



House of Representatives

General Assembly

File No. 60

February Session, 2018

Substitute House Bill No. 5208

House of Representatives, March 28, 2018

The Committee on Insurance and Real Estate reported through REP. SCANLON of the 98th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

***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 Section 38a-503 of the general statutes is repealed and the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	<i>January 1, 2019</i>	38a-503
Sec. 2	<i>January 1, 2019</i>	38a-530

INS *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact: None

Municipal Impact:

Municipalities	Effect	FY 19 \$	FY 20 \$
Various Municipalities	STATE MANDATE - Cost	See Below	See Below

Explanation

The bill does not result in a fiscal impact to the state health plan as the state does not currently impose cost sharing in-network for mammograms, including tomosynthesis.

The bill's expanded definition of mammogram, to include coverage codes for tomosynthesis will in a cost to certain fully-insured municipal plans, to the extent the expanded coverage definition precludes municipal plans from imposing cost sharing for tomosynthesis. Pursuant to federal law cost sharing for in network mammograms is prohibited.¹ The coverage requirements may result in increased premium costs for the municipality when they enter into new health insurance contracts after January 1, 2019. Due to federal law, municipalities with self-insured plans are exempt from state

health insurance mandates. Lastly, many municipal plans may be recognized as "grandfathered"² plans under the federal Affordable

¹ <https://www.healthcare.gov/preventive-care-women/>

² Grandfathered plans include most group health insurance plans and some individual plans created or purchased on or before March 23, 2010.

Care Act (ACA). It is uncertain what the effect of this mandate will have on the grandfathered status of those municipal plans.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future and be reflected in future premiums.

OLR Bill Analysis**sHB 5208*****AN ACT CONCERNING MAMMOGRAMS, BREAST ULTRASOUNDS
AND MAGNETIC RESONANCE IMAGING OF BREASTS.*****SUMMARY**

This bill expands coverage for mammograms and tomosynthesis under certain health insurance policies. It does so by defining “mammogram” as a mammographic examination or tomosynthesis, including any procedure with one of 10 specific Healthcare Common Procedure Coding System (HCPCS) billing codes or any subsequent corresponding codes.

The bill applies to individual and group health insurance policies delivered, issued, renewed, amended, or continued in Connecticut that cover (1) basic hospital expenses; (2) basic medical-surgical expenses; (3) major medical expenses; or (4) hospital or medical services, including those provided under an HMO plan. It also applies to individual policies providing limited health benefits.

By law, such policies must cover baseline mammograms for women age 35 through 39, and annual mammograms for women age 40 or older. The federal Affordable Care Act prohibits certain health insurance policies from imposing copays or deductibles for mammograms conducted in accordance with national guidelines.

EFFECTIVE DATE: January 1, 2019

MAMMOGRAM DEFINITION

The bill defines “mammogram” to include 10 HCPCS codes and any subsequent corresponding codes. However, at least some of the 10 HCPCS codes listed in the bill are inactive. Table 1 below lists the 10 codes included in the bill and any subsequent codes.

HCPCS is a set of billing codes used by Medicare and overseen by the federal Centers for Medicare and Medicaid Services. They are based on current procedural technology codes developed by the American Medical Association.

Table 1: HCPCS Codes for Mammograms

Code Listed In Bill	Description	Subsequent Code
77051	Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; diagnostic mammography	77065 (unilateral) 77066 (bilateral)
77052	Computer-aided detection with further review for interpretation, with or without digitization of film radiographic images; screening mammography	77067
77055	Mammography; unilateral (one breast)	77065
77056	Mammography; bilateral (both breasts)	77066
77057	Screening mammography, bilateral (2-view study of each breast)	77067
77063	Screening digital breast tomosynthesis, bilateral	None
G0202	Screening mammography, producing direct digital image, bilateral, all views	None
G0204	Diagnostic mammography, including computer-aided detection when performed; bilateral	None
G0206	Diagnostic mammography, including computer-aided detection when performed; unilateral	None
G0279	Diagnostic digital breast tomosynthesis, unilateral or bilateral	None

COMMITTEE ACTION

Insurance and Real Estate Committee

Joint Favorable Substitute

Yea 21 Nay 0 (03/15/2018)