

Precertification from the Insurance Carrier may be required for Breast MRI exams

Breast MRI

| <u>Medicare Approved Indications</u> LCD ID Number L26890 | <u>ICD9</u> | <u>CPT Code-77058</u> unilateral, without and/or with contrast | <u>CPT Code-77059</u> bilateral, without and/or with contrast |
|--|--------------------|---|--|
| Rule out silicone implant rupture | | | x |
| Malignant neoplasm of nipple and areola of female breast | 174 | x | |
| Malignant neoplasm of central portion of female breast | 174.1 | x | |
| Malignant neoplasm of upper inner quadrant of female breast | 174.2 | x | |
| Malignant neoplasm of lower inner quadrant of female breast | 174.3 | x | |
| Malignant neoplasm of upper outer quadrant of female breast | 174.4 | x | |
| Malignant neoplasm of lower outer quadrant of female breast | 174.5 | x | |
| Malignant neoplasm of auxiliary tail of female breast | 174.6 | x | |
| Malignant neoplasm of other specified sites of female breast | 174.8 | x | |
| Malignant neoplasm of breast (female) unspecified site | 174.9 | x | |
| Malignant neoplasm of nipple and areola of male breast | 175 | x | |
| Malignant neoplasm of other and unspecified sites of male breast | 175.9 | x | |
| Secondary malignant neoplasm of skin | 198.2 | x | |
| Secondary malignant neoplasm of breast | 198.81 | x | |
| Benign neoplasm of breast | 217 | x | |
| Carcinoma in situ of breast | 233 | x | |
| Neoplasm of uncertain behavior of breast | 238.3 | x | |
| Neoplasm of unspecified nature of bone soft tissue and skin | 239.2 | x | |
| Neoplasm of unspecified nature of breast | 239.3 | x | |
| Solitary cyst of breast | 610 | x | |
| Diffuse cystic mastopathy | 610.1 | x | |
| Fibroadenosis of breast | 610.2 | x | |
| Fibrosclerosis of breast | 610.3 | x | |
| Mammary duct ectasia | 610.4 | x | |
| Other specified benign mammary dysplasias | 610.8 | x | |
| Benign mammary dysplasia unspecified | 610.9 | x | |
| Inflammatory disease of the breast | 611 | | x |

| | | | |
|---|--------|----------|----------|
| Hypertrophy of breast | 611.1 | | X |
| Fissure of nipple | 611.2 | | X |
| Fat necrosis of breast | 611.3 | | X |
| Atrophy of breast | 611.4 | | X |
| Galactocele | 611.5 | | X |
| Galactorrhea not associated with childbirth | 611.6 | | X |
| Lump of mass in breast | 611.72 | X | |
| Other signs and symptoms of the breast | 611.79 | | X |
| Other specified disorders of the breast | 611.89 | | X |
| Unspecified breast disorder | 611.9 | | X |
| Deformity of reconstructive breast | 612 | | X |
| Disproportion of reconstructed breast | 612.1 | | X |
| Unspecified abnormal mammogram | 793.8 | X | |
| Mammogram microcalcification | 793.81 | X | |