

Mammograms (NCD 220.4)

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[Terms and Conditions](#)

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Related Medicare Advantage Coverage Summaries

- [Preventive Health Services and Procedures](#)
- [Radiologic Diagnostic Procedures](#)

Policy Summary

[See Purpose](#)

Overview

A screening mammography is a radiologic procedure furnished to a woman without signs or symptoms of breast disease, for the purpose of early detection of breast cancer, and includes a physician’s interpretation of the results of the procedure. A screening mammography has limitations as it must be, at a minimum a two-view exposure (cranio-caudal and a medial lateral oblique view) of each breast.

A diagnostic mammography is a radiologic procedure furnished to a man or woman with signs and symptoms of breast disease, or a personal history of breast cancer, or a personal history of biopsy - proven benign breast disease, and includes a physician's interpretation of the results of the procedure.

Guidelines

Payment may not be made for a screening mammography performed on a woman under age 35. Payment may be made for only one screening mammography performed on a woman over age 34, but under age 40. For an asymptomatic woman over age 39, payment may be made for a screening mammography performed after at least 11 months have passed following the month in which the last screening mammography was performed.

A radiological mammogram is a covered diagnostic test under the following conditions:

- A patient has distinct signs and symptoms for which a mammogram is indicated;
- A patient has a history of breast cancer; or
- A patient is asymptomatic but, on the basis of the patient’s history and other factors the physician considers significant, the physician's judgment is that a mammogram is appropriate.

Use of mammograms in routine screening of: (1) asymptomatic women aged 50 and over, and (2) asymptomatic women aged 40 or over whose mothers or sisters has had the disease, is considered medically appropriate, but would not be covered for Medicare purposes.

A diagnostic mammography is a covered service if it is ordered by a doctor of medicine or osteopathy as defined in §1861(r) (1) of the Act.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
Screening Codes	
77063	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)
77067	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed
Diagnostic Codes	
77065	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral
77066	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral

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HCPCS Code	Description
Diagnostic Codes	
G0279	Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to 77065-77067)

Modifier	Description
26	Professional component
GG	Performance and payment of a screening mammogram and diagnostic mammogram on the same patient, same day
GH	Diagnostic mammogram converted from screening mammogram on same day
LT	Left side (used to identify procedures performed on the left side of the body)
RT	Right side (used to identify procedures perform on the right side of the body)
TC	Technical component

Questions and Answers

1	Q:	How should breast tomosynthesis (three-dimensional (3D) mammography) be reported?
	A:	Breast tomosynthesis should be reported using the applicable mammography code (77065-77067) along with the applicable add-on tomosynthesis code (77063 or G0279).

References

CMS National Coverage Determinations (NCDs)

[NCD 220.4 Mammograms](#)

CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
L33950 Breast Imaging Mammography/Breast Echography (Sonography)/Breast MRI/Ductography	A56448 Billing and Coding: Breast Imaging Mammography/Breast Echography (Sonography)/Breast MRI/Ductography	CGS	KY, OH	KY, OH
N/A	A57848 Billing and Coding: Tomosynthesis-Guided Breast Biopsy	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
N/A	A57849 Billing and Coding: Tomosynthesis-Guided Breast Biopsy	Noridian	AK, AZ, ID, MT, ND OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND OR, SD, UT, WA, WY

CMS Benefit Policy Manual

[Chapter 1: § 50 Other Diagnostic or Therapeutic Items or Services](#)

[Chapter 15: § 80 Requirements for Diagnostic X-Ray, Diagnostic Laboratory, and Other Diagnostic Tests](#)

CMS Claims Processing Manual

[Chapter 18: § 20 Mammography Services \(Screening and Diagnostic\)](#)

CMS Transmittal(s)

[Transmittal 3160, Change Request 8874, Dated 01/07/2015 \(Preventive and Screening Services - Update - Intensive Behavioral Therapy for Obesity, Screening Digital Tomosynthesis Mammography, and Anesthesia Associated with Screening Colonoscopy\)](#)

[Transmittal 10566, Change Request 12027, Dated 01/14/2021 \(International Classification of Diseases, 10th Revision \(ICD-10\) and Other Coding Revisions to National Coverage Determination \(NCDs\)–April 2021\)](#)

MLN Matters

[Article MM12027, \(International Classification of Diseases, 10th Revision \(ICD-10\) and Other Coding Revisions to National Coverage Determination \(NCDs\)–April 2021\)](#)

[Article MM8874 Revised, Preventive and Screening Services - Update - Intensive Behavioral Therapy for Obesity, Screening Digital Tomosynthesis Mammography, and Anesthesia Associated with Screening Colonoscopy](#)

[Article MM10181, Replacement of Mammography HCPCS Codes, Waiver of Coinsurance and Deductible for Preventive and Other Services, and Addition of Anesthesia and Prolonged Preventive Services](#)

UnitedHealthcare Commercial Policy

[Breast Imaging for Screening and Diagnosing Cancer](#)

Other(s)

[Preventive Services/Screening Mammography, Preventive Services Quick Reference Chart, CMS Website](#)

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	Template Update <ul style="list-style-type: none"> Reformatted policy; transferred content to new template

Date	Summary of Changes
03/10/2021	Supporting Information <ul style="list-style-type: none"> • Updated <i>References</i> section to reflect the most current information; no change to guidelines • Archived previous policy version MPG202.06

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines 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 or guarantee claims payment.

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*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).