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Department of Origin: Integrated Healthcare Services	**Effective Date:** 10/11/22
Approved by: Chief Medical Officer	**Date Approved:** 10/05/22
Clinical Policy Document: Preventive Coverage for Breast Cancer Screening	**Replaces Effective Clinical Policy Dated:** 09/03/21
Reference #: MP/P019	**Page:** 1 of 5

The Patient Protection and Affordable Care Act of 2010 (the "ACA") requires that "non-grandfathered" insured and self-insured group health plans and individual insurance policies provide full coverage, with no cost-sharing for the member, for certain preventive care services that members receive from participating providers. The ACA defines preventive services to include for covered adults and children, as applicable, certain annual or periodic exam, screening, counseling and immunization services, and, for women with reproductive capacity, certain contraceptive methods and related counseling.

These preventive services are described in the United States Preventive Services Task Force (USPSTF) A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control (CDC), the Health Resources and Services Administration (HRSA) Guidelines including the Health and Human Services (HHS) Health Plan Coverage Guidelines for Women's Preventive Services and the American Academy of Pediatrics (AAP) Bright Futures periodicity guidelines.

For insured individual, small and large groups, additional preventive services are covered in accordance with Minnesota Statute 62A.30 Coverage for Diagnostic Procedures for Cancer and Minnesota Statute 62A.047 Children's Health Supervision Services and Prenatal Care Services. This coverage does not apply to PAS self-insured groups, with the exception for plans sponsored by governmental entities and political subdivisions.

PURPOSE:
The intent of this policy is to provide guidelines for health care services covered at the preventive, no-cost sharing level of benefit. Coverage of medications at the preventive, no cost-sharing level of benefit are not addressed in this policy.

Please refer to the member's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member's benefit plan or certificate of coverage, the terms of the member's benefit plan document will govern.

POLICY:
Health care services are a covered benefit with no cost-sharing in compliance with the ACA and state mandated requirements.

COVERAGE:
- The services are 100% or fully covered by the plan when they are received from participating providers. The plan's benefit level will be lower (less than 100%) when these services are received from non-participating providers. Refer to the applicable COC or SPD for the applicable nonparticipating provider benefit level.
- These services are covered services under the plan, and the plan will pay for them only when, at the time of service, the member is eligible for and properly enrolled in coverage, and the member and/or employer have timely paid for your coverage.
- As new recommendations are issued or updated, coverage must commence in the next plan year that begins on or after exactly one year from the recommendation's issue date.

- Generally, if a preventive service results in follow up treatment for an identified condition or illness, such follow up treatment is not a preventive health care service. Services that are not preventive may be covered as medical care or treatment services under another non-preventive provision of the plan, and subject to the applicable member cost-sharing.
- Coverage and benefits for preventive health care services, and the frequency, method, treatment or setting for them is subject to any limits and exclusions set forth in the applicable certificate of coverage or contract, plan document or SPD, and to PreferredOne's and/or the plan's usual policies, processes and requirements.

USPSTF RECOMMENDED PREVENTIVE BREAST CANCER SCREENING		
Coverage Provision **Date of Release and Rating**	**Services and Codes**	**Notes**
Breast Cancer Screening USPSTF (2002): B* The USPSTF recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women aged 40 and older	**Procedure Code(s):** 77063, 77067 **ICD-10 Diagnosis Code(s):** Z12.31, Z12.39, Z80.3	Covered annually, for women aged 40 and older when billed with one of the diagnosis codes in this row
*The Department of Health and Human Services, under the standards set out in revised Section 2713(a)(5) of the Public Health Service Act states, "… the current recommendations of the USPSTF regarding breast cancer screening, mammography, and prevention shall be considered the most current other than those issues on or around November 2009."[5] and Section 9(h)(v)(229) of the 2015 Consolidated Appropriations Act		

