

Mammography Indications-Screening and Diagnostic Adjudication Guideline

Rule Category:
Medical

Ref: No:
2013-MN-0009

Version Control:
Version No. 4.0

Effective Date:
15/05/2013

Revision Date:
31/12/2024

Approved by:
Daman

Responsible:
Medical Standards
& Research

**Related Adjudication
Guidelines:**
N/A

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1. Abstract

1.1 For Members

A mammogram is an x-ray photograph of the breast. There are two types of mammograms widely used. Screening mammograms are typically done every year for all the females over 40 years of age, to check the breasts for any early signs of breast cancer.

Diagnostic mammograms are different from screening mammograms in that they focus on getting more information about a specific area (or areas) of concern usually due to a suspicious screening mammogram or a suspicious lump.

Daman covers both screening and diagnostic mammograms if medically justified as per the best international medical practice, regulatory standards and as per the policy terms and conditions of each Health Insurance Plan administered by Daman.

1.2 For Medical Professionals

Screening mammogram is performed to detect unsuspected breast cancer in asymptomatic women. Standard views are obtained and supervision of interpreting physician not required. The x-ray images make it possible to detect changes or tumors up to two years before a patient or physician can feel them.

Diagnostic mammogram is performed if any signs and symptoms of breast disease appear, to evaluate the changes found during a screening mammogram or to view breast tissue when it is difficult to obtain a screening mammogram because of special circumstances (such as the presence of breast implants). Diagnostic mammography requires direct supervision of interpreting physician.

Daman covers annual screening mammography after 35 years of age, for all those women having the coverage benefit in their policy.

Daman considers diagnostic mammography as medically necessary, if there are signs and symptoms of breast disease as per the indications mentioned in coverage criteria below.

2. Scope

- This guideline highlights the coverage details for screening and diagnostic mammography for all health insurance plans administered by Daman as per the policy terms and conditions.
- All the international standards annual screening mammography is recommended for average risk women from age of 40 years onwards.

3. Adjudication Policy

3.1 Eligibility / Coverage Criteria

- Daman covers annual Screening Mammography (if the plan is having coverage benefit) for all women above the age of 35 years (given as additional benefit by Daman after 35 years onwards rather than from 40 years onwards as per international best practice standards).
- Daman covers screening mammography to designated (network) providers only.
- Daman considers Diagnostic Mammography as medically necessary for both male and female when:
 - Signs and symptoms suggestive of breast disease including but not limited to lump or discrete thickening, localized nodularity, dimpling or contour deformity, serous or sanguineous nipple discharge, non-cyclical localized pain or tenderness
 - Surveillance/follow-up with proven breast cancer, and those with previous biopsy result of atypia or proliferative disease and lobular carcinoma in situ (LCIS)
 - Complications of primary breast implants (if done after mastectomy following breast cancer) i.e. rupture, infections, pathological capsule.
 - Work-up of patient with abnormal screening mammogram
 - Short-interval follow-up (e.g. less than one year) for probably benign radiographic concerns as defined by the ACR Breast Imaging Reporting and Data System (BI-RADS®)
 - All the information and findings for both, screening or diagnostic mammography must be well documented along with reports

3.2 Requirements for Coverage

- ICD and CPT codes must be coded to the highest level of specificity.

3.3 Non-Coverage

- Daman does not cover Screening Mammography for health insurance plans, which do not have this benefit

- Daman does not cover Diagnostic Mammography for the Visitor's Plan

3.4 Payment and Coding Rules

- Please apply Regulator payment rules and regulations and relevant coding manuals for ICD, CPT, etc.

4. Denial Codes

Code	Code Description
NCOV-001	Diagnosis(es) is (are) not covered
NCOV-003	Service(s) is (are) not covered
MNEC-003	Service is not clinically indicated based on good clinical practice
MNEC-004	Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities
ELIG-007	Services performed by a non-network provider.
AUTH-001	Prior approval is required and was not obtained
CODE-015	Activity/diagnosis inconsistent with the provider type.

5. Appendices

5.1 References

- https://www.uptodate.com/contents/screening-for-breast-cancer-strategies-and-recommendations?search=Breast%20Cancer%20Screening%20%20and%20Diagnosis&source=search_result&selectedTitle=1%7E132&usage_type=default&display_rank=1
- <https://www.cancer.org/cancer/types/breast-cancer/screening-tests-and-early-detection/american-cancer-society-recommendations-for-the-early-detection-of-breast-cancer.html>
- https://www.msdmanuals.com/home/women-s-health-issues/breast-cancer/breast-cancer-screening-and-prevention#Screening_v84397581
- <https://cancer-screening-and-care.jrc.ec.europa.eu/en/ecibc/european-breast-cancer-guidelines>

5.2 Revision History

Date	Change(s)
15/05/2013	V1.0 <ul style="list-style-type: none"> • Released
01/07/2013	V2.0 <ul style="list-style-type: none"> • New template
15/07/2014	V3.0
31/12/2024	V4.0 <ul style="list-style-type: none"> • New template • Content update • References updated

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