Cigna Medical Coverage Policies – Radiology
Breast Imaging Guidelines

Effective February 01, 2024

Instructions for use

The following coverage policy applies to health benefit plans administered by Cigna. Coverage policies are intended to provide guidance in interpreting certain standard Cigna benefit plans and are used by medical directors and other health care professionals in making medical necessity and other coverage determinations. Please note the terms of a customer's particular benefit plan document may differ significantly from the standard benefit plans upon which these coverage policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a coverage policy.

In the event of a conflict, a customer's benefit plan document always supersedes the information in the coverage policy. In the absence of federal or state coverage mandates, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of:

1. The terms of the applicable benefit plan document in effect on the date of service
2. Any applicable laws and regulations
3. Any relevant collateral source materials including coverage policies
4. The specific facts of the particular situation

Coverage policies relate exclusively to the administration of health benefit plans. Coverage policies are not recommendations for treatment and should never be used as treatment guidelines.

This evidence-based medical coverage policy has been developed by eviCore, Inc. Some information in this coverage policy may not apply to all benefit plans administered by Cigna.

These guidelines include procedures eviCore does not review for Cigna. Please refer to the Cigna CPT code list for the current list of high-tech imaging procedures that eviCore reviews for Cigna.

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General Considerations (BR-Preface 1)

Abbreviations for Breast Guidelines

BR.GG.Abbreviations.A
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Abbreviations for Breast Guidelines	
BI-RADS ™	Breast Imaging Reporting and Database System
BRCA	tumor suppressor gene
CAD	computer-aided detection
CT	computed tomography
CTA	computed tomography angiography
CTV	computed tomography venography
DCIS	ductal carcinoma in situ
FDA	Food and Drug Administration
FDG	fluorodeoxyglucose
FNA	fine needle aspiration
HRCT	high resolution computed tomography
LCIS	lobular carcinoma in situ
MRA	magnetic resonance angiography
MRI	magnetic resonance imaging
PEM	positron-emission mammography
PET	positron emission tomography

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General Guidelines (BR-Preface 1.0)

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- A current clinical evaluation since the onset or change in symptoms is usually required prior to considering advanced imaging.
  - A clinical evaluation should include the following:
    - A relevant history and physical examination since the onset or change in symptoms
    - Appropriate laboratory studies and non-advanced imaging modalities, such as mammogram and/or ultrasound
    - Other meaningful contact (telephone call, electronic mail or messaging) since the onset or change in symptoms by an established individual can substitute for a face-to-face clinical evaluation
- Current clinical evaluation is not required prior to screening studies.
- Throughout this guideline, when MRI Breast is indicated any **ONE** of the following codes is supported:
  - CPT® 77049 MRI Breast Bilateral, including CAD, with and without contrast
  - HCPCS C8908 MRI Breast Bilateral, with and without contrast
- If the individual has breast implants, the following code is supported when MRI Breast is requested to assess integrity of breast implants **AND** is also indicated in the guidelines:
  - CPT® 77047 MRI Breast Bilateral, without contrast

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BI-RADS™ Categories Chart (BR-Preface 1.1)

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BI-RADS™ Categories Chart	
Category	**Description**
Category 0: Incomplete	Need additional imaging evaluation or prior mammograms for comparison. Category 0 classification requires that additional imaging study be specified, e.g., ultrasound, additional mammogram view, MRI.
Category 1: Negative	There is nothing to comment on. The breasts are symmetrical and no masses, architectural disturbances, or suspicious calcifications are present.
Category 2: Benign Finding	This is also a negative mammogram, but the interpreter may wish to describe a finding. Involuting, calcified fibroadenomas, multiple secretory calcifications, fat-containing lesions (such as oil cysts, lipomas, galactoceles, and mixed density hamartomas) all have characteristic appearances, and may be labeled with confidence. The interpreter might wish to describe intramammary lymph nodes, implants, etc. while still concluding that there is no mammographic evidence of malignancy.

