

Medical Policy Breast Imaging

Policy Number: 085

	Commercial and Qualified Health Plans	MassHealth	Medicare Advantage
Authorization Required	X		X
No Prior Authorization		X	
Not payable		X (code S8042)	X (code S8042)

Overview

The purpose of this document is to describe the guidelines Mass General Brigham Health Plan utilizes to determine medical appropriateness for breast imaging.

Criteria

Medical necessity for breast imaging is determined through InterQual® criteria, which Mass General Brigham Health Plan has customized to remove the requirement that mammography be authorized when breast MRI is approved. To access the criteria, log into Mass General Brigham Health Plan’s provider website at MassGeneralBrighamHealthPlan.org and click the InterQual® Criteria Lookup link under the Resources Menu.

MassHealth Variation

Mass General Brigham Health Plan uses guidance from MassHealth for coverage determinations for its MassHealth ACO members. At the time of Mass General Brigham Health Plan’s most recent policy review, MassHealth does not have medical necessity guidelines for mammogram or breast ultrasound but has [Guidelines for Medical Necessity Determination for Breast MRI](#).

Medicare Variation

Mass General Brigham Health Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations for its Medicare Advantage plan members. National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and documentation included in the Medicare manuals are the basis for coverage determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan’s medical policies are used for coverage determinations. As of Mass General Brigham Health Plan’s most recent policy review, CMS had the following:

- [NCD: Percutaneous Image-Guided Breast Biopsy 220.13](#)
- [LCD: Breast Imaging Mammography/Breast Echography \(Sonography\)/Breast MRI/Ductography \(L33950\)](#)
- [LCD: Breast Imaging: Breast Echography \(Sonography\)/Breast MRI/Ductography \(L33585\)](#)

Codes

The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage or reimbursement.

This list of codes applies to Commercial and MassHealth lines of business only.

Authorized Code	Code Description
77046	Magnetic resonance imaging, breast, without contrast material; unilateral
77047	Magnetic resonance imaging, breast, without contrast material; bilateral
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral
78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
C8903	Magnetic resonance imaging with contrast, breast; unilateral
C8905	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral
C8906	Magnetic resonance imaging with contrast, breast; bilateral
C8908	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral
G0252	PET imaging, full and partial-ring PET scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g., initial staging of axillary lymph nodes)
S8042	Magnetic resonance imaging (mri), low-field

Effective

December 2024: Effective Date.

References

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