Breast Cancer Imaging

I. Policy

University Health Alliance (UHA) will cover breast imaging when such services meet the medical criteria guidelines (subject to limitations and exclusions) indicated below.

II. Background

Mammography is the only screening test proven to lower breast cancer morbidity and mortality. Although mammography is an effective screening tool, it does have limitations, especially in women with dense breasts. New imaging techniques are being developed to overcome these limitations, enhance cancer detection, and improve patient outcome. Digital mammography, computer-aided detection (CAD), breast ultrasound, and breast magnetic resonance imaging (MRI) are frequently used adjuncts to mammography in today’s clinical practice and are covered services within the limitations and exclusions below but their utility in decreasing breast cancer mortality or avoiding unnecessary operations is unproven. Some advanced testing is known to be counterproductive and for these reasons, careful application is very important.

III. Criteria/Guidelines

A. UHA considers mammography and the following adjuncts to be medically necessary (subject to limitations and exclusions) within the following indications:

1. The US Preventive Health Task Force recommends biannual screening mammography as a preventive service for women aged 40 to 74. UHA benefits will cover annual screening mammograms without age limit as per the UHA medical benefits guide.
   a. The decision to start screening mammography in women prior to age 50 years should be an individual one. Most of the benefit of mammography results from biennial screening during ages 50 to 74 years.
   b. These criteria apply to asymptomatic women aged 40 years or older who do not have preexisting breast cancer or a previously diagnosed high-risk breast lesion and who are not at high risk for breast cancer because of a known underlying genetic mutation (such as a BRCA1 or BRCA2 gene mutation or other familial breast cancer syndrome) or a history of chest radiation at a young age.
   c. Screening mammography for men does not meet criteria for medical necessity. Current guidelines from the U.S. Preventive Services Task Force and the American College of Radiology recommend such screening only for women.


3. Diagnostic mammography for all members with signs or symptoms of breast disease or history of breast cancer.

4. Digital mammography as an acceptable alternative to film mammography.

B. UHA considers Computer-aided detection (CAD) medically necessary as an adjunct to mammography.
a. Computer-aided detection (CAD) of malignancy with MRI of the breast is not considered medically necessary because its clinical value has not been established.

b. Computer Aided Detection (CAD) of malignancy with Ultrasound is not considered medically necessary because its clinical value has not been established.

C. UHA considers breast ultrasound medically necessary as an aid for radiologists to localize breast lesions and in guiding placement of instruments for cyst aspiration and percutaneous breast biopsies.

D. UHA considers magnetic resonance imaging (MRI), with or without contrast materials, of the breast medically necessary for members who have had a recent (within the past year) conventional mammogram and/or breast sonogram, in any of the following circumstances where MRI of the breast may affect their clinical management:

1. For individuals who received radiation treatment to the chest between ages 10 and 30 years, such as for Hodgkin disease, Wilms's tumors; or

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

3. To detect implant rupture in symptomatic members; or

4. To detect suspected local tumor recurrence in members with breast cancer who have undergone mastectomy and breast reconstruction with an implant; or

5. To detect local tumor recurrence in individuals with breast cancer who have radiographically dense breasts or old scar tissue from previous breast surgery that compromises the ability of combined mammography and ultrasonography; or

6. 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; or

7. To evaluate persons with lobular carcinoma in situ (LCIS) or ductal carcinoma in situ (DCIS); or

8. 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

9. 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

10. To map the extent of primary tumors and identify multi-centric disease in persons with localized breast cancer (stage I or II, T0-1 N0-1 M0) prior to surgery (lumpectomy versus mastectomy).

E. UHA considers breast MRI a medically necessary adjunct to mammography for screening of women considered to be at high genetic risk of breast cancer because of any of the following:

1. Carry or have a first-degree relative who carries a genetic mutation in the TP53 or PTEN genes (Li-Fraumeni syndrome and Cowden and Bannayan-Riley-Ruvalcaba syndromes); or
2. Confirmed presence of BRCA1 or BRCA2 mutation; or

3. First degree blood relative with BRCA1 or BRCA2 mutation and are untested; or

4. Have a lifetime risk of breast cancer of 20 to 25% or more using standard risk assessment models (BRCAPRO, Claus model, Gail model, or Tyrer-Cuzick).

F. UHA considers Digital Breast Tomosynthesis (DBT) medically necessary subject to the limitations below:

1. DBT for breast cancer screening is covered in conjunction with digital screening mammography within the guidelines for mammography found in the UHA medical benefits guide.

