

Mammogram - Diagnostic (77061, 77062, G0279) 220.4

Indications:

A diagnostic mammography is a radiological procedure furnished to a man or woman with signs or symptoms of breast disease, or a personal history of breast cancer, or a personal history of biopsy-proven breast disease, and it includes a physician's interpretation of the results of the procedure.

Limitations:

A radiological mammogram is a covered diagnostic test under the following conditions:

- A patient has distinct signs and symptoms for which a mammogram is indicated;
- A patient has a history of breast cancer; or
- A patient is asymptomatic but, on the basis of the patient's history and other factors the physician considers significant, the physician's judgment is that a mammogram is appropriate. (Rationale must be documented)

If a woman has no signs and/or symptoms of breast disease, no history of breast cancer, and no personal history of biopsy-proven breast disease, then a **Screening test** should be ordered, **not a Diagnostic test**.

Most Common Diagnoses (which meet medical necessity) *

C50.011	Malignant neoplasm of nipple and areola, right breast
C50.012	Malignant neoplasm of nipple and areola, left breast
C50.111	Malignant neoplasm of central portion, right breast
C50.112	Malignant neoplasm of central portion, left breast
C50.211	Malignant neoplasm of upper-inner quadrant, right breast
C50.212	Malignant neoplasm of upper-inner quadrant, left breast
C50.311	Malignant neoplasm of lower-inner quadrant, right breast
C50.312	Malignant neoplasm of lower-inner quadrant, left breast
C50.411	Malignant neoplasm upper-outer quadrant, right breast
C50.412	Malignant neoplasm upper-outer quadrant, left breast
C50.511	Malignant neoplasm lower-outer quadrant, right breast
C50.512	Malignant neoplasm lower-outer quadrant, left breast
C50.811	Malignant neoplasm of overlapping sites, right breast
C50.812	Malignant neoplasm of overlapping sites, left breast
C77.3	Secondary malignant neoplasm of axilla and upper limb lymph nodes
D05.01	Lobar carcinoma in situ right breast
D05.02	Lobar carcinoma in situ left breast
D05.11	Intraductal carcinoma in situ right breast
D05.12	Intraductal carcinoma in situ left breast
D24.1	Benign neoplasm right breast
D24.2	Benign neoplasm left breast
N60.01	Solitary cyst of right breast
N60.02	Solitary cyst of left breast

N60.11	Fibrocystic disease, right breast
N60.12	Fibrocystic disease, left breast
N60.21	Fibroadenosis, right breast
N60.22	Fibroadenosis, left breast
N60.41	Mammary duct ectasia, right breast
N60.42	Mammary duct ectasia, left breast
N61.1	Abscess of the breast and nipple
N62	Hypertrophy of breast
N63.11	Lump in right breast, upper outer quadrant
N63.12	Lump in right breast, upper inner quadrant
N63.13	Lump in right breast, lower outer quadrant
N63.14	Lump in right breast, lower inner quadrant
N63.15	Lump in right breast, overlapping quadrants
N63.21	Lump in left breast, upper outer quadrant
N63.22	Lump in left breast, upper inner quadrant
N63.23	Lump in left breast, lower outer quadrant
N63.24	Lump in left breast, lower inner quadrant
N63.25	Lump in left breast, overlapping quadrants
N63.31	Lump in axillary tail of right breast
N63.32	Lump in axillary tail of left breast
N63.41	Lump in right breast, subareolar
N63.42	Lump in left breast, subareolar
N64.4	Mastodynia
N64.52	Nipple discharge
R59.0	Localized enlarged lymph nodes
R92.0	Mammographic microcalcification found on diagnostic imaging of breast
R92.1	Mammographic calcification found on diagnostic imaging of breast
R92.2	Inconclusive mammogram
R92.30	Dense breasts
R92.313	Mammographic fatty tissue density, bilateral breasts
R92.323	Mammographic fibroglandular density, bilateral breasts
R92.343	Mammographic extreme density, bilateral breasts
Z08	Encounter for follow-up examination after completed treatment for malignant neoplasm
Z85.3	Personal history of malignant neoplasm of breast
Z86.000	Personal history of in-situ neoplasm of breast
Z98.82	Breast implant status (Note: a screening mammogram may be ordered, instead of diagnostic, for an asymptomatic patient with breast implants, per physician discretion)

*Note: See the complete list of Medicare covered diagnoses and payment rules: (After clicking on the link, download the zip file)

<https://www.cms.gov/Medicare/Coverage/DeterminationProcess/downloads/CR13391.zip>

National Coverage Determination – Mammograms 220.4:

<https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=186&ncdver=1&bc=0>

ACR Breast Imaging Frequently Asked Questions Update 2021:

<https://www.acr.org/-/media/ACR/Files/Advocacy/2021-Breast-Imaging-Frequently-Asked-Questions.pdf>

The above CMS and WPS-GHA guidelines are current as of: 04/01/2025.