AUTHORIZE

SILICONE IMPLANTS

- Evaluate suspected or known silicone implant rupture or leakage (*Could be through physical exam, patient symptoms or radiographic evidence*) (*Does not include saline implants*)
- Post Op Breast MRI to evaluate complication of silicone breast implant

NO HISTORY OF BREAST CANCER

Screening Exam

- Any woman with no history of breast cancer who has had radiation therapy to the chest for treatment of lymphoma.
- Any woman with no history of breast cancer who has undergone any type of breast cancer gene testing and results were positive (*gene testing may be called BRCA1, BRCA2, PTEN, TP53*) (*high risk of breast cancer*)
- Any woman with no history of breast cancer who has at least 2 first-degree relatives (parents, brothers, sisters, children) who have a history of breast CA AND/OR any type of positive breast cancer gene test (*gene testing may be called BRCA1, BRCA2, PTEN or TP53*) (*high risk of breast cancer*)

Lesion, Mass, or Abnormality Identified

- Lesion/Mass/Abnormality identified in patient with no history of breast cancer and has any type of positive breast cancer gene testing (*gene testing may be called BRCA1, BRCA2, PTEN, TP53*) (*high risk of breast cancer*)
- Lesion/Mass/Abnormality identified in-patient with no history of breast cancer who has at least 2 first-degree relatives (parents, brothers, sisters, and children) who have a history of breast CA AND/OR any type of positive breast cancer gene test. (*gene testing may be called BRCA1, BRCA2, PTEN, TP53*) (*high risk of breast cancer*)
- R/O or known atypical hyperplasia and/or lobular carcinoma in breast with no history of breast cancer (*The lobular carcinoma that is pre cancerous is called lobular carcinoma in situ (LCIS) vs. invasive lobular carcinoma (ILC) however the caller may not make that distinction and can approve if just states lobular carcinoma*) (*These breast lesions are associated with an increased cancer risk*) (See General Info)
KNOWN BREAST CANCER HISTORY

Screening Exam

- Screening for pt with known breast cancer in other (contralateral) breast. *(Does not have to have any other imaging study before doing the breast MRI). (Pt can be with or without symptoms)*

Lesion, Mass, Cancer or Other Abnormality Identified

- Diagnosed breast cancer and need to evaluate lesion(s) found *(distinguish if lesions identified are single or multi-focal; information will impact which course of treatment to proceed with single lesion- biopsy/lumpectomy versus multiple lesions- surgery/mastectomy)*
- Suspicious mass/lesion, distortion or abnormality in patient with breast cancer history
- R/O or known atypical hyperplasia and/or lobular carcinoma in breast with history of breast cancer *(The lobular carcinoma that is pre cancerous is called lobular carcinoma in situ (LCIS) vs. invasive lobular carcinoma (ILC) however the caller may not make that distinction and can approve if just states lobular carcinoma) (These breast lesions are associated with an increased cancer risk) (See General Information)*

Detect Tumor Recurrence

- To detect local tumor recurrence in-patient with breast cancer history who has undergone mastectomy AND breast reconstruction with an implant. *(Breast MRI common modality because nothing else will be able to image the breast)*
- To detect local tumor recurrence in patient with breast cancer history who has radiographically dense breasts or old scar tissue from previous breast surgery that compromises the ability of combined mammography AND ultrasound.

Pre-Op/Neoadjuvant Chemotherapy

- Known breast cancer before or during neoadjuvant chemotherapy AND surgery is planned. *(May be called in as pre-op for known breast cancer. ICR must verify that chemotherapy and surgery are planned.) (Must be planning on surgical intervention, not approvable for just evaluating effectiveness of chemotherapy.) (Breast cancer is locally advanced and MRI performed to assess size, margins of tumor to determine extent of surgery.) (See general info- Neoadjuvant therapy)*

MAY OR MAY NOT HAVE BREAST CANCER HISTORY

Axillary Node Metastasis or Adenocarcinoma

- Axillary node metastasis or adenocarcinoma with normal physical examination and/or normal breast mammogram *(Breast MRI used to identify the site that may be the primary occult breast cancer in individuals with adeno-carcinoma suggestive of*
breast cancer discovered as axillary node metastasis) (PET is becoming the preferred modality to evaluate however MDO can do either breast MRI or PET)

