



528.4 MAMMOGRAPHY

TABLE OF CONTENTS

SECTION	PAGE NUMBER
Background	2
Policy	2
528.4.1 Covered Services	2
528.4.2 Non-Covered Services	2
Glossary	2
References	2
Change log	3

BMS Provider Manual Chapter 528.4 Mammography

DISCLAIMER: This chapter does not address all the complexities of Medicaid policies and procedures and must be supplemented with all State and Federal Laws and Regulations. Contact BMS Fiscal Agent for coverage, prior authorization requirements, service limitations, and other practitioner information.





528.4 MAMMOGRAPHY

BACKGROUND

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

POLICY

528.4.1 Covered Services

A screening mammography is limited to one per year. All facilities providing these services are required to have FDA certification under the <u>Mammography Quality Standards Act of 1992</u> (MQSA). MQSA requires that all mammography facilities in the United States meet certain stringent quality standards, be accredited by an 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 <u>42 CFR 410.32</u>.

Refer to <u>Section 528.1, Radiology Services</u> 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 Health and Human Resources (DHHR) Fair Hearing. See <u>42 § 431.220 When a hearing is required</u> for more information.

GLOSSARY

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

Mammogram: A radiographic image of the breast.

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)

BMS Provider Manual Chapter 528.4 Mammography Page 2 Effective April 24, 2019

DISCLAIMER: This chapter does not address all the complexities of Medicaid policies and procedures and must be supplemented with all State and Federal Laws and Regulations. Contact BMS Fiscal Agent for coverage, prior authorization requirements, service limitations, and other practitioner information.





528.4 MAMMOGRAPHY

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

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

DISCLAIMER: This chapter does not address all the complexities of Medicaid policies and procedures and must be supplemented with all State and Federal Laws and Regulations. Contact BMS Fiscal Agent for coverage, prior authorization requirements, service limitations, and other practitioner information.