In 2017, AMA and other specialty societies worked together to revamp the codes for mammography. Old mammogram codes 77055-77057 were deleted along with codes 77051 and 77052 for computer-aided detection (CAD). New codes were created to encompass both film and digital mammography and to include CAD when performed. These new codes are 77065 (diagnostic unilateral), 77066 (diagnostic bilateral), and 77067 (screening bilateral). CMS initially planned to delete the current G-codes for digital mammography (G0202-G0206), and accept the new mammogram CPT codes. However, when the Medicare Final Rule for the Physician Fee Schedule was published, CMS indicated that due to "several reasons related to claims processing systems" Medicare would not be able to accept the new CPT codes for 2017. Instead, CMS changed G-code descriptions to match the new CPT codes. For 2018, Medicare has finally retired the G-codes and adopted the CPT codes 77065-77067.

Mammography

CPT CODES

77065 Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral

77066 Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral

77067 Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed

Diagnostic mammography (codes 77065, 77066) involves obtaining exposures of the breast to provide specific analytical information that will be used to diagnose a suspected disease or follow known disease. This procedure requires significant attention to detail and may include routine as well as additional views. Any and all views are included when performed. Diagnostic mammography includes a breast exam when performed.

Screening mammography (77067) is usually limited to two views per breast: craniocaudal and mediolateral oblique views. It is performed to detect unsuspected cancer in an early stage in asymptomatic women and is inherently bilateral. Occasionally, supplementary views (such as Cleopatra and axillary) may be necessary to adequately visualize the breast tissue. These views while not routine, are included as part of the screening exam when necessary.

The decision to order a screening or diagnostic mammogram should be made by the patient and her treating physician based on her medical history. If a patient has had breast cancer but treatment has been completed, the treating physician may determine that a screening mammogram is sufficient, or the physician may continue to order diagnostic mammography.

If findings in a screening mammogram require additional diagnostic views, both screening and diagnostic exams may be reported. The screening mammogram would be billed with modifier 59, and the diagnostic exam with modifier GG.

It is not appropriate to perform and bill for a screening mammogram of one breast and a diagnostic mammogram of the other at the same session. If a patient has medical necessity for a diagnostic mammogram, then she does not qualify for a screening mammogram also. Check with the patient's referring physician to determine if a bilateral diagnostic should be performed or only the unilateral diagnostic exam.

Computer-aided detection (CAD) is included in the mammogram code when performed. It is not necessary to add modifier 52 if CAD is not performed. However, if performed it should be documented within the report.

Billing Tips

- Each of these codes may be used for either film or digital 2D mammography.
- Do not report a post-procedure mammography code (i.e., 77065-77067) in conjunction with CPT codes 19281 and 19282.
- When documenting mammography, the interpreting physician should indicate whether the exam was diagnostic or screening.
- Do not report a separate E & M service for a breast exam performed prior to a mammogram.
- Assign modifier 26 to the appropriate code if interpretation only is being performed (such as for exams at a hospital).
- Patients with a history of mastectomy of one breast may have a screening exam of the other breast once treatment has been completed. If a unilateral screening mammogram is performed, assign modifier 52 to 77067.
- Section 4104 of the Patient Protection and Affordable Health Care Act (ACA) waives the deductible and coinsurance/copayment for screening mammography services.
- Screening mammography does not require a physician's order.

Digital Breast Tomosynthesis

CODES 77061, 77062, +77063 AND +G0279

77061	Digital breast tomosynthesis; unilateral
77062	Digital breast tomosynthesis; bilateral
+77063	Screening digital breast tomosynthesis, bilateral (list separately in addition to code for primary procedure)
+G0279	Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to 77065 or 77066)

CPT codes 77061, 77062 and +77063 and HCPCS Level II code +G0279 were added in 2015 for reporting digital breast tomosynthesis (DBT) services. DBT is a 3D tomographic technique performed using multiple low-dose X-ray exposures and producing images that can be reconstructed on a computer workstation to aid in interpreting screening and diagnostic mammograms. While conventional screening mammography typically generates four views, DBT may generate as many as 200, making it more sensitive and specific for breast-cancer screening.

As created, CPT codes 77061 and 77062 may be reported as stand-alone diagnostic breast tomosynthesis, or in conjunction with standard 2D mammography (codes 77065, 77066). However, CPT code 77063 for screening digital breast tomosynthesis is an add-on code that must be billed with a 2D mammogram.

While three new CPT codes were created in 2015, the Centers for Medicare and Medicaid Services (CMS) has only adopted code 77063 for use in conjunction with the screening mammography code 77067, based upon the U.S. Food and Drug Administration (FDA) requirement that a 2D mammogram accompany DBT when used for screening purposes. CMS has created diagnostic digital breast tomosynthesis add-on code G0279 for use with diagnostic mammography codes 77065 or 77066 (as of January 1, 2018) for either unilateral or diagnostic mammography with DBT. Thus, there currently isn't a way under Medicare to report diagnostic DBT performed without mammography.

Billing Tips

- Refer to the following matrix for Medicare reporting purposes, effective January 1, 2018:

	Mammogram	Mammogram with Tomosynthesis	Revenue Code
Screening Mammogram	77067	77067 + 77063	0403
Unilateral Diagnostic Mammogram	77065	77065 + G0279	0401
Bilateral Diagnostic Mammogram	77066	77066 + G0279	0401