

Highmark Commercial Medical Policy- PA

Medical Policy: X-21-036037
Topic (or Title): Mammography
Section: Radiology
Effective Date: ~~May 02, 2022~~ January 01, 2026
Issued Date: ~~October 20, 2025~~ May 04, 2026
Last Revision Date: ~~August 2025~~ March 2026
Annual Review: August 2025

Screening mammography is an x-ray of the breast used to aid in the detection of breast cancer in an individual with no signs or symptoms of disease.

Diagnostic mammography is an x-ray used to further evaluate a finding in a screening mammography or used when an individual has other signs or symptoms or a history of cancer.

Digital Breast Tomosynthesis (DBT) is a three dimensional view of the breast using x-ray technology, where the x-ray tube moves in an arc around the stabilized breast, and these images (slices) are then sent to a computer to produce the three-dimensional image.

Policy Position

Pennsylvania Coverage for Mammographic Examinations and Breast Imaging and Coverage for BRCA-Related Genetic Counseling and Genetic Testing, 40 PS §§ 764c & 764d.1.

- Under PA Act 1, members are entitled to a supplemental breast screening (defined as “a medically necessary and clinically appropriate examination of the breast using either standard or abbreviated magnetic resonance imaging or, if such imaging is not possible, ultrasound if recommended by the treating physician to screen for breast cancer when there is no abnormality seen or suspected in the breast.”) if the member has:
 - personal history of atypical breast histologies;
 - personal history or family history of breast cancer;
 - genetic predisposition for breast cancer;
 - prior therapeutic thoracic radiation therapy;
 - heterogeneously dense breast tissue based on breast composition categories with any one of the following risk factors:
- Lifetime risk of breast cancer of greater than 20%, according to risk assessment tools based on family history;
- Personal history of BRCA1 or BRCA2 gene mutations;
- First-degree relative with a BRCA1 or BRCA2 gene mutation but not having had genetic testing herself;
- Prior therapeutic thoracic radiation therapy between 10 and 30 years of age; or
- Personal history of Li-Fraumeni syndrome, Cowden syndrome or Bannayan-Riley-Ruvalcaba syndrome or a first-degree relative with one of these syndromes; or
- Extremely dense breast tissue based on breast composition categories.

Health Resources and Services Administration (HRSA) – Supported Women’s Preventive Services Guidelines, 89 Fed. Reg. 106522, 106525

- **Applicable to All States:** Effective January 1, 2026, the HRSA federal mandate requires that if additional imaging (e.g., magnetic resonance imaging (MRI), ultrasound, or mammography) and/or pathology evaluation are indicated to complete the screening process for malignancies, the ordered tests will pay with no cost share.
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Screening Mammography

Screening mammography including computer-aided detection (CAD) **OR** screening mammography with digital breast tomosynthesis are considered medically necessary once per calendar year for asymptomatic individuals with female anatomy forty years of age or older.

Self-referred screening mammograms for individuals with female anatomy under age forty are not covered.

Prior to rendering the DBT service the following requirements for member safety, education and informed choice must be met:

- Provide educational materials to the patient outlining the study options so an informed decision can be made by the patient.
- Inform the patient of additional radiation exposure when both a 2-D mammography and 3-D DBT are performed.

Screening digital breast tomosynthesis (77063) should not be reported as a stand-alone code and be reported with the primary screening mammography procedure (77067). When 77063 is reported without the appropriate screening mammography code the add on code of 77063 will deny.

Screening mammography not meeting the criteria as indicated in this policy is considered not medically necessary.

Procedure Codes

77063

77067

Diagnostic Mammography

Diagnostic mammograms are covered according to a member's individual or group customer benefits, that includes standard diagnostic mammography and diagnostic digital breast tomosynthesis.

Diagnostic mammography not meeting the criteria as indicated in this policy is considered not medically necessary.

