

Local Coverage Determination (LCD): Breast Imaging: Breast Echography (Sonography)/Breast MRI/Ductography (L33585)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
National Government Services, Inc.	MAC - Part A	06101 - MAC A	J - 06	Illinois
National Government Services, Inc.	MAC - Part B	06102 - MAC B	J - 06	Illinois
National Government Services, Inc.	MAC - Part A	06201 - MAC A	J - 06	Minnesota
National Government Services, Inc.	MAC - Part B	06202 - MAC B	J - 06	Minnesota
National Government Services, Inc.	MAC - Part A	06301 - MAC A	J - 06	Wisconsin
National Government Services, Inc.	MAC - Part B	06302 - MAC B	J - 06	Wisconsin
National Government Services, Inc.	A and B and HHH MAC	13101 - MAC A	J - K	Connecticut
National Government Services, Inc.	A and B and HHH MAC	13102 - MAC B	J - K	Connecticut
National Government Services, Inc.	A and B and HHH MAC	13201 - MAC A	J - K	New York - Entire State
National Government Services, Inc.	A and B and HHH MAC	13202 - MAC B	J - K	New York - Downstate
National Government Services, Inc.	A and B and HHH MAC	13282 - MAC B	J - K	New York - Upstate
National Government Services, Inc.	A and B and HHH MAC	13292 - MAC B	J - K	New York - Queens
National Government Services, Inc.	A and B and HHH MAC	14111 - MAC A	J - K	Maine
National Government Services, Inc.	A and B and HHH MAC	14112 - MAC B	J - K	Maine
National Government Services, Inc.	A and B and HHH MAC	14211 - MAC A	J - K	Massachusetts

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
National Government Services, Inc.	A and B and HHH MAC	14212 - MAC B	J - K	Massachusetts
National Government Services, Inc.	A and B and HHH MAC	14311 - MAC A	J - K	New Hampshire
National Government Services, Inc.	A and B and HHH MAC	14312 - MAC B	J - K	New Hampshire
National Government Services, Inc.	A and B and HHH MAC	14411 - MAC A	J - K	Rhode Island
National Government Services, Inc.	A and B and HHH MAC	14412 - MAC B	J - K	Rhode Island
National Government Services, Inc.	A and B and HHH MAC	14511 - MAC A	J - K	Vermont
National Government Services, Inc.	A and B and HHH MAC	14512 - MAC B	J - K	Vermont

LCD Information

Document Information

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L33585

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LCD Title

Breast Imaging: Breast Echography
(Sonography)/Breast MRI/Ductography

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N/A

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N/A

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N/A

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N/A

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Notice Period End Date

N/A

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CMS National Coverage Policy

Language quoted from Centers for Medicare and Medicaid Services (CMS), National Coverage Determinations (NCDs) and coverage provisions in interpretive manuals is italicized throughout the policy. NCDs and coverage provisions in interpretive manuals are not subject to the Local Coverage Determination (LCD) Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See Section 1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, *italicized* text represents quotation from one or more of the following CMS sources:

Title XVIII of the Social Security Act (SSA):

Section 1862(a)(1)(A) excludes expenses incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Section 1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Code of Federal Regulations:

42 CFR Section 410.32, indicates that diagnostic tests may only be ordered by the treating physician (or other treating practitioner acting within the scope of his or her license and Medicare requirements) who furnishes a

consultation or treats a beneficiary for a specific medical problem and who uses the results in the management of the beneficiary's specific medical problem. Tests not ordered by the physician (or other qualified non-physician provider) who is treating the beneficiary are not reasonable and necessary (see Sec. 411.15(k)(1) of this chapter).

42 CFR Section 410.34 specifies the conditions for and limitation on coverage.

42 CFR, Section 486 specifies the conditions for coverage of portable x-ray services.

CMS Publications:

CMS Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 15:

80.4.3 Scope of Portable X-Ray Benefit

CMS Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 15:

80.4.4 Exclusions From Coverage as Portable X-Ray Services

CMS Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 15:

80.6 Requirements for Ordering and Following Orders for Diagnostic Tests

CMS Publication 100-03, *Medicare National Coverage Determinations Manual*, Chapter 1:

220.5 Ultrasound Diagnostic Procedures

CMS Publication 100-04, *Medicare Claims Processing Manual*, Chapter 13:

90 Services of Portable X-Ray Suppliers

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Abstract:

This LCD describes magnetic resonance imaging of the breast, ultrasonic evaluation of the breast, and ductography.

Breast sonography is the ultrasonic evaluation of an abnormal breast lesion.

Breast MRI is the application of magnetic resonance principles to breast imaging.

Ductography (galactography) is a contrast-enhanced visualization of the breast ducts.

