WISCONSIN BREAST CANCER COALITION

DIAGNOSTIC & SUPPLEMENTAL BREAST IMAGING

A GUIDE TO UNDERSTANDING YOUR OPTIONS AND INSURANCE COVERAGE

There is a lot of good news to report on insurance coverage for diagnostic and supplemental breast imaging tests that you may benefit from.

STATE - GAIL'S LAW

Removes the out-of-pocket costs associated with diagnostic and supplemental imaging (ultrasound and MRI) under Wisconsin state-regulated health plans for women with dense breasts and those at an increased risk of developing breast cancer.
Medicaid: 07/01/26; State-Regulated Plans: 01/01/27
***N*OTE:** Exemptions include self-funded plans, out-of-state plans, Medicare (Part B), VHA and TRICARE plans.

FEDERAL - HRSA GUIDELINES

Updated guidelines require most ACA-qualified private health plans to cover, at no cost, medically indicated supplemental breast screening imaging needed after an initial screening mammogram for women at average risk, including women with dense breasts. For more info, visit: https://www.hrsa.gov/womens-guidelines
NOTE: Exemptions include Medicare (Part B), VHA or TRICARE plans

INCREASED RISK INCLUDES WOMEN WITH:

- A lifetime breast cancer risk of 20% or greater
- A personal history of breast cancer
- A strong family history
- A genetic mutation or other high-risk factors

BEFORE YOU SCHEDULE

Your healthcare provider will need to order your supplemental breast imaging test. Before scheduling, ask your employer's benefits officer or insurance company to verify your coverage and any out-of-pocket costs with the CPT code provided.

CLAIM DENIAL

If the imaging test is either denied or not covered to the extent you believe it should be, you can: 1. File a grievance (appeal) with your insurer; 2. If you do not receive a response or your concern is not resolved within 30 days, you can contact the Wisconsin Office of the Commissioner of Insurance for assistance:
Phone: 1-800-236-8517 **Email:** ocicomplaints@wisconsin.gov