

## **Mammography, Screening**

### **Benefit Coverage**

Routine screening mammography, on an annual basis for women between the ages of 40 and 75, will be covered. This coverage will include the radiological procedure as well as the interpretation by a qualified physician. Mammograms performed at an earlier age or more frequently than the above guidelines will be covered if the individual is determined to be at high risk by a physician.

### **Benefit Exclusion**

Mammograms for women under 40 or over 75, unless pathology or specific high risk indications have been demonstrated.

### **Examples of Covered Benefits**

1. Screening mammogram will be covered for all women over age 40, on an annual basis, concluding at age 75, unless pathology has been demonstrated.
2. Screening mammograms for women under the age of 40 will be covered if a physician determines the individual to be high risk for breast cancer.

### **Examples of Non-Covered Benefits**

1. Mammogram, at patient's request, at age or interval inconsistent with above guidelines, with no pathology or specific high risk indications demonstrated.

**Mammoplasty, Reductive**

**Benefit Coverage**

Medically necessary reductive mammoplasty is covered when specific medical criteria are met and the service is authorized by the participating contracted IPA. The criteria for authorization are based on the following:

1. The anticipated amount of breast tissue to be removed has been documented by the surgeon and is consistent with IEHP Authorization Guidelines for Reduction Mammoplasty.

*Note: Anticipated breast tissue to be removed from EACH breast must equal or exceed the following amounts based on body surface area.*

Body Surface Area (meters squared)	Minimum Weight of Tissue to be removed per breast (grams)	Body Surface Area (meters squared)	Minimum Weight of Tissue to be removed per breast (grams)
1.35	199	1.85	482
1.40	218	1.90	527
1.45	238	1.95	575
1.50	260	2.00	628
1.55	284	2.05	687
1.60	310	2.10	750
1.65	338	2.15	819
1.70	370	2.20	895
1.75	404	2.25	978
1.80	441	2.30 or greater	>=1,000

**Calculation:** BSA=square root of {(height in inches x weight in pounds)/3131}  
 e.g. Height-5.5" (65 inches) x Weight – 160 lbs. = 10,400/3131 = 3.32 = 182 BSA

2. Patient symptoms:
  - a. Extremely large, pendulous breasts which, when dependent, extend down to at least the level of the antecubital fossae.
  - b. Documented patient history of ongoing, increasing back and shoulder pain.
  - c. Ulceration or excoriation due to size of breasts.
  - d. Supporting bra straps cut into the skin of the shoulders, with possible subcutaneous fat necrosis.
  - e. Increasing, significant interference with daily activities.
  - f. Chronic, unresponsive, breast intertrigo.

## **Mammoplasty, Reductive** (continued)

### Benefit Coverage (continued)

3. The patient has not responded adequately to at least three months of conservative treatment e.g.,
  - a. Supportive garments
  - b. NSAIDs
  - c. Physical Therapy
  - d. Exercise Program
  - e. Chiropractic or Osteopathic Care
  
4. The patient is at least 18 years and/or breast growth is attested as complete.

### Benefit Exclusion

Reductive mammoplasty for cosmetic purposes, without medical necessity, is not covered.

### Examples of Covered Benefits

1. Authorized and medically necessary reductive mammoplasty, which meets the criteria, specified above in “Benefit Coverage.”

### Examples of Non-Covered Benefits

1. Breast reduction surgery solely for cosmetic purposes.

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## **Medical Supplies**

**Benefit Coverage:** (Medi-Cal Regulations – Cal. Code Regs., tit. 22, §§ 51320 & 59998)

Medical supplies are covered when provided or prescribed by a licensed practitioner within the scope of their practice subject to the requirements in the California Code of Regulations, Title 22, Section 59998.

Code I items, listed in the California Code of Regulations, Title 22, Section 59998(b), which are marked with a single asterisk (\*) may require prior authorization by the contracted IPA in accordance with the California Code of Regulations, Title 22, Section 51003 unless used under the conditions individually specified and are subject to the prescription documentation of California Code of Regulations, Title 22, Section 51476, subdivision (c), and will be subject to quantity and patient age limitations.

Medical supplies listed in the California Code of Regulations, Title 22, Section 59998(b) provided to inpatients receiving skilled nursing or intermediate care facility services shall be reimbursed only if the item is marked with a double asterisk (\*\*) and required for exclusive use by a specific patient.

### **Benefit Exclusion**

Services and supplies not primarily medical in purpose or which are common household items are not covered.

### **Examples of Covered Benefits**

1. Breast pump, bulb type. (See: Breastfeeding Support Services)
2. Catheters, Urinary.
3. Colostomy Supplies.
4. Ileostomy supplies.
5. Urinary drainage/irrigation supplies.

**Medical Supplies** (continued)

**Examples of Non-Covered Benefits**

1. Common household items.
2. Articles of clothing.
3. Toothpaste, toothbrushes, denture cleaners.
4. Shaving soap and lotion.
5. Cigarettes, cigars, pipes and tobacco.
6. Cosmetics.
7. Hairbrushes and combs.
8. Tissue wipes.
9. Cotton, adhesive tapes and elastic bandages.

**See: Durable Medical Equipment**

**Appendix A:** DME, Corrective Appliances, Medical Supplies and Surgical Implantables Grid

**Appendix B:** Medi-Cal Index of Supplies

## **Medication**

### **Benefit Coverage** (Medi-Cal Regulations – Cal. Code Regs., tit. 22, §§ 53214 & 51313)

1. Out Patient Medications
  - a. Pharmaceutical services and prescribed drugs will be provided through the services of contracted pharmacies and pharmacists. Drugs on the IEHP Formulary are covered, subject to limitations specified in the Formulary, when medically necessary and when prescribed by a licensed practitioner.
  - b. Prescribed drugs dispensed on an emergency basis are exempt from prior authorization, however, the emergency shall conform to the definition in the California Code of Regulations, Title 22, Section 51056. A sufficient quantity of such drugs will be provided to the patient to last until the Member can reasonably be expected to have a prescription filled.
2. In Patient Medications
  - a. Drugs for the treatment of hospital acute care or hospital extended care inpatients, including discharge medications, are covered by the hospital.
3. Intravenous (IV) Meds/Injectables
  - a. All intravenous medications and injectables, either medically necessary or as required for covered immunizations, etc., are covered, subject to prior authorization procedures.

### **Benefit Exclusion** (Medi-Cal Regulations – Cal. Code Regs., tit. 22, §51313.3)

1. Medications on the IEHP Formulary with Code 1 restrictions are not covered unless restrictions are met, and documented by the pharmacist.
2. Medications not included in the IEHP Formulary are not covered unless prior authorization is obtained from IEHP.
3. Designated antipsychotic, HIV, and alcohol and heroin detoxification and dependence treatment drugs that are “carved out”. (See IEHP Formulary for current listing of carved out medications)

### **Examples of Covered Benefits**

1. Drugs covered under the IEHP Formulary, when prescribed by a licensed practitioner.
2. Drugs furnished under emergency circumstances, generally not to exceed a 3-day supply.

**Medication** (continued)

Examples of Non-Covered Benefits

1. Non-Formulary outpatient drugs without prior authorization.
2. Medication therapies, which are experimental in nature.
3. Infertility services, including medications.
4. Non-Food & Drug Administration (FDA) approved products.
5. Medications prescribed for cosmetic purposes or conditions.
6. Designated antipsychotic, HIV, and alcohol and heroin detoxification and dependence treatment drugs that are “carved out”. (See IEHP Formulary for current listing of carved out medications)

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**Mental Health**

See: **Behavioral Health**