

## **ACCEPTED Medicare Codes for Diagnostic Mammograms:**

<b><u>Procedure:</u></b>	<b><u>ICD 10 Codes:</u></b>
Screening Mammogram	Z12.31
History of Breast Cancer	Z85.3
Abnormal Mammogram	R92.8
Induration of Breast	N64.51
Nipple Discharge	N64.52
Retraction of Nipple	N64.53
Other Breast Symptoms	N64.59
Mastodynia	N64.4
Breast Implants	Z79.82
Family History of Breast Cancer	Z80.
History of Dimpling	Z87.2
Gynecomastia	N62.0

## ACCEPTED History of Breast Cancer codes for Medicare:

### Right Female Breast:

<u>Procedure:</u>	<u>ICD 10 Codes:</u>
Nipple and Areola	C50.011
Central Portion	C50.111
Upper- Inner quadrant	C50.211
Lower- Inner quadrant	C50.311
Upper-outer quadrant	C50.411
Lower-outer quadrant	C50.511
Axillary Tail	C50.611
Overlapping Sites	C50.811
Unspecified Sites	C50.911

### Left Female Breast:

<u>Procedure:</u>	<u>ICD 10 Codes:</u>
Nipple and Areola	C50.012
Central Portion	C50.112
Upper-Inner quadrant	C50.212
Lower-Inner quadrant	C50.312
Upper-outer quadrant	C50.412
Lower-outer quadrant	C50.512
Axillary Tail	C50.612
Overlapping Sites	C50.812
Unspecified Sites	C50.912

## **ACCEPTED History of Breast Cancer codes for Medicare:**

### **Right Male Breast:**

<b><u>Procedure:</u></b>	<b><u>ICD 10 Codes:</u></b>
Nipple and Areola	C50.021
Central Portion	C50.121
Upper-Inner quadrant	C50.221
Lower-Inner quadrant	C50.321
Upper-outer quadrant	C50.421
Lower-outer quadrant	C50.521
Axillary Tail	C50.621
Overlapping Sites	C50.821
Unspecified Sites	C50.921

### **Left Male Breast:**

<b><u>Procedure:</u></b>	<b><u>ICD 10 Codes:</u></b>
Nipple and Areola	C50.022
Central Portion	C50.122
Upper-Inner quadrant	C50.222
Lower-Inner quadrant	C50.322
Upper-outer quadrant	C50.422
Lower-outer quadrant	C50.522
Axillary Tail	C50.622
Overlapping Sites	C50.822
Unspecified Sites	C50.922

## ACCEPTED Breast Mass Codes for Medicare:

### Right Breast Unspecified Lump Codes:

<u>Procedure:</u>	<u>ICD 10 Codes:</u>
Upper Outer Quadrant	N63.11
Upper Inner Quadrant	N63.12
Lower Outer Quadrant	N63.13
Lower Inner Quadrant	N63.14
Axillary Tail	N63.31
Subareolar	N63.41

### Left Breast Unspecified Lump Codes:

<u>Procedure:</u>	<u>ICD 10 Codes:</u>
Upper Outer Quadrant	N63.21
Upper Inner Quadrant	N63.22
Lower Inner Quadrant	N63.24
Axillary Tail	N63.32
Subareolar	N63.42

## **ACCEPTED Medicare Codes for Bone Density:**

<b><u>Procedure:</u></b>	<b><u>ICD 10 Codes:</u></b>
Osteoporosis; age related without current fractures	M81.0
Osteoporosis; age related with current fractures	M80.0XA
Osteoporosis; drug induced	M81.8
Disorder of Bone; unspecified (Osteopenia)	M89.9
Disorder of Cartilage; unspecified (Osteopenia)	M94.9
Osteopenia of other site	M85.88
Other specified disorder of bone density of multiple sites	M85.89
Post- Menopausal	Z78.0
Menopausal & Peri-Menopausal Disorder	N95.9
Menopause Ovarian Failure	E28.39
Long Term Use of Systematic Steroids	Z79.52
Post procedural ovarian failure	E89.40
Compression fracture body of thoracic vertebrae	M48.54XA
Hyperparathyroidism	E21.3
Primary Hyperparathyroidism	E21.0

## **NON-ACCEPTED Medicare Codes for Bone Density:**

<b><u>Procedure:</u></b>	<b><u>ICD 10 Codes:</u></b>
Screening for Osteoporosis	Z13.820
Menopausal	N95.1
Loss of Height	R29.890
Family History of Osteoporosis	Z85.62
Medication Use	Z09
Aromitase Inhibitor	Z79.811
Other Disorder of bone density & structure	M85.80
Disorder of bone density and structure	M85.9