Invasive Lobular Carcinoma (R/O or Known)

- To detect and/or stage individuals with invasive lobular carcinoma (ILC)

DO NOT AUTHORIZE

- Bilateral study (Inform caller that CPT code 77059 covers bilateral with one auth. If MDO agrees withdraw one breast MRI study. If MDO insists they need 2 auths make a note MDO insists needs 2 auths and send to MD Review)
- Suspected saline implant rupture or leakage (Considered investigational for some health plans, needs PCR review)
- Pt on chemotherapy and no other information is provided. (Needs to go to PCR for further discussion to determine if purpose for pre surgical evaluation or effectiveness of treatment)
- Post-op to evaluate after simple/radical mastectomy or subtotal mastectomy
- Patient with no known breast CA and anatomic factors (such as deformity or extreme density) makes a mammogram impossible (Needs peer to peer discussion)
- Follow-up study of less than 6 weeks interval is not recommended (Will need to discuss with PCR to determine if new signs and symptoms or evaluate appropriate treatment modality)
- Metal fragments or non-titanium hardware
- Same test being performed <6 weeks apart unless specific guideline criteria states otherwise (check if this is a duplicate and withdraw if duplicate).
- Same body part but different imaging type being performed <6 weeks apart unless specific guideline criteria states otherwise (i.e., Shoulder CT and now wants Shoulder MRI to R/O mass) (send to MD Review for quality check to see if approved wrong test in the beginning).
- Additional images for same, poor, or contrast enhanced study.

GENERAL INFORMATION:

- Health Plan coverage of the use of MRI of the breast is widely divergent. All currently consider it appropriate for the evaluation of suspected silicone prosthesis leakage. Few will cover it for suspected saline leakage.
- In addition to its accepted role as a diagnostic tool in known breast cancer, breast MRI has proven to be useful in screening younger women at high risk of breast cancer. Most women under 40 years of age do not require any breast imaging. However, some of these younger women are at high risk of breast cancer, as determined by a strong family history or through positive breast cancer gene testing (such as BRCA1, BRCA2, PTEN or TP53), and therefore need breast imaging before age 40. MRI may be helpful for these women because the technology is effective in dense breast tissue and most young women have dense breasts.
- Additionally, its use has widened to include those with known cancer who would benefit from further delineation prior to definitive therapy.
• The challenge is that it is a non-specific test. Many benign lesions are identified and some cancers are not.
• Genetic testing is very expensive ($3,000) and most health plans do not cover this testing.
• Atypical hyperplasia in the breast are benign (non cancerous) cells that have abnormal features and are increased in number. These types of cells are associated with an increased cancer risk. ¹
• Lobular carcinoma tumors grow in milk-producing glands of the breast and can present it in both breasts. Lobular carcinoma can be either in situ (LCIS) or invasive lobular carcinoma (ILC).
  o Lobular carcinoma in situ (also called lobular neoplasia) is a precancerous growth that begins in the milk producing glands of the breast and does not penetrate the wall of the lobule(s). Although it does not usually become an invasive breast cancer, women who develop LCIS have a higher risk of developing invasive breast cancer in the same or opposite breast in the future.
  o Invasive lobular carcinoma (ILC) begins in the milk producing glands and moves into the fatty tissue of the breast. ILC has the ability to metastasize and spread to other parts of the body. About 5-10% of breast cancers are ILC and it occurs most frequently in women between the age of 45 and 56.²
• Neoadjuvant Therapy refers to therapy administered prior to the surgical removal of the cancer. Neoadjuvant chemotherapy may be used to shrink the cancer so that surgical removal of the cancer may be complete without a mastectomy. The breast MRI is done to determine how much shrinkage has occurred to know the extent of surgery that needs to be performed.

¹ [Link](http://www.phoenix5.org/glossary/atypical_hyperplasia.html)
² [Link](http://breastcancer.about.com/od/diagnosis/a/brcalc01.htm)