BI-RADS™ Categories Chart	
Category	**Description**
Category 3: Probably Benign Finding – Short Interval Follow-up Suggested	A finding placed in this category should have a very high probability of being benign. It is not expected to change over the follow-up interval, but the radiologist would prefer to establish its stability. Data is becoming available that sheds light on the efficacy of short interval follow-up. At the present time, most approaches are intuitive. These will likely undergo future modification as more data accrue as to the validity of an approach, the interval required, and the type of findings that should be followed.
Category 4: Suspicious Abnormality – Biopsy Should Be Considered	There are lesions that do not have the characteristic morphologies of breast cancer but have a definite probability of being malignant. The radiologist has sufficient concern to urge a biopsy. If possible, the relevant possibilities should be cited so that the individual and her physician can make the decision on the ultimate course of action.
Category 5: Highly Suggestive of Malignancy – Appropriate Action Should Be Taken	These lesions have a high probability of being cancer and should be biopsied or treated surgically.
Category 6: Known Biopsy-Proven Malignancy – Appropriate Action Should Be Taken	These lesions have been biopsied and are known to be malignant.

BI-RADS™ Breast Density Categories (BR-Preface 1.2)

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BI-RADS™ Breast Density Categories
Category A: Almost entire fatty
Category B: Scattered fibroglandular densities
Category C: Heterogeneously dense
Category D: Extremely dense

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Breast Ultrasound (BR-1)

Breast Ultrasound (BR-1.1)

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- Routine performance of breast ultrasound as stand-alone screening or with screening mammography is inappropriate.
  - Breast ultrasound is a supplemental screening alternative for high-risk females (as described in **MRI Breast Indications [BR-5]**) with dense breasts on mammography, when MRI Breast without and with contrast cannot be performed. The inability to perform MRI Breast may be because it cannot be tolerated (i.e., insurmountable claustrophobia or body habitus), or there exists a contraindication (i.e., non-MRI compatible implantable devices or an inability to receive MRI contrast). When a MRI Breast has not been performed in the past year for high-risk screening, then a bilateral breast ultrasound requested for supplemental screening in high-risk females with dense breasts on mammography is supported.
  - Equivocal or Occult Findings:
    - Breast ultrasound (CPT® 76641 or CPT® 76642): Radiologist Report recommendation and inconclusive or conflicting findings on mammography or MRI Breast
- Breast ultrasound (CPT® 76641: unilateral, complete; or, CPT® 76642: unilateral, limited) can be used to further evaluate abnormalities found on mammogram, especially in differentiating cysts from solid lesions.
  - A clinical office visit is not necessary prior to breast ultrasound when an abnormality has been identified on recent (within the last 60 days) mammogram.
- BI-RADS™ Cat 3 ultrasound follow-up imaging for stable findings at 6 months:
  - If repeat imaging remains BI-RADS™ 3, repeat at 12 months, 18 months, and 24 months from the date of the initial imaging. After 2 years of stability, the finding should be assessed as benign (Cat 2).
  - If repeat imaging is BI-RADS™ 1 or 2, then imaging reverts to routine per individuals risk profile.
- Mammography and breast ultrasound, in any order, regardless of age for palpable breast masses or other clinical abnormalities (such as skin change, pain, nipple inversion). Ultrasound can enhance biopsy.
- If recent clinical examination is equivocal for rupture of breast implants (saline or silicone), initial imaging is indicated as below:

Evaluation of Suspected Rupture of Breast Implants		
Age	**Saline Breast Implant**	**Silicone Breast Implant**
<30	Breast Ultrasound	Breast Ultrasound or MRI Breast without contrast (CPT® 77047)

Evaluation of Suspected Rupture of Breast Implants		
30-39	Breast Ultrasound or mammography/Digital breast tomosynthesis (DBT)	Breast Ultrasound, mammography/Digital breast tomosynthesis (DBT) or MRI Breast without contrast (CPT® 77047)
≥40	Mammography/Digital breast tomosynthesis (DBT)	Mammography/Digital breast tomosynthesis (DBT) or MRI Breast without contrast (CPT® 77047)

