



June 27, 2018

Web Announcement 1627

Replacement of Codes for Analog and Digital Mammography Exams

Effective January 1, 2018, the Centers for Medicare & Medicaid Services (CMS) replaced Healthcare Common Procedure Coding System (HCPCS) codes for analog and digital mammography exams with Current Procedural Terminology (CPT) codes as indicated below.

Service	Previous HCPCS Codes	Replacement CPT Codes as of January 1, 2018
Screening mammography, bilateral, including computer-aided detection when performed	G0202	77067
Diagnostic mammography, including computer-aided detection when performed; bilateral	G0204	77066
Diagnostic mammography, including computer-aided detection when performed; unilateral	G0206	77065

CPT codes 77065, 77066 and 77067 may be billed by provider types 12 (Hospital, Outpatient), 20 (Physician, M.D., Osteopath, D.O.) and 27 (Radiology & Non-invasive Diagnostic Centers) with modifiers 22, 26 and TC with dates of service on or after January 1, 2018. Effective July 16, 2018, these CPT codes will no longer deny in error with edit codes 0309 (Service not covered) and 0148 (Rendering provider not certified to perform procedure) for PTs 12, 20 and 27.

Claims for CPT codes 77065, 77066 and 77067 billed by PTs 12, 20 and 27 with dates of service on or after January 1, 2018, through claims processed before July 16, 2018, that denied in error will be automatically reprocessed to adjudicate correctly. Providers do not need to resubmit or appeal the denied claims. A future web announcement will notify providers when the claims will be reprocessed.

Claims for codes G0202, G0204 and G0206 submitted on or after January 1, 2018, that denied must be resubmitted using the CPT codes following timely filing guidelines.