

Policy Name: Breast Magnetic Resonance Imaging (MRI) – Mayo Medical Plan Only
Effective Date: 01/16/2023

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member’s plan document for other specific coverage information. If there is a difference between this general information and the member’s plan document, the member’s plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

NOTE: THIS POLICY APPLIES TO MAYO MEDICAL PLAN (MMP) MEMBERS.

NOTE: For all other medica members, Medica is using clinical criteria for breast magnetic resonance imaging developed by Carelon, a utilization management (UM) program third-party vendor, to assist in administering medical necessity criteria.

Coverage Policy

Note: This policy is not scheduled for routine review of the scientific literature.

Magnetic resonance imaging (MRI) of the breast is **COVERED** for the following:

- A. As an adjunct to mammography and clinical breast exam for women who are at high risk for breast cancer. High-risk is defined as having one or more of the following:
 - 1. History of breast cancer occurrence in one or more first degree relatives (i.e., biological parent, sibling, or child).
 - 2. BRCA genetic mutation or at high-risk of a mutation due to known BRCA mutation in a first degree relative.
 - 3. Presence of a syndrome that is known to be associated with a high-risk of breast cancer in member or first-degree relative. These syndromes include, but are not limited to, Cowden, Li- Fraumeni and Bannayan-Riley-Ruvalcaba syndrome.
 - 4. Radiation to the chest between age 10 and 30 years.
 - 5. Lifetime risk of 20% or greater of developing breast cancer as defined by risk assessment models that are largely dependent on family history (e.g., Claus, BRCA1, BRCA2, BOADICEA, Tyrer-Cusick).
- B. For diagnosis and monitoring including but not limited to:
 - 1. In the contralateral breast when unilateral breast cancer has been recently diagnosed
 - 2. Staging existing cancer
 - 3. Detecting occult breast cancer (e.g., positive axillary lymph node with negative mammogram)
 - 4. Distinguishing postoperative scar vs. tumor recurrence
 - 5. Monitoring response to neo-adjuvant chemotherapy
 - 6. Pre-surgical planning
 - 7. Follow-up of individuals with personal history of breast cancer
 - 8. Evaluating the integrity of breast implants including rupture if symptoms of rupture or complications are present.

Medica Coverage Policy



MRI of the breast is **NOT COVERED** for screening women at average risk for breast cancer.

Description

Mammography remains the method of choice for breast cancer screening in women at all levels of breast cancer risk. MRI can provide increased sensitivity in detecting malignancies in individuals at high risk for breast cancer when performed in addition to a screening mammogram. MRI is also used in staging and treatment planning of newly diagnosed breast cancer and monitoring in individuals with a history of breast cancer. Clinical guidelines recommend that breast MRI images be enhanced with a contrast agent and performed with devices that have adequate magnetic field strengths and high spatial resolution, with dedicated breast coils to optimize the clinical utility of the images obtained.

Prior Authorization

Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes:

- **77046** – Magnetic resonance imaging, breast, without contrast material; unilateral
- **77047** - Magnetic resonance imaging, breast, without contrast material; bilateral
- **77048** - Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral
- **77049** - Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral
- **C8903** - Magnetic resonance imaging with contrast, breast; unilateral
- **C8905** - Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral
- **C8906** - Magnetic resonance imaging with contrast, breast; bilateral
- **C8908** - Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral
- **C8937** - Computer-aided detection, including computer algorithm analysis of breast MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation (list separately in addition to code for primary procedure)

Original Effective Date: 11/1/2007
Re-Review Date(s): 9/15/2010
10/15/2013
10/19/2016
10/16/2019
10/21/2020
10/19/2022 – Clinical Review Reserve
05/01/2024 – Administrative update; policy applies to Mayo Medical Plan members only.