

Frequently Asked Questions for Mammography Services

Q: For Medicare purposes, how should breast tomosynthesis (three-dimensional (3D) mammography) be reported?

A: Breast tomosynthesis should be reported using the applicable mammography code along with the applicable add-on tomosynthesis code.

Mammography is described using the following codes:

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| G0202 | Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed. |
| G0204 | Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral. |
| G0206 | Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral. |

Breast tomosynthesis is described using the following add-on codes:

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| 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 G0204 or G0206). |

When breast tomosynthesis is furnished, practitioners should report one of G0202, G0204, or G0206 and one of G0279 or 77063. For purposes of billing digital breast tomosynthesis, the appropriate, accompanying 2D image(s) may either be acquired or synthesized.

Q: Why is Medicare continuing to use G0202, G0204, and G0206 rather than the new CPT coding for 2017?

A: For reasons related to claims processing systems, CMS will be unable to properly process claims using CPT codes 77065, 77066, and 77067 for 2017. Therefore, for 2017, practitioners should report mammography services using G codes G0202, G0204, and G0206.