

UPMC Health Plan POLICY AND PROCEDURE MANUAL

POLICY NUMBER: PAY.057
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SUBJECT: Computer-Aided Detection (CAD) Mammography
INDEX TITLE: Medical Management
ORIGINAL DATE: June 2008

This policy applies to the following lines of business: (Check those that apply.)

COMMERCIAL:					
HMO ()	POS ()	PPO ()	OOA ()		
Fully Insured ()	Self-funded/ASO ()	HSA ()	All (X)		
Medicare Select ()	Medicare Supplement ()	Individual Product ()			
DPW-MA:					
Health Choices ()	Voluntary ()		All (X)		
CMS-MA:					
OH ()	WV ()	PA ()	All (X)	Other ()	
HMO (X)	PPO (X)	Specialty Needs Plan (X)	Part D ()	PFFS (X)	All ()
PID-CHIP/AdultBasic:					
Free () CHIP only	Sub/CHIP ()	Sub/AB ()	Full/CHIP ()	Full/AB ()	All/CHIP (X) All/AB (X)
ANCILLARY:					
Dental ()	Vision ()				
APPLICABLE TO:					
Community Care ()	Work Partners ()				

I. POLICY

It is the policy of UPMC Health Plan to recognize computer-aided detection (CAD) mammography as appropriate and consistent with good medical practice when performed for the indications listed in this policy. Coverage for this service is based upon medical necessity as detailed in this policy and according to the member's specific benefit plan.

II. DEFINITION

Computer-aided detection (CAD) mammography is a technology that increases the sensitivity for detecting abnormalities in the breast. The CAD system highlights these abnormal areas alerting the radiologist for the need of further analysis.

III. PURPOSE

The purpose of this policy is to define the appropriate indications for coverage of CAD mammography.

IV. SCOPE

This policy applies to various UPMC Health Plan departments as indicated by the Benefit and Reimbursement Committee. These include but are not limited to: Medical Management, Benefit Configuration and Claims departments.

V. PROCEDURE

A. Medical Description/Background

Breast cancer is the second leading cause of cancer deaths. Early detection of breast cancer is a critical factor in successful treatment. Periodic mammography screening of age appropriate asymptomatic women is currently the only imaging modality that has been shown to reduce breast cancer mortality. Screening mammography can detect lesions not detected by palpation. CAD systems are used as an adjunct to mammography to assist radiologists in reading and interpreting dynamic images that may warrant further review and help in the detection of cancers at the earliest stages possible. It was approved by the U.S. Food and Drug Administration in 1998. CAD may be applied to either plain film or digital mammograms. The computer software searches for abnormal areas of density, mass, or calcification that might indicate the presence of cancer. The CAD system highlights these areas on the images, alerting the radiologist to the need for further analysis. CAD aids the radiologist in identifying suspicious areas for further review in a screening mammogram or assists in distinguishing between benign and malignant lesions in a diagnostic mammogram.

Screening mammography often uses the double reading method with the mammogram being first read by a sub-specialized mammographer and the second reading performed by either a specialist or a general radiologist certified in mammography. In CAD mammography the computer acts as the second set of eyes, however, the radiologist remains the reader and interpreter of the mammogram.

B. Indications

1. 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: (see UPMC Health Plan Adult Preventive Guidelines)
 - 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

C. Limitations

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

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

D. Variations

N/A

F. Quality Audit

Quality Audit may monitor policy compliance or billing accuracy at the request of the UPMC Health Plan's Technology Assessment Committee or the Benefits Reimbursement Committee.

G. Records Retention

Records Retention for UPMC Health Plan documents, regardless of medium are provided within the UPMC Health System Policy and as indicated in the UPMC Insurance Services Division Policy and Procedure.

H. References

1. The American College of Radiology (ACR) - *Practice Guideline for the Performance of Screening Mammography*, amended 2006
2. The American College of Radiology (ACR) – *Practice Guideline for the Performance of Diagnostic Mammography*, amended 2006
3. American Cancer Society, *Mammograms and Other Breast Imaging Procedures*, 09/26/2007
4. ECRI Institute TARGET Report, *Full-field digital mammography for breast cancer screening*, July 2007
5. Diagnostic Imaging, *CAD scores well in digital mammography*, July 2007
6. Diagnostic Imaging, *Large screening mammography study restores faith in CAD*, 02/2009
7. National Cancer Institute, *Computer-aided Interpretation of Mammograms: Questions and Answers*, 04/14/2007
8. Centers for Medicare & Medicaid Services, *Mammography*, 12/10/2007
9. American Roentgen Ray Society, *Single reader with CAD more efficient, yields fewer false positives, and possibly more sensitive*. 02/14/2008

Disclaimer:

UPMC Health Plan 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 UPMC Health Plan 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.

UPMC Health Plan 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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