

MRI Breast with and without Contrast

CPT: 77048, 77049

NOTE:

Breast MRI is best performed during days 7 – 14 of a normal 28 day menstrual cycle. Testing in the latter half, luteal phase, of the cycle is subject to increased false positive readings

- Ellis, Richard L. Optimal Timing of Breast MRI Examinations for Premenopausal Women Who Do Not Have a Normal Menstrual Cycle Am. J. Roentgenol. 2009 193: 1738-1740
- Breast MRI is NOT to be used to screen asymptomatic patients for breast cancer except as noted in the criteria section. It is not sufficiently accurate to differentiate benign from malignant disease, especially clustered microcalcifications.

1 Breast Cancer Not Currently or Previously Known to be Present

1.1 High genetic risk of breast cancer

1.1.1 Known Gene Mutation associated with >20% lifetime risk of breast cancer

1.1.1.1 ATM (Ataxia-telangiectasia)

1.1.1.2 BRCA1 or BRCA2

1.1.1.3 BARD1

1.1.1.4 CDH1 (Hereditary diffuse gastric cancer)

1.1.1.5 CHEK2

1.1.1.6 NF1 (Neurofibromatosis type 1)

1.1.1.7 PALB2 (Fanconi anemia)

1.1.1.8 PTEN (Cowden syndrome and Bannayan-Riley-Ruvalcaba syndrome)

1.1.1.9 RAD51C, RAD51D

1.1.1.10 STK 11 (Peutz-Jeghers syndrome)

1.1.1.11 TP53 (Li-Fraumeni syndrome)

1.1.2 Family history of breast or ovarian cancer in a first degree family member and Ashkenazi (Eastern European) Jewish background

1.1.3 Lifetime Risk of at least 20% according to a Risk Model that is largely dependent on family history (eg, Claus, BRCAPRO, BOADICEA, Tyrer-Cuzick)

1.1.4 First degree Male relative with breast cancer

1.1.5 One first degree relative relative with either 2 breast cancers or both breast and ovarian cancer

1.1.6 Two first degree relatives with breast or ovarian cancer

1.1.7 Relative who is a confirmed carrier of the BRCA1 or BRCA2 gene mutation

1.1.8 LI-FRAUMENI SYNDROME – including first degree relatives

1.1.9 COWDEN SYNDROME – including first degree relatives

1.1.10 BANNAYAN-RILEY-RUVALCABA SYNDROME – including first degree relatives

1.2 Radiation therapy to the chest between the ages of 10-30

1.3 Prior indeterminate breast imaging AND EITHER

1.3.1 Nipple retraction

1.3.2 Unilateral, spontaneous nipple discharge which is bloody or clear and from only 1 or 2 ducts.

1.3.3 Evaluate for a primary occult breast cancer in patients with adenocarcinoma suggestive of breast cancer discovered elsewhere in the body.

1.4 Breast Density

1.4.1 Extremely Dense

1.4.2 Heterogeneously Dense with at least a 15% lifetime risk of breast cancer (Intermediate Risk)

2 Breast Cancer Known to Be Present or Previously Treated

2.1 Newly diagnosed breast cancer to aid in treatment planning

2.2 To evaluate for residual cancer in the recently postoperative patient with positive margins still desiring breast conservation

2.3 After Neoadjuvant treatment for surgical planning purposes.

2.4 Annual screening in a patient with a history of breast cancer (excluding those who have had bilateral mastectomy)

References

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