Procedure Codes

77061

77062

77065

77066

G0206

G0279

References

1. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology: Breast Cancer Screening and Diagnosis, Version 1.2021.
2. Hayes Inc. Medical Technology Directory. Digital Breast Tomosynthesis for Breast Cancer Diagnosis and Screening. Lansdale, PA: Hayes, Inc.; 06/29/2021.
3. Chong A, Weinstein SP, McDonald ES, Conant EF. Digital breast tomosynthesis: Concepts and clinical practice. *Radiology*. 2019;292(1):1-14.
4. Dembrower K, Crippa A, Colon e, Ekkland M, Strand F. Artificial intelligence for breast cancer detection in screening mammography in Sweden: A prospective, population-based, paired-

reader, non-inferiority study. *Lancet*. 2023; DOI: [https://doi.org/10.1016/S2589-7500\(23\)00153-X](https://doi.org/10.1016/S2589-7500(23)00153-X)

5. US Preventive Services Task Force. Screening for Breast Cancer. *JAMA*. 2024;33(22):1918-1930.
6. Grimm L, Avery C, Hendrick E, Baker J. Benefits and risks of mammography screening in women ages 40-49. *J Prim Care Community Health*. 2022;13:1-6.
7. Mathieu E, Noguchi N, Li Tong, Barratt A. Health benefits and harms of mammography screening in older women (75+ years)—A systematic review. *BJC*. 2024;130:275-296.

Related Policies

[Refer to MCG Guidelines X-586, HMK Breast Ultrasound, for additional information.](#)

[Refer to MCG Guidelines X-587, HMK Breast MRI, for additional information.](#)

Diagnosis Codes

Covered Diagnosis Codes related to HRSA Federal Mandate

D24.1	D24.2	D24.9	D49.3	N60.01	N60.02	N60.09
N60.11	N60.12	N60.19	N60.21	N60.22	N60.29	N60.31
N60.32	N60.39	N60.41	N60.42	N60.49	N60.81	N60.82
N60.89	N60.91	N60.92	N60.99	N61.0	N61.1	N61.20
N61.21	N61.22	N61.23	N62	N63.0	N63.10	N63.11
N63.12	N63.13	N63.14	N63.15	N63.20	N63.21	N63.22
N63.23	N63.24	N63.25	N63.31	N63.32	N63.41	N63.42
N64.0	N64.1	N64.2	N64.3	N64.4	N64.9	N64.51
N64.52	N64.53	N64.59	N64.81	N64.82	N64.89	R92.0
R92.1	R92.2	R92.8	R92.30	R92.311	R92.312	R92.313
R92.321	R92.322	R92.323	R92.331	R92.332	R92.333	R92.341
R92.342	R92.343	R93.89	Z86.018			

Non-Covered Diagnosis Codes related to HRSA Federal Mandate

C4A.9	C4A.52	C43.52	C44.501	C44.511	C44.521	C44.591
C50.011	C50.012	C50.019	C50.021	C50.022	C50.029	C50.111
C50.112	C50.119	C50.121	C50.122	C50.129	C50.211	C50.212
C50.219	C50.221	C50.222	C50.229	C50.311	C50.312	C50.319
C50.321	C50.322	C50.329	C50.411	C50.412	C50.419	C50.421
C50.422	C50.429	C50.511	C50.512	C50.519	C50.521	C50.522
C50.529	C50.611	C50.612	C50.619	C50.621	C50.622	C50.629
C50.811	C50.812	C50.819	C50.821	C50.822	C50.829	C50.911
C50.912	C50.919	C50.921	C50.922	C50.929	C50.A0	C50.A1
C50.A2	C79.9	C79.81	C79.89	C80.1	C84.7A	D03.52
D05.00	D05.01	D05.02	D05.10	D05.11	D05.12	D05.80
D05.81	D05.82	D05.90	D05.91	D05.92	D48.60	D48.61
D48.62	N61.1	N63	N65.0	N65.1	O91.12	O91.13
O91.111	O91.112	O91.113	O91.119	O92.20	O92.29	P59.3
P83.4	P92.5	Q83.0	Q83.1	Q83.8	Q83.9	R22.9
S20.00XA	S20.00XD	S20.00XS	S20.01XA	S20.01XD	S20.01XS	S20.02XA
S20.02XD	S20.02XS	S20.101A	S20.101D	S20.101S	S20.102A	S20.102D
S20.102S	S20.109A	S20.109D	S20.109S	S20.111A	S20.111D	S20.111S
S20.112A	S20.112D	S20.112S	S20.119A	S20.119D	S20.119S	S20.121A
S20.121D	S20.121S	S20.122A	S20.122D	S20.122S	S20.129A	S20.129D
S20.129S	S20.141A	S20.141D	S20.141S	S20.142A	S20.142D	S20.142S

