

## MEDICAL POLICY STATEMENT INDIANA MEDICAID

Policy Name		Policy Number	Date Effective
Screening and Diagnostic Mammography		MM-1125	04/01/2021
Policy Type			
<b>MEDICAL</b>	Administrative	Pharmacy	Reimbursement

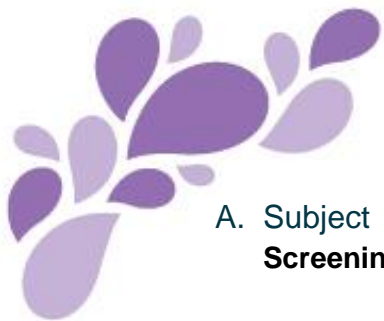
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According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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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

- **Breast cancer screening mammography** - A standard, two (2) view per breast, low-dose radiographic examination of the breasts that is:
  - (1) furnished to an asymptomatic woman; and
  - (2) performed by a mammography services provider using equipment designed by the manufacturer for and dedicated specifically to mammography in order to detect unsuspected breast cancer.The term includes the interpretation of the results of a breast cancer screening mammography by a physician.  
This includes conventional, digital, and 3D.
- **Mammography services provider** - A person or facility that:
  - (1) has been accredited by the American College of Radiology;
  - (2) meets equivalent guidelines established by the state department of health; or
  - (3) certified by the Federal Department of Health and Human Services for participation in the Medicare program
- **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.
- **Woman at high risk** – a woman who meets at least one (1) of the following descriptions:
  - (1) A woman who has a personal history of breast cancer.
  - (2) A woman who has a personal history of breast disease that was proven benign by biopsy.
  - (3) A woman whose mother, sister, or daughter has had breast cancer.
  - (4) A woman who is at least thirty (30) years of age and has not given birth.

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. Mammograms
  - A. Screening mammograms
    1. Are covered for women with the following frequency:
      - a. Once between ages 35-39;
      - b. Once a year beginning at age 40; and
      - c. Once a year for < 40 years of age and a female at high risk.



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. II. A. 1. a., b. and c. Additional modalities of testing (such as MRI) will require a prior authorization and medical necessity review.

NOTE: Any additional mammography views that are required for proper evaluation do not require a prior authorization. CareSource may request medical documentation to support medical necessity for any additional procedures.

- B. Ultrasound services, if determined medically necessary by the treating physician are covered.
- C. 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.

III. CareSource will use MCG Health guidelines for medical necessity.

#### E. Conditions of Coverage

NA

#### F. Related Policies/Rules

NA

#### G. Review/Revision History

DATE		ACTION
Date Issued	10/14/2020	
Date Revised		
Date Effective	04/01/2021	
Date Archived		

#### H. References

1. MCG Health: Ambulatory Care Guidelines, 24th Ed., 2020.
2. Indiana Code. (n.d.). IC 27-8-14-2 through IC 27-8-14-6. Retrieved October 5, 2020 from [www.iga.in.gov](http://www.iga.in.gov)