



**BlueCross BlueShield
of Illinois**

Blue Cross and Blue Shield of Illinois Provider Manual

HMO Scope of Benefits Section 2020

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Breast Screening

Benefit

"Diagnostic mammogram" means a mammogram obtained using diagnostic mammography. "Diagnostic mammography" means a mammogram that is performed to evaluate an abnormality in a breast, including an abnormality seen or suspected on a screening mammogram or a subjective or objective abnormality otherwise detected in the breast.

"Screening mammography" means a mammogram that is performed in the absence of symptoms, subjective or objective abnormalities or other conditions (such as a positive family history of breast cancer at a young age).

Comprehensive ultrasounds and breast MRIs are also in benefit when determined medically necessary by the PCP, WPHCP, Physician Assistant or Advanced Nurse Practitioner.

Interpretation

A diagnostic mammogram is covered when determined to be medically necessary by Physician, Physician Assistant or an Advanced Nurse Practitioner.

A comprehensive ultrasound and MRI of the breast is covered when medically necessary as determined by a Physician, Physician Assistant or an Advanced Nurse Practitioner. This expands the coverage to include those situations where it is determined medically necessary regardless of a mammogram demonstrating the presence of heterogeneous or dense breast tissue.

The diagnostic mammogram, screening mammogram, breast ultrasound and breast MRI services are to be provided without member cost-sharing.

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| Paid by | Professional Charges | IPA |
| | Outpatient Facility Charges | IPA |