

Breast Imaging

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Oscar may delegate utilization management decisions of certain services to third-party delegates, who may develop and adopt their own clinical criteria.

The clinical guidelines are applicable to all commercial plans. Services are subject to the terms, conditions, limitations of a member's plan contracts, state laws, and federal laws. Please reference the member's plan contracts (e.g., Certificate/Evidence of Coverage, Summary/Schedule of Benefits) or contact Oscar at 855-672-2755 to confirm coverage and benefit conditions.

Summary

Oscar covers breast mammography, breast ultrasound, and breast MRI as screening modalities in patients meeting certain risk criteria (described below) and also as a diagnostic tool, usually for the purpose of breast cancer evaluation.

Definitions

"Mammography" is an imaging modality that uses X-rays to study breast tissue for screening or diagnostic purposes.

"Breast Tomosynthesis (3D mammography)" is an imaging modality that uses a moving X-ray source to create a three dimensional view of the breast tissue, as opposed to a two dimensional view provided by a standard mammogram.

"Breast Ultrasound" is an imaging modality that uses sound waves to evaluate the breast tissue, usually in the setting of diagnostic follow up to concerning areas found on previous imaging, focal breast symptoms in women under 30, or guidance for biopsy or aspiration procedures.

"Breast MRI" is an imaging modality that utilizes magnets to provide a detailed picture of breast tissue, usually in the setting of existing breast cancer or assessment of silicone implants.

Clinical Indications and Coverage

Mammography (Digital or Film Screen)

Oscar covers mammography when the criteria outlined in MCG Mammography (A-0039) are met.

Breast Tomosynthesis (3D Mammography)

Oscar covers breast tomosynthesis (3D mammography) when the criteria outlined in MCG Mammography (A-0039) are met.

Breast MRI

Oscar covers breast MRI when the criteria outlined in MCG Breast MRI (A-0048) are met.

Breast Ultrasound

Oscar covers breast ultrasound when the criteria outlined in MCG Breast Ultrasound (A-0101) are met.

Coverage Exclusions

Breast MRI

- Oscar does **NOT** cover breast MRI for the screening or initial evaluation of saline implant rupture. This policy is in accordance with numerous professional societies.
- Oscar does **NOT** cover routine MRI surveillance of an asymptomatic, average-risk patient with a history of breast cancer who has successfully completed primary therapy.

Transillumination

- Oscar does **NOT** cover transillumination for breast imaging as it has not been established as an effective technique and is therefore considered experimental and investigational.

Electrical Impedance Scanning (EIS)

- Oscar does **NOT** cover electrical impedance scanning for breast imaging as this technique has not demonstrated improved effectiveness compared to mammography alone and is considered experimental and investigational.

Elastography

- Oscar does **NOT** cover magnetic resonance elastography or ultrasound elastography as it has not been demonstrated to be superior to MRI or ultrasound alone in breast surveillance. The accuracy of elastography remains unproven for breast cancer.

Breast Specific Gamma Imaging (Scintimammography)

- Oscar does **NOT** cover breast specific gamma imaging (BSGI) as numerous professional organizations have concluded that it has an unclear and unproven role in breast applications. Most recently the American College of Radiology reiterated that the current evidence is insufficient to recommend BSGI in the imaging algorithm of breast cancer.

Computer-Aided Detection for MRI and Ultrasound

- Oscar does **NOT** cover computer-aided detection for MRI and ultrasound. Although this technology remains promising for the future, there currently is insufficient evidence to recommend its use.

Computer-Aided Tactile Breast Imaging

- Oscar does **NOT** cover computer-aided tactile breast imaging for breast applications. Studies have failed to show an improvement compared to conventional modalities.

Automated Breast Ultrasound

- Oscar does **NOT** cover Automated Breast Ultrasound for breast imaging. This system did receive FDA approval based mainly on the safety of the technique, but its effectiveness remains questionable. The studies to date have suffered from a high prevalence of cancer in the study populations which limits the generalizability of the findings to the general population for screening purposes.

Applicable Billing Codes (HCPCS & CPT Codes)

CPT/HCPCS Codes covered if criteria are met:	
<i>Code</i>	<i>Description</i>
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
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, bilateral (List separately in addition to code for primary procedure)
77065	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral
77066	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral
77067	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed
C8903	Magnetic resonance imaging with contrast, breast; unilateral
C8904	Magnetic resonance imaging without contrast, breast; unilateral
C8905	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral
C8906	Magnetic resonance imaging with contrast, breast; bilateral
C8907	Magnetic resonance imaging without contrast, breast; bilateral
C8908	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral
G0202	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed
G0204	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral
G0206	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral
G0279	Diagnostic digital breast tomosynthesis, unilateral or bilateral (List separately in

	addition to G0204 or G0206)
ICD-10 codes covered if criteria are met:	
C50.011 - C50.929	Malignant neoplasm of breast
C79.81	Secondary malignant neoplasm of breast
D05.00 - D05.92	Carcinoma in situ of breast
D24.1 - D24.9	Benign neoplasm of breast
D48.60 - D48.62	Neoplasm of uncertain behavior of breast
N60.01 - N65.1	Disorders of breast
Q85.8	Other phakomatoses, not elsewhere classified [Cowden syndrome]
R92.8	Other abnormal and inconclusive findings on diagnostic imaging of breast
Z12.31	Encounter for screening mammogram for malignant neoplasm of breast
Z15.01	Genetic susceptibility to malignant neoplasm of breast [Li-Fraumeni syndrome]
Z40.01	Prophylactic breast removal
Z80.3	Family history of malignant neoplasm of breast
Z84.81	Family history of carrier of genetic disease
Z85.3	Personal history of malignant neoplasm of breast
Z86.00	Personal history of in-situ neoplasm of breast
Z92.3	Personal history of irradiation

CPT/HCPCS codes <i>not</i> covered:	
<i>Code</i>	<i>Description</i>
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 (List separately in addition to code for primary procedure)
0346T	Ultrasound, elastography (list separately in addition to code for primary

	procedure)
0422T	Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral
76499	Unlisted diagnostic radiographic procedure [Transillumination, Electrical Impedance Scanning, Scintimammography]

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