<u>S20.149A</u>	<u>S20.149D</u>	<u>S20.149S</u>	<u>S20.151A</u>	<u>S20.151D</u>	<u>S20.151S</u>	<u>S20.152A</u>
<u>S20.152D</u>	<u>S20.152S</u>	<u>S20.159A</u>	<u>S20.159D</u>	<u>S20.159S</u>	<u>S20.161A</u>	<u>S20.161D</u>
<u>S20.161S</u>	<u>S20.162A</u>	<u>S20.162D</u>	<u>S20.162S</u>	<u>S20.169A</u>	<u>S20.169D</u>	<u>S20.169S</u>
<u>S20.171A</u>	<u>S20.171D</u>	<u>S20.171S</u>	<u>S20.172A</u>	<u>S20.172D</u>	<u>S20.172S</u>	<u>S20.179A</u>
<u>S20.179D</u>	<u>S20.179S</u>	<u>S21.001A</u>	<u>S21.001D</u>	<u>S21.001S</u>	<u>S21.002A</u>	<u>S21.002D</u>
<u>S21.002S</u>	<u>S21.009A</u>	<u>S21.009D</u>	<u>S21.009S</u>	<u>S21.011A</u>	<u>S21.011D</u>	<u>S21.011S</u>
<u>S21.012A</u>	<u>S21.012D</u>	<u>S21.012S</u>	<u>S21.019A</u>	<u>S21.019D</u>	<u>S21.019S</u>	<u>S21.021A</u>
<u>S21.021D</u>	<u>S21.021S</u>	<u>S21.022A</u>	<u>S21.022D</u>	<u>S21.022S</u>	<u>S21.029A</u>	<u>S21.029D</u>
<u>S21.029S</u>	<u>S21.031A</u>	<u>S21.031D</u>	<u>S21.031S</u>	<u>S21.032A</u>	<u>S21.032D</u>	<u>S21.032S</u>
<u>S21.039A</u>	<u>S21.039D</u>	<u>S21.039S</u>	<u>S21.041A</u>	<u>S21.041D</u>	<u>S21.041S</u>	<u>S21.042A</u>
<u>S21.042D</u>	<u>S21.042S</u>	<u>S21.049A</u>	<u>S21.049D</u>	<u>S21.049S</u>	<u>S21.051A</u>	<u>S21.051D</u>
<u>S21.051S</u>	<u>S21.052A</u>	<u>S21.052D</u>	<u>S21.052S</u>	<u>S21.059A</u>	<u>S21.059D</u>	<u>S21.059S</u>
<u>S28.1XXA</u>	<u>S28.1XXD</u>	<u>S28.1XXS</u>	<u>S28.211A</u>	<u>S28.211D</u>	<u>S28.211S</u>	<u>S28.212A</u>
<u>S28.212D</u>	<u>S28.212S</u>	<u>S28.219A</u>	<u>S28.219D</u>	<u>S28.219S</u>	<u>S28.221A</u>	<u>S28.221D</u>
<u>S28.221S</u>	<u>S28.222A</u>	<u>S28.222D</u>	<u>S28.222S</u>	<u>S28.229A</u>	<u>S28.229D</u>	<u>S28.229S</u>
<u>T85.41XA</u>	<u>T85.41XD</u>	<u>T85.41XS</u>	<u>T85.42XA</u>	<u>T85.42XD</u>	<u>T85.42XS</u>	<u>T85.43XA</u>
<u>T85.43XD</u>	<u>T85.43XS</u>	<u>T85.44XA</u>	<u>T85.44XD</u>	<u>T85.44XS</u>	<u>T85.49XA</u>	<u>T85.49XD</u>
<u>T85.49XS</u>	<u>Z12.31</u>	<u>Z12.39</u>	<u>Z15.01</u>	<u>Z40.01</u>	<u>Z42.1</u>	<u>Z44.30</u>
<u>Z44.31</u>	<u>Z44.32</u>	<u>Z45.811</u>	<u>Z45.812</u>	<u>Z45.819</u>	<u>Z80.3</u>	<u>Z85.3</u>
<u>Z86.03</u>	<u>Z86.000</u>	<u>Z86.018</u>	<u>Z90.10</u>	<u>Z90.11</u>	<u>Z90.12</u>	<u>Z90.13</u>
<u>Z98.82</u>	<u>Z98.86</u>					