Indications:

Breast Sonography

Breast sonography may be indicated for conditions such as:

- Guidance for breast interventional procedures
- Assessment of implant related problems
- Radiation treatment planning
- Initial evaluation of palpable masses in women under 30
- In lactating and pregnant women
- Assessment of palpable abnormalities on physical exam
- Assessment to distinguish simple mastitis from abscess formation
- Assessment of any mass to determine whether it is suitable for percutaneous intervention (core biopsy, for instance)
- Assess stability of a sonographically visible mass that is mammographically invisible
- Non-palpable masses, detected by mammography, to differentiate cysts from solid lesions
- Palpable masses, if needle aspiration is not performed
- Symptomatic, possible ruptured silicone breast prosthesis when an MRI is not possible
- Calcifications to determine if an invasive component exists that would be amenable to core biopsy when supported by additional clinical indications.

Breast ultrasonography should not be routinely used along with diagnostic mammography. Ultrasonography may be indicated in addition to diagnostic mammography for the evaluation of some ambiguous mammographic or palpable masses or focal asymmetric densities that may represent or mask a mass.

Breast ultrasonography may be performed, in some cases, without having a diagnostic mammography first. However, an order from the treating physician for the ultrasonography is required. For example: a 22-year-old female presents with a painful breast lump. An ultrasound is performed and documents a large simple cyst, which subsequently is aspirated and resolved without the need for a prior diagnostic mammography.

A treating provider's (physician or qualified non-physician practitioner) order is required for breast ultrasound. This requirement is not applicable to hospital based radiologists for inpatient or outpatient breast ultrasound.

Breast sonography should be performed under the general supervision of a physician qualified in breast ultrasonography.

Breast MRI

Breast MRI studies are to be used very selectively. The modality should be restricted to:

- cases where diagnosis is inconclusive, even after standard work-up;
- evaluation of the post-operative patient when scar tissue cannot be differentiated from tumors;
- patients with positive axillary nodes but no known primary;
- patients with rupture of a breast implant; or
- determination of the extent of disease in patients with known malignancy, prior to treatment (to assure confinement to one segment of the breast).

Breast MRI should be performed under the general supervision of a physician qualified in magnetic resonance imaging.

A treating provider's (physician or qualified non-physician practitioner) order is required for breast MRI. This requirement is not applicable to hospital based radiologists for inpatient or outpatient breast MRI.

Ductogram (Galactogram)

Ductography is useful as an aid in diagnosing the cause of an abnormal nipple discharge and is valuable in diagnosing intraductal papillomas.

Ductography should be performed under the personal supervision of a physician qualified in ductography.

A treating provider's (physician or qualified non-physician practitioner) referral is required for ductography. This requirement is not applicable to hospital based radiologists for an inpatient or outpatient ductogram (galactogram).

Limitations:

- There is no separate transportation cost allowed for other breast imaging procedures. To receive transportation payments, the approved portable x-ray supplier must also meet the certification requirements of Section 354 of the Public Health Service Act.

Summary of Evidence

N/A

Analysis of Evidence (Rationale for Determination)

N/A

Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

CODE	DESCRIPTION
012x	Hospital Inpatient (Medicare Part B only)
013x	Hospital Outpatient
022x	Skilled Nursing - Inpatient (Medicare Part B only)
023x	Skilled Nursing - Outpatient
071x	Clinic - Rural Health

CODE	DESCRIPTION
073x	Clinic - Freestanding
077x	Clinic - Federally Qualified Health Center (FQHC)
085x	Critical Access Hospital

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

Revenue codes only apply to providers who bill these services to the Part A MAC. Revenue codes do not apply to physicians, other professionals and suppliers who bill these services to the Part B MAC.

Please note that not all revenue codes apply to every type of bill code. Providers are encouraged to refer to the FISS revenue code file for allowable bill types. Similarly, not all revenue codes apply to each CPT/HCPCS code. Providers are encouraged to refer to the FISS HCPCS file for allowable revenue codes.

CODE	DESCRIPTION
0402	Other Imaging Services - Ultrasound
0409	Other Imaging Services - Other Imaging Services
0521	Freestanding Clinic - Clinic Visit by Member to RHC/FQHC
0522	Freestanding Clinic - Home Visit by RHC/FQHC Practitioner
0524	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a SNF or Skilled Swing Bed in a Covered Part A Stay
0525	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a SNF (not in a Covered Part A Stay) or NF or ICF MR or Other Residential Facility
0527	Freestanding Clinic - Visiting Nurse Service(s) to a Member's Home when in a Home Health Shortage Area
0528	Freestanding Clinic - Visit by RHC/FQHC Practitioner to Other non-RHC/FQHC site (e.g. Scene of Accident)
0614	Magnetic Resonance Technology (MRT) - MRI - Other

CPT/HCPCS Codes

Group 1 Paragraph:

CPT codes 77048 and 77049 should not be used by OPSS providers.

