



General Assembly

**Substitute Bill No. 5208**

February Session, 2018



**AN ACT CONCERNING MAMMOGRAMS, BREAST ULTRASOUNDS  
AND MAGNETIC RESONANCE IMAGING OF BREASTS.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 38a-503 of the general statutes is repealed and the  
2 following is substituted in lieu thereof (*Effective January 1, 2019*):

3 (a) For purposes of this section:

4 (1) "Healthcare Common Procedure Coding System" or "HCPCS"  
5 means the billing codes used by Medicare and overseen by the federal  
6 Centers for Medicare and Medicaid Services that are based on the  
7 current procedural technology codes developed by the American  
8 Medical Association; and

9 (2) "Mammogram" means mammographic examination or breast  
10 tomosynthesis, including, but not limited to, a procedure with a  
11 HCPCS code of 77051, 77052, 77055, 77056, 77057, 77063, G0202, G0204,  
12 G0206 or G0279, or any subsequent corresponding code.

13 [(a)] (b) (1) Each individual health insurance policy providing  
14 coverage of the type specified in subdivisions (1), (2), (4), (10), (11) and  
15 (12) of section 38a-469 delivered, issued for delivery, renewed,  
16 amended or continued in this state shall provide benefits for  
17 [mammographic examinations] mammograms to any woman covered  
18 under the policy that are at least equal to the following minimum  
19 requirements: (A) A baseline mammogram, which may be provided by

20 breast tomosynthesis at the option of the woman covered under the  
21 policy, for any woman who is thirty-five to thirty-nine years of age,  
22 inclusive; and (B) a mammogram, which may be provided by breast  
23 tomosynthesis at the option of the woman covered under the policy,  
24 every year for any woman who is forty years of age or older.

25 (2) Such policy shall provide additional benefits for:

26 (A) Comprehensive ultrasound screening of an entire breast or  
27 breasts if a mammogram demonstrates heterogeneous or dense breast  
28 tissue based on the Breast Imaging Reporting and Data System  
29 established by the American College of Radiology or if a woman is  
30 believed to be at increased risk for breast cancer due to family history  
31 or prior personal history of breast cancer, positive genetic testing or  
32 other indications as determined by a woman's physician or advanced  
33 practice registered nurse; and

34 (B) Magnetic resonance imaging of an entire breast or breasts in  
35 accordance with guidelines established by the American Cancer  
36 Society.

37 ~~[(b)]~~ (c) Benefits under this section shall be subject to any policy  
38 provisions that apply to other services covered by such policy, except  
39 that no such policy shall impose a copayment that exceeds a maximum  
40 of twenty dollars for an ultrasound screening under subparagraph (A)  
41 of subdivision (2) of subsection ~~[(a)]~~ (b) of this section.

42 ~~[(c)]~~ (d) Each mammography report provided to a patient shall  
43 include information about breast density, based on the Breast Imaging  
44 Reporting and Data System established by the American College of  
45 Radiology. Where applicable, such report shall include the following  
46 notice: "If your mammogram demonstrates that you have dense breast  
47 tissue, which could hide small abnormalities, you might benefit from  
48 supplementary screening tests, which can include a breast ultrasound  
49 screening or a breast MRI examination, or both, depending on your  
50 individual risk factors. A report of your mammography results, which

51 contains information about your breast density, has been sent to your  
52 physician's office and you should contact your physician if you have  
53 any questions or concerns about this report."

54 Sec. 2. Section 38a-530 of the general statutes is repealed and the  
55 following is substituted in lieu thereof (*Effective January 1, 2019*):

56 (a) For purposes of this section:

57 (1) "Healthcare Common Procedure Coding System" or "HCPCS"  
58 means the billing codes used by Medicare and overseen by the federal  
59 Centers for Medicare and Medicaid Services that are based on the  
60 current procedural technology codes developed by the American  
61 Medical Association; and

62 (2) "Mammogram" means mammographic examination or breast  
63 tomosynthesis, including, but not limited to, a procedure with a  
64 HCPCS code of 77051, 77052, 77055, 77056, 77057, 77063, G0202, G0204,  
65 G0206 or G0279, or any subsequent corresponding code.

66 [(a)] (b) (1) Each group health insurance policy providing coverage  
67 of the type specified in subdivisions (1), (2), (4), (11) and (12) of section  
68 38a-469 delivered, issued for delivery, renewed, amended or continued  
69 in this state shall provide benefits for [mammographic examinations]  
70 mammograms to any woman covered under the policy that are at least  
71 equal to the following minimum requirements: (A) A baseline  
72 mammogram, which may be provided by breast tomosynthesis at the  
73 option of the woman covered under the policy, for any woman who is  
74 thirty-five to thirty-nine years of age, inclusive; and (B) a  
75 mammogram, which may be provided by breast tomosynthesis at the  
76 option of the woman covered under the policy, every year for any  
77 woman who is forty years of age or older.

78 (2) Such policy shall provide additional benefits for:

79 (A) Comprehensive ultrasound screening of an entire breast or  
80 breasts if a mammogram demonstrates heterogeneous or dense breast

81 tissue based on the Breast Imaging Reporting and Data System  
82 established by the American College of Radiology or if a woman is  
83 believed to be at increased risk for breast cancer due to family history  
84 or prior personal history of breast cancer, positive genetic testing or  
85 other indications as determined by a woman's physician or advanced  
86 practice registered nurse; and

87 (B) Magnetic resonance imaging of an entire breast or breasts in  
88 accordance with guidelines established by the American Cancer  
89 Society.

90 [(b)] (c) Benefits under this section shall be subject to any policy  
91 provisions that apply to other services covered by such policy, except  
92 that no such policy shall impose a copayment that exceeds a maximum  
93 of twenty dollars for an ultrasound screening under subparagraph (A)  
94 of subdivision (2) of subsection [(a)] (b) of this section.

95 [(c)] (d) Each mammography report provided to a patient shall  
96 include information about breast density, based on the Breast Imaging  
97 Reporting and Data System established by the American College of  
98 Radiology. Where applicable, such report shall include the following  
99 notice: "If your mammogram demonstrates that you have dense breast  
100 tissue, which could hide small abnormalities, you might benefit from  
101 supplementary screening tests, which can include a breast ultrasound  
102 screening or a breast MRI examination, or both, depending on your  
103 individual risk factors. A report of your mammography results, which  
104 contains information about your breast density, has been sent to your  
105 physician's office and you should contact your physician if you have  
106 any questions or concerns about this report."

This act shall take effect as follows and shall amend the following sections:		
Section 1	January 1, 2019	38a-503
Sec. 2	January 1, 2019	38a-530

**INS**      *Joint Favorable Subst.*