Applicable To:
☑ Medicaid – Kentucky

Claims and Payment Policy: Breast Imaging for Screening and Diagnosing Cancer

Policy Number: CPP-113

Original Effective Date: 1/10/2019
Revised Effective Date(s): N/A

BACKGROUND

According to the United States Preventive Services Task Force (USPSTF), breast cancer is the second-leading cause of cancer death among women in the United States. Approximately 232,000 women were diagnosed with the disease in 2015 and 40,000 women died of it. It is most frequently diagnosed among women aged 55 to 64 years, and the median age of death from breast cancer is 68 years. There is evidence that mammography screening can reduce breast cancer mortality in women aged 40 to 74 years. Age is the most important risk factor for breast cancer, and the increased benefit observed with age is at least partly due to the increase in risk. Women aged 40 to 49 years who have a first-degree relative with breast cancer have a risk for breast cancer similar to that of women aged 50 to 59 years without a family history. Research is limited for breast cancer screening in women age 75 years and older.

Mammography remains the generally accepted standard for breast cancer screening and diagnosis. However, efforts to provide new insights regarding the origins of breast disease and to find different approaches for addressing several key challenges in breast cancer, including detecting disease in mammographically dense tissue, distinguishing between malignant and benign lesions, and understanding the impact of neoadjuvant chemotherapies, has led to the investigation of several novel methods of breast imaging for breast cancer management.

The following procedures represent some of these newer types of screening tests used for detecting breast cancer:

- Breast Magnetic Resonance Imaging (MRI)
- Magnetic Resonance Elastography (MRE) of the Breast
- Breast Specific Gamma Imaging (BSGI)
- Electrical Impedance Scanning (EIS)
- Computer-Aided Detection with MRI of the Breast
- Breast Ultrasound
- Computer-Aided Detection (CAD) for Ultrasound
- Computer-Aided Tactile Breast Imaging
- Automated Breast Ultrasound

Original Effective Date: 01/10/2019 - Revised: N/A
PRO_48129E State Approved 05112020 KY9PROWEB48129E_0000

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CPP - 113

POSITION STATEMENT

Screening mammography (with or without clinical breast exam) for breast cancer **is a covered benefit** when the Member meets the following criteria:[1]

- Female; **AND**
- Member is age 40 or over; **OR**

- History of breast cancer self/family
  Note: All other breast cancer diagnosis/procedure codes are applicable as determined by provider documentation support and patient medical necessity.

CODING & BILLING

The following list(s) of procedure codes is provided for reference purposes only and may not be all inclusive.

ICD-10 CM: WellCare's preventive benefit **does not have ICD-10 CM diagnosis code requirement** for the benefit to apply

CPT-4/HCPCs: The following breast cancer screening and associated diagnostic CPT codes are considered **medically necessary** and **covered**:

0159T	Computer aided detection, including computer algorithm analysis of MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation, breast MRI (List separately in addition to code for primary procedure)
0346T	Ultrasound, elastography (List separately in addition to code for primary procedure
76376	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image post-processing under concurrent supervision; not requiring image post-processing on an independent workstation
76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; image post-processing under concurrent supervision; requiring image post-processing on an independent workstation
76498	Unlisted magnetic resonance procedure (e.g., diagnostic, interventional)
76499	Unlisted diagnostic radiographic procedure
76641	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete
76642	

Original Effective Date: 01/10/2019 - Revised: N/A
PRO_48129E State Approved 05112020 KY9PROWEB48129E_0000

	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited
77058	Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral
77059	Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral
77063	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)
77065	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral
77066	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed
77067	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed
S8080	Scintimammography (radioimmunoscintigraphy of the breast), unilateral, including supply of radiopharmaceutical

Coding Clarification: Computer-aided detection (CAD) is included with the MRI breast CPT 77048 and 77049 procedures. If CAD is performed with these codes, there is no additional reimbursement.

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member's benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal / state laws.

DEFINITIONS

Breast Magnetic Resonance Imaging (MRI)	MRI is a non-invasive imaging modality that uses magnetic and radiofrequency fields to image body tissue producing very detailed, cross-sectional pictures of the body. Inconsistent with CT, MRI uses no ionizing radiation and is generally a safe procedure. MRI is sometimes used in combination with mammography .
Magnetic Resonance Elastography (MRE) of the Breast	MRE of the breast is a phase-contrast-based MRI technique that is based upon quantitative differences in the mechanical properties of normal and malignant tissues. Specifically, the elastic modulus of breast cancer tissue is

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PRO_48129E State Approved 05112020