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HEALTH RESOURCES & SERVICES ADMINISTRATION (HRSA) WOMEN'S PREVENTIVE SERVICES GUIDELINES RELATED TO BREAST CANCER SCREENING SERVICES		
Coverage Provision	**Services and Codes**	**Notes**
Breast Cancer Screening for Average- Risk Women The Women's Preventive Services Initiative recommends that average-risk women initiate mammography screening no earlier than age 40 and no later than age 50. Screening mammography should occur at least biennially and as frequently as annually. Screening should continue through at least age 74 and age alone should not be the basis to discontinue screening.	See above	See above
PREVENTIVE CARE RELATED TO BREAST CANCER SCREENING MN Statute 62A.30 - PAS Governmental Entities and Political Subdivisions (Non-ERISA), and PIC GROUPS		
Coverage Provision	**Services and Codes**	**Notes**
Coverage for Diagnostic Procedures for Cancer Coverage for a preventive mammogram screening includes digital breast tomosynthesis for enrollees at risk for breast cancer. At risk for breast cancer means: • Having a family history with one or more first or second degree relatives with breast cancer; • Testing positive for BRCA1 or BRCA2 mutations • Having dense breasts • Having a previous diagnosis of breast cancer	**Procedure Code(s):** 77063, 77067 **ICD-10 Diagnosis Code(s):** Normal Risk Z12.31, Z12.39 High Risk R92.2, Z15.01, Z80.3, Z85.3, Z86.000	For normal risk individuals, mammography is covered annually, for men and women, beginning at age 40 when submitted with a normal risk diagnosis code For high-risk individuals, mammography is covered at any interval/ age, for men and women, when submitted with a high risk diagnosis code

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BACKGROUND:
This coverage position is based on the following:

- August 2002 USPSTF Final Recommendation Statement for Breast Cancer: Screening. These recommendations apply to asymptomatic women aged 40 years or older who do not have preexisting breast cancer or a previously diagnosed high-risk breast lesion and who are not at high risk for breast cancer because of a known underlying genetic mutation (such as a *BRCA1* or *BRCA2* gene mutation or other familial breast cancer syndrome) or a history of chest radiation at a young age.

- Comprehensive guidelines supported by the Health Resources & Services Administration (HRSA) for women, as found in the Women's Preventive Services Guidelines and for infants, children, and adolescents, as found in the Periodicity Schedule of the Bright Futures Recommendations for Pediatric Preventive Health Care, and the Uniform Panel of the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children (SACHDNC).

- MN statute 62A.30 Coverage for Diagnostic Procedures for Cancer

Subd. 2. requires coverage for routine screening procedures for cancer and the office or facility visit, including mammograms, surveillance tests for ovarian cancer for women who are at risk for ovarian cancer as defined by subdivision 3, pap smears, and colorectal screening tests for men and women, when ordered or provided by a physician in accordance with the standard practice of medicine.
Subd. 4.Mammograms.
(a) For purposes of subdivision 2, coverage for a preventive mammogram screening (1) includes digital breast tomosynthesis for enrollees at risk for breast cancer, and (2) is covered as a preventive item or service, as described under section 62Q.46.
(b) For purposes of this subdivision, "digital breast tomosynthesis" means a radiologic procedure that involves the acquisition of projection images over the stationary breast to produce cross-sectional digital three-dimensional images of the breast. "At risk for breast cancer" means:
(1) having a family history with one or more first- or second-degree relatives with breast cancer;
(2) testing positive for BRCA1 or BRCA2 mutations;
(3) having heterogeneously dense breasts or extremely dense breasts based on the Breast Imaging Reporting and Data System established by the American College of Radiology; or
(4) having a previous diagnosis of breast cancer.

REFERENCES:

1. Integrated Healthcare Services Process Manual: UR015 Use of Medical Policy and Criteria
2. Clinical Policy: MP/C009 Coverage Determination Guidelines
3. U.S. Department of Labor: July 19, 2010 IRS Interim Rules. Retrieved from https://www.irs.gov/irb/2010-29_IRB. Accessed 09-13-22.
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5. U.S. Department of Labor: Employee Benefits Security Administration. Affordable Care Act Implementation Frequently Asked Questions. Retrieved from https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/aca-implementation-faqs. Accessed 09-13-22.
6. Published Recommendations, U.S. Preventive Services Task Force: http://www.uspreventiveservicestaskforce.org/BrowseRec/Index/browse-recommendations. Accessed 09-13-22.

7. Women's Preventive Services: Required Health Plan Coverage Guidelines. Date Last Reviewed: January 2022. Retrieved from https://www.hrsa.gov/womens-guidelines and https://www.hrsa.gov/womens-guidelines-2019 Accessed 09-13-22.
8. American Academy of Pediatrics / Bright Futures / Recommendations for Pediatric Preventive Health Care. (For ages 11 – 21). Last Updated July 2022**.** Retrieved from https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf. Accessed 09-13-22.
9. Minnesota Statute 62A.30 Coverage for Diagnostic Procedures for Cancer
10. Minnesota Statute 62Q.46 Preventive Items and Services

DOCUMENT HISTORY:

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Revised Date: 10/05/22

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PCHP:
Provides free aids and services to people with disabilities to communicate effectively with us, such as:

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If you believe that PCHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist
PreferredOne Community Health Plan
PO Box 59052
Minneapolis, MN 55459-0052
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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Fax: 763.847.4010
customerservice@preferredone.com

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U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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