

New Mexico Department of Health
Breast and Cervical Cancer Early
Detection Program

POLICY -Reimbursement for Prior
Authorized Breast MRI

Policy Title: Reimbursement for Prior Authorized Breast Magnetic
Resonance Imaging (MRI)

Effective Date: 2024

I. POLICY REFERENCE

To maintain adherence with National Breast and Cervical Cancer Early Detection Program (NBCCEDP) guidelines, the New Mexico Breast and Cervical Cancer Early Detection Program (BCC) maintains a reimbursement policy for coverage of breast magnetic resonance imaging (MRI).

BCC will reimburse for **pre-service** prior authorized breast MRI performed at BCC contracted facilities using MRI scanners equipped with dedicated bilateral breast coils and the ability to provide MRI-guided breast biopsies.

II. PURPOSE OF POLICY

To define the process and situations when BCC qualified Program Providers may be reimbursed for a breast MRI.

Screening breast MRI performed in conjunction with a mammogram when a client has any one or more of the following:

- Known lifetime risk of $\geq 20\%$ of developing breast cancer based on risk assessment model
- History of radiation therapy to the chest between the ages of 10 and 30 years old
- Known genetic mutation such as BRCA 1/2 (personal)
- First degree relative with known genetic mutation such as BRCA 1/2
- First degree relative with PREmenopausal breast cancer
- Personal or family history of certain genetic syndromes (e.g. Li-Fraumeni)
- Evaluation of a client with a history of breast cancer after completing treatment

Estimated lifetime breast cancer risk of $\geq 20\%$ as defined by family history based mathematical models such as the Tyrer-Cuzick, Claus, BRCAPro, and BOADICEA models.

†BCC clients meeting one or more of the above high-risk criteria are eligible for annual breast cancer screening with both a mammogram and a pre-service prior-authorized breast MRI†.

□ **Diagnostic** breast MRI for further evaluation of suspicious clinical or imaging findings that remain indeterminate after complete mammographic and sonographic evaluations. Examples may include but are not limited to:

- Nipple inversion
- Nipple discharge
- Skin changes
- Persistent or severe breast pain

However, if lesions/conditions meet criteria for biopsy by clinical exam or conventional imaging, rather than obtain MRI, it is preferable to perform minimally invasive needle biopsy, targeted by mammogram or ultrasound, for which BCC will reimburse.

□ The New Mexico BCC Program **will not** reimburse in the following circumstances:

- Breast MRI performed alone as a breast cancer screening tool.
- Breast MRI used to assess the extent of disease in a woman already diagnosed with breast cancer.
- Breast MRI is performed when lesions meet criteria for biopsy by clinical exam or conventional imaging.

† Documentation of breast cancer risk is only required to be submitted to the BCC Program for an initial prior authorization request. Subsequent annual prior authorization requests for screening breast MRI in conjunction with a mammogram will rely on initial documentation unless updated information is available.

III. APPLICABILITY

□ The New Mexico BCC Program will reimburse for a breast MRI that has been **prior authorized** when it is performed by a Program Provider with a Provider Agreement that includes the following Physicians' Current Procedural Terminology (CPT) codes:

- 77046 - Magnetic resonance imaging (MRI), breast, without contrast, unilateral
- 77046-26 - Magnetic resonance imaging (MRI), breast, without contrast, unilateral *Professional Component*
- 77046-TC - Magnetic resonance imaging (MRI), breast, without contrast, unilateral *Technical Component*
- 77047 - Magnetic resonance imaging (MRI), breast, without contrast, bilateral
- 77047-26 - Magnetic resonance imaging (MRI), breast, without contrast, bilateral *Professional Component*
- 77047-TC - Magnetic resonance imaging (MRI), breast, without contrast, bilateral *Technical Component*
- 77048 - Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, unilateral
- 77048-26 - Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, unilateral *Professional Component*
- 77048-TC - Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, unilateral *Technical Component*
- 77049 - Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, bilateral
- 77049-26 - Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, bilateral *Professional Component*
- 77049-TC - Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, bilateral *Technical Component*

IV. PROCESS

□ The following process for prior authorization and reimbursement for breast MRI must be followed for reimbursement under the BCC Program:

1. The provider or representative of practice will request **pre-service** prior authorization from the assigned BCC Program Nurse Coordinator for a breast MRI. The program will not reimburse for any procedure unless a pre-service prior authorization has been authorized.
2. The provider or representative of practice performs the MRI procedure as authorized or refers the patient to a BCC provider who is authorized to perform the MRI procedure.
3. The provider or representative of practice
 - a. Completes a HCFA with appropriate codes listed.
 - b. Attaches copies of the medical report, procedure notes, a copy of the prior authorization, and the BCC Screening & Eligibility Form
 - c. Submits completed claim packet to the Albuquerque Program Office within 60 days of procedure date.
4. BCC Program staff will process claim submission in accordance with established reimbursement process for diagnostic breast work-up.

V. REFERENCES

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