

**Medical Policy**

An Independent Licensee of the  
Blue Cross and Blue Shield Association.

**Title: Magnetic Resonance Imaging (MRI) Breast****Professional**

Original Effective Date: October 1, 1997  
Revision Date(s): June 1, 1996; October 1, 1997; June 10, 2004;  
April 21, 2005; November 3, 2005;  
December 28, 2005; January 12, 2007  
Current Effective Date: January 1, 2007

**Institutional**

Original Effective Date: July 1, 2005  
Revision Date(s): August 31, 2005;  
November 3, 2005; January 12, 2007

Current Effective Date: January 1, 2007

**DESCRIPTION**

Magnetic resonance imaging (MRI) is a radiation-free noninvasive, technique to produce high quality sectional images of the inside of the body in multiple planes. MRI of the breast can be performed using MR scanners and intravenous MR contrast agents. The MRI produces a radiofrequency signal and then processed by a computer into a high-resolution, three-dimensional, tomographic image.

**POLICY**

MRI of the breast using scanners equipped with breast coils is medically necessary for the following:

1. For evaluation for rupture breast implants when there is breast pain and/or abnormal ultrasound of the breast.
2. As a screening technique for breast cancer in women with known BRCA1 or BRCA2 mutation; at high risk of BRCA1 or BRCA2 mutation due to a known presence of the mutation in relatives; or with a pattern of breast cancer history in multiple first-degree relatives, often occurring at a young age and bilaterally, consistent with a high probability of harboring BRCA mutations or other hereditary breast cancer.
3. For metastatic adenocarcinoma to an axillary node with unknown primary, negative physical exam, and negative standard mammogram.
4. For patients who have dense breast tissue, negative mammograms and a strong family history of breast cancer.
5. As a screening technique of the contralateral breast in patients who have breast cancer.

6. For presurgical planning in patients with locally advanced breast cancer before and after completion of neoadjuvant chemotherapy to permit tumor localization and characterization.
7. To determine the presence of pectoralis muscle or chest wall invasion in patients with posteriorly located tumors.
8. To detect local tumor recurrence in individuals with breast cancer who have radiographically dense breasts or old scar from previous breast surgery that compromises the ability of combined mammography and ultrasonography.
9. Further evaluation of suspicious clinical findings or imaging results, which remain indeterminate after complete mammographic and sonographic evaluations, combined with a thorough physical examination.
10. To detect the extent of residual cancer in the recently post operative breast with positive pathological margins after incomplete lumpectomy when the member still desires breast conservation and local re-excision is planned.
11. MRI breast biopsy:
  - a. May be performed if a suspicious lesion is identified only on MRI of the breast.
  - b. Performed by a provider capable of interpreting breast MRI, performing needle biopsy of the breast, and interpreting mammographies.
  - c. Requires only one person to perform a MRI breast biopsy.

Breast MRI is considered experimental/investigational as a screening technique in average risk patients.

### DOCUMENTATION

Each claim must be submitted with ICD-9-CM codes that reflect the condition of the patient, and indicate the reason(s) for which the service was performed. Claims submitted without ICD-9-CM codes will be returned.

Documentation must be available upon request.

### CODING

#### REVENUE CODE

061X

#### CPT

77058	Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral
77059	Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral

**DIAGNOSIS**

**These diagnoses are otherwise subject to medical policy as stated above.**

174.0	Malignant neoplasm of female breast; nipple and areola
174.1	Malignant neoplasm of female breast; central portion
174.2	Malignant neoplasm of female breast; upper-inner quadrant
174.3	Malignant neoplasm of female breast; lower-inner quadrant
174.4	Malignant neoplasm of female breast; upper-outer quadrant
174.5	Malignant neoplasm of female breast; lower-outer quadrant
174.6	Malignant neoplasm of female breast; axillary tail
174.8	Malignant neoplasm of female breast; other specified sites of female breast
174.9	Malignant neoplasm of female breast; breast (female unspecified)
175.0	Malignant neoplasm of male breast; nipple and areola
175.9	Malignant neoplasm of male breast; other specified sites of male breast
198.81	Secondary malignant neoplasm of breast
233.0	Carcinoma in situ of breast
610.1	Diffuse cystic mastopathy
611.72	Lump or mass of breast
996.54	Mechanical complications due to breast prosthesis (e.g.,) rupture, extrusion, contracture)
996.69	Infection and inflammatory reaction due to other internal prosthetic device, implant, graft (includes breast prosthesis)
996.79	Other complications due to internal prosthetic device, implant, and graft (e.g., pain)
V10.3	Personal history of breast cancer
V16.3	Family history of breast cancer

**REVISIONS**

June 10, 2004	In "Policy" section added 2, 3, 4, 5, and 6.
April 21, 2005	In "Policy" section added, "All of the following policy statements refer to performing MRI of the breast with a breast coil. MRI of the breast without the use of a breast coil, regardless of the clinical indication, is considered investigational."
	In "Policy" section added #5 a, b, c, and d – "MRI breast biopsy".
November 3, 2005	In "Policy" section changed the wording (not concept) in #1, 2, 3, and 4.
	In "Policy" section #5 is now the new #11. Deleted the fourth bullet and added a statement at the beginning of the policy to address the breast coil.
	In "Policy" section deleted #6 and 7.
	In "Policy" section added new #5, 6, 7, 8, 9, and 10.