- Axilla ultrasound (CPT® 76882)
  - For females with clinically suspicious lymph nodes, pre-operative axillary ultrasound with a FNA or biopsy can help identify individuals who have positive nodes.
    - See **Axillary Lymphadenopathy (and Mass) (CH-2.2)** in the Chest Imaging Guidelines.
  - Bilateral should be coded CPT® 76882 x 2.
- .US-guided breast biopsy (CPT® 19083) includes the imaging component
  - Additional lesions should be billed using CPT® 19084.
- Ultrasound Breast can be repeated at least 6 months after an US-directed breast biopsy to document successful lesion sampling if histology is benign and non-specific, equivocal or uncertain.
- 3D Reconstruction (CPT® 76377) is not considered medically necessary for breast ultrasound. It is commonly requested in conjunction with automated breast ultrasound (ABUS); there is no evidence to support its clinical usefulness.

MRI Breast Coding (BR-2)

MRI Breast Coding (BR-2.1)

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- The use of gadolinium contrast is required for the evaluation of breast parenchyma.
- The use of gadolinium contrast is **NOT** necessary for the evaluation of implant integrity in asymptomatic, average-risk individuals.
- Computer-aided detection (CAD) is included with the MRI Breast CPT® 77049 and CPT® 77048 procedures. The use of HCPCS code C8937 (CAD including computer algorithm analysis of MRI Breast data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation) is **NOT** necessary with these procedures.
  - The use of CAD has little influence on the sensitivity and specificity of MRI Breast interpretation.
  - The use of HCPCS code C8937 (CAD including computer algorithm analysis of MRI Breast data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation) is currently considered investigational, experimental, and/or unproven.
  - Since the CAD software automatically performs 3D imaging, CPT® 76376 or CPT® 76377 should **NOT** be used in conjunction with MRI Breast.
- MRI-guided breast biopsy (CPT® 19085) includes the imaging component and the needle placement under MR guidance; CPT® 77021 MR guidance for needle placement is **NOT** an appropriate code to bill for a breast biopsy.
  - Additional lesions should be billed using CPT® 19086.
  - eviCore does not manage codes CPT® 19085 or CPT® 19086.

Background and Supporting Information

- Although MRI Breast has superior sensitivity in identifying new unknown malignancies, it carries a significant false positive risk when compared to mammogram and ultrasound. Incidental lesions are seen on 15% of MRI Breast and increase with younger age. The percentage of incidental lesions that turn out to be malignant varies from 3% to 20% depending on the individual population. Cancer is identified by MRI Breast in only 0.7% of those with “inconclusive mammographic lesions.”

Breast Reconstruction (BR-3)

Breast Reconstruction (BR-3.1)

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- CTA or MRA of the body part from which the free-tissue transfer flap is being taken, can be performed for breast reconstruction preoperative planning.
  - For example, CTA Abdomen and/or Pelvis (CPT® 74175 or CPT® 72191 or CPT® 74174) or MRA Abdomen and/or Pelvis (CPT® 74185 and/or CPT® 72198) for Deep Inferior Epigastric Perforators (DIEP) flap.
- Routine use of CTA Chest (CPT® 72175) to evaluate recipient vessels is **NOT** indicated.
  - **Criteria exception**: In circumstances where there has been previous cardiac/vascular surgery and/or known vascular anomalies in the chest, it may be warranted.
- There is currently insufficient evidence-based data to support the need for routine advanced imaging for TRAM flaps or other flaps performed on a vascular pedicle.

