Cohere Medical Policy -
Magnetic Resonance Imaging (MRI), Breast

Clinical Policy for Medical Necessity Review

Version: 4
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Important Notices

Notices & Disclaimers:

GUIDELINES ARE SOLELY FOR COHERE'S USE IN PERFORMING MEDICAL NECESSITY REVIEWS AND ARE NOT INTENDED TO INFORM OR ALTER CLINICAL DECISION-MAKING OF END USERS.

Cohere Health, Inc. ("**Cohere**") has published these clinical guidelines to determine the medical necessity of services (the "**Guidelines**") for informational purposes only, and solely for use by Cohere's authorized "**End Users**". These Guidelines (and any attachments or linked third-party content) are not intended to be a substitute for medical advice, diagnosis, or treatment directed by an appropriately licensed healthcare professional. These Guidelines are not in any way intended to support clinical decision-making of any kind; their sole purpose and intended use is to summarize certain criteria Cohere may use when reviewing the medical necessity of any service requests submitted to Cohere by End Users. Always seek the advice of a qualified healthcare professional regarding any medical questions, treatment decisions, or other clinical guidance. The Guidelines, including any attachments or linked content, are subject to change at any time without notice.

Other Notices:

Policy Information:

Specialty Area: Diagnostic Imaging
Policy Name: Cohere Medical Policy - Magnetic Resonance Imaging (MRI), Breast
Type: [**X**] Adult (18+ yo) | [**X**] Pediatric (0-17 yo)

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Medical Necessity Criteria

Service: Magnetic Resonance Imaging (MRI), Breast

Cohere Health takes an evidence-based approach to reviewing imaging and procedure requests, meaning that sufficient clinical information must be provided at the time of submission to determine medical necessity. Documentation must include a recent and detailed history, physical examination related to the onset or change in symptoms, relevant lab results, prior imaging, and details of previous treatments. Advanced imaging or procedures should be requested after a clinical evaluation by the treating provider, which may include a referral to a specialist.

- When a specific clinical indication is not explicitly addressed in the Cohere Health medical policy, medical necessity will be determined based on established clinical best practices, as supported by evidence-based literature, peer-reviewed sources, professional society guidelines, and state or national recommendations, unless otherwise directed by the health plan.
- Requests submitted without clinical documentation, or those that do not align with the provided clinical information—such as mismatched laterality, body part, or CPT code—may be denied for lack of medical necessity due to insufficient or inconsistent clinical information.
- Repeat diagnostic testing due to technical issues—such as patient motion, incomplete exams, or incorrect imaging sequences—may not be considered medically necessary, as it is the responsibility of the imaging center to deliver appropriate, high-quality studies as originally authorized. Similarly, repeat imaging requested at a different facility based solely on provider preference may not be approved for medical necessity.
- When there are multiple diagnostic or therapeutic procedures requested simultaneously or within the past three months, each will be reviewed independently. Clinical documentation must clearly justify all of the following:
    - The medical necessity of each individual request

    - Why prior imaging or procedures were inconclusive or why additional/follow-up studies are needed
    - How the results will impact patient management or treatment decisions
- Requests involving adjacent or contiguous body parts may be considered not medically necessary if the documentation demonstrates that the patient's primary symptoms can be adequately assessed with a single study or procedure.
- Cohere Health evaluates imaging exams based on medical necessity, regardless of contrast use. If an initial non-contrast study is completed and the radiologist later determines that contrast is needed to clarify a finding, the original authorization number may be used—provided the contrast-enhanced exam is performed at the same imaging center and within the original request's validity period, unless otherwise directed by the health plan.
- Many states have issued state-specific breast density imaging mandates, some of which include requirements for magnetic resonance imaging. When applicable, these requirements should be followed for all requests made by members in these states.

