

BREAST CANCER SCREENING REQUIREMENTS WHEN ADDITIONAL FOLLOW-UP IS NEEDED

Policy # CR-102

Implementation Date: 1/1/26

Review Dates:

Revision Dates:

Disclaimer:

1. Policies are subject to change without notice.
2. Policies outline coverage determinations for Select Health Commercial, Select Health Medicare (CMS), and Select Health Community Care (Medicaid) plans. Refer to the "Policy" section for more information.

Description

Regular screening remains the most reliable method for detecting breast cancer early—when treatment is most effective. Screening guidelines vary based on individual risk, and several tools are available to estimate breast cancer risk using different combinations of factors. Current screening and diagnostic approaches include breast self-examination, clinical breast exams, ultrasonography, mammography, and magnetic resonance imaging (MRI).

Mammography continues to be the widely accepted standard for breast cancer screening and diagnosis. However, ongoing research seeks to overcome key challenges, such as detecting cancer in dense breast tissue, distinguishing malignant from benign lesions, and assessing the effects of neoadjuvant chemotherapy. These efforts have spurred the development and evaluation of innovative imaging techniques aimed at improving breast cancer detection and management.

COMMERCIAL PLAN POLICY AND CHIP (CHILDREN'S HEALTH INSURANCE PROGRAM)

Application of coverage criteria is dependent upon an individual's benefit coverage at the time of the request. For High-Deductible Health Plans and Self-Funded Plans, please inquire about these benefits as they may differ.

Select Health will pay specific follow-up services needed after the annual screening mammogram for breast cancer screening as preventive when the following criteria are met. These criteria will be used for auditing purposes to confirm compliance with this guidance.

UTAH:

- One preventive mammogram each year for members 40–74 years of age
 - o If additional screening (e.g., magnetic resonance imaging (MRI), ultrasound, mammography) and pathology evaluation are indicated to complete the screening process for malignancies is needed, services must be done within 90 days of the initial preventive mammogram and must be billed with a 33 modifier and would be required to be related to the initial preventive screening.

COLORADO:

- (1) One preventive mammogram each year for members 40–74 years of age
- (1) additional screening for people with at least one risk factor (does not need to be tied to the preventive screening)

- Family history
- Being 40 years old or older
- Increased lifetime risk
- Both the preventive and additional screening:
 - A medically necessary and appropriate diagnostic examination of the breast that is used to evaluate an abnormality seen or suspected from a screening examination for breast cancer or used to evaluate an abnormality detected by another means of examination; and
 - A medically necessary and appropriate supplemental examination of the breast that is used to screen for breast cancer when there is no abnormality seen or suspected and that is based on personal or family medical history or additional factors that increase the individual's risk of breast cancer, including heterogeneously or extremely dense breasts.

IDAHO:

- (1) One preventive mammogram each year for members 40–74 years of age
- (1) additional screening (does not need to be tied to the preventive screening) for a person with increased risk of breast cancer that fits the criteria
 - Medically necessary and appropriate examination of the breast using either standard or abbreviated magnetic resonance imaging, contrast mammogram imaging, or, if such imaging is not possible, ultrasound if recommended by the treating physician to screen for breast cancer when there is no abnormality seen or suspected in the breast.
 - Criteria:
 - Personal history of atypical breast histologies;
 - Personal history or family history of breast cancer;
 - Genetic predisposition for breast cancer;
 - Prior therapeutic thoracic radiation therapy;
 - Lifetime risk of breast cancer of greater than twenty percent (20%) according to risk assessment tools based on family history;
 - Extremely dense breast tissue based on breast composition categories of the breast imaging and reporting data system established by the American college of radiology; or
 - Heterogeneously dense breast tissue based on breast composition categories with any one (1) of the following risk factors:
 - Personal history of BRCA1 or BRCA2 gene mutations;
 - First-degree relative with a BRCA1 or BRCA2 gene mutation who has not undergone genetic testing;
 - Prior therapeutic thoracic radiation therapy from ten (10) to thirty (30) years of age; or
 - Personal history of Li-Fraumeni syndrome, Cowden syndrome, or Bannayan-Riley-Ruvalcaba syndrome, or a first-degree relative with one (1) of these syndromes.
 - Select Health considers the following to be relevant family members: sisters, mothers, daughters, aunts, and grandmothers.

NEVADA:

- One preventive mammogram each year for members 40–74 years of age

- If additional screening (e.g., magnetic resonance imaging (MRI), ultrasound, mammography) and pathology evaluation are indicated to complete the screening process for malignancies is needed, services must be done within 90 days of the initial preventive mammogram and must be billed with a 33 modifier and would be related to the initial preventive screening.

SELECT HEALTH MEDICARE (CMS)

Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, and InterQual criteria are not available, the Select Health Commercial policy applies. For the most up-to-date Medicare policies and coverage, please visit their search website <http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx?from2=search1.asp&> or [the manual website](#)

SELECT HEALTH COMMUNITY CARE (MEDICAID)

Select Health Community Care policies typically align with State of Utah Medicaid policy, including use of InterQual. There may be situations where NCD/LCD criteria or Select Health commercial policies are used. For the most up-to-date Medicaid policies and coverage, please visit their website <http://health.utah.gov/medicaid/manuals/directory.php> or the [Utah Medicaid code Look-Up tool](#)

Billing/Coding Information

- 77063** Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)
- 76641** Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete
- 76642** Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited
- 77046** Magnetic resonance imaging, breast, without contrast material; unilateral
- 77047** Magnetic resonance imaging, breast, without contrast material; bilateral
- 77048** Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral
- 77049** Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral
- 77061** Diagnostic digital breast tomosynthesis; unilateral
- 77062** Diagnostic digital breast tomosynthesis; bilateral
- 77065** Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral
- 77066** Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral
- 77067** Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed

G0279 Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to 77065 or 77066)

S8080 Scintimammography (radioimmunosциntigraphy of the breast), unilateral, including supply of radiopharmaceutical

Sources

1. Health Resources and Services Administration (HRSA). <https://www.hrsa.gov/womens-guidelines>

Disclaimer

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The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

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