpCenter/Helpdesk/index.cfm
Email: ITSCHelp@ihs.gov