**Subject:** Breast Imaging*

**Effective Date:** December 12, 2006

**Department(s):** Utilization Management

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**Policy:** Breast imaging by various techniques, either for screening or diagnostic purposes, is reimbursable under Plans administered by QualCare, Inc., according to criteria enumerated below.

**Objective:** To provide proper and consistent reimbursement and to delineate circumstances under which various types of breast imaging are covered.

**Procedure:**

1. The imaging modalities and circumstances under which breast imaging is covered are as follows:

    a. **Screening mammography** (CPT 77057) for women over 40 years of age, according to the schedule in QualCare’s Wellness Policy (underscore for hyperlink)

    b. **Screening mammography** for women less than 40 years of age if

       i. there is increased risk for breast cancer by criteria in QualCare’s BRCA Testing Policy (underscore for hyperlink)

       **OR**

       ii. there is a history of prior high-dose thoracic irradiation (including but not limited to radiation therapy)

       **OR**

       iii. the patient is determined to be at increased risk after consultation with her physician of record
c. Diagnostic mammography (CPT 77055, 77056)
   i. following an abnormal screening mammography
   ii. in the presence of signs or symptoms of breast disease
   iii. in women with a personal history of breast cancer
   iv. in women with biopsy-proven benign breast disease

d. Direct digital breast image production (“digital mammography”) HCPCS G0202 [screening], G0204 [diagnostic bilateral], and G0205 [diagnostic unilateral] is reimbursable as an alternative to film-screen mammography.

e. Computer-aided detection (CAD) (CPT 77051 [diagnostic mammography] and CPT 77052 [screening mammography]) are separately reimbursable services in addition to the codes for film-screen procedures.

f. Needle or wire localization of breast lesions (CPT 77031 [stereotactic] or 77032 [mammographic]) is reimbursable as a service separate from other breast imaging procedures.

g. Breast ultrasound (CPT 76645) is reimbursable.

h. Breast magnetic resonance imaging (MRI) (CPT 77058 or HCPCS C8903, C8904, C8905 [unilateral] or CPT 76094 or HCPCS C8906, C8907, C8908 [bilateral] or 77021 [needle placement for biopsy, injection, or localization]) is covered
   i. for evaluation of suspected breast cancer following other imaging studies
   ii. in patients with non-cosmetic breast implants and/or prior silicone injections in whom screening or diagnostic mammography is inconclusive or contraindicated
   iii. to confirm non-cosmetic breast implant rupture when this cannot be confirmed by other imaging modalities
   iv. for surveillance of asymptomatic high-risk women (including but not limited to those with family history of breast cancer, personal or family history of ovarian cancer, carriers of BRCA-1 or BRCA-2 mutation)
   v. when there is a history of prior high-dose thoracic irradiation (including but not limited to radiation therapy)
vi. for evaluation and monitoring of known breast cancer, including surveillance of the contralateral breast
vii. when there is otherwise unexplained axillary lymphadenopathy

2. **Breast MRI is NOT covered as a primary screening tool** in asymptomatic, average-risk patients

3. Breast MRI is NOT covered at facilities that do not perform MRI-guided breast biopsy, because the biopsy would require repeat breast MRI at the time it is performed.

4. **Thermography** (CPT 93740) is NOT covered for any indication, including breast imaging because it is deemed to be experimental, investigational or unproven.

5. **Scintimammography** (HCPCS S8080) (breast-specific gamma imaging [Miraluna scan]) is not covered for breast cancer screening or diagnosis because it is deemed experimental, investigational or unproven.

References


Kopans DB. The recent US preventive services task force guidelines are not supported by the scientific evidence and should be rescinded. J Am Coll Radiol 2010;7(4):260-4 (Apr)


Bleicher RJ, Morrow M. MRI and breast cancer: Role in detection, diagnosis, and staging. *Oncology.* 2007;21(12):1521-1528 (Nov)


Freer TW, Ulissey MJ. Screening mammography with computer-aided detection: prospective study of 12, 860 patients in a community breast center. Radiology 2001; 220(3):781-786


*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail