



PARAMOUNT

ADVANTAGE | ELITE | HMO  
INDIVIDUAL MARKETPLACE |  
PROMEDICA MEDICARE  
PLAN | PPO

## Breast Tomosynthesis (Digital)

Policy Number: PG0304  
Last Review: 09/01/2020

### 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.

### SCOPE

- Professional
- Facility

### 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.

The tomosynthesis portion of the mammography unit is considered a separate mammographic module, and for a facility to use this module, the facility must apply to the FDA for certification that extends to the tomosynthesis module.

### POLICY

#### **HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan, Advantage**

**Screening digital breast tomosynthesis (77063) does not require prior authorization.**

- Procedure 77063 is an add-on code, which can be reported with primary procedure 77076.

**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 covered digital breast tomosynthesis facility codes only. Procedure code G0279 is utilized to describe the Professional Component of the diagnostic digital breast tomosynthesis.**

### COVERAGE CRITERIA

#### **HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan, Advantage**

Paramount considers digital breast tomosynthesis imaging medically necessary as an adjunct technology for screening and diagnostic mammography.

### Screening Digital Breast Tomosynthesis

Paramount considers yearly screening digital breast tomosynthesis (77063) as medically appropriate for women who have one or more of the following risk factors, not all-inclusive:

- Dense breast tissue or areas of density that could obscure underlying lesions, especially in patients where cancer is a significant concern.
- 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

Paramount considers diagnostic digital breast tomosynthesis medically necessary as an alternative to standard (2D) mammography for further imaging when used for breast cancer diagnostic purposes with one or more of the following risk factors, not all-inclusive:

- Classification of masses, distortions, and asymmetries
- Dense breast tissue or areas of density that could obscure underlying lesions, especially in patients where cancer is a significant concern.
- Digital mammography alone is inadequate or insufficient, in the judgement of the radiologist reviewer, to support clinical decision-making.

CPT code 77063 (screening digital breast tomosynthesis) should be listed separately in addition to code from primary procedure 77067.

HCPCS code G0279 (diagnostic digital breast tomosynthesis) should be listed separately in addition to the primary service mammogram code 77066 or 77065.

CPT codes 77061, 77062, and 77063 cannot be reported with the 3D rendering codes 76376 and 76377.

Documentation supporting medical necessity must be present in the medical record.

### **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.

<b>CPT CODES</b>	
<b>76499</b>	Unlisted diagnostic radiographic procedure
<b>77061</b>	Digital breast tomosynthesis; unilateral
<b>77062</b>	Digital breast tomosynthesis; bilateral
<b>77063</b>	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)
<b>77065</b>	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral
<b>77066</b>	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral
<b>77067</b>	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed
<b>HCPCS CODES</b>	
<b>G0279</b>	Diagnostic digital breast tomosynthesis, unilateral or bilateral
<b>ICD-10-CM CODES; EFFECTIVE 10/01/2015</b>	
<b>C50.011- C50.929</b>	Malignant neoplasm of breast
<b>C79.81</b>	Secondary malignant neoplasm of breast
<b>D05.00-</b>	Carcinoma in situ of breast

<b>D05.92</b>	
<b>D24.1- D24.9</b>	Benign neoplasm of breast
<b>D48.60- D48.62</b>	Neoplasm of uncertain behavior of breast
<b>D49.3</b>	Neoplasm of unspecified behavior of breast
<b>N63.0- N63.42</b>	Unspecified lump in breast
<b>R92.0- R92.8</b>	Abnormal and inconclusive findings on diagnostic imaging breast
<b>Z12.31</b>	Encounter for screening mammogram for malignant neoplasm of breast
<b>Z12.39</b>	Encounter for other screening for malignant neoplasm of breast
<b>Z15.01- Z15.03</b>	Genetic susceptibility to malignant neoplasm (code range)
<b>Z80.3</b>	Family history of malignant neoplasm of breast
<b>Z85.3</b>	Personal history of malignant neoplasm of breast

## REVISION HISTORY EXPLANATION

### **ORIGINAL EFFECTIVE DATE: 08/22/2014**

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

**05/12/15:** Added effective 1/1/15 new CPT codes 77061, 77062 and 77063. Added HCPCS codes G0202, G0204, G0206, & G0279. Added ICD-9-CM codes V76.11 & V76.12 and ICD-10-CM code Z12.31. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

**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.

**09/01/2020:** Policy reviewed and updated to reflect most current clinical evidence and coding guidelines. Procedure codes 77061 & 77062 are covered facility codes only, the Technical Component. Procedure G0279 is utilized to describe the Professional Component of the diagnostic test.

**12/19/2020:** Medical policy placed on the new Paramount Medical Policy Format

## REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services  
Ohio Department of Medicaid

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services  
Industry Standard Review

Hayes, Inc.