

MedStar Health, Inc.

POLICY AND PROCEDURE MANUAL

Policy Number: MP.057.MH
Last Review Date: 08/15/2019
Effective Date: 10/01/2019

MP.057.MH – Mammography, Computer-Aided Detection (CAD)

This policy applies to the following lines of business:

- ✓ MedStar Employee (Select)
- ✓ MedStar CareFirst PPO

MedStar Health considers **Computer-Aided Detection (CAD) Mammography** medically necessary for the following indications:

CAD may be indicated for use in conjunction with routine screening mammography as an adjunct to the radiologist's interpretation for any of the following:

- for women age 40 years or older annually (surveillance may be indicated at an earlier age in women with high risk factors)
 - physician recommended mammograms for women under the age of 40 years (such as a baseline mammogram- once between the ages of 35-39)
2. CAD may be indicated for use in conjunction with diagnostic mammography as an adjunct to the radiologist's interpretation for any of the following (but not limited to):
- the patient has distinct signs and symptoms for which a mammogram is indicated
 - previous suspicious lesions or masses of the breast
 - history or presence of endometrial cancer
 - where evaluation by palpation is difficult
 - women with breast implants

Limitations

CAD mammography is not covered for any of the following indications:

- Self-referred screening mammograms for women under the age of 40 years

Background

According to the Centers for Disease Control and Prevention (CDC), Breast cancer is the most common cancer in women and the second leading cause of cancer deaths in women. Early detection of breast cancer may improve treatment outcomes. Periodic mammography screening of age appropriate asymptomatic women is currently the only approved screening for breast cancer. Screening mammography can detect lesions not detected by palpation. Breast cancer is usually easier to treat when found early, before any symptoms are present.

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The Centers for Medicare and Medicaid Services (CMS) defines screening mammography as a radiological procedure furnished to a woman without signs or symptoms of breast disease, for the purpose of early detection of breast cancer and includes a physician's interpretation of the results. It is inherently bilateral. The minimum requirements of a screening mammogram are cranio-caudal (CC) and medio-lateral oblique (MLO) views. Diagnostic mammography is to be distinguished from screening mammography in that the latter is done on patients who are asymptomatic.

Computer-aided detection (CAD) software can identify characteristics of malignancy on digital images and thus can decrease interobserver variability. The goal of CAD is to improve detection while minimizing false-negatives.

Codes:

CPT Codes / HCPCS Codes / ICD-10 Codes	
Code	Description
CPT Codes	
77051	Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitalization of film radiographic images; diagnostic mammography (List separately in addition to code for primary mammography procedure)
77052	Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitalization of film radiographic images; screening mammography (List separately in addition to code for primary mammography procedure)

References

1. American College of Radiology. ACR Practice Parameter for the Performance of Screening and Diagnostic Mammography. Revised 2018 (Resolution 35). Available at: <https://www.acr.org/-/media/ACR/Files/Practice-Parameters/Screen-Diag-Mammo.pdf>
2. American Cancer Society. Mammograms and Other Breast Imaging Procedures. Last Revised: 10/09/2017. Available at: <http://www.cancer.org/treatment/understandingyourdiagnosis/examsandtestdescriptions/mammogramsandotherbreastimagingprocedures/>
3. American Cancer Society. Recommendations for early breast cancer detection in women without breast symptoms. Last revised October 09, 2017.

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<http://www.cancer.org/cancer/breastcancer/moreinformation/breastcancerearlydetection/breast-cancer-early-detection-ac-s-recs>

4. Benedikt, R. Concurrent Computer-Aided Detection Improves Reading Time of Digital Breast Tomosynthesis and Maintains Interpretation Performance in a Multireader Multicase Study. American Journal of Roentgenology. 2018;210: 685-694. 10.2214/AJR.17.18185
<https://www.ajronline.org/doi/abs/10.2214/AJR.17.18185>
5. Castellino, RA. Computer aided detection (CAD) an overview. Cancer Imaging. 2005; 5(1): 17-19. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1665219/>
6. Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) No. 220.4 – Mammograms. <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=186&ncdver=1&DocID=220.4&bc=gAAAAAgAAAAAA%3d%3d&>
7. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) No. L33950. Breast Imaging Mammography/Breast Echography (Sonography)/Breast MRI/Ductography. Revision Effective Date 01/01/2019. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33950&ver=26&Date=&DocID=L33950&bc=iAAAABAAAAA&>
8. Diagnostic Imaging.com. CAD scores well in digital mammography. Issued: 07/01/2007. Available at: <http://www.diagnosticimaging.com/articles/cad-scores-well-digital-mammography>
9. U.S. Department of Health And Human Services (HHS). National Cancer Institute. Mammograms. Reviewed: 12/07/2016. Available at: <https://www.cancer.gov/types/breast/mammograms-fact-sheet>

Disclaimer:

MedStar Health medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of MedStar Health and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

MedStar Health reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

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