Payment Policy

Subject: Mammography Services

Policy

CareSource will reimburse physicians for mammography services for women thirty-five years of age and over. In addition, CareSource will reimburse physicians for mammography services for women under thirty-five years, if a woman is at high risk of developing breast cancer.

Definitions

"**Mammogram**" means an x-ray examination of the breast using equipment dedicated specifically for mammography, including, but not limited to, the x-ray tube, filter, compression device, screens, film, and cassettes, with two (2) views of each breast and with an average radiation exposure at the current recommended level as set forth in guidelines of the American College of Radiology. *(from KAR 304.17-316)*

"**Screening Mammogram**" means a mammogram (as defined above) examination performed to detect unsuspected breast cancer in asymptomatic women. Standard views are obtained, and thus the interpreting physician does not need to be present at the facility to monitor the examination when the patient is imaged. *(from ACR Practice Guideline for the performance of Screening and Diagnostic Mammography, www.acr.org/~/media)*

"**Diagnostic Mammogram**" means a mammogram performed to evaluate patients who have signs and/or symptoms of breast disease, imaging findings of concern, or prior imaging findings requiring specific follow-up. Diagnostic mammography requires direct supervision. *(from ACR Practice Guideline for the performance of Screening and Diagnostic Mammography, www.acr.org/~/media)*

Provider Reimbursement Guidelines

Prior Authorization

CareSource does not require prior authorization for screening and diagnostic mammograms.

Coverage

No payment will be made for a screening mammogram provided to a member under thirty-five years, unless a woman is at high risk of developing breast cancer and medical necessity is provided. The patient's medical records must clearly document the patient's immediate risk of developing breast cancer at an age less than thirty-five.

- One screening mammogram may be paid for a member over the age of thirty-four and under the age of forty.

- One screening mammogram every twelve months may be paid for a member who is over the age of thirty-nine.

Diagnostic mammograms are covered regardless of the recipient's age.

Providers must use the Healthcare Common Procedure Coding System/ Current Procedural Terminology (HCPCS/CPT) codes.

Mammography services may be reimbursed in one of the following three ways:

- Technical Component (TC) – services rendered outside the scope of the physician's interpretation of the results of an examination.

- Professional Component (PC) – physician's interpretation of the results of an examination.

- Global Component – encompasses both the technical and professional components.

Global billing is not permitted for services furnished in an outpatient facility. Critical Access Hospitals (CAHs) may not use global HCPCS codes as the TC and PC components are paid under different methodologies.

Related Policies & References

OAC 5160-4-25(B)(10), "Physician Services, Laboratory and radiology services"

Kentucky Revised Code 304.17-316 Coverage for mammograms.

State Exceptions

NONE

Document Revision History

10/31/2013 – OAC Rule renumbered from "5101:3-4-25(B)(10)," per Legislative Service Commission Guidelines.