GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

DESCRIPTION
Digital breast tomosynthesis was developed to improve the accuracy of mammography by capturing three-dimensional (3D) images of the breast, further clarifying areas of overlapping tissue. Developers proposed that its use would result in increased sensitivity and specificity, as well as fewer recalls due to inconclusive results. Digital breast tomosynthesis produces a 3D image by taking multiple low-dose images per view along an arc over the breast. During breast tomosynthesis, the compressed breast remains stationary while the x-ray tube moves approximately 1 degree for each image in a 15-50 degree arc, acquiring 11-49 images. These images are projected as cross-sectional “slices” of the breast, with each slice typically 1-mm thick. Adding breast tomosynthesis takes about 10 seconds per view. In one study in a research setting, the mean time to interpret the results was 1.22 (standard deviation [SD]=1.15) minutes for digital mammography and 2.39 (SD=1.65) for combined digital mammography and breast tomosynthesis.

POLICY

Screening digital breast tomosynthesis (77063) does not require prior authorization.
- CPT code 77063 must be billed in conjunction with the screening mammography CPT code 77067 and ICD-10 code Z12.31.

Diagnostic digital breast tomosynthesis (G0279) does not require prior authorization.
- HCPCS code G0279 must be billed in conjunction with a diagnostic mammography CPT code 77065 (unilateral) or 77066 (bilateral).

Procedure codes 77061 & 77062 are non-covered for all product lines.

HMO, PPO, Individual Marketplace, Elite, Advantage

Screening Digital Breast Tomosynthesis
Paramount considers yearly screening digital breast tomosynthesis (77063) as medically appropriate for women who have extremely dense or heterogeneously dense breast tissue and one or more of the following risk factors:
- Known BRCA1 or BRCA2 carrier
- Prior breast biopsy showing atypical ductal hyperplasia within the past 5 years, or showing atypical lobular hyperplasia or lobular carcinoma in situ.
- Personal history of breast cancer and/or ovarian cancer at age 50 or younger
- Family history of two -- first or second-degree relatives with breast and/or ovarian cancer
- Lymphoma diagnosed before age 40, treated with mantle radiation

Diagnostic Digital Breast Tomosynthesis
Diagnostic digital breast tomosynthesis (G0279) is covered.

Procedure codes 77061 & 77062 are non-covered.

Correct Codes to Bill for Mammograms:
- Elite product line requires HCPCS codes G0202, G0204 & G0206 for claims with dates of service before January 1, 2018
- Elite product line requires CPT codes 77065, 77066 & 77067 for claims with dates of service on or after January 1, 2018

CODING/BILLING INFORMATION
The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.
### CPT CODES

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>76499</td>
<td>Unlisted diagnostic radiographic procedure</td>
</tr>
<tr>
<td>77061</td>
<td>Digital breast tomosynthesis; unilateral</td>
</tr>
<tr>
<td>77062</td>
<td>Digital breast tomosynthesis; bilateral</td>
</tr>
<tr>
<td>77063</td>
<td>Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>77065</td>
<td>Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral</td>
</tr>
<tr>
<td>77066</td>
<td>Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral</td>
</tr>
<tr>
<td>77067</td>
<td>Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed</td>
</tr>
</tbody>
</table>

### HCPCS CODES

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0202</td>
<td>Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed (Deleted code effective 12/31/17)</td>
</tr>
<tr>
<td>G0204</td>
<td>Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral (Deleted code effective 12/31/17)</td>
</tr>
<tr>
<td>G0206</td>
<td>Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral (Deleted code effective 12/31/17)</td>
</tr>
<tr>
<td>G0279</td>
<td>Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to 77065-77067)</td>
</tr>
</tbody>
</table>

### ICD-10-CM CODES; EFFECTIVE 10/01/2015

- Z12.31 Encounter for screening mammogram for malignant neoplasm of breast

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**TAWG REVIEW DATES:** 08/22/2014

**REVISION HISTORY EXPLANATION**

08/22/14: Policy created to reflect most current clinical evidence per TAWG.


09/25/15: Procedures 77061 & 77062 are now non-covered for HMO, PPO, & Individual Marketplace per Fee Schedule Committee.

01/10/17: Effective 01/01/17 code G0279 is now covered for Advantage per ODM guidelines. Updated effective 01/01/17 revised codes G0202, G0204, G0206 that Elite should bill. Added effective 01/01/17 new codes 77065-77067 that HMO, PPO, Individual Marketplace, & Advantage should bill. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

09/11/17: HCPCS codes G0202, G0204 & G0206 are covered for Advantage. Advantage product line allows both CPT codes 77065, 77066 & 77067 or HCPCS codes G0202, G0204 & G0206 for Mammograms.

10/10/17: Removed ICD-9 codes. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

01/09/18: Effective 12/31/17 codes G0202, G0204, and G0206 are deleted. For claims with dates of service before 01/01/18, Elite should report HCPCS codes G0202, G0204, and G0206 per CMS guidelines. For claims with dates of service on or after 01/01/18, Elite should report CPT codes 77067, 77066, and 77065 per CMS guidelines. Revised code G0279 effective 01/01/18. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

**REFERENCES/RESOURCES**

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
 Ohio Department of Medicaid http://jfs.ohio.gov/
 Industry Standard Review
 Hayes, Inc.