MRI Breast Indications (BR-5)

MRI Breast Indications (BR-5.1)

BR.RC.0005.1.C
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Breast MRI Considerations

- When MRI Breast imaging is clinically indicated (per the criteria listed in the sections below), an MRI Breast Bilateral with and without contrast is supported.
- MRI Breast Unilateral is **NOT** clinically supported.
- See **Breast Ultrasound (BR-1)** when there is a contraindication to MRI contrast.
- See **MRI Breast Coding (BR-2)** for MRI-guided breast biopsy.
- See **Breast Cancer (ONC-11)** in the Oncology Imaging Guidelines for imaging indications related to breast cancer as follows:
  - Breast Cancer - Initial work-up/Staging
  - Breast Cancer - Restaging/Recurrence
  - Breast Cancer - Surveillance/Follow-up
  - Annual screening with prior history of breast cancer

Suspected Rupture of Breast Implants

- Routine surveillance imaging for asymptomatic individuals to assess the integrity of breast implants (silicone or saline) is **NOT** supported.
- Cigna does **NOT** cover surveillance MRI for breast implants if they were placed as part of purely cosmetic surgery.
- Breast MRI is **NOT** indicated for evaluation of capsular contracture.
- For suspected ruptured breast implants (saline or silicone), with a recent equivocal clinical examination and/or conventional imaging, the imaging for further evaluation is indicated in the table below:

Evaluation of Suspected Rupture of Breast Implants		
Age	**Saline Breast Implant**	**Silicone Breast Implant**
<30	Breast Ultrasound	Breast Ultrasound or MRI Breast without contrast (CPT® 77047)
30-39	Breast Ultrasound or mammography/Digital breast tomosynthesis (DBT)	Breast Ultrasound, mammography/Digital breast tomosynthesis (DBT) or MRI Breast without contrast (CPT® 77047)
≥40	Mammography/Digital breast tomosynthesis (DBT)	Mammography/Digital breast tomosynthesis (DBT) or MRI Breast without contrast (CPT® 77047)

Malignant Phyllodes Tumor (Cystosarcoma Phyllodes)

- MRI Breast is indicated pre-operatively to establish extent of disease where a diagnosis of malignant phyllodes tumor has previously been established by tissue diagnosis.

Mammogram and/or US with Equivocal or Occult Findings

- MRI Breast is **NOT** indicated to determine biopsy recommendations for suspicious or indeterminate lesion(s) that can be readily biopsied, either using imaging guidance or physical exam, such as palpable masses and microcalcifications.
- MRI Breast is indicated for **EITHER** of the following:
  - Radiologist Report Recommendation for MRI Breast to assess inconclusive or conflicting findings on mammography or ultrasound with **EITHER** of the following:
    - Findings that are not associated with a discrete palpable mass.
    - Inconclusive findings of fat necrosis (most commonly due to trauma or surgery) in an individual with a history of breast cancer treated with surgery (lumpectomy or mastectomy with or without reconstruction).
  - Documented histopathologic discordance between core-needle biopsy findings and imaging findings. MRI Breast is indicated for further evaluation **after** the discordant biopsy (before consideration for surgical management vs. observation).
    - Discordance exists when the biopsy result does not adequately explain the abnormal (BI-RADS™ 4 or 5) findings on mammogram and/or ultrasound.
- See **MRI BI-RADS™ 3** section for lesions categorized as BI-RADS™ 3 on MRI.
- Lesions that are categorized as BI-RADS™ 3 (low risk, probably benign) **on mammogram and/or ultrasound** are not considered equivocal. MRI Breast is **NOT** indicated for these lesions.
  - Repeat the original study type (mammogram or US) in 6 months
    - If repeat imaging remains BI-RADS™ 3, repeat original study type at 12 months, 18 months, and 24 months from the date of the initial imaging.
      - After 2 years of stability, the finding should be assessed as benign (Cat 2).
    - If repeat imaging is BI-RADS™ 1 or 2, then imaging reverts to routine per individual's risk profile. See **Risk Factors** section.
- MRI Breast is **NOT** indicated for suspicious (BI-RADS™ 4 or 5) lesion on mammogram and/or ultrasound.
  - A lesion categorized as BI-RADS™ 4 or 5 should be biopsied.

