



Women's Preventive Services Initiative (WPSI) 2022 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.

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. The Z12.31 diagnosis should not be used in this case and, instead, the diagnosis(es) that support the medical necessity of that service should be used. Examples of those diagnoses include codes from the N63 category (unspecified lump in breast) and the N60 category (benign mammary dysplasia),

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

CODING SCENARIOS

A 47 year old established patient presents for her annual preventive examination. During the encounter, Dr. A recommends that she have a screening mammogram. An order is written and sent to the mammography center.

DR. A Billing-CPT	Diagnoses	Diagnosis Description
99396	Z01.419 Z12.31	Encounter for routine gynecologic exam Encounter for screening mammogram for malignant neoplasm of breast
Mammography Center Billing		
77067	Z12.31	
Billing Rationale:	The facilitation of breast cancer screening will occur most commonly in the context of preventive medicine examinations. There is no specific for the ordering clinician to report, as ordering this service is considered part of the preventive service. A secondary diagnosis of Z12.31 can be added to indicate that the mammogram was specifically ordered during the encounter.	

RECOMMENDATION CODING

A 58 year old new patient presents to the office with concerns about osteoporosis and possible hormone replacement therapy (HRT). While collecting her history, Dr. B learns that she has not yet had a screening mammogram. The appropriate order is placed.

DR. B Billing-CPT	Diagnoses	Diagnosis Description
9920X	M81.0 Z79.890 Z12.31	Osteoporosis without current fracture Hormone replacement therapy Encounter for screening mammogram for malignant neoplasm of breasts
Mammography Center Billing		
77067	Z12.31	
Billing Rationale:	The final level of service will ultimately depend on the other service(s) provided and documented. The ordering of the mammogram, by itself, will typically be established at 99202/99212, based on a straightforward problem, straightforward data, and low risk.	