HCPCS codes C8903 through C8908 are to be billed to the Part A MAC and not the Part B MAC. See the Supplemental Instructions Article (SIA) for further guidelines.

Group 1 Codes:

CODE	DESCRIPTION
19030	INJECTION PROCEDURE ONLY FOR MAMMARY DUCTOGRAM OR GALACTOGRAM
76641	ULTRASOUND, BREAST, UNILATERAL, REAL TIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; COMPLETE
76642	ULTRASOUND, BREAST, UNILATERAL, REAL TIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; LIMITED
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
77053	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION
77054	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGICAL SUPERVISION AND INTERPRETATION
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

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

The correct use of an ICD-10-CM code listed below does not assure coverage of a service. The service must be

reasonable and necessary in the specific case and must meet the criteria specified in this determination.

For breast echography/sonography and breast MRI (76641 and 76642), 77046, 77047, 77048, 77049, C8903, C8905, C8906 and C8908)

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
C50.011	Malignant neoplasm of nipple and areola, right female breast
C50.012	Malignant neoplasm of nipple and areola, left female breast
C50.021	Malignant neoplasm of nipple and areola, right male breast
C50.022	Malignant neoplasm of nipple and areola, left male breast
C50.111	Malignant neoplasm of central portion of right female breast
C50.112	Malignant neoplasm of central portion of left female breast
C50.121	Malignant neoplasm of central portion of right male breast
C50.122	Malignant neoplasm of central portion of left male breast
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast
C50.221	Malignant neoplasm of upper-inner quadrant of right male breast
C50.222	Malignant neoplasm of upper-inner quadrant of left male breast
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast
C50.321	Malignant neoplasm of lower-inner quadrant of right male breast
C50.322	Malignant neoplasm of lower-inner quadrant of left male breast
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast
C50.421	Malignant neoplasm of upper-outer quadrant of right male breast
C50.422	Malignant neoplasm of upper-outer quadrant of left male breast
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast
C50.521	Malignant neoplasm of lower-outer quadrant of right male breast
C50.522	Malignant neoplasm of lower-outer quadrant of left male breast
C50.611	Malignant neoplasm of axillary tail of right female breast
C50.612	Malignant neoplasm of axillary tail of left female breast
C50.621	Malignant neoplasm of axillary tail of right male breast

ICD-10 CODE	DESCRIPTION
C50.622	Malignant neoplasm of axillary tail of left male breast
C50.811	Malignant neoplasm of overlapping sites of right female breast
C50.812	Malignant neoplasm of overlapping sites of left female breast
C50.821	Malignant neoplasm of overlapping sites of right male breast
C50.822	Malignant neoplasm of overlapping sites of left male breast
C50.911	Malignant neoplasm of unspecified site of right female breast
C50.912	Malignant neoplasm of unspecified site of left female breast
C79.2	Secondary malignant neoplasm of skin
C79.81	Secondary malignant neoplasm of breast
D05.01	Lobular carcinoma in situ of right breast
D05.02	Lobular carcinoma in situ of left breast
D05.11	Intraductal carcinoma in situ of right breast
D05.12	Intraductal carcinoma in situ of left breast
D05.81	Other specified type of carcinoma in situ of right breast
D05.82	Other specified type of carcinoma in situ of left breast
D24.1	Benign neoplasm of right breast
D24.2	Benign neoplasm of left breast
D48.61	Neoplasm of uncertain behavior of right breast
D48.62	Neoplasm of uncertain behavior of left breast
N60.01	Solitary cyst of right breast
N60.02	Solitary cyst of left breast
N60.11	Diffuse cystic mastopathy of right breast
N60.12	Diffuse cystic mastopathy of left breast
N60.21	Fibroadenosis of right breast
N60.22	Fibroadenosis of left breast
N60.31	Fibrosclerosis of right breast
N60.32	Fibrosclerosis of left breast
N60.41	Mammary duct ectasia of right breast
N60.42	Mammary duct ectasia of left breast
N60.81	Other benign mammary dysplasias of right breast
N60.82	Other benign mammary dysplasias of left breast
N61.0	Mastitis without abscess