MRI BI-RADS™ 3

- A probably benign lesion on **MRI** (MRI BI-RADS™ 3) should undergo repeat MRI in 6 months.

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- If repeat imaging remains MRI BI-RADS™ 3, then repeat at 12 months, 18 months, and 24 months from the date of the initial imaging.
  - After 2 years of stability, the finding should be assessed as benign (Cat 2).
- If repeat imaging is BI-RADS™ 1 or 2, then imaging reverts to routine per individual's risk profile. See **Risk Factors** section.

- For lesions initially seen on MRI Breast **and** that have benign and non-specific, equivocal or uncertain histology (based on stereotactic, MRI-guided, or US-directed breast biopsy), an MRI Breast can be repeated at least 6 months after the biopsy to document successful lesion sampling.

Risk Factors

- To date, evidence does not suggest improved outcomes for individuals whose only risk factor is breast density. Therefore, MRI Breast is **NOT** indicated for individuals whose only risk factor is dense breasts as determined by mammogram.
  - See **Mammogram and/or US with Equivocal or Occult Findings section**.
- Routine MRI Breast following bilateral mastectomy is **NOT** indicated (even if high-risk screening criteria may otherwise be met).
- Annual MRI Breast screening is indicated for individuals meeting the high-risk criteria in the table below:

High-Risk Indications	
*MRI screening to begin at **age 20**:*	
1.	Li-Fraumeni Syndrome (TP53 mutation) should start annual breast screening MRI starting at age 20 **or** at the age of the earliest diagnosed breast cancer in the family, whichever comes first.
*MRI screening to begin at **diagnosis** but not prior to age 25:*	
2.	Individuals with a history of: • Atypical ductal hyperplasia (ADH) • Atypical lobular hyperplasia (ALH) • Lobular carcinoma in situ (LCIS)
*MRI screening to begin at **age determined by gene mutation**:*	
3.	BRCA 1 or BRCA 2 begin **age 25**
4.	STK11, Peutz-Jeghers syndrome (PJS), PTEN Mutation (Cowden Syndrome), CDH1, NF1, PALB2, ATM, CHEK2 begin **age 30**
5.	BARD1, RAD51C, RAD51D begin **age 40**

High-Risk Indications	
6.	The following have unknown or insufficient evidence of breast cancer risk and additional MRI screening is **NOT** indicated at this time: MSH2, MLH1, MSH6, PMS2, EPCAM, NBN, genetic variants of unknown significance, genetic variants favoring polymorphism, and genetic variants of intermediate penetrance.
*MRI screening begins at age **40**:*	
7.	If the individual has **NOT** been tested for BRCA mutation **and** there is a first-degree relative (parent, sibling, child; half siblings are considered second-degree relatives) with BRCA 1 or BRCA 2 mutation. Annual screening is **NOT** indicated if the individual has been tested and is negative for BRCA 1 or BRCA 2 mutation unless they meet other criteria.
*MRI screening begins at **age 40** or **10 years before the age of relative** (lineage as described below) when **first diagnosed with breast cancer** but not prior to the age of 25:*	
8.	Two or more first-degree relatives with breast or ovarian cancer
9.	One first-degree relative with breast cancer or ovarian cancer that was diagnosed ≤ age 50
10.	One first-degree relative with bilateral breast cancer, or both breast and ovarian cancer
11.	A first- or second-degree male relative (father, brother/half-brother, uncle, grandfather) diagnosed with breast cancer
12.	Clinical lifetime-risk estimated at greater than or equal to 20% using an acceptable genetic-risk or clinical-risk estimator • Acceptable clinical-risk estimator models are Gail (NCI), Claus, Tyrer-Cuzick (IBIS), or BRCAPRO.

