

Reimbursement Clinical Guidelines: Low-Dose Mammography, Digital Mammography, And Breast Tomosynthesis

Policy Position

This reimbursement policy applies to the 85th Legislative mandate (H.B. 1036, 2017) that FirstCare reimburses an annual screening by “all forms” of low-dose mammography to a female who is 35 years of age or older. Assures low-dose mammography, digital mammography, and breast tomosynthesis reimburse appropriately according to Texas Insurance Code and the member’s fully-insured HMO/PPO benefit plan (including small, large, and individual groups, transitional and grandfathered plans).

FirstCare Health Plans follows the coverage requirement for mammography (Insurance Code, 2017):

- Definition:
 - Mammography, Breast Tomosynthesis: Mammography, Breast Tomosynthesis: A radiologic mammography procedure that involves the acquisition of projection images over a stationary breast to produce cross-sectional digital three-dimensional images of the breast from which applicable breast cancer screening diagnoses may be determined.
 - Mammography, Low Dose: The x-ray examination of the breast using equipment dedicated specifically for mammography, including an x-ray tube, filter, compression device, and screens, with an average radiation exposure delivery of less than one rad mid-breast and with two views for each breast.
- A health benefit plan that provides coverage to a female who is 35 years of age or older must include coverage for an annual screening by all forms of low-dose mammography for the presence of occult breast cancer.
 - may not be less favorable than coverage for other radiological examinations under the plan; and
 - must be subject to the same dollar limits, deductibles, and coinsurance factors as coverage for other radiological examinations under the plan.

Disclaimer

FirstCare has developed coding and reimbursement policies (“Reimbursement Policies”) to provide ready access and general guidance on payment methodologies for medical, surgical and behavioral health services.

These policies are subject to all terms of the Provider Service Agreement as well as changes, updates and other requirements of Reimbursement Policies. All Reimbursement Policies are also subject to federal HIPAA rules, and in the case of medical code sets (HCPCS, CPT, ICD-10), FirstCare accepts codes valid for the date of service. Additionally, Reimbursement Policies supplement certain standard FirstCare benefit plans and aid in administering benefits. Thus, federal and state law, contract language, etc. take precedence over the Reimbursement Policies (e.g., Centers for Medicare and Medicaid Services [CMS] National Coverage Determinations [NCDs], Local Coverage Determinations [LCDs] or other published documents). Moreover, the terms of a member’s particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from Reimbursement Policies. For example, a member’s benefit plan may contain specific exclusions related to the topic addressed in Reimbursement Policies.

Most importantly, our Reimbursement Policies relate exclusively to the administration of health benefit plans and are **not** recommendations for treatment or treatment guidelines. Providers are responsible for the treatment and recommendations provided to the member.

All Reimbursement Policies are subject to change prior to the annual review date. Lines of business (LOB) are subject to change without notice; individual Reimbursement Policies list the applicable LOBs.

Medical Necessity

FirstCare considers annual mammography screening a medically necessary preventive service for women aged 35 and older.

FirstCare considers digital mammography a medically necessary acceptable alternative to film mammography.

FirstCare considers digital breast tomosynthesis ("3D mammography") as a medically necessary acceptable alternative to standard (2D) mammography.

Applicable Billing Codes

Annually reimburse one of the following service codes to a female who is 35 years of age or older:	
CPT	Description
77061	Digital breast tomosynthesis; unilateral
77062	Digital breast tomosynthesis; bilateral
77063	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)
G0279	Diagnostic digital breast tomosynthesis, unilateral or bilateral (List separately in addition to 77065 or 77066)

Related Policies and References

1. Acts 2017, 85th Leg., R.S., Ch. 816 (H.B. 1036), Sec. 4, eff. September 1, 2017. Retrieved from <https://capitol.texas.gov/tlodocs/85R/billtext/html/HB01036F.HTM>
2. Insurance Code. Benefits Payable Under Health Coverages. Mammography. (2017). Retrieved from <https://statutes.capitol.texas.gov/Docs/IN/htm/IN.1356.htm>