2D and 3D MAMMOGRAPHY PRICING GUIDELINE

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Pricing Guideline must be read in its entirety to determine coverage eligibility, if any.

The section identified as "Description" and "Definitions" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" and "Pricing and Coding Criteria" defines criteria to determine the appropriate reimbursement, coding, or unit limit of a service, procedure or device according to BCBSAZ coding/pricing guidelines.

Pricing Guidelines are subject to change as new information becomes available.

Description:

Mammography is a specific type of breast imagining that uses low-dose x-rays for the purpose of early detection (screening) and the diagnosis of breast diseases.

Definitions:

Digital Mammography:
Conventional digital mammography produces two-dimensional (2D) images of the breast tissue, that displays overlapping top and bottom tissues on 2D images.

Digital Breast Tomosynthesis (DBT):
DBT also called three-dimensional (3D) mammography is an advanced form of breast imaging, which produces 3D cross-sectional "slices" images of the breast tissue which may improve the accuracy of conventional mammography by reducing the problems caused by dense or overlapping tissue.

Criteria:

This policy applies to surgery centers, physicians, other qualified health care professionals, hospitals and other facilities.

2D and 3D MAMMOGRAPHY PRICING GUIDELINE (cont.)

Pricing and Coding Criteria:

Refer to page 3 of this guide for the CPT® (Current Procedural Terminology) codes and HCPCS® (Healthcare Common Procedure Coding System) codes used for submitting 2D and 3D “stand alone” services, in addition to the 3D “add-on” services which are a subset of 3D codes.

The following is an explanation of BCBSAZ’s reimbursement policy for mammography services, assuming that all other coverage criteria are met (e.g. member is eligible, medical necessity, etc.):

- For Dates of Service 3/31/2017 and Prior:

  2D Digital Breast mammography procedures/services are eligible for reimbursement.

  Coverage of 3D Digital Breast Tomosynthesis (DBT) mammography procedures/services are dependent on the applicable medical policy set in place at time of service, and if covered, these services would follow standard pricing.

- For Dates of Service from 4/1/2017 – 8/31/2017:

  Effective as of 4/1/2017, either the 2D or the 3D services are eligible for reimbursement, but not both if billed for the same date of service.

  The following mammography service/code combinations are eligible for reimbursement:

  - 2D services/codes are reimbursed *if not* billed with 3D “add-on” codes/services
  - 3D “stand alone” services/codes (77061 or 77062) are reimbursed *if not* billed with 2D codes/services

  If both 2D and 3D mammography services are billed for the same date of service, *only* the 3D services are eligible for reimbursement:

  - 2D services/codes are *not* reimbursed *if* billed with 3D “stand alone” codes (77061 or 77062)
  - 2D services/ codes are *not* reimbursed *if* billed with 3D “add-on” codes (G0279 or 77063)

  Note: 2D and 3D services billed on different dates of service are eligible for reimbursement.

2D and 3D MAMMOGRAPHY PRICING GUIDELINE (cont.)

Pricing and Coding Criteria: (cont.)

- For Dates of Service starting 9/1/2017:

  Effective as of 9/1/2017, both 2D and 3D mammography services are eligible for reimbursement for the same date of service ***if*** the 2D services are billed with a corresponding 3D "add-on" code. When a patient requires both 2D and 3D services on the same day, billing with the appropriate 3D "add-on" code ensures that both 2D and 3D services are reimbursed.

  The following mammography service/code combinations are eligible for reimbursement:

  - 2D services/codes are reimbursed *if not* billed with 3D "add-on" codes/services
  - 3D "stand alone" services/codes (77061 or 77062) are reimbursed *if not* billed with 2D codes/services
  - 2D services/codes and corresponding 3D "add-on" services/codes (G0279 or 77063) *will* reimburse for the same date of service.

  Note: When 2D codes are billed with 3D "stand alone" codes (77061 or 77062) for the same date of service, **the 3D "stand alone" codes are *not* eligible for reimbursement.**

  Coding Tips:

  - When patient receives *either* 2D or 3D services, but not both, code claim with the appropriate 2D or 3D codes.
  - When patient receives 2D mammography services *and then also requires 3D* screening or diagnostic services, code claim with the 2D code *along with* the corresponding 3D diagnostic or screening "add-on" code.

  Table for specific coding information:

2D Codes **Eligible for reimbursement when billed alone or in conjunction with 3D add-on codes**	**3D "Add-On" Codes (use with 2D codes only)** **Eligible for reimbursement only when billed with a corresponding 2D code**
77065 or G0206 (Diagnostic, Unilateral)	G0279 (Diagnostic)
77066 or G0204 (Diagnostic, Bilateral)	
77067 or G0202 (Screening, Bilateral)	77063 (Screening)

3D "Stand Alone" DBT Codes **Eligible for reimbursement only when billed alone**
77061 (Unilateral)
77062 (Bilateral)

2D and 3D MAMMOGRAPHY PRICING GUIDELINE (cont.)

Pricing and Coding Criteria: (cont.)

- For Dates of Service starting 9/1/2017: (cont.)

  Claims for Out-of-Area BlueCard Members:

  BCBSAZ mammography pricing policy does apply to out-of-area member claims. However where the member's Blue Plan's medical policy considers 3D "stand alone" and/or "add-on" DBT services to be investigational and not eligible for coverage, BCBSAZ is obligated to allow reimbursement of only the 2D codes/services.

As with all medical coverage guidelines and pricing policies, the existence of a guideline or policy is not a guarantee that a service/procedure will be covered. Coverage depends on many factors, such as member eligibility, benefit plan design, and applicable system coding edits.

Coding Referenced:

77061, 77062, 77063, 77065, 77066, 77067, G0202, G0204, and G0206

Resources:

1. American Medical Association. Current Procedural Terminology (CPT®)
2. Health Care Procedure Coding System (HCPCS®)
3. Centers for Medicare & Medicaid Services (CMS®)

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