High-Risk Indications	
*MRI screening to begin at **age 25** or **8 years <u>after</u> completion of radiotherapy** (<u>whichever occurs later</u> - screening MRI Breast is <u>not supported prior to age 25</u>):*	
13.	Annual MRI Breast and annual mammogram is recommended for individuals who received therapeutic radiation exposure in the following fields while they were under 30 years of age: • Chest (thorax) • Whole lung • Mediastinal • Axilla • Mini-mantle, mantle, or extended mantle • Total (TLI) or subtotal (SLTI) lymphoid irradiation Total body irradiation (TBI)

Background and Supporting Information

- myRisk® Hereditary Cancer (Myriad Genetics, Inc.) is not accepted as a risk calculator to determine high-risk for breast cancer.
- MRI should not be used in lieu of biopsy of mammographically, clinically, and/or sonographically suspicious findings (ACR Practice Guidelines).

Nipple Discharge/Galactorrhea (BR-6)

Nipple Discharge/Galactorrhea (BR-6.1)

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- Pathologic nipple discharge
  - Initial imaging should include diagnostic mammogram and ultrasound (CPT® 76641: unilateral, complete; or, CPT® 76642: unilateral, limited). If these are negative or inconclusive, MRI Breast is the next appropriate imaging study.
- Physiologic nipple discharge
  - If nipple discharge is physiologic, there are no suspicious findings on clinical exam, and mammogram and ultrasound are negative, no additional imaging is necessary, and the individual can be reassured.

Background and Supporting Information

- Physiologic nipple discharge is predominantly bilateral but may be unilateral. It is commonly multi-duct. It is predominantly milky but may be white or a variety of colors including serous, yellow, green, brown, or gray. Evaluation for hyperprolactinemia can be considered.
- For milky discharge, prolactin and TSH levels are recommended to diagnose prolactinoma; pituitary imaging is not needed if normal serum Prolactin.
- Pathologic nipple discharge is defined as unilateral, bloody or serous, arising from a single duct, persistent, and spontaneous.

Breast Pain (Mastodynia) (BR-7)

Breast Pain (Mastodynia) (BR-7.1)

BR.PA.0007.1.A
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- Evaluation of breast pain requires a history and physical exam.
- Mammogram and ultrasound are the initial imaging for breast pain.
- Advanced imaging is **NOT** routinely indicated in individuals with breast pain and negative mammogram and ultrasound (CPT® 76641: unilateral, complete; or, CPT® 76642: unilateral, limited).
    - If mammogram and ultrasound are not negative, see **MRI Breast Indications (BR-5)**.

Background and Supporting Information

- The risk of malignancy following a negative clinical examination (clinical breast exam, mammogram, ultrasound) has been estimated to be only 0.5%.

Alternative Breast Imaging Approaches (BR-8)

Alternative Breast Imaging Approaches (BR-8.1)

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Molecular Breast Imaging (MBI)

- Molecular Breast Imaging (CPT® 78800) is supported in individuals who meet criteria for breast cancer screening with MRI (per **BR-5.1**) but for whom MRI is contraindicated.
  - See **MRI Breast Indications (BR-5)**.

Other Alternative Breast Imaging Techniques

Other alternative breast imaging techniques may have FDA approval, but they remain investigational with respect to **BOTH** screening and diagnosis of breast cancer. These include the following:

- Nuclear breast imaging, including:
  - Scintimammography
  - Breast specific gamma imaging (BSGI)
- PET Mammography (PEM)
- Thermography
- Impedance Mammography
- Other techniques to detect oxygen consumption, light absorption, microwave transmission, nitrous oxide production
- CT Breast (CPT® 0633T, CPT® 0634T, CPT® 0635T, CPT® 0636T, CPT® 0637T, or CPT® 0638T)
- Cone Beam CT Breast

Background and Supporting Information

- CT Breast
  - CT Breast is evolving and currently being studied as a mode of breast cancer detection. It remains under investigation, and is not to be used in lieu of conventional breast imaging modalities.
- Positron Emission Mammography
  - There is currently insufficient data available to generate appropriateness criteria for this modality, and this procedure should be considered investigational at this time.
    - High-resolution positron-emission mammography (PEM) by Naviscan™ PET Systems, also referred to as Naviscan™ or PET mammography, performs high- resolution metabolic imaging for breast cancer using an FDG tracer. The PEM detectors are integrated into a conventional mammography

system, allowing acquisition of the emission images immediately after the mammogram.

