JOHNS HOPKINS HEALTHCARE
Policy Number: CMS13.04

Medical Policy: Magnetic Resonance Imaging (MRI) of the Breast
Department: Health Services
Lines of Business: EHP, USFHP, PPMCO, ADVANTAGE MD

ACTION:
☐ New Policy Number:
☒ Revising Policy Number: CMS13.04
☐ Superseding Policy Number:
☐ Archiving Policy Number
☐ Retiring Policy Number:

Effective Date: 06/28/2007
Review Dates: 01/07/08, 01/05/09, 2010, 02/22/11, 02/28/12, 06/06/14, 12/04/15, 12/01/17

Johns Hopkins HealthCare LLC (JHHC) provides a full spectrum of health care products and services for Employer Health Programs, Priority Partners, Advantage MD, and US Family Health Plan. Each line of business possesses its own unique contract and guidelines which, for benefit and payment purposes, should be consulted to know what benefits are available for reimbursement. Specific contract benefits, guidelines or policies supersede the information outlined in this policy.

POLICY:

For US Family Health Plan see TRICARE Policy Manual 6010.57-M, February 1, 2008, Diagnostic Radiology (Diagnostic Imaging) Chapter 5, Section 1.1, and Clinical Preventive Services – TRICARE Prime, Chapter 7, Section 2.2

For Advantage MD:
Local Coverage Determinations (LCDs) do not exist at this time. (Accessed September 29, 2016) Medicare does not have a National Coverage Determination (NCD) for Magnetic Resonance Imaging (MRI) of the Breast.

Note ~ Contrast enhanced MRI of the breast is used for screening of high risk women with 20% or greater life time risk of breast cancer and for diagnostic purposes in a variety of settings outlined below. Non contrast MRI of the breast is used to assess silicone gel implant integrity.

I. When benefits are provided under the member’s contract, JHHC considers Magnetic Resonance Imaging (MRI) of the Breast medically necessary for members who have had a previous conventional mammogram and/or sonogram with the following clinical indications:
A. There is concern for intracapsular or extracapsular rupture of silicone gel breast implants, OR;

Note~ currently when silicone gel implants are placed for reconstruction or cosmesis, the * FDA requires women to undergo MRI to assess implant integrity every three (3) years.

B. To detect implant rupture in symptomatic members if not obvious on Ultrasonography (US) or mammogram, OR;
C. Suspicion of local tumor recurrence in breast cancer members who have undergone mastectomy and breast reconstruction with either implant or flap techniques, OR;

D. To detect local tumor recurrence in individuals with breast cancer who have radiographically dense breasts (and US not reassuring) or old scar tissue from previous breast surgery that compromises the ability of combined mammography and ultrasonography, OR;

E. To assess tumor location, size, and extent before and after neoadjuvant chemotherapy in persons with locally advanced breast cancer, for determination of eligibility for breast conservation therapy, OR;

F. To detect the extent of residual cancer in the recently postoperative breast after incomplete lumpectomy with positive margins when the member still desires breast conservation and local re-excision is planned, OR;

G. To localize the site of primary occult breast cancer in individuals with adenocarcinoma suggestive of breast cancer discovered as axillary node metastasis or distant metastasis without focal findings on physical examination or on mammography/ultrasonography, OR;

H. To guide localization of breast lesions to perform needle biopsy when suspicious lesions exclusively detected by contrast-enhanced MRI cannot be visualized with mammography or ultrasonography, OR;

I. To evaluate persons with a diagnosis of lobular carcinoma in situ (LCIS) or other high risk lesions (such as; Radial Scar (Complex Sclerosing Lesion), Atypical Ductal Hyperplasia (ADH), Atypical Lobular Hyperplasia (ALH), and Papilloma, OR;

J. Evaluation of extent of disease in recently diagnosed breast cancer patients particularly if breast conservation candidates (studies have shown multifocality in 15% and multicentricity in 7%), OR;

K. Evaluation of contralateral breast in recently diagnosed breast cancer patients (studies have shown second primary in 5%), OR;

L. Evaluation of bloody or clear spontaneous nipple discharge with a normal mammogram and US; Data shows MRI is more accurate than ductogram for definitive diagnosis.

