

MCP 42: Coverage Criteria for Breast Cancer Screening

South Country Health Alliance

Medicare	X
Medicaid	X

Policy & Procedure:

Policy Name	Coverage Criteria for Breast Cancer Screening
Policy Number	MCP 42
Regulatory Requirement(s)	DHS Provider Manual Medicare Benefit Policy Manual – Chapter 15
Original Effective Date	7-2-2019
Version Effective Date	April 15, 2024
Policy Owner(s)	Medical Director, Director of Health Services
Cross Reference(s)	MCP 40

Purpose

There is more scientific evidence related to screening for breast cancer, the most common nonskin cancer and second deadliest cancer in women, than for any other cancer.

Breast Imaging may include ultrasound, film or digital mammography, tomosynthesis, breast MRI, scintimammography, molecular breast imaging, breast specific gamma imaging, PET mammography, thermography, or impedance mammography. Not all breast imaging is appropriate for breast cancer screening, rather are utilized in diagnostic assessment when indicated.

Many breast imaging techniques can be utilized to diagnosis members with various symptomatic or elevated risk clinical scenarios. The scope of this policy is focused on guidance for breast cancer screening in asymptomatic average risk individual. The National Cancer Institute posts a Breast Cancer Risk Assessment Tool online based on a statistical model known as the Gail Model that allows health professionals to estimate a woman's risk of developing invasive breast cancer over the next 5 years and up to age 90 (lifetime risk).

Guideline:

In general, SCHA is adopting coverage of breast cancer screening following the Breast Screening Considerations and Recommendations (BSCR) algorithms in the NCCN Breast Cancer Screening Guidelines.

Women aged 40 years and over**Coverage/Limitations:**

- Annual screening mammography
- Tomosynthesis is covered with any covered mammogram

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Women aged less than 40 years

- Refer to NCCN Guidelines
- Tomosynthesis is covered with any covered mammogram

References

Last literature review: April 2024

NIH: National Cancer Institute

- Breast Cancer Risk Assessment Tool
<https://bcrisktool.cancer.gov/>


Professional Organization Guidelines:

- NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) Breast Cancer Screening and Diagnosis Version 1.2024 — March 29, 2024
https://www.nccn.org/professionals/physician_gls/pdf/breast-screening.pdf

CMS National Coverage Determination (NCD) 220.4 Mammograms

This policy may be used to authorize services in a way less restrictive than CMS National Coverage Determination (NCD) 220.4, but shall not be used in any way more restrictive than CMS National Coverage Determination (NCD) 220.4.

Signatures:

Signature Approval: DocuSigned by:

891618EF4837439...
 _____ Date: 4/16/2024
 Medical Director

Signature Approval: DocuSigned by:

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 Director of Health Services