



MEDICAL POLICY STATEMENT GEORGIA MEDICAID

Policy Name	Policy Number	Date Effective
Screening and Diagnostic Mammography	MM-0135	09/01/2020-03/31/2021
Policy Type		
MEDICAL	Administrative	Pharmacy
		Reimbursement

Medical Policy Statement prepared by CSMG Co. and its affiliates (including CareSource) are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased, or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Medical Policy Statements prepared by CSMG Co. and its affiliates (including CareSource) do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

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A. Subject
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** – Any low-dose radiologic screening procedure for the early detection of breast cancer provided to a woman and which utilizes equipment approved by the Department of Community Health dedicated specifically for mammography and includes a physician's interpretation of the results of the procedure or interpretation by a radiologist experienced in mammograms in accordance with guidelines established by the American College of Radiology. This includes conventional, digital, and 3D.
- **Screening mammogram** – Used to look for signs of breast cancer in women who don't have any breast symptoms or problems.
- **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** – Female who has
 - A personal history of breast cancer;
 - A personal history of biopsy proven benign breast disease;
 - A grandmother, mother, sister, or daughter has had breast cancer; or
 - Not given birth prior to age 30.

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

D. Policy

- I. A prior authorization is not required for screening or diagnostic mammography.
- II. All mammograms must be performed at a state certified center.
- III. All facility needs to be certified by the Food and Drug Administration for mammography services.
- IV. All mammogram results must be interpreted by a physician certified by the American Board of Radiology, or the American Osteopathic Board of Radiology, or certified as qualified to interpret the results of mammograms as determine by the Secretary of Health and Human Services.
- V. Mammograms
 - A. Screening mammograms are limited to one procedure per member per year unless medical documentation is provided which justifies additional services.



- B. 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. V. A. 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.
- VI. CareSource will use MCG Health guidelines for medical necessity.
- E. Conditions of Coverage
- F. Related Policies/Rules
- G. Review/Revision History

	DATE	ACTION
Date Issued	10/04/2017	
Date Revised		Changed title from breast imaging – focused on mammograms. Updated policy, background, and definitions. Removed ages and added limit.
Date Effective	09/01/2020	
Date Archived	03/31/2021	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. Official Code of Georgia Annotated. (2019) 33-29-3.2 Coverage for mammograms, Pap smears, and prostate specific antigen tests. Retrieved April 7, 2020 from www.ge.elaws.us
3. Georgia Department of Community Health Division of Medicaid. (2020, April). *Part II Policies and Procedure for Hospital Services*. Retrieved April 7, 2020 from www.mmis.georgia.gov
4. Georgia Department of Community Health Division of Medicaid. (2020, April 1). *Part II Policies and Procedure for Physician Services*. Retrieved April 7, 2020 from www.mmis.georgia.gov
5. American Cancer Society (2020, March 5). *Mammogram Basics*. Retrieved April 14, 2020 from www.cancer.org