M. Evaluation of suspicious finding on a mammogram that is not able to be localized for biopsy after full work up with additional views and US, OR;

N. Abnormal or changed appearance of lumpectomy scar, OR;

O. Evaluation of extent of disease in patients recently diagnosed with infiltrating lobular carcinoma (physical exam, mammography and US are often limited, OR;

P. To map the extent of primary tumors and identify multicentric disease in persons with localized breast cancer (Stage I or II T0-T1, N0-N1 and M0) prior to surgery (lumpectomy or mastectomy).

Q. Follow up after an MRI guided biopsy or US biopsy which was performed on an MRI finding and second look evaluation. This is typically at 6 months but can be at a shorter interval if there is a question of the lesion not being adequately sampled based on the pathology outcome.
R. Short interval follow up, at approximately 6 months, of a probably benign BI-RADS category 3 lesion (or lesions) seen on a previous contrast enhanced MRI of the Breast.

*FDA: [https://www.fda.gov](https://www.fda.gov)

II. When benefits are provided under the member’s contract, JHHC considers MRI of the Breast medically necessary as screening for members with the following clinical indications:
   A. Patients with a known BRCA 1 or BRCA 2 mutation
   B. First-degree relative of BRCA carrier, but patient is untested
   C. Patients considered to be at high familial risk for breast cancer, have not tested for BRCA 1 or BRCA 2 or have not had a statistical risk analysis utilizing BRCAPRO or other models and whose family history includes one of the following:
      1. Two or more first degree* relatives with breast cancer, OR;
      2. One first degree relative and two or more second degree or third degree relatives with breast cancer, OR;
      3. One first degree relative with breast cancer before the age of 45 years and one other relative with breast cancer, OR;
      4. One first degree relative with breast cancer and one or more relatives with ovarian cancer, OR;
      5. Two second degree or third degree relatives with breast cancer and one or more with ovarian cancer, OR;
      6. One second degree or third degree relative with breast cancer and two or more with ovarian cancer, OR;
      7. Three or more second degree or third degree relatives with breast cancer, OR;
      8. One first degree relative with bilateral breast cancer;
   D. Women with a lifetime risk of breast cancer that has been scored at 20% or greater, based on one of several accepted risk assessment tools that look at family history and other factors. Such tools include the Gail model, the Claus model, BRCAPRO, and the Tyrer-Cuzick model.
   E. Women who had radiation to the chest between the ages of 10 and 30.
   F. Women with Li-Fraumeni syndrome, Cowden syndrome, or Bannayan-Riley Ruvalcaba syndrome, or who may have one of these syndromes based on a history in a first-degree relative.
   G. Unilateral breast cancer MRI to evaluate opposite breast
   H. Patients in whom mammography is technically limited due to anatomic factors; e.g. those with dense or distorted breasts. (on a case by case basis subject to review)
   I. In patients with positive margins after lumpectomy for evaluation of residual tumor.
   J. In patients with locally advanced breast cancer to determine response during (as opposed to before and after) neoadjuvant chemotherapy.
III. When indications in I and II are met, and when benefits are provided under the member’s contract, JHHC considers the maximum frequency for MRI of the breast to be one in 12 months. This interval may be shorter in the setting of follow up after a biopsy or a BI-RADS 3 finding. See Q and R above.

IV. Unless specific benefits are provided under the member’s contract, JHHC considers MRI of the breast experimental and investigational in the following circumstances, as it does not meet Technology Evaluation Criteria (TEC) #2-5.
   A. To further characterize indeterminate breast lesions identified by clinical exam, mammography or ultrasound.
   B. For the diagnosis of low suspicion findings on conventional testing not indicated for immediate biopsy and referred for short-interval follow up.
   C. For the diagnosis of a suspicious breast lesion in order to avoid biopsy.
   D. As a screening technique in average risk patients.
   E. To confirm implant rupture in symptomatic individuals whose ultrasonography shows rupture.
   F. To differentiate benign from malignant breast disease, especially clustered microcalcifications.
   G. To differentiate cysts from solid lesions (use ultrasound).
   H. To map the size and extent of primary tumors in persons with localized breast cancer and no other indications, as they do not meet Technology Evaluation Criteria (TEC) #2-5.

