

2024 Preventive and Diagnostic Mammogram Coverage Changes

Introduction Federal law requires health plans to provide coverage with no member cost share for mammography screenings when the services are received from an INN provider. In addition to the federal law there are certain states that require health plans to cover certain diagnostic services after a mammogram with no member cost share from INN providers. This is a change for many members that goes into effect 1.1.24.

Excluded products The coverage changes do not apply to some products. See the table below.

Segment	Excluded products
DHSC	<ul style="list-style-type: none">• All Medicare products
Medica	<ul style="list-style-type: none">• Advantage• Cost (Prime) members on these plans:<ul style="list-style-type: none">– Core (IA, KS, MO, ND, NE, OK, SD WY)– Focus (WI)– Premier (IA, KS, MO, ND, NE, OK, SD, WY)– Standard (WI)– Thrift plan (MN)– Total (WI)• Medicare Med Supp (Select and Signature) in all states except MN

Included products The coverage changes apply to some products. See the table below.

Segment	Included products
DHSC	<ul style="list-style-type: none">• All Commercial members• All IFB members• WI Medicaid: Badger Care
Medica	<ul style="list-style-type: none">• All Commercial members• All IFB members• MN Medicaid:<ul style="list-style-type: none">– AccessAbility (SNBC)– AccessAbility Enhanced (I-SNP)– Choice Care (PMAP)– DUAL (MSHO)– MinnesotaCare (MNCare)– Senior Care Plus (MSC+)• Medicare Cost (Prime) members on these plans:<ul style="list-style-type: none">– Basic (MN)– EGHP (Employer Group Health Plans 1-11)– Enhanced (MN)– Standard (MN, ND, NE, SD, WY)• Medicare Med Supp (Select and Signature) members in MN

Federal guidelines Federal guidelines require insurance companies to cover certain breast cancer screenings as preventive when billed by an INN provider. The following services are eligible for coverage with no member cost share, per the guidelines listed.

Mammogram type	Code	Description	Limits
Traditional (CAD) A-Z: Mammogram	77067	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed.	<ul style="list-style-type: none">• Age: None• Diagnosis: None• Frequency: One every 11 months
Traditional (CAD) A-Z: Mammogram	0403	Screening Mammography.	<ul style="list-style-type: none">• Age: None• Diagnosis: None• Frequency: One every 11 months
3D mammogram A-Z: Digital Breast Tomosynthesis	77063	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure).	<ul style="list-style-type: none">• Age: None• Diagnosis: None• Frequency: One every 11 months

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2024 Preventive and Diagnostic Mammogram Coverage Changes, Continued

Commercial Per [Federal guidelines](#) specific breast cancer screenings are covered under preventive benefits with no member cost share. Diagnostic services after a mammogram may be covered at no member cost share depending on the member’s plan type and state of issue. Use the grid below.

Tip: See [Identifying Plan Details](#) for help locating the plan’s state and funding.

State	Funding	State diagnostic coverage	Limits
All	<ul style="list-style-type: none">Self-Insured ERISA	<ul style="list-style-type: none">No.<ul style="list-style-type: none">Members may receive diagnostic services, but it will be at their normal cost share benefit.	<ul style="list-style-type: none">N/A
Iowa North Dakota South Dakota Wisconsin	<ul style="list-style-type: none">Fully InsuredSelf-Insured Non-ERISA	<ul style="list-style-type: none">No.<ul style="list-style-type: none">Members may receive diagnostic services, but it will be at their normal cost share benefit.	<ul style="list-style-type: none">N/A
Minnesota	<ul style="list-style-type: none">Fully InsuredSelf-Insured Non-ERISA	<ul style="list-style-type: none">Yes.Eligible diagnostic services include:<ul style="list-style-type: none">Breast Magnetic Resonance Imaging (MRI)Digital Breast Tomosynthesis (3D mammogram)Galactography (ductogram)MammogramUltrasoundHSA plans: Plan deductible must be satisfied before we can pay first dollar coverage. Once deductible is met, coverage for diagnostic services eligible as preventive will be 100% with no cost share.	<ul style="list-style-type: none">Age: NoneDiagnosis: NoneFrequency: None
Minnesota Mayo Medical Plan (MMP)	<ul style="list-style-type: none">Self-Insured ERISA	<ul style="list-style-type: none">Yes.Eligible diagnostic services include:<ul style="list-style-type: none">Breast Magnetic Resonance Imaging (MRI)Digital Breast Tomosynthesis (3D mammogram)Galactography (ductogram)MammogramUltrasoundHSA plans: Plan deductible must be satisfied before we can pay first dollar coverage. Once deductible is met, coverage for diagnostic services eligible as preventive will be 100% with no cost share.Medicare supplement: Excluded. Plan already covers services at 100%.	<ul style="list-style-type: none">Age: NoneDiagnosis: NoneFrequency: None
Minnesota University of MN (U of MN)	<ul style="list-style-type: none">Self-Insured Non-ERISA	<ul style="list-style-type: none">Yes.Eligible diagnostic services include:<ul style="list-style-type: none">Breast Magnetic Resonance Imaging (MRI)Digital Breast Tomosynthesis (3D mammogram)Galactography (ductogram)MammogramUltrasoundHSA plans: Plan deductible must be satisfied before we can pay first dollar coverage. Once deductible is met, coverage for diagnostic services eligible as preventive will be 100% with no cost share.	<ul style="list-style-type: none">Age: NoneDiagnosis: NoneFrequency: None
Nebraska	<ul style="list-style-type: none">Fully InsuredSelf-Insured Non-ERISA	<ul style="list-style-type: none">Yes.Eligible diagnostic services include:<ul style="list-style-type: none">Breast Magnetic Resonance Imaging (MRI)Digital Breast Tomosynthesis (3D mammogram)MammogramUltrasoundHSA plans: Plan deductible must be satisfied before we can pay first dollar coverage. Once deductible is met, coverage for diagnostic services eligible as preventive will be 100% with no cost share.	<ul style="list-style-type: none">Age: Depends on test.<ul style="list-style-type: none">2D: 0-403D, MRI, ultrasound: no limitDiagnosis: Claim must include one (in any position): Z85.3, Z80.3, Z15.01 or R92.2Frequency: None

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2024 Preventive and Diagnostic Mammogram Coverage Changes, Continued

IFB

Per [Federal guidelines](#) specific breast cancer screenings are covered under preventive benefits with no member cost share. Diagnostic services after a mammogram may be covered at no member cost share depending on the member’s plan type and state of issue. Use the grid below.

State	State diagnostic coverage	Limits
Arizona Iowa Kansas North Dakota Wisconsin	<ul style="list-style-type: none">• No.<ul style="list-style-type: none">– Members may receive diagnostic services, but it will be at their normal cost share benefit.	<ul style="list-style-type: none">• N/A
Illinois Missouri Oklahoma	<ul style="list-style-type: none">• Yes.• Eligible diagnostic services include:<ul style="list-style-type: none">– Breast Magnetic Resonance Imaging (MRI)– Digital Breast Tomosynthesis (3D mammogram)– Mammogram– Ultrasound• HSA plans: Plan deductible must be satisfied before we can pay first dollar coverage. Once deductible is met, coverage for diagnostic services eligible as preventive will be 100% with no cost share.	<ul style="list-style-type: none">• Age: None• Diagnosis: None• Frequency: None
Minnesota	<ul style="list-style-type: none">• Yes.• Eligible diagnostic services include:<ul style="list-style-type: none">– Breast Magnetic Resonance Imaging (MRI)– Digital Breast Tomosynthesis (3D mammogram)– Galactography (ductogram)– Mammogram– Ultrasound• HSA plans: Plan deductible must be satisfied before we can pay first dollar coverage. Once deductible is met, coverage for diagnostic services eligible as preventive will be 100% with no cost share.	<ul style="list-style-type: none">• Age: None• Diagnosis: None• Frequency: None
Nebraska	<ul style="list-style-type: none">• Yes.• Eligible diagnostic services include:<ul style="list-style-type: none">– Breast Magnetic Resonance Imaging (MRI)– Digital Breast Tomosynthesis (3D mammogram)– Mammogram– Ultrasound• HSA plans: Plan deductible must be satisfied before we can pay first dollar coverage. Once deductible is met, coverage for diagnostic services eligible as preventive will be 100% with no cost share.	<ul style="list-style-type: none">• Age: Depends on test.<ul style="list-style-type: none">– 2D: 0-40– 3D, MRI, ultrasound: no limit• Diagnosis: Claim must include one (in any position): Z85.3, Z80.3, Z15.01 or R92.2• Frequency: None

