

BCBSMA Radiology policy update: 3-D tomosynthesis mammography

Date issued: Dec 31, 2019
Effective date: Apr 1, 2020
To: Acute care hospitals, ambulatory surgical centers, radiologists, OB-GYNs, labs, and family and internal medicine providers caring for our members
From: Stephan Katinas, Vice President, Healthcare Contracting and Management

On **April 1, 2020**, we are changing how we reimburse tomosynthesis services when performed with screening and diagnostic mammography.

- When **screening tomosynthesis** is performed with **screening mammography**, the payment for the tomosynthesis code, 77063, will be reduced by 50 percent of the fee schedule allowable.
- When **diagnostic tomosynthesis** is performed with **diagnostic mammography**, either unilateral or bilateral, we will require that the tomosynthesis service be reported using the HCPCS code G0279. The payment for G0279 will be reduced by 50 percent of the fee schedule allowable.
- We will no longer reimburse **diagnostic tomosynthesis** reported with CPT codes 77061 or 77062.
- These changes apply to all claims processed on or after April 1, 2020, including adjusted claims.

Code descriptions

Code	Service description
G0279	Diagnostic digital breast tomosynthesis, unilateral or bilateral
77061	Diagnostic digital breast tomosynthesis; unilateral
77062	Diagnostic digital breast tomosynthesis; bilateral
77063	Screening digital breast tomosynthesis, bilateral

This policy change applies to

- Both professional and technical radiology components
- Commercial professional and facility claims
- Medicare Advantage professional claims and facility claims based on contract

Resource:

Blue Cross Blue Shield of Massachusetts Provider Central