2. DBT for breast cancer diagnostics is covered for classification of masses, distortions, and asymmetries.

II. Limitations & Exclusions

The following breast imaging indications, modalities and adjuncts are not considered medically necessary because there is insufficient scientific evidence of clinical benefit vs potential harm. UHA encourages providers to inform patients of the financial implications of choosing to have the breast imaged within any of the following circumstances:

A. UHA does not consider breast MRI medically necessary for any indications other than listed above (section II), including any of the following:

1. To confirm implant rupture in symptomatic individuals whose ultrasonography shows rupture, especially with implants more than 10 years old (ultrasound sufficient to proceed with removal); or

2. To differentiate benign from malignant breast disease, especially clustered microcalcifications; or

3. To differentiate cysts from solid lesions (ultrasound indicated); or

4. To evaluate breasts before biopsy in an effort to reduce the number of surgical biopsies for benign lesions; or

5. Surveillance of asymptomatic individuals with breast cancer who have completed primary therapy and who are not at high genetic risk of breast cancer; or

6. To provide an early prediction of response to adjuvant breast cancer chemotherapy in guiding choice of chemotherapy regimen; or

7. Dermatomyositis as an indication for use of MRI for breast cancer screening; or

8. To screen for breast cancer in members with average risk of breast cancer; or


10. As a substitute for or adjunct to mammography in women with known dense breast tissue.

B. Breast Ultrasound (sonography) is not covered for routine breast cancer screening including patients with dense breast tissue because clinical evidence has not yet demonstrated that routine use of ultrasonography as an adjunct to screening mammography reduces the mortality rate from breast
cancer. High frequency breast ultrasound is covered for the evaluation/characterization of known breast abnormalities.

C. UHA does not consider the following breast imaging modalities medically necessary:

1. Xeroradiography for breast because this method of radiography is obsolete.

2. Contrast-enhanced spectral mammography because of insufficient evidence of its effectiveness.

3. thermography (including digital infrared thermal imaging, magnetic resonance (MR) thermography and temperature gradient studies) for the detection of breast cancer because the evidence that is currently available does not provide enough support for the role of infrared thermography for either population screening or adjuvant diagnostic testing of breast cancer.

4. Transillumination (light scanning or diaphanography) of the breast because this technique has not been established by the peer-reviewed medical literature to be an acceptable alternative to conventional mammography in detecting breast cancer.

5. Electrical impedance scanning (EIS) of the breast because there is inadequate evidence in the peer-reviewed published medical literature of the ability of this method to distinguish benign from malignant breast lesions or the effectiveness of EIS of the breast in improving clinical outcomes.

6. Breast elastography by any method (i.e., ultrasound or magnetic resonance) because there is insufficient evidence of its effectiveness in improving clinical outcomes.

7. Breast Specific Gamma Imaging (Scintimammography) Scintimammography for breast cancer screening or diagnosis because there is insufficient evidence that this diagnostic modality can differentiate benign from malignant breast lesions.

**NOTE:**

This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine and it should not deter a provider from expressing his/her judgment.

Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or members' individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.

UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.

### V. Administrative Guidelines

A. Prior authorization is not required.

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Descriptions</th>
</tr>
</thead>
</table>

Breast Cancer Imaging Payment Policy  
Policy number M.RAD.12.160621, effective 07/01/2016
0159T 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

0346T Ultrasound, elastography (List separately in addition to code for primary procedure) 0422T Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral

76377 3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image post-processing on an independent workstation

76498 Unlisted magnetic resonance procedure (eg, diagnostic, interventional)

76499 Unlisted diagnostic radiographic procedure

76641 Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete

76642 Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited

77051 Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (List separately in addition to code for primary procedure)

77052 Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; screening mammography (List separately in addition to code for primary procedure)

77055 Mammography; unilateral

77056 Mammography; bilateral

77057 Screening mammography, bilateral (2-view study of each breast)

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

77061 Digital breast tomosynthesis; unilateral

77062 Digital breast tomosynthesis; bilateral

77063 Screening digital breast tomosynthesis, unilateral or bilateral (List separately in addition to code for primary procedure)

<table>
<thead>
<tr>
<th>HCPCS Codes</th>
<th>Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0202</td>
<td>Screening mammography, producing direct digital image, bilateral, all views</td>
</tr>
<tr>
<td>G0204</td>
<td>Diagnostic mammography, producing direct digital image, bilateral, all views</td>
</tr>
<tr>
<td>G0206</td>
<td>Diagnostic mammography, producing direct digital image, unilateral, all views</td>
</tr>
<tr>
<td>G0279</td>
<td>Diagnostic digital breast tomosynthesis, unilateral or bilateral (List separately in addition to G0204 or G0206)</td>
</tr>
<tr>
<td>S8080</td>
<td>Scintimammography (radioimmunoscintigraphy of the breast), unilateral, including supply of radiopharmaceutical</td>
</tr>
</tbody>
</table>

VI. Policy History

Policy Number: M.RAD.12.160621

Current Effective Date: 08/01/2016

Original Document Effective Date: 08/01/2016

Previous Revision Dates: N/A

PAP Approved: 06/21/2016

HCR_MPP-0241-070116