Health New England

# Payment Policy

Mammography Services

**Effective: January 1, 2018**

## Purpose

The purpose of this payment policy is to define how Health New England (HNE) reimburses for Mammography Services.

## Applicable Plans

- ☒ Commercial Self Funded
- ☒ Commercial Fully Funded
- ☒ Medicare Advantage
- ☒ Be Healthy

## Definitions

Screening Mammography: A screening mammography is a tool used for early detection of breast cancer in asymptomatic women.

Diagnostic Mammography: A Diagnostic Mammography is used to diagnose breast cancer in women who have signs or symptoms of breast disease, or who has a history of breast cancer.

2D Digital Mammography: Two-dimensional x-ray images are recorded onto a computer, rather than directly onto film.

Breast Tomosynthesis (3D Mammography): Three-dimensional imaging technique that involves acquiring images of a stationary compressed breast at multiple angles during a short scan. A computer processes the series of slices and displays the data on a workstation.

## Requirements

**Commercial**

I - Health New England considers annual mammography screening a medically necessary preventive service for women aged 40 and older. This preventive benefit has no member responsibility one time per calendar year. Annual mammography is also considered medically necessary for younger women who are at high-risk including:

- BRCA1 or BRCA2 mutation carrier; *or*
- Women with diagnosis of, or has first-degree relative with, one or more of the following:
    1. Bannaya-Riley-Ruvalcaba syndrome: *or*
    2. Cowden syndrome; *or*
    3. Li-Fraumeni syndrome; *or*

4. Personal history of radiation to chest between ages 10 and 30 years

Screening mammography for other women is considered experimental and investigational because its benefits for this group are unproven.

II - Health New England considers diagnostic mammography medical necessary for Members with signs or symptoms of breast disease or history of breast cancer.

III - Health New England considers 2D digital mammography a medically necessary acceptable alternative to film mammography. Health New England will cover a "call back" 2D mammography with no member responsibility, within in the same year.

IV - Health New England considers Breast Tomosynthesis (3D mammography), a 3-dimensional imaging technique as a medically necessary acceptable alternative to standard 2D mammography.

**Medicare Advantage**
HNE will follow Medicare reimbursement guidelines.

**Medicaid**
HNE will follow Medicaid reimbursement guidelines.

## Authorization Requirements

Not applicable

## Attachments

Not applicable

## Important Note About This Reimbursement Policy

Providers are responsible for submission of accurate claims. All EDI claims must be submitted in accordance with HIPAA 5010 Standards and Paper claims must be submitted on either CMS1500 or CMS1450 (UB04) claim forms. HNE's reimbursement policy includes the use of Current Procedural Terminology (CPT®[1]), guidelines from the Centers for Medicare and Medicaid Services (CMS), and other coding guidelines. Providers will be reimbursed based on the codes(s) that correctly describe the health care services provided.

HNE may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to HNE enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to, legislative mandates, the type of provider agreement and the terms of that agreement, the HNE Provider Manual, and/or the enrollee's benefit coverage documents.

[1] CPT® is a registered trademark of the American Medical Association.

HNE reserves the right to audit any provider and/or facility to ensure compliance with the guidelines stated in this payment policy in accordance with our provider review policy.

## Resources

American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
HNE Provider Manual