

## ***Clinical Indications For Breast MRI***

### **STRONG**

1. Dense breasts in the high-risk patient (first or second degree relative with breast or ovarian cancer before age sixty, BRCA 1 or 2 gene).
2. Repeated equivocal conventional mammogram report – high risk (first or second degree relative with breast or ovarian cancer before age sixty, BRCA 1 or 2 gene).
3. Palpable mass with negative mammography/sonography.
4. Positive biopsy and patient wishes breast conservation surgery (MR used to determine extent of disease), or to evaluate for possible disease in the other breast.

### **RELATIVE**

1. Dense breasts with difficult to read mammogram based on visualization or equivocal reports.
2. Repeated indeterminate mammogram or equivocal mass for any reason.
3. Identified mass with indeterminate characteristics by mammography or sonography in which patient wishes to avoid biopsy.
4. Palpable mass with indeterminate mammography and/or ultrasound
5. Suspicious mammographic lesion – MR used for staging for breast conservation or to look for multicentricity.
6. Breast mass in pregnancy with equivocal, negative or indeterminate ultrasound.
7. Any woman under age forty-five with one first or second degree relative with breast or ovarian cancer. BRCA 1 or 2 gene patients under the age of forty-five.
8. Possible mass in a patient with breast implants.
9. Breast implant integrity or breast implant rupture screening.

### **OTHER**

1. Screening patients with breast implants with chest or breast pain.
2. Screening in asymptomatic patients for tumor recurrence after implant surgery for cancer.
3. Unexplained swollen breast or breast implant.
4. Known lobular cancer to check for multicentricity.
5. Evaluation of efficacy of chemotherapy.
6. Staging for chest wall invasion or lymphadenopathy after cancer diagnosis.
7. For purposes of MR guided biopsy when ultrasound or mammography does not visualize a lesion.



## **Breast MR Procedure (CPT) Code**

77059	– bilateral breast with and without contrast
77058	– unilateral breast with and without contrast

**Special Note:** While there is a CPT code for unilateral breast imaging, our imaging protocol includes both breasts when evaluating for cancer.

## **Most Commonly Used Diagnosis Codes (ICD9)**

611.71	– Pain in breast
611.72	– Lump/mass in breast
611.8	– Other specified breast disorder
611.9	– Unspecified breast disorder
611.79	– Symptoms breast discharge-other
174.9	– Cancer breast
238.3	– Breast neoplasm\uncertain behavior
610.0	– Fibrocystic breast disease
610.1	– Cystic breast
611.1	– Hypertrophy breast
611.0	– Inflammation disease of breast
996.54	– Mechanical complication of Prosthetic Device/Breast Implant

**Breast MRI is a covered service by Medicare and most other commercial health insurers.**

## **Other Special / Important Information**

1. A prescription and complete history of breast symptoms, problems or surgeries is required.
2. Any prior mammogram, breast ultrasound, or breast MR films are needed at the appointment for comparison to the current study.
3. All patients having a breast MRI will receive an injection of a contrast agent called gadolinium at the appointment. Gadolinium is well-tolerated by nearly all patients.
4. The breast MRI examination is quite comprehensive and the appointment may take longer than other MRI examinations. Patients may be briefed on appointment length prior to their examination by our scheduling representative.