The Sage Screening Program



The Sage Screening Program is a statewide comprehensive breast and cervical cancer control program whose primary objective is to increase the number of patients who are screened for breast and cervical cancer.

What Sage pays for

The following services are free to eligible patients at participating facilities. Special arrangements may be needed for some services—please check with the Sage Follow-up Coordinator.

For reimbursable CPT codes, refer to <u>Sage Program Reimbursement Rates</u> (www.health.state.mn.us/diseases/cancer/sage/documents/sagereimbursement.pdf).

Visit <u>Sage Program Resources for Providers and Professionals</u> (<u>www.health.state.mn.us/diseases/cancer/sage/providers/index.html</u>) for more information.

Screening services

- Office visit for breast and cervical exam
- Clinical breast exam (recommended but not required)
- Screening mammogram
- Pap smear: Every 3 years or every 5 years with HPV co-test age 30-64

Diagnostic services

- Office visit for breast or cervical services (i.e., for exam or results counseling)
- Diagnostic mammogram
- Fine needle aspiration of breast lump, including pathology reading
- Colposcopy, including biopsy
- Breast ultrasound
- Breast biopsy
- Diagnostic services for HPV testing and endometrial biopsies—refer to Provider Manual or call the Sage Clinical Services team.

Age exceptions for breast services

Sage services are intended for clients ages 40-64. However, we do recognize that there are some situations where services are indicated in younger clients. If a client under 40 has breast symptoms or a family history of breast cancer (self, parent, sibling, child), enroll the patient and Sage will cover their office visit and any other breast screening testing. If further follow-up is needed, the patient could also have a diagnostic mammogram, breast ultrasound, breast surgical consult or outpatient breast biopsy.

Eligibility

- Breast cancer screening: ages 40-64
- Cervical cancer screening: ages 30-64
- Diagnostic services: ages 30-64
- People who have no insurance or are underinsured**
- People whose income is within guidelines (they do not need to verify income)



**Underinsured includes:

- Insurance that does not cover screening or insurance with unmet deductibles or excessive co-payments.
- Patients on Minnesota Medical Assistance (MA) do not need Sage coverage and are not eligible.

2025 Income Guidelines

Household number	Monthly income	Yearly income
1	\$3,261	\$39,125
2	\$4,407	\$52,875
3	\$5,553	\$66,625
4	\$6,698	\$80,375
5	\$7,844	\$94,125
6	\$8,990	\$107,875
Add for each additional	\$1,146	\$13,750

Income estimating

Self-employed or farmers should use their net income after deducting business expenses. Since monthly incomes may vary, encourage patients to use a current or recent month's estimate of their monthly income after business expenses. No documentation is required.

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