

Polic	y Name	ARKETPLAC Policy Number	Date Effective		
Screening and Diagnostic Mammography		MM-0134	09/01/2020-03/31/2021		
Policy Type					
MEDICAL	Administrative	Pharmacy	Reimbursement		
without which the patient			ment of disease, illness, or injury and		
a body organ or part, or si area, are the lowest cost necessary services also ir	gnificant pain and discomfort. That and discomfort. The alternative, and are not provided	hese services meet the stand d mainly for the convenience of any Evidence of Coverage do	ity, impairment of function, dysfunction o ards of good medical practice in the local of the member or provider. Medically cuments, Medical Policy Statements,		

# Table of Contents

Α.	Subject	.2
	Background	
	Definitions	
D.	Policy	.2
E.	Conditions of Coverage	.3
	Related Polices/Rules	
G.	Review/Revision History	.3
H.	References	.3



### Screening and Diagnostic Mammography

### B. Background

Breast cancer is the most frequent type of non-skin cancer among women and is frequently diagnosed in women ages 55-64. The United States Preventative Services Task Force has found evidence that mammogram screening reduces breast cancer mortality in women ages 40-74.

### C. Definitions

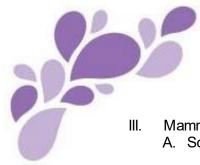
- Mammogram Low-dose x-rays of the breast that can help find breast cancer. This includes conventional, digital, and 3D. This includes conventional, digital, and 3D.
- Screening mammogram A radiologic examination utilized to detect unsuspected breast cancer at an early stage in an asymptomatic woman and includes the x-ray examination of the breast using equipment that is dedicated specifically for mammography, including, but not limited to, the x-ray tube, filter, compression device, screens, film, and cassettes, and that has an average radiation exposure delivery of less than one rad mid-breast. "Screening mammography" includes two views for each breast. The termalso includes the professional interpretation of the film. Screening mammography does not include diagnostic mammography.
- Diagnostic mammogram Used to look at a woman's breast if she has breast symptoms or if a change is seen on a screening mammogram.
- Female at high risk Have a lifetime risk of breast cancer of about 20% to 25% or greater, according to risk assessment tools that are based mainly on family history
  - Have a known BRCA1 or BRCA2 gene mutation (based on having had genetic 0 testing)
  - Have a first-degree relative (parent, brother, sister, or child) with a BRCA1 or 0 BRCA2 gene mutation, and have not had genetic testing themselves
  - Had radiation therapy to the chest when they were between the ages of 10 and 30 years
  - Have Li-Fraumeni syndrome, Cowden syndrome, or Bannayan-Riley-Ruvalcaba 0 syndrome, or have first-degree relatives with one of these syndromes

NOTE: Members who are biologically females but identity as males are considered females for the purposes of this policy.

## D. Policy

- 1 **Prior Authorization** 
  - A. A prior authorization is not required for screening mammography.
  - B. A prior authorization is required for diagnostic outpatient mammograms.
- Ш. Mammograms must be performed in a facility or mobile mammography screening unit that is accredited under the American college of radiology mammography accreditation program or in a hospital.





Screening and Diagnostic Mammography OHIO MARKETPLA CE MM-0134 Effective Date: 09/01/2020

Mammograms

A. Screening mammograms

- 1. Are covered for women with the following frequency:
  - a. A baseline between ages of 35 and 39;
  - b. Once every two years ages 40-49; and
  - c. Once every year for ages 50-74.
    - 01. High risk screening for members who are deemed to be high risk it may be appropriate to start screening at an earlier age with mammography. CareSource may request medical documentation to support medical necessity for testing in women younger than 35 or more frequent testing than stated in D. III. A. 1. a. b. and c. Additional modalities of testing (such as MRI) will require a prior authorization and medical necessity review.
- NOTE: CareSource may request medical documentation to support medical necessity for any additional procedures.
- B. Diagnostic mammograms are covered for men and women who show clinical sign and symptoms of breast cancer (i.e., an abnormal screening mammogram, a breast mass/lump, etc.) or who are at high risk for developing breast cancer, when ordered by a practitioner based on medical necessity.
- CareSource will use MCG Health guidelines for medical necessity. IV.
- E. Conditions of Coverage
- F. Related Polices/Rules

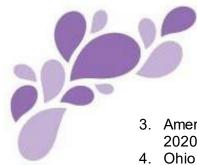
### G. Review/Revision History

		DATE	ACTION
	Date Issued	10/04/2017	
	Date Revised	04/29/2020	Changed title from breast imaging – focused on mammograms. Updated policy, background, and definitions. PA added.
Ν	Date Effective	09/01/2020	
	Date Archived		This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

#### H. References

- 1. MCG Health: Ambulatory Care Guidelines, 23rd Ed., 2019
- 2. American Cancer Society. (2020, March 5). American Cancer Society Screening Recommendations for Women at High Risk. Retrieved April 10, 2020 from www.cancer.org





Screening and Diagnostic Mammography OHIO MARKETPLA CE MM-0134 Effective Date: 09/01/2020

- 3. American Cancer Society (2020, March 5). *Mammogram Basics*. Retrieved April 14, 2020 from www.cancer.org
- 4. Ohio Revised Code. (2005, March 22). 1751.62 Screening Mammography cytologic screening for cervical cancer. Retrieved April 14, 2020 from www.codes.ohio.gov
- 5. Ohio Revised Code. (2005, March 23). 3923.52 Screening mammography and cytologic screening benefits. Retrieved April 14, 2020 from www.codes.ohio.gov
- 6. American Cancer Society (2020, March 5). *Mammogram Basics*. Retrieved April 14, 2020 from www.cancer.org