Place of Service: Inpatient/Outpatient

Mammography is typically an outpatient procedure which is only eligible for coverage as an inpatient procedure in special circumstances, including, but not limited to, the presence of a co-morbid condition that would require monitoring in a more controlled environment such as the inpatient setting.

The policy position applies to all commercial lines of business

This policy is designed to address medical guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical or other circumstances may warrant individual consideration, based on review of applicable medical records, as well as other regulatory, contractual and/or legal requirements.

Medical policies do not constitute medical advice, nor are they intended to govern the practice of medicine. They are intended to reflect Highmark's reimbursement and coverage guidelines. Coverage for services may vary for individual members, based on the terms of the benefit contract.

Highmark retains the right to review and update its medical policy guidelines at its sole discretion. These guidelines are the proprietary information of Highmark. Any sale, copying or dissemination of the medical policies is prohibited; however, limited copying of medical policies is permitted for individual use.

Discrimination is Against the Law

The Claims Administrator/Insurer complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Claims Administrator/Insurer does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. The Claims Administrator/ Insurer:

- *Provides free aids and services to people with disabilities to communicate effectively with us, such as:*
 - *Qualified sign language interpreters*

- *Written information in other formats (large print, audio, accessible electronic formats, other formats)*
- *Provides free language services to people whose primary language is not English, such as:*
 - *Qualified interpreters*
 - *Information written in other languages*

If you need these services, contact the Civil Rights Coordinator.

If you believe that the Claims Administrator/Insurer has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, P.O. Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295, TTY: 711, Fax: 412-544-2475, email: CivilRightsCoordinator@highmarkhealth.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

*U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)*

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card (TTY: 711).

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。

请拨打您的身份证背面的号码（TTY：711）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số điện thoại ở mặt sau thẻ ID của quý vị (TTY: 711).

알림: 한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. ID 카드 뒷면에 있는 번호로 전화하십시오 (TTY: 711).

ATENSYON: Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyong tulong sa wika. Tawagan ang numero sa likod ng iyong ID card (TTY: 711).

ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Позвоните по номеру, указанному на обороте вашей идентификационной карты (номер для текст-телефонных устройств (TTY): 711).

تنبيه: إذا كنت تتحدث اللغة العربية، فهناك خدمات المعاونة في اللغة المجانية متاحة لك. اتصل بالرقم الموجود خلف بطاقة هويتك (جهاز الاتصال لذوي صعوبات السمع والنطق: 711).

ATTENTION: Si c'est créole que vous connaissez, il y a un certain service de langues qui est gratis et disponible pour vous-même. Composez le numéro qui est au dos de votre carte d'identité. (TTY: 711).

ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez le numéro au dos de votre carte d'identité (TTY: 711).

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer podany na odwrocie karty ubezpieczenia zdrowotnego (TTY: 711).

ATENÇÃO: Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para o número no verso da sua identidade (TTY: 711).

ATTENZIONE: se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Contatti il numero riportato sul retro della sua carta d'identità (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie dazu die auf der Rückseite Ihres Versicherungsausweises (TTY: 711) aufgeführte Nummer an.

注：日本語が母国語の方は言語アシスタンス・サービスを無料でご利用いただけます。IDカードの裏に明記されている番号に電話をおかけください (TTY: 711)。

توجه : اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان، به صورت رایگان، در دسترس شماست. با شماره واقع در پشت کارت شناسایی خود (TTY: 711) تماس بگیرید.