

## Mammography

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<b>Approved By:</b>	Highmark Health Options – Market Leadership
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<b>Application:</b>	All participating hospitals and providers
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### Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

### POLICY STATEMENT

Highmark Health Options may provide coverage under medical surgical benefits of the Company's Medicaid products for medically necessary mammography.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

### DEFINITIONS

**Highmark Health Options (HHO)** – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children (DHCP) and Diamond State Health Plan Plus members.

**Screening mammography** – An x-ray of the breast used to aid in the detection of breast cancer in an individual with no signs or symptoms of disease.

**Diagnostic mammography** – An x-ray used to further evaluate a finding in a screening mammography or used when an individual has other signs or symptoms or a history of cancer.

**Digital Breast Tomosynthesis (DBT)** – A three-dimensional view of the breast using x-ray technology, where the x-ray tube moves in an arc around the stabilized breast, and these images (slices) are then sent to a computer to produce the three-dimensional image.

**PROCEDURES**

A prior authorization is not required.

**SCREENING MAMMOGRAPHY**

Payment will be made for one screening mammography including computer-aided detection (CAD) **OR** screening mammography with digital breast tomosynthesis per calendar year for asymptomatic individuals with female anatomy age 40 or older.

Screening digital breast tomosynthesis (77063) should not be reported as a stand-alone code and be reported with the primary screening mammography procedure (77067). When 77063 is reported without the appropriate screening mammography code, the add on code of 77063 will deny.

Self-referred screening mammograms for individuals with female anatomy under age forty (40) are not covered. Prior to rendering the DBT service the following requirements for member safety, education and informed choice must be met:

- Provide educational materials to the patient outlining the study options so an informed decision can be made by the patient.
- Inform the patient of additional radiation exposure when both a 2-D mammography and 3-D DBT are performed.

**DIAGNOSTIC MAMMOGRAPHY**

Diagnostic mammograms are covered according to a member’s individual or group customer benefits, that includes standard diagnostic mammography and diagnostic digital breast tomosynthesis.

If reporting the HCPCS II code for diagnostic digital breast tomosynthesis (G0279), it should be reported separately with the appropriate diagnostic primary mammogram service code. Procedure code, G0279, is an add on code.

**POST-PAYMENT AUDIT STATEMENT**

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Health Options at any time pursuant to the terms of your provider agreement.

**PLACE OF SERVICE: OUTPATIENT**

Mammography is typically an outpatient procedure which is only eligible for coverage as an inpatient procedure in special circumstances, including, but not limited to, the presence of a co-morbid condition that would require monitoring in a more controlled environment such as the inpatient setting.

**CODING REQUIREMENTS**

CPT code	Description
<b>77063</b>	Screening digital breast tomosynthesis, bilateral (list separately in addition to code for primary procedure).
<b>77067</b>	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD), when performed.
<b>77065</b>	Diagnostic mammography, including computer-aided detection (CAD), when performed; unilateral.

<b>77066</b>	Diagnostic mammography, including computer-aided detection (CAD), when performed; bilateral.
<b>G0279</b>	Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to 77065 or 77066).

## REIMBURSEMENT

Participating facilities will be reimbursed per their Highmark Health Options contract.

## Reference

American College of Radiology. ACR Appropriateness Criteria®: breast cancer screening; date of origin. 2015.

National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology: Breast Cancer Screening and Diagnosis, Version 1.2015. Updated July 7, 2015.

Tagliafico A, Mariscotti G, Durando M, et al. Characterisation of microcalcification clusters on 2D digital mammography (FFDM) and digital breast tomosynthesis (DBT): does DBT underestimate microcalcification clusters? Results of a multicentre study. *European Radiology*. Jan 2015; 25(1):9-14.

Sumkin J, Ganott M, Chough D, et al. Recall Rate Reduction with Tomosynthesis During Baseline Screening Examinations: An Assessment from a Prospective Trial. *Academic Radiology*. 2015;22(12):1477-1482.

Lauby-Secretan B, Scoccianti C, Loomis D, et al. Breast-cancer screening--viewpoint of the International Agency for Research on Cancer (IARC) Working Group. *New England Journal of Medicine*. 2015; 372(24):2353-2358.

Simon S. American Cancer Society releases new breast cancer guideline. American Cancer Society. 2016.

Viale P. The American Cancer Society Guidelines on Screening for Breast Cancer: What's New? *Journal of Advanced Practitioner in Oncology*. 2015; 6:508–510.

Lång K, Nergården M, Andersson I, Rosso A, Zackrisson S. False positives in breast cancer screening with one-view breast tomosynthesis: An analysis of findings leading to recall, work-up and biopsy rates in the Malmö Breast Tomosynthesis Screening Trial. *European Radiology*. 2016;26(11):3899-3907.

Hayes Inc. Medical Technology Directory. Digital Breast Tomosynthesis for Breast Cancer Diagnosis and Screening. October 24, 2017. Accessed April 30, 2018.

Hayes, Inc. Hayes Medical Technology Directory Report. Full-Field Digital Mammography for Breast Cancer Screening. Landsdale, PA: Hayes, Inc. Dec 17, 2015.

Narayan A, Elkin E, Lehman C, Morris E. Quantifying performance thresholds for recommending screening mammography: a revealed preference analysis of USPSTF guidelines. *Breast Cancer Research and Treatment*. 2018; 172:463–468.

He X, Schifferdecker K, Ozanne E, Tosteson A, Woloshin S and Schwartz L. How Do Women View Risk-Based Mammography Screening? A Qualitative Study. *J Gen Intern Med*. 2018;33(11):1905–12.

The American College of Obstetricians and Gynecologists. ACOG Practice Advisory on Breast Cancer Screening. Practice Bulletin Number 122. 2017. Reaffirmed 2019.

American Society of Breast Surgeons (ASBS). Consensus Statement on Screening Mammography. October 29, 2015.

Henderson LM, Miglioretti DL, Kerlikowske K, Wernli KJ, Sprague BL, Lehman CD. Breast cancer characteristics associated with digital versus film-screen mammography for screen-detected and interval cancers. *AJR Am J Roentgenol.* 2015;205(3):676-684.

Knox M, O'Brien A, Szabó E, et al. Impact of full field digital mammography on the classification and mammographic characteristics of interval breast cancers. *Eur J Radiol.* 2015;84(6):1056- 1061.

Marseille E, Larson B, Kazi DS, Kahn JG, Rosen S. Thresholds for the cost-effectiveness of interventions: alternative approaches. *Bull World Health Organ.* 2015;93(2):118-124.

National Cancer Institute (NCI). Breast Cancer Screening – for health professionals (PDQ®). Modified October 9, 2015.

**POLICY UPDATE HISTORY**

12/21/2021	Approved in Medical Policy Committee
01/2022	Approved in QI/UM
12/28/2022	Annual review; approved in Medical Policy Committee
01/03/2023	Approved in QI/UM