Subject: Breast Imaging

Effective Date: December 12, 2006

Department(s): Utilization Management

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), or screening digital breast tomosynthesis (CPT 77063) for women at or over 40 years of age, according to the schedule in QualCare’s Wellness Policy (underscore for hyperlink)

   b. **Screening mammography or screening digital breast tomosynthesis** 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), diagnostic digital breast tomosynthesis (CPT 77061, 77062)

   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 G0206 [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 19283, 19284 [stereotactic], 19285, 19286 [ultrasound guidance] or 19281, 19282 [mammographic]) is reimbursable as a service separate from other breast imaging procedures

g. **Breast ultrasound** (CPT 76641, 76642) is reimbursable

h. **Breast magnetic resonance imaging (MRI)** (CPT 77058, or HCPCS C8903, C8904, C8905 [unilateral] or CPT 77059 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


ACOG technology assessment Digital Breast Tomosynthesis(June 2013)


Hayes Technology Brief- Selenia Dimensions Digital Tomosynthesis System(Hologic Inc.) for Diagnostic Mammography, November 30, 2012. Accessed online at Hayesinc.com


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)


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