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BACKGROUND

West Virginia Medicaid covers diagnostic and therapeutic radiology, nuclear medicine services, and diagnostic and screening mammography services. A referring/treating Medicaid-enrolled provider must order all covered services with the exception of screening mammography. The referring/treating provider is the provider responsible for the management of the member's specific medical problems.

POLICY

528.4.1 Covered Services

West Virginia Medicaid provides coverage for screening mammography to facilitate the early detection of breast cancer for members with no signs or symptoms of disease. A screening mammography is limited to one per rolling year. Organizations differ on their recommendations for the appropriate interval for mammography. Providers must follow generally accepted clinical guidelines with respect to initiation and frequency of mammography services based on the member's age, risk factors, and symptoms. West Virginia Medicaid will cover digital breast tomosynthesis (3D tomosynthesis) for both screening and diagnostic mammography. Screening mammograms do not require a physician referral/order for coverage, however, the name of a physician must be documented in the record to receive the results and provide follow up for the member, if necessary.

All facilities providing these services are required to have a U.S. Federal Drug Administration (FDA) certification under the Mammography Quality Standards Act of 1992 (MQSA). MQSA requires that all mammography facilities in the United States meet certain stringent quality standards, be accredited by a Food and Drug Administration (FDA) approved accreditation body, and be inspected annually.

Physicians providing an interpretation/report for mammographies performed in MQSA approved facilities may order a diagnostic mammogram based on the findings of a screening mammogram even though the physician does not treat the member, in accordance with 42 CFR 410.32. MQSA requirements must be followed, including, but not limited to mammography reports. Reports provided must include information about breast density, based on the Breast Imaging Reporting and Data System (BI-RADS) established by the American College of Radiology (ACR). Where applicable, members must be notified if they have dense breast tissue and may benefit from supplementary screening tests, which can include a breast ultrasound screening or a magnetic resonance image (MRI) of the breast, or both, depending on their individual risk factors.

Refer to *Section 528.1, Radiology Services* for additional information regarding retrospective review and documentation requirements.

528.4.2 Non-Covered Services

Non-covered services include, but are not limited to, non-compliant MQSA mammograms.

Non-covered services are not eligible for a West Virginia Department of Human Services (DoHS) Fair Hearing. See 42 § 431.220 *When a hearing is required* for more information.

GLOSSARY

Definitions in *Chapter 200, Definitions and Acronyms* apply to all West Virginia Medicaid services, including those covered by this chapter. Definitions in this glossary are specific to this chapter.

Breast Imaging Reporting and Data System (BI-RADS) established by the ACR: ACR Reporting and Data Systems (RADS) provide a standardized framework for reporting on imaging findings. The goal of the ACR RADS is to reduce the variability of terminology in reports and to ease communication between radiologists and referring physicians. The BI-RADS® atlas provides standardized breast imaging terminology, report organization, assessment structure and a classification system for mammography, ultrasound and MRI of the breast. BI-RADS reporting enables radiologists to communicate results to the referring physician clearly and consistently, with a final assessment and specific management recommendations.

Breast Tomosynthesis: 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.

Mammogram: A radiographic image of the breast:

- **Screening Mammogram**: A mammogram routinely administered to detect breast cancer in members who have no apparent symptoms and includes a physician's interpretation of the results.
- **Diagnostic Mammogram**: A mammogram performed on members that exhibit symptoms that may represent breast abnormalities including breast cancer. A diagnostic mammogram is distinguished from screening mammography in that it is performed on members that are symptomatic.

Mammography: A radiograph of the breast, which may utilize specialized diagnostic procedures including computer analyzed digitalization or digital mammography.

REFERENCES

West Virginia State Plan references radiology services at sections 3.1-A(3) and 3.1-B(3).

Mammography Quality Standards Act of 1992 (MQSA)

Diagnostic mammograms if the approved portable x-ray provider, as defined in 42 CFR part 486, subpart C, meets the certification requirements of section 354 of the Public Health Services Act, as implemented by 21 CFR part 900, subpart B.

CHANGE LOG

REPLACE	TITLE	EFFECTIVE DATE
Entire Chapter	528.4 Mammography Services	October 2, 2015
528.4 Mammography	Updates to hyperlinks and formatting. No policy changes were made to covered or non-covered services	April 24, 2019

528.4 Mammography	Update to policy regarding physician ordering requirement for screening mammography and the addition of recommendations for physician interpretation/report of mammograms.	January 1, 2020
528.5 Mammography	Updated wording in mammography section to require breast density notification per MQSA requirements	October 1,2024