Description

Magnetic resonance imaging (MRI) of the breast is a noninvasive diagnostic tool that provides detailed images of breast structures and tissues. Example uses include diagnosis and screening for breast cancer, as well as monitoring for silicone implant-related adverse events. MRI can be performed with or without contrast and does not require the use of radiation.[1,2]

Medical Necessity Criteria

Indications

Magnetic resonance imaging (MRI), breast is considered appropriate if **ANY** of the following is **TRUE**:

- **MRI, breast, with or without intravenous (IV) contrast,** as a supplement to mammogram or ultrasound for **screening** for **ANY** of the following[2,3]:
  - Personal history of chest radiation treatment between ages 10 and 30 years; **OR**
  - Personal history of breast cancer diagnosed before age 50[4]; **OR**
  - Personal history of breast cancer diagnosed after age 50 **AND** dense breasts (heterogeneously dense or extremely dense)[4,5]; **OR**
  - Personal history of atypical ductal hyperplasia, atypical lobular hyperplasia, or lobular carcinoma in situ **AND** dense breasts (heterogeneously dense or extremely dense)[6]; **OR**
  - Personal history of BRCA1 gene, BRCA2 gene, or TP53 gene mutation (Li-Fraumeni syndrome) **AND** at least 25 years of age[5]; **OR**
  - Personal history of PTEN gene mutation (Cowden and Bannayan-Riley-Ruvalcaba syndromes), STK11/LKB1 gene mutation (Puetz-Jaeger syndrome), PALB2 gene mutation, CDH1 gene mutation, or NF1 gene mutation **AND** at least 30 years of age[5]; **OR**
  - Personal history of ATM gene mutation, CHEK2 gene mutation, NBN gene, BARD1 gene, RAD51C gene, or RAD51D gene mutation **AND** at least 40 years of age[5]; **OR**
  - First-degree family relative (parent, sibling, child) with BRCA1 or BRCA2 mutation (if the patient has not been tested); **OR**
  - Lifetime breast cancer risk greater than or equal to 20% using standard risk assessment models[7]; **OR**
  - Family history of first-degree male relative (father, brother) with breast cancer; **OR**
  - To detect silicone implant rupture in asymptomatic patients, beginning five years after implant, then every 2 years if the ultrasound is indeterminate[2,8-11]; **OR**
  - To detect suspected breast implant-associated anaplastic large cell lymphoma if the ultrasound findings are indeterminate[11]; **OR**
- **MRI, breast with or without IV contrast,** for **ANY** of the following **diagnostic** indications[10]:
  - Recently diagnosed breast cancer to evaluate tumor extent[12]; **OR**

- Recently diagnosed breast cancer before and after neoadjuvant chemotherapy[13]; **OR**
- Recently diagnosed Paget's disease of the breast; **OR**
- Recently diagnosed Phyllodes tumor of the breast; **OR**
- To detect silicone breast implant rupture in symptomatic patients[2,8-11]; **OR**
- To detect suspected cancer recurrence in patients with a history of mastectomy[14]; **OR**
- To detect suspected cancer recurrence in patients with a history of breast conservation therapy or lumpectomy[14]; **OR**
- To guide biopsy of suspicious MRI findings[15]; **OR**
- To guide presurgical localization of MRI findings[15]; **OR**
- To identify occult breast cancer in patients with distant or nodal metastasis **AND** benign mammogram or ultrasound; **OR**
- To further evaluate suspicious breast symptoms (e.g., bloody or clear nipple discharge, nipple retraction, palpable breast mass) following a benign or inconclusive mammogram or ultrasound (Breast Imaging-Reporting and Data System [BI-RADS] 3 lesions seen on mammography are not suspicious)[16,17]; **OR**
- To further evaluate inconclusive or indeterminate findings on mammogram or ultrasound (BI-RADS 3 lesions seen on mammography are not indeterminate)[16]; **OR**
- To follow-up a BI-RADS 3 rated finding (defined as probably benign) when seen on MRI, every 6 months for up to 2 years total; **OR**
- To further evaluate positive or close surgical margins following breast surgery[14]; **OR**
- To follow-up suspicious MRI findings recommended for surgery in patients who are not surgical candidates; **OR**
- To evaluate the extent of disease of newly diagnosed high-risk benign findings, including lobular carcinoma in situ, atypical lobular hyperplasia, atypical ductal hyperplasia, papillary neoplasm, radial scar, or complex sclerosing lesion[18]; **OR**
- One-time follow-up after a benign MRI-guided biopsy in 6 months; **OR**

- Repeat imaging (defined as a repeat request following recent imaging of the same anatomic region with the same or similar modality) will be considered reasonable and necessary if **ALL** of the following are **TRUE**:
  - There are no established guidelines; **AND**
  - **ANY** of the following:

- There are new or worsening symptoms not addressed in the guidelines, such that repeat imaging would influence treatment; **OR**
- There is need for a one-time clarifying follow-up of a prior indeterminate finding; **OR**
- In the absence of change in symptoms, there is an established need for monitoring which would influence management.

