

Article answers reader questions about coding

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Reader questions about coding a new evaluation and management with modifier 25 and codes for three-dimensional mammograms are answered in an article published in *Medical Economics*.

(HealthDay)—Reader questions about coding a new evaluation and management (E/M) with modifier 25 and codes for three-dimensional (3D) mammograms are answered in an article published in *Medical Economics*.

The first question relates to a new patient being billed with the new preventive patient code, and whether a significant separate issue warrants the billing of a new E/M with modifier 25 or whether the added E/M visit should be billed as established. According to the article, based on examination of the issues, the E/M code should be billed as an established patient visit, as exam elements are normally not documented for the medical issues presented by a patient during preventive visits. Furthermore, insurers will not typically pay for two new-patient visits on

the same date.

The second question relates to a code available for the 3D mammogram. The authors of the article note that there is a new CPT code for 3D imaging, effective in 2015. In order to be reimbursed, the add-on code—77063—must be billed in conjunction with a primary screening mammography code.

In addition, the same policies that are applicable to other screening mammography codes are applicable to CPT code 77063, and the code will only be reimbursed when furnished in conjunction with a 2D digital [mammography](#), as it is an add-on code. When 77063 is billed, beneficiary coinsurance and deductible do not apply.

More information: [More Information](#)

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