ICD-10 CODE	DESCRIPTION
N61.1	Abscess of the breast and nipple
N62	Hypertrophy of breast
N63.11	Unspecified lump in the right breast, upper outer quadrant
N63.12	Unspecified lump in the right breast, upper inner quadrant
N63.13	Unspecified lump in the right breast, lower outer quadrant
N63.14	Unspecified lump in the right breast, lower inner quadrant
N63.15	Unspecified lump in the right breast, overlapping quadrants
N63.21	Unspecified lump in the left breast, upper outer quadrant
N63.22	Unspecified lump in the left breast, upper inner quadrant
N63.23	Unspecified lump in the left breast, lower outer quadrant
N63.24	Unspecified lump in the left breast, lower inner quadrant
N63.25	Unspecified lump in the left breast, overlapping quadrants
N63.31	Unspecified lump in axillary tail of the right breast
N63.32	Unspecified lump in axillary tail of the left breast
N63.41	Unspecified lump in right breast, subareolar
N63.42	Unspecified lump in left breast, subareolar
N64.0	Fissure and fistula of nipple
N64.1	Fat necrosis of breast
N64.2	Atrophy of breast
N64.3	Galactorrhea not associated with childbirth
N64.4	Mastodynia
N64.51	Induration of breast
N64.52	Nipple discharge
N64.53	Retraction of nipple
N64.59	Other signs and symptoms in breast
N64.89	Other specified disorders of breast
N65.0	Deformity of reconstructed breast
N65.1	Disproportion of reconstructed breast
R92.0	Mammographic microcalcification found on diagnostic imaging of breast
R92.1	Mammographic calcification found on diagnostic imaging of breast
R92.2	Inconclusive mammogram
R92.8	Other abnormal and inconclusive findings on diagnostic imaging of breast

ICD-10 CODE	DESCRIPTION
T85.41XA	Breakdown (mechanical) of breast prosthesis and implant, initial encounter
T85.41XD	Breakdown (mechanical) of breast prosthesis and implant, subsequent encounter
T85.41XS	Breakdown (mechanical) of breast prosthesis and implant, sequela
T85.42XA	Displacement of breast prosthesis and implant, initial encounter
T85.42XD	Displacement of breast prosthesis and implant, subsequent encounter
T85.42XS	Displacement of breast prosthesis and implant, sequela
T85.43XA	Leakage of breast prosthesis and implant, initial encounter
T85.43XD	Leakage of breast prosthesis and implant, subsequent encounter
T85.43XS	Leakage of breast prosthesis and implant, sequela
T85.44XA	Capsular contracture of breast implant, initial encounter
ICD-10 CODE	DESCRIPTION
T85.44XD	Capsular contracture of breast implant, subsequent encounter
T85.44XS	Capsular contracture of breast implant, sequela
T85.49XA	Other mechanical complication of breast prosthesis and implant, initial encounter
T85.49XD	Other mechanical complication of breast prosthesis and implant, subsequent encounter
T85.49XS	Other mechanical complication of breast prosthesis and implant, sequela
T85.79XA	Infection and inflammatory reaction due to other internal prosthetic devices, implants and grafts, initial encounter
T85.79XD	Infection and inflammatory reaction due to other internal prosthetic devices, implants and grafts, subsequent encounter
T85.79XS	Infection and inflammatory reaction due to other internal prosthetic devices, implants and grafts, sequela
Z85.3	Personal history of malignant neoplasm of breast

Group 2 Paragraph:

For ductography (galactography) (codes 19030, 77053 and 77054):

Group 2 Codes:

ICD-10 CODE	DESCRIPTION
N64.51	Induration of breast
N64.52	Nipple discharge
N64.53	Retraction of nipple
N64.59	Other signs and symptoms in breast

ICD-10 Codes that DO NOT Support Medical Necessity

N/A

Additional ICD-10 Information

N/A

General Information

Associated Information

Documentation Requirements:

The patient's medical record must contain documentation that fully supports the medical necessity for services included within this LCD. (See "Indications and Limitations of Coverage.") This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures.

A clear, clinical indication for the breast sonogram/breast MRI/ductogram must be documented in the medical record, as well as in the referral order.

The medical record must include a formal written report describing all the views completed. The formal written report must include the reason for the test, a description of the test, the interpretation and results of the test, and the name of the physician to whom the report is being sent.

Documentation must be available to Medicare upon request.

Utilization Guidelines:

Refer to the Indications and Limitations section of the LCD.

Appendices:

Not applicable

Sources of Information

This bibliography presents those sources that were obtained during the development of this policy. National Government Services is not responsible for the continuing viability of Web site addresses listed below.

Adams JS, Song CF, Kantorovich V. Breast symptoms among women enrolled in a Health Maintenance Organization. *Annals of Internal Medicine*. 1999;130.

Lehman C, Gatsonis C, Kuhl C, et al. MRI evaluation of the contralateral breast in women with recently diagnosed breast cancer. *N Engl J Med*. 2007;356(13):1295-1303.

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breast masses in men and women.

National Guideline Clearinghouse. Recommended Breast Cancer Surveillance Guidelines. 1999.

Saslow D, Boetes C, Burke W, et al. American Cancer Society guidelines for breast screening with MRI as an adjunct to mammography. *CA Cancer J Clin.* 2007;57(2):75-89.

Standards, American College of Radiology, Reston, VA, 1997.

U.