
Mammography Screening Payment Policy

Policy Statement

Mammography is specialized medical imaging that uses a low-dose x-ray system to see inside the breasts. A mammography exam, called a mammogram, aids in the early detection and diagnosis of breast diseases in women. An x-ray exam helps doctors diagnose and treat medical conditions. The goal of screening tests for breast cancer is to find it before it causes symptoms. Screening refers to tests and exams used to find a disease in people who don't have any symptoms. Early detection means finding and diagnosing a disease earlier than if you'd waited for symptoms to start.

Scope

This policy applies to:

- Medicaid** *excluding Extended Family Planning (EFP)*
- Commercial**
- Dual CONNECT (Coordination only D-SNP)**
- INTEGRITY for Duals (Fully Integrated D-SNP)**

Prerequisites

It is the provider's responsibility to verify eligibility, coverage and authorization criteria prior to rendering services.

For more information please refer to:

- Neighborhood's plan specific [Prior Authorization Reference page](#).
- Neighborhood's [Clinical Medical Policies](#).

Please contact Provider Services at 1-800-963-1001 for questions related to this policy.

Reimbursement Requirements

These guidelines are for women at **average risk** for breast cancer. For screening purposes, a woman is considered to be at average risk if she doesn't have a personal history of breast cancer, a strong family history of breast cancer, or a genetic mutation known to increase risk of breast cancer (such as in a BRCA gene), and has not had chest radiation therapy before the age of 30. (See below for guidelines for women at high risk.)

- Women between 40 and 44 have the option to start screening with a mammogram every year.
- Women 45 to 54 should get mammograms every year.
- Women 55 and older can switch to a mammogram every other year, or they can choose to continue yearly mammograms. Screening should continue as long as a woman is in good health and is expected to live at least 10 more years.



Two screening mammograms per year are covered when recommended by a physician for women who have been treated for breast cancer within the last five years or are at **high risk** of developing breast cancer due to genetic predisposition (BRCA gene mutation or multiple first degree relatives), high risk lesion on prior biopsy (lobular carcinoma in situ), or atypical ductal hyperplasia.¹

Claim Submission

Billable services are subject to contractual agreements, when applicable. Providers are required to submit complete claims for payment within contractually determined timely filing guidelines.

Coding must meet standards defined by the American Medical Association’s Current Procedural Terminology Editorial Panel’s (CPT®) codebook, the International Statistical Classification of Diseases and Related Health Problems, 10th revision, Clinical Modification (ICD-10-CM), and the Healthcare Common Procedure Coding System (HCPCS) Level II.

Documentation Requirements

Neighborhood reserves the right to request medical records for any service billed. Documentation in the medical record must support the service(s) billed as well as the medical necessity of the service(s). Neighborhood follows CMS standards for proper documentation requirements.

Member Responsibility

Commercial plans include cost sharing provisions for coinsurance, copays, and deductibles. Members may have out of pocket expenses based on individual plan selection and utilization. Please review cost sharing obligations or contact Member Services prior to finalizing member charges.

For Neighborhood CONNECT (Coordination only D-SNP plan), providers must submit claims to Neighborhood and any remaining copays/coinsurance amounts and Medicaid covered benefits to EOHHS for reimbursement.

Coding

The inclusion of a code in this policy does not guarantee coverage or reimbursement.

CPT Code	Description
77063	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)
77065	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral

¹ <https://www.cancer.org/cancer/breast-cancer/screening-tests-and-early-detection/american-cancer-society-recommendations-for-the-early-detection-of-breast-cancer.html>

CPT Code	Description
77066	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral
77067	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed

Disclaimer

This payment policy is informational only and is not intended to address every situation related to reimbursement for healthcare services; therefore, it is not a guarantee of reimbursement.

Claim payments are subject to the following, which include but are not limited to: Neighborhood Health Plan of Rhode Island benefit coverage, member eligibility, claims payment edit rules, coding and documentation guidelines, authorization policies, provider contract agreements, and state and federal regulations. References to CPT or other sources are for definitional purposes only.

Neighborhood processes Dual CONNECT and INTEGRITY for Duals in accordance with CMS Medicare guidelines. Refer to [CMS Medicare guidance](#) for complete rules and claims processing policies.

This policy may not be implemented exactly the same way on the different electronic claims processing systems used by Neighborhood due to programming or other constraints; however, Neighborhood strives to minimize these variations.

The information in this policy is accurate and current as of the date of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to update this payment policy at any time. All services billed to Neighborhood for reimbursement are subject to audit.

Document History

Date	Action
01/01/2026	Annual Policy Review Date. Updated policy template to include new lines of business. Updated Member Responsibility and Disclaimer language.
03/19/2025	Annual Policy Review Date. No Content Changes.
03/11/2024	Annual Policy Review Date. No Content Changes.
01/01/2023	Annual Policy Review Date. No Content Changes.
11/30/2021	Policy Review Date. No Content Changes.
10/21/2021	Content and format updates
09/01/2013	Format change, minor edits
09/01/2010	Policy Effective Date