* NOTE: Inappropriate uses of MRI of the breast: MRI should not supplant careful problem-solving mammographic views or ultrasound in the diagnostic setting. MRI should not be used in lieu of a biopsy of a suspicious finding identifiable by mammography, ultrasound, or clinical examination.[2]
**NOTE: Ultrasound is generally the primary imaging modality used in young patients, aiding in the initial diagnosis, assisting in imaging-guided biopsy when indicated, and offering a safe method of follow-up. In the pediatric patient, MRI of the breast is rarely used, though in select cases, it may be useful for surgical planning or assessing the extent of disease.[19]

Non-Indications

Magnetic resonance imaging (MRI), breast is not considered appropriate if **ANY** of the following is **TRUE**:

- BI-RADS 3 lesions detected on mammography; **OR**
- The patient has undergone advanced imaging of the same body part within 3 months without undergoing treatment or developing new or worsening symptoms.[20]

*NOTE: MRI in patients with claustrophobia should be requested at the discretion of the ordering provider.
**NOTE: MRI in pregnant patients should be requested at the discretion of the ordering provider and obstetric care provider.

Level of Care Criteria

Inpatient or Outpatient

Procedure Codes (CPT/HCPCS)

CPT/HCPCS 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
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

Medical Evidence

Lobig et al. (2023) conducted a systematic review to evaluate the evidence surrounding supplemental screening methods among asymptomatic women with dense breasts, stratified by their breast cancer risk. Research comparing functional imaging methods like MRI and contrast-enhanced mammography (CEM) to conventional ultrasound for supplemental breast cancer screening in women with dense breasts remains limited. The sole randomized controlled trial (RCT) on MRI indicated its superior screening efficacy compared to other modalities in dense breast populations with an average risk of breast cancer. However, evidence regarding the effectiveness of MRI in women with intermediate breast cancer risk is minimal. A single study examined CEM as an alternative to MRI due to its high cancer detection and low interval cancer rates. Regardless of the screening modality, all women with dense breasts may derive benefits from supplemental screening following mammography or digital breast tomosynthesis (DBT). Additional research on women with average breast cancer risk and dense breasts is needed.[21]

Yeh et al. (2020) conducted a comparative modeling study on the clinical benefits and harms of breast cancer screening for survivors of childhood cancer treated with chest radiation. The study, funded by the American Cancer Society and National Institutes of Health, utilized data from the Childhood Cancer Survivor Study and existing published literature. The target population was females at least 20 years of age with a history of chest radiotherapy. Implementing annual MRI screenings, with or without mammography (commencing at ages 25, 30, or 35 years), shows the potential to reduce breast cancer mortality by 50% or more among survivors of childhood cancer.[8]

Kaneda and colleagues (2013) reviewed the literature regarding pediatric breast masses and stated that most are benign lesions, often secondary to normal developmental changes. Obtaining family history is important in treating these patients. MRI is less frequently used than ultrasound in pediatric patients; however, it may be found to be useful in surgical planning or assessing extent of disease. MRI screening is recommended in women who have received radiation to the chest, as this patient group is at increased risk for development of breast cancer.[19]

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Policy Revision History/Information

Original Date: April 1, 2022		
Review History		
Version 2	08/29/2024	Annual review and policy restructure.
Version 3	10/30/2024	Edited repeat imaging criteria language.
Version 4	09/11/2025	Annual review. Added disclaimer about state-specific breast imaging requirements. Added specification about indeterminate ultrasound to criteria on breast implant rupture and implant-associated anaplastic large cell lymphoma. Added non-indication for BI-RADS 3 lesions detected via mammogram. Updated content layout to align with revised template, including repeat imaging criteria. Enhanced reference citations throughout document.