	In "Policy" section added, "Breast MRI is considered experimental/investigational as a screening technique in average risk patients."
December 28, 2005 with an effective date of February 1, 2006	In "Documentation" section deleted 'The ordering physician should retain in the patient's medical record, history and physical, examination notes documenting evaluation and management of one of the covered conditions/diagnoses, with relevant clinical signs/symptoms or abnormal laboratory test results, appropriate to one of the covered indications. The patient's clinical record should further indicate changes/alterations in medications prescribed for the treatment of the patient's condition. There must be an attending/treating physician's order for each test documented in the patient's medical/clinical record' at the request of the Associate Medical Director.
January 12, 2007 with an effective date of January 1, 2007	In "Coding" section, CPT Codes, deleted 76093 and 76094 and added CPT Codes 77058 and 77059 due to the 2007 CPT changes.

## **REFERENCES**

1. Chung KC, Wilkins EG, Beil RJ Jr. et al. Diagnosis of silicone gel breast implant rupture by ultrasonography. *Plast Reconstr Surg* 1996; 97(1):104-9.
2. Drew PJ, Kerin MUY, Mahapatra T et al. Evaluation of response to neoadjuvant chemoradiotherapy for locally advanced breast cancer with dynamic contrast enhanced MRI of the breast. *EJSO* 2001;27:617-20.
3. Kuhl CK, Schmutzler RK, Leutner CC et al. Breast MR imaging screening in 192 women proved or suspected to be carriers of a breast cancer susceptibility gene: preliminary results. *Radiology* 2000; 215(1):267-79.
4. Gabriel SE, Woods JE, O'Fallon WM et al. Complications leading to surgery after breast implantation. *N Engl J Med* 1997; 336(10):677-82.
5. Lee JM, Orel SG, Czerniecki BJ et al. MRI before excision surgery in patients with breast cancer *AJR* 2004;182:473-80.
6. Liberman L, Morris EA, Kim CM et al. MR imaging finding in the contralateral breast of women with recently diagnosed breast cancer. *AJR* 2003;180:333-41.
7. Morris EA, Schwartz LH, Drotman MB et al. Evaluation of pectoralis major muscle in patients with posterior breast tumors on breast MR images: early experience. *Radiology* 2000;214:67-72.
8. Netscher DT, Weizer G, Malone RS et al. Diagnostic value of clinical examination and various imaging techniques for breast implant rupture as determined in 81 patients having implant removal. *South Med J* 1996; 89(4):397-404.

9. Partridge SC, Bibbs JE, Lu Y. Accuracy of MR imaging for revealing residual breast cancer patients who have undergone neoadjuvant chemotherapy. *AJR* 2002;179:1193-9.
10. Quan, ML, et al. Magnetic resonance imaging detects unsuspected disease in patients with invasive lobular cancer. *Ann Surg Oncol*. 2003 Nov;10(9):1048-53.
11. Samuels JB, Rohrich RJ, Weatherall PT et al. Radiographic diagnosis of breast implant rupture: current status and comparison of techniques. *Plast Reconstr Surg* 1995; 96(4):865-77.
12. Warner E, Plewes DB, Shumak RS et al. Comparison of breast magnetic resonance imaging, mammography, and ultrasound for surveillance of women at high risk for hereditary breast cancer. *J Clin Oncol* 2001; 19(15):3524-31.

### **Government Agency; Medical Society; and Other Authoritative Publications**

1. Blue Cross and Blue Shield Association, MRI of the Breast, policy number 6.01.29, pages 1-5, 2:2004.
2. Blue Cross and Blue Shield of Kansas Radiology Liaison Committee meeting, February 10, 2004 (see Blue Cross and Blue Shield of Kansas Newsletter, Blue Shield Report MAC-01-04).
3. Blue Cross and Blue Shield of Kansas Medical Advisory Committee meeting, April 22, 2004 (see Blue Cross and Blue Shield of Kansas Newsletter, Blue Shield Report MAC-01-04).
4. Blue Cross and Blue Shield of Kansas Surgery Liaison Committee meeting, August 17, 2005 (see Blue Cross and Blue Shield of Kansas Newsletter, Blue Shield Report. MAC-03-05).
5. Blue Cross and Blue Shield of Kansas Medical Advisory Committee meeting, November 3, 2005 (see Blue Cross and Blue Shield of Kansas Newsletter, Blue Shield Report. MAC-03-05).
6. TEC Assessment 2000; Tab #10
7. TEC Assessment 2000; Tab #17
8. TEC Assessment 2001: Magnetic Resonance Imaging of the Breast; Differential Diagnosis of a Breast Lesion to Avoid Biopsy.
9. TEC Assessment 2003; 18 (15): Magnetic Resonance Imaging of the Breast in Screening Women Considered to Be at High Genetic Risk of Breast Cancer. TEC Assessment, 2003; 18(15).
10. TEC Assessment 2004; 19(1): Breast MRI for Detection and Diagnosis of Primary or Recurrent Breast Cancer.

### **Web Sites for Additional Information**

1. The National Breast Cancer Foundation can be accessed at [www.nationalbreastcancer.org](http://www.nationalbreastcancer.org) Accessed on March 25, 2005.
2. The Susan G. Komen Breast Cancer Foundation can be accessed at [www.komen.org](http://www.komen.org) Accessed on March 25, 2005.

