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1.0 Description of the Procedure, Product, or Service

Magnetic resonance imaging (MRI) combines a powerful magnetic field, radio frequency signals, and computer technology to produce detailed images of the body's soft tissue (organs, muscles, fat). MRI of the breast can be performed using magnetic resonance (MR) scanners and intravenous MR contrast agents. Specialized breast coils are usually used.

2.0 Eligible Recipients

2.1 General Provisions

To be eligible, NCHC recipients must be enrolled on the date of service.

3.0 When the Procedure, Product, or Service Is Covered

3.1 General Criteria

NCHC covers procedures, products, and services related to this policy when they are medically necessary **AND**

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available; **AND**
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

3.2 Specific Criteria

MRI of the breast may be considered medically necessary and is eligible for coverage under NCHC for the following indications:

- a. For Breast Cancer Screening in recipients in any of the following high risk groups:
 1. Recipients with a known BRCA1 or BRCA2 mutation
 2. Recipients who have not themselves been tested for BRCA mutation but have a known BRCA1 or BRCA2 mutation in a first-degree relative
 3. Recipients with Li-Fraumeni syndrome or Li-Fraumeni syndrome in a first-degree relative
 4. Recipients with Cowden syndrome or Cowden syndrome in a first-degree relative
 5. Recipients with Bannayan-Riley-Ruvalcaba syndrome or Bannayan-Riley-Ruvalcaba syndrome in a first-degree relative
 6. Recipients with a lifetime risk of approximately 20-25% or greater, as defined by BRCAPRO or other models that are largely dependent on family history

7. Recipients who have received radiation to the chest between ages 10-30 years
 8. As a screening technique for the detection of breast cancer when the sensitivity of mammography is limited (i.e., young women [less than 40 years] who have dense breasts or women with breast implants).
- b. For Breast Cancer Diagnostic Evaluation for the following indications:
1. Lesion evaluation, when physical examination and primary test results (mammography, breast ultrasound, biopsy) are inconclusive for breast carcinoma or when these studies cannot be performed;
 2. To locate an occult breast cancer with positive lymph nodes for metastatic disease and no identifiable primary breast lesion by physical examination, mammography and breast ultrasound;
 3. To evaluate for multi-centric disease in newly diagnosed breast carcinomas-in the contralateral breast, to interrogate for lesions not suspected by mammography and physical exam;
 4. To evaluate for multi-centric disease in newly diagnosed breast carcinomas-in the same breast, when this affects clinical treatment (lumpectomy versus mastectomy);
 5. To determine fascial extension of breast carcinomas arising near the pectoralis, serratus anterior and intercostal musculature;
 6. Post-lumpectomy with close or positive pathological margins, to detect for residual disease particularly when breast conservation and local re-excision are planned;
 7. Neoadjuvant chemotherapy: MRI of the breast may be performed before, during and after chemotherapy to assess response to treatment and extent of residual disease prior to surgery;
 8. Post-mastectomy breast reconstruction, with implant or tissue transfer flap, to detect local recurrence of breast carcinoma;
 9. Personal history of infiltrating ductal carcinoma, particularly among candidates for breast conservation;
 10. Invasive lobular carcinoma, to assess the extent and multicentricity of disease, particularly when primary screening tests are inconclusive or when breast conservation is being considered;
 11. For suspected breast carcinoma recurrence, when physical examination or mammographic findings are inconclusive;
 12. To differentiate a palpable mass from surgical scar tissue following breast surgery, breast reconstruction or radiation therapy; **OR**
 13. For suspected leakage of a silicone implant when the implant was previously inserted due to reconstructive (not cosmetic) surgery.

4.0 When the Procedure, Product, or Service Is Not Covered

4.1 General Criteria

Procedures, products, and services related to this policy are not covered when

- a. the recipient does not meet the eligibility requirements listed in **Section 2.0**;
- b. the recipient does not meet the medical necessity criteria listed in **Section 3.0**;
- c. the procedure, product, or service unnecessarily duplicates another provider's procedure, product, or service; **OR**
- d. the procedure, product, or service is experimental or investigational.

4.2 Specific Criteria

- a. MRI of the breast for suspected leakage of a silicone implant when the implant was previously inserted due to cosmetic purposes is not covered. (Complications or side effects resulting from a non-covered service are not covered.)
- b. MRI of the breast as a screening technique in average-risk recipients is considered investigational and is not covered.
- c. MRI of the breast for diagnosis of low-suspicion findings on conventional testing not indicated for immediate biopsy and referred for short-interval follow-up is considered investigational and is not covered.
- d. MRI of the breast for diagnosis of a suspicious breast lesion in order to avoid biopsy is considered investigational and is not covered.
- e. MRI of the breast for differentiating cystic from solid lesions is considered not medically necessary and is not covered because this can be well evaluated with ultrasound.

5.0 Requirements for and Limitations on Coverage

5.1 Prior Approval

Prior approval is not required.

6.0 Providers Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for procedures, products, and services related to this policy, providers shall

- a. meet NCHC qualifications for participation;
- b. be currently enrolled with NCHC; **AND**
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

7.0 Additional Requirements

7.1 Compliance

Providers must comply with all applicable federal, state, and local laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements.

8.0 Policy Implementation/Revision Information

Original Effective Date: July 1, 2010

Revision Information:

Date	Section Revised	Change
July 1, 2010		Policy Conversion: Implementation of Session Law 2009-451, Section 10.32 “NC HEALTH CHOICE/PROCEDURES FOR CHANGING MEDICAL POLICY.

Attachment A: Claims-Related Information

Reimbursement requires compliance with all NCHC guidelines.

A. Claim Type

Professional (CMS-1500/837P transaction)

Institutional (UB-04/837I transaction)

B. Diagnosis Codes

Providers must bill the ICD-9-CM diagnosis codes(s) to the highest level of specificity that supports medical necessity.

C. Procedure Code(s)

CPT Codes
76377
77058
77059
77021

D. Modifiers

Providers are required to follow applicable modifier guidelines.

E. Billing Units

The appropriate procedure code(s) used determines the billing unit(s).

F. Place of Service

Inpatient Hospital, Outpatient Hospital and Office

G. Co-payments

Co-payment(s) may apply to covered prescription drugs and services.

H. Reimbursement

Providers must bill their usual and customary charges.