Medicaid

Per [Federal guidelines](#) specific breast cancer screenings are covered under preventive benefits with no member cost share. Diagnostic services after a mammogram may be covered at no member cost share depending on the member’s plan type and state of issue. Use the grid below.

Note: This only applies to some Medicaid products. See [Excluded products](#) and [Included products](#) above.

State	State diagnostic coverage	Limits
Minnesota	<ul style="list-style-type: none">• Yes.• Eligible diagnostic services include:<ul style="list-style-type: none">– Breast Magnetic Resonance Imaging (MRI)– Digital Breast Tomosynthesis (3D mammogram)– Galactography (aka ductogram)– Mammogram– Ultrasound	<ul style="list-style-type: none">• Age: None• Diagnosis: None• Frequency: None
Wisconsin	<ul style="list-style-type: none">• No.<ul style="list-style-type: none">– Members may receive diagnostic services, but it will be at their normal cost share benefit.	<ul style="list-style-type: none">• N/A

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2024 Preventive and Diagnostic Mammogram Coverage Changes, Continued

Medicare

Per [Federal guidelines](#) specific breast cancer screenings are covered under preventive benefits with no member cost share. Diagnostic services after a mammogram are covered at no member cost for specific Medicare plans.

Note: This only applies to some Medicare products. See [Excluded products](#) and [Included products](#) above.

Plan	Diagnostic coverage	Limits
<ul style="list-style-type: none">• Cost (Prime):<ul style="list-style-type: none">– Basic (MN)– EGHP (Plans 1-11)– Enhanced (MN)– Standard (MN, ND, NE, SD, WY)• Med Supp (Select, Signature)<ul style="list-style-type: none">– MN members	<ul style="list-style-type: none">• Yes.• Eligible diagnostic services include:<ul style="list-style-type: none">– Breast Magnetic Resonance Imaging (MRI)– Digital Breast Tomosynthesis (3D mammogram)– Galactography (ductogram)– Mammogram– Ultrasound	<ul style="list-style-type: none">• Age: None• Diagnosis: None• Frequency: None

Document history

The document history for the past 12 months is outlined below.

Date	Description
1.11.24	<i>Commercial</i> - Added HSA note to <i>Nebraska</i> row; minor formatting edits throughout.
1.10.24	<i>Excluded products, Included products</i> , - Updated Cost products per compliance.
1.10.24	<i>Federal guidelines</i> - Added links to <i>Mammogram</i> and <i>Digital Breast Tomosynthesis</i> A-Z sheets.
1.10.24	<i>Medicaid</i> - Updated with links to <i>Excluded products</i> and <i>Included products</i> ; updated grid to column titles - changed <i>State</i> to <i>Plan</i> and <i>State diagnostic coverage</i> to <i>Diagnostic coverage</i> .
1.10.24	<i>Medicare</i> - Removed product names and updated with links to <i>Excluded products</i> and <i>Included products</i> ; added <i>ND, NE, SD, WY</i> .
12.29.23	New document.