Coverage of Diagnostic and Screening Mammography

Effective with dates of service on and after December 1, 2019, the following codes shall be covered for 3D Digital Breast Tomosynthesis (DBT):

- 77061 (List separately, in addition to 77065)
- 77062 (List separately, in addition to 77066)
- 77063 (List separately, in addition to primary procedure code)

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 judgement is that a mammogram is appropriate.

These codes are currently covered and shall remain covered for mammography screens:

- 77065
- 77066
- 77067

Note: The effective date of the policy is December 1, 2019. The implementation of State policy by the KanCare managed care organizations (MCOs) may vary from the date noted in the Kansas Medical Assistance Program (KMAP) bulletins. The KanCare Open Claims Resolution Log on the KMAP Bulletins page documents the MCO system status for policy implementation and any associated reprocessing completion dates, once the policy is implemented.