	approximately 5- to 20-fold higher than that of the surrounding fibroglandular tissue, i.e., breast cancers are usually harder than normal tissues. This difference can be measured by applying a known stressor and measuring the resulting deformation. MRE is performed by a radiologist in an MRI suite equipped with the electromechanical driver and integrated radiofrequency coil unit.
Breast Specific Gamma Imaging (BSGI)	BSGI, also known as scintimammography (SMM) or molecular breast imaging (MBI) is a noninvasive diagnostic technology that detects tissues within the breast that accumulate higher levels of a radioactive tracer that emit gamma radiation. The test is performed with a gamma camera after intravenous administration of radioactive tracers. Scintimammography has been proposed primarily as an adjunct to mammography and physical examination to improve selection for biopsy in patients who have palpable masses or suspicious mammograms.
Electrical Impedance Scanning (EIS)	EIS was developed as a confirmatory test to be used in conjunction with mammography. The device detects abnormal breast tissue using small electrical currents. Since malignant tissue tends to conduct more electricity than normal tissue, the electrical current produced creates a conductivity map of the breast which automatically identifies sites that appear suspicious. The transmission of electricity into the body is via an electrical patch on the arm or a handheld device which travels to the breast. This is measured by a probe on the surface of the skin.
Computer-Aided Detection (CAD) for Ultrasound	CAD systems for ultrasound use pattern recognition methods to help radiologists analyze images and automate the reporting process. These systems have been developed to promote standardized breast ultrasound reporting.
Computer-Aided Tactile Breast Imaging	Tactile breast imaging includes placing a tactile array sensor in contact with the breast. As the clinician gently moves the hand-held sensor across the breast and underarm area, data signals are then processed into multi-dimensional color images that instantly appear on a computer screen in real-time, allowing the clinician to view the size, shape, hardness and location of suspicious masses immediately.
Computer-Aided Detection (CAD) MRI of the Breast	Computer-aided detection has been used to aid radiologists' interpretation of contrast-enhanced MRI of the breast, which is sometimes used as an alternative to mammography or other screening and diagnostic tests because of its high sensitivity in detecting breast lesions, even among those in whom mammography is less accurate (e.g., younger women and those with denser breasts).
Breast Ultrasound	Ultrasound, also known as sonography, is an imaging method using sound waves rather than ionizing radiation to a part of the body. For this test, a

	small, microphone-like instrument called a transducer is placed on the skin (which is often first lubricated with ultrasound gel). It emits sound waves and picks up the echoes as they bounce off body tissues. The echoes are converted by a computer into a black and white image on a computer screen. Ultrasound is useful for evaluating some breast masses and is the only way to tell if a suspicious area is a cyst (fluid-filled sac) without placing a needle into it to aspirate (draw out) fluid. Cysts cannot accurately be diagnosed by physical exam alone. Breast ultrasound may also be used to help doctors guide a biopsy needle into some breast lesions.
Automated Breast Ultrasound System (ABUS)	Automated Breast Ultrasound is the first and only ultrasound system developed and US Food and Drug Administration (FDA) approved specifically for breast cancer screening in women with dense breast tissue who have not had previous breast biopsies or surgeries. It is used as an adjunct to mammography. The high center-frequency significantly sharpens detail resolution while the ultra-broadband performance simultaneously delivers distinct contrast differentiation.

REFERENCES

1. American Cancer Society (ACS). Mammograms and Other Breast Imaging Tests. Revised August 2016.
2. Breast Cancer Guidelines. American Cancer Society Web site. https://www.cancer.org/health-care-professionals/american-cancer-society-prevention-early-detection-guidelines/breast-cancer-screening-guidelines.html. Accessed September 19, 2019.
3. Breast Cancer Screening Guidelines for Women. https://www.cdc.gov/cancer/breast/pdf/BreastCancerScreeningGuidelines.pdf. Accessed September 19, 2019.
4. Final Recommendation Statement: Breast Cancer: Screening. United States Preventive Services Task Force Web site. https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/breast-cancer-screening1. Published January 2016. Accessed September 19, 2019.
5. United Healthcare Breast Imaging for Screening and Diagnosing Cancer. United Healthcare Commercial Medical Policy Website. https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-medical-drug/breast-imaging-screening-diagnosing-cancer.pdf. Accessed September 19, 2019.

IMPORTANT INFORMATION ABOUT THIS DOCUMENT

Claims and Payment Policies (CPPs) are policies regarding claims or claim line processing and/or reimbursement related to the administration of health plan benefits. They are not recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for diagnosing, treating, and making clinical recommendations to the member. CPPs are subject to, but not limited to, the following:

- State and federal laws and regulations;
- Policies and procedures promulgated by the Centers for Medicare and Medicaid Services, including National Coverage Determinations and Local Coverage Determinations;
- The health plan's contract with Medicare and/or a state's Medicaid agency, as applicable;
- Other CPPs and clinical policies as applicable including, but not limited to, *Pre-Payment and Post-Payment Review*.

- The provisions of the contract between the provider and the health plan; and
- The terms of a member's particular benefit plan, including those terms outlined in the member's Evidence of Coverage, Certificate of Coverage, and other policy documents.

In the event of a conflict between a CPP and a member's policy documents, the terms of a member's benefit plan will always supersede the CPP.

The use of this policy is neither a guarantee of payment, nor a prediction of how a specific claim will be adjudicated. Any coding information is for informational purposes only. No inference should be made regarding coverage or provider reimbursement as a result of the inclusion, or omission, in a CPP of a CPT, HCPCS, or ICD-10 code. Always consult the member's benefits that are in place at time of service to determine coverage or non-coverage. Claims processing is subject to a number of factors, including the member's eligibility and benefit coverage on the date of service, coordination of benefits, referral/authorization requirements, utilization management protocols, and the health plan's policies. Services must be medically necessary in order to be covered.

References to other sources and links provided are for general informational purposes only, and were accurate at the time of publication. CPPs are reviewed annually but may change at any time and without notice, including the lines of business for which they apply. CPPs are available at www.wellcare.com. Select the "Provider" tab, then "Tools" and then "Payment Guidelines".

WellCare (Kentucky)

RULES, PRICING & PAYMENT COMMITTEE HISTORY AND REVISIONS

Date	Action
10/30/2019	• Approved by RGC

Original Effective Date: 01/10/2019 - Revised: N/A
PRO_48129E State Approved 05112020