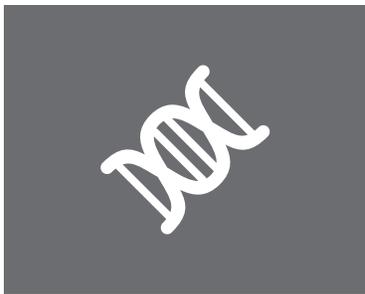
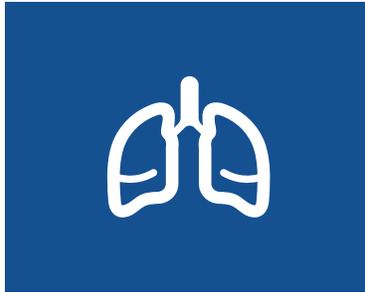




Women's Preventive Services Initiative (WPSI) 2021 Coding Guide

Breast Cancer Screening for Average-Risk Women



RECOMMENDATION CODING

Women's Preventive Services Initiative (WPSI) Breast Cancer Screening for Average-Risk Women

Clinical Recommendations: The Women's Preventive Services Initiative recommends that average-risk women initiate mammography screening no earlier than age 40 and no later than age 50. Screening mammography should occur at least biennially and as frequently as annually. Screening should continue through at least age 74 and age alone should not be the basis to discontinue screening.

These screening recommendations are for women at average risk of breast cancer. Women at increased risk should also undergo periodic mammography screening, however, recommendations for additional services are beyond the scope of this recommendation.

Implementation Considerations: The Women's Preventive Services Initiative recommends, as a preventive service, that women initiate mammography screening no earlier than age 40 and no later than age 50 and continue through at least age 74. Screening mammography should occur at least biennially and as frequently as annually.

Decisions regarding when to initiate screening, how often to screen, and when to stop screening should be based on a periodic shared decision-making process involving the woman and her health care provider. The shared decision-making process assists women in making an informed decision and includes, but is not limited to, a discussion about the benefits and harms of screening, an assessment of the woman's values and preferences, and consideration of factors such as life expectancy, comorbidities, and health status.

NON-MEDICARE PAYERS

PROCEDURE CODES

- 77067 Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed
- +77063 Screening digital breast tomosynthesis, bilateral (list separately in addition to code for primary procedure). (Use this as an add-on code when tomosynthesis is performed and is medically necessary in addition to 2-dimensional mammography.)

DIAGNOSIS CODES

An ICD-10-CM diagnosis code(s) should be linked to the appropriate CPT mammography code reported. The proper diagnosis code to report would be **Z12.31, Encounter for screening mammogram for malignant neoplasm of breast**. The Medicare deductible and co-pay/coinsurance are waived for this service.

In addition, it may be advisable to report a secondary diagnosis that would support the medical necessity of the mammogram. Effective October 1, 2019, new codes for overlapping quadrants (**N63.15, Unspecified lump in the right breast, overlapping quadrants**, and **N63.25, Unspecified lump in the left breast, overlapping quadrants**).

A diagnostic mammogram (when the patient has an illness, disease, or symptoms that indicate the need for a mammogram) is covered whenever it is medically necessary.

When it is appropriate to report a screening and a diagnostic mammogram on the same day, use modifier **-GG** to indicate a screening mammography turned into a diagnostic mammography.