- Requesting providers often ask for PEM as CPT® 78811 or “PET scan of the breast.”

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Suspected Breast Cancer in Males (BR-9)

Suspected Breast Cancer in Males (BR-9.1)

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See **Breast Ultrasound (BR-1)**

- There is limited evidence on the use of MRI in the evaluation of male breast disease.
- Further diagnostic pathway for suspicious clinical or imaging findings usually requires tissue diagnosis.

Background and Supporting Information

- Breast cancer in males presents as a mass, skin/nipple change, or pathologic nipple discharge.

Breast Evaluation in Pregnant or Lactating Females (BR-10)

Breast Evaluation in Pregnant or Lactating Females (BR-10.1)

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- Breast US (CPT® 76641 or CPT® 76642) is first-line imaging in pregnant and lactating females.
- If pregnant/lactating female has a palpable mass **OR** has persistent unilateral bloody nipple discharge and US is negative or suspicious, follow with diagnostic mammogram (with lead abdominal shielding).
- IV Gadolinium is required with MRI to evaluate breast parenchyma but is contraindicated in pregnancy. Biopsy, rather than advanced imaging, is recommended after inconclusive mammogram and US.

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Digital Breast Tomosynthesis (BR-11)

Digital Breast Tomosynthesis (BR-11.1)

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Cigna considers digital breast tomosynthesis (DBT), also called 3D mammography, a medically appropriate imaging option in the screening of breast cancer.

- Coding Notes:
  - CPT® 77061: Digital breast tomosynthesis; unilateral
  - CPT® 77062: Digital breast tomosynthesis; bilateral
  - CPT® +77063: Screening digital breast tomosynthesis (used in conjunction only with screening bilateral mammography code CPT® 77057)
  - 3D rendering (CPT® 76376 or CPT® 76377) should **NOT** be assigned with any 3-D mammography code.

Transgender Breast Cancer Supplemental Screening (BR-12)

Transgender Breast Cancer Supplemental Screening (BR-12.1)

BR.TS.0012.1.A
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- Annual supplemental Ultrasound **AND/OR** MRI Breast screening is indicated for the following:
  - Transmasculine (female-to-male) with **ALL** of the following risk factors:
    - Reduction mammoplasty or no chest surgery
    - Age ≥25
    - High-risk (≥20% lifetime risk)
- Annual Ultrasound and/or MRI Breast, in addition to mammogram, for breast cancer screening is **NOT** indicated in any other scenarios, including **ANY** of the following:
  - Transfeminine (male-to-female)
  - Transmasculine (female-to-male), who have had bilateral mastectomies
  - Transmasculine (female-to-male), who have **NOT** had mastectomies **AND** are at average risk or intermediate risk
- Acceptable models of calculating clinical lifetime-risk include the following: Gail (NCI), Claus, Tyrer-Cuzick (IBIS), or BRCAPRO.

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3D Rendering (BR-13)

3D Rendering (BR-13.1)

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- 3D rendering (CPT® 76376 or CPT® 76377) should **NOT** be used in conjunction with **ANY** 3D mammography code.
- 3D rendering (CPT® 76376 or CPT® 76377) is **NOT** indicated for breast ultrasound. It is commonly requested in conjunction with automated breast ultrasound (ABUS); there is no evidence to support its clinical usefulness.
- 3D rendering (CPT® 76376 or CPT® 76377) should **NOT** be used in conjunction with MRI Breast.

References (BR)

References (BR)

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