Mass General Brigham
Health Plan

Medical Policy
Breast Imaging

Policy Number: 085

	Commercial and Qualified Health Plans	Mass General Brigham ACO	Medicare Advantage	OneCare	Senior Care Options (SCO)
Authorization Required	X		X		
No Prior Authorization		X		X	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 authorization requirement for mammography when breast MRI is approved, because mammography does not require prior authorization for any Mass General Brigham Health Plan line of business. 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.

Medicare Variation
Mass General Brigham Health Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) for medical necessity 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 medical necessity determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan's medical policies are used for medical necessity 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)**

When NCDs and LCDs lack sufficient specificity to ensure consistent medical review and coverage decisions, Mass General Brigham Health Plan applies additional coverage criteria to clarify medical necessity of the requested service. Because the NCD and LCDs above lack sufficient specificity to ensure consistent medical review and coverage determinations that reflect national guidelines and best available evidence, Mass General Brigham Health Plan uses InterQual criteria to review requests for MRI and PET imaging of the breast. Because Mass General Brigham Health Plan does not require prior authorization for mammography, the InterQual criteria have been modified only to remove InterQual recommendations that specify a requirement for authorization of mammography.

MassHealth Variation
Mass General Brigham Health Plan uses guidance from MassHealth for medical necessity determinations for its Mass General Brigham ACO members. When there is no guidance from MassHealth for a requested service, Mass General Brigham Health Plan's medical policies are used for medical necessity determinations. **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 did have:**

- **Guidelines for Medical Necessity Determination for Breast MRI.**

OneCare and SCO Variation
Mass General Brigham Health Plan uses guidance from CMS for medical necessity determinations for its OneCare and SCO plan members. NCDs, LCDs, LCAs, and documentation included in the Medicare manuals are the basis for medical necessity determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan uses medical necessity guidelines from MassHealth. When there is no guidance from CMS or from MassHealth, Mass General Brigham Health Plan's medical policies are used for medical necessity determinations.

Codes

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

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

January 2026: Ad hoc update. Updated prior authorization table and added variation for OneCare and SCO members.
September 2025: Annual update. Code disclaimer updated.
March 2025: Ad hoc update. Updated Medicare Variation and references.
December 2024: Effective Date.

References

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