V. Unless specific benefits are provided under the member’s contract, JHHC considers MRI of the breast for all other indications not medically necessary.

APPENDIX

I. Definitions

*First-degree relative: A parent, brother, sister, or child.
Second-degree relative: An aunt, uncle, grandparent, grandchild, niece, nephew, or half-brother or -sister.
Third-degree relative: A blood relative first-cousin, great-grandparent or great grandchildren.

BACKGROUND:

Magnetic Resonance Imaging (MRI) is a diagnostic imaging modality that uses magnetic and radiofrequency to non-invasively obtain digital images of organs and other body structures. Patients are placed inside an enclosed tunnel-shaped machine that scans body images and electronically sends the images to a computer for further analysis.
An MRI serves many diagnostic purposes. The imaging technique can be used to detect tumors, internal bleeding, infections, and other body abnormalities. MRIs are commonly used and are popular for examining numerous areas of the body. Popular locations include the head and neck region, where an MRI can detect aneurysms, tumors, brain hemorrhage, and optic damage. In addition, an MRI of the chest can help physicians examine the heart and lungs.

Despite the popularity of magnetic resonance imaging, not all patients can benefit from the procedure. Individuals with metal implants or heart pacemakers cannot undergo an MRI due to the magnetic effects. While receiving an MRI is painless for most patients, a side effect of the procedure includes claustrophobia. As a result, it is advised that patients with severe claustrophobia use the non-enclosed MRI machines in order to reduce discomfort.

**CODING INFORMATION:**

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Note: The following CPT/HCPCS codes are included below for informational purposes. Inclusion or exclusion of a CPT/HCPCS code(s) below does not signify or imply member coverage or provider reimbursement. The member's specific benefit plan determines coverage and referral requirements. All inpatient admissions require pre-authorization.

**PRE-AUTHORIZATION REQUIRED**

_Compliance with the provision in this policy may be monitored and addressed through post-payment data analysis and/or medical review audits._

<table>
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<th>Employer Health Programs (EHP)</th>
<th>Priority Partners (PPMCO) refer to COMAR guidelines and PPMCO SPD then apply policy criteria</th>
<th>US Family Health Plan (USFHP), TRICARE Medical Policy supersedes JHHC Medical Policy. If there is no Policy in TRICARE, apply the Medical Policy Criteria</th>
<th>Advantage MD, LCD and NCD Medical Policy supersedes JHHC Medical Policy. If there is no LCD or NCD, apply the Medical Policy Criteria</th>
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<td><strong>See Specific Summary Plan Description (SPD)</strong></td>
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<td>77058</td>
<td>Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral</td>
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<td>77059</td>
<td>Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral</td>
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Computer aided detection, including computer algorithm analysis of MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation, breast MRI (List separately in addition to code for primary procedure)

ICD10 CODES ARE FOR INFORMATIONAL PURPOSES ONLY

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<td>Malignant neoplasm of breasts</td>
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<td>D05.00 - D05.02</td>
<td>Lobular Carcinoma in situ of breast</td>
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<td>D24.1</td>
<td>Benign neoplasm of right breast</td>
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<td>Benign neoplasm of unspecified breast</td>
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REVENUE CODES

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REFERENCE STATEMENT:

Analyses of the scientific and clinical references cited below were conducted and utilized by the Johns Hopkins HealthCare LLC (JHHC) Medical Policy Team during the development and implementation of this medical policy. Per NCQA standards, the Medical Policy Team will continue to monitor and review any newly published clinical evidence and adjust the references below accordingly if deemed necessary.
REFERENCES:


