

What is it?

CPT Codes – 77058, 77059
Experimental - 0159T

Breast Magnetic Resonance Imaging (MRI) is most often used as an adjunct to mammography in today's clinical practice. Mammography is the only screening test proven to lower breast cancer morbidity and mortality. Although mammography is an effective screening tool, it does have limitations, especially in women with dense breasts. New imaging techniques are being developed to overcome such limits, enhance cancer detection and to improve patient outcomes.

According to the American Cancer Society - breast MRI is recommended in addition to, not in place of, mammography for screening high risk women. The guidelines state all clinical trials screened participants with both MRI and mammography at the same time. There is no evidence to support one approach over the other. For the majority of women at high risk, it is critical that MRI screening be provided in addition to, *not instead of*, mammography as the sensitivity and cancer yield of MRI and mammography combined is greater than for MRI alone.

Criteria

Breast MRI is considered medically necessary when the following criteria are met:

- 1) patient had recent (within 12 months) conventional mammogram and/or breast sonogram; **and**,
- 2) breast MRI is intended to affect clinical management; **and**,
- 3) **one** of the following is applicable, breast MRI is to:
 - a) detect local tumor recurrence in breast cancer members who have undergone mastectomy and breast reconstruction with an implant; **or**,
 - b) detect local tumor recurrence in breast cancer members who have dense breasts or old scar tissue from prior breast surgery that compromises ability of combined mammography and ultrasound; **or**,
 - c) assess tumor location, size and extent before and/or after chemotherapy in members with locally advanced breast cancer, for determination of breast conservation therapy; **or**,
 - d) determine presence of pectoralis major muscle/chest wall invasion in members with posterior located tumor; **or**,
 - e) detect extent of residual cancer in recently postoperative breast with positive pathological margins after incomplete lumpectomy when breast conservation is desired and local re-excision is planned; **or**,
 - f) localize site of primary occult breast cancer in members with adenocarcinoma suggestive of breast cancer discovered as axillary node metastasis or distant metastasis without focal finding on physical exam or on mammography/ultrasound; **or**,

- g) guide localization of breast lesions to perform needle biopsy when suspicious lesions cannot be visualized with mammography or ultrasound; **or**,
- h) initially (1 time only) evaluate members with newly diagnosed lobular carcinoma in situ or ductal carcinoma in situ; **or**,
- i) map extent of primary tumors and identify multicentric disease of localized breast cancer (Stage I or II, T0-1 N0-1 M0) prior to surgery (lumpectomy vs. mastectomy); **or**,
- j) evaluate member with known BRCA1 or BRCA2 genetic mutation; **or**, if member is high risk of BRCA1 or BRCA2 genetic mutation due to a known presence of the mutation in first degree blood relative(s); **or**,
- k) evaluate member with Li-Fraumeni syndrome (mutation in TP53) or Cowden syndrome (mutation in PTEN) or Bannayan-Riley-Ruvalcaba (Bannayan Zonana) syndrome, **or**, if member has first degree relative with one of these syndromes; **or**,
- l) evaluate member who had received radiation therapy to the chest between the ages of 10 and 30 years of age; **or**,
- m) evaluate member with history of breast cancer in multiple first degree relatives that occurred at young age and bilaterally; **or**,
- n) detect implant rupture in symptomatic members (**Note**: screening for rupture more frequently than every 2 years **is not** considered medically necessary nor is it considered medically necessary to confirm rupture when ultrasound shows rupture).

■ **Breast MRI** is considered **experimental and investigational** for all other indications, including, but not limited, to the following:

- to screen for breast cancer in members at average risk;
- for evaluation before biopsy in effort to reduce number of surgical biopsies for benign lesions;
- to differentiate benign from malignant breast disease, especially with clustered micro-calcifications;
- to differentiate cysts from solid lesions (ultrasound indicated);
- to provide response to adjuvant chemotherapy in guiding choice of chemo regimen;
- Computer-aided detection (CAD) Breast MRI (0159T)
- **NOTE:** When both MRI and CT scan are performed on the same day and same anatomic area, only CT scan will be considered medically necessary unless documentation is submitted to establish medical necessity for both.

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