



## Modifier Coding Alert

### You Be the Expert: Unbundling Codes on Multiple Mammographies

**Question:** A 68-year-old Medicare patient reports to the physician for a scheduled screening mammography. During the procedure, the physician notes possible suspicious areas on each breast. The radiologist confirms that these areas are abnormalities, so the physician performs a full-view, bilateral diagnostic mammography later that same day. Which mammography code(s) should I report?

Idaho Subscriber

**Answer:** You should report two mammography codes and a modifier. On the claim, report G0202 (Screening mammography, producing direct digital image, bilateral, all views) for the screening. Then, report G0204 (Diagnostic mammography, producing direct 2-d digital image, bilateral, all views) for the diagnostic mammography with modifier GG (Performance and payment of a screening mammogram and diagnostic mammogram on the same patient, same day) appended.

**Explanation:** The GG modifier allows you to unbundle G0202 and G0204, which you cannot typically report on the same date of service for the same patient. Make sure that both mammographies occurred on the same date before you append GG, however.

In the above scenario, if the provider performed the mammographies on different dates, then you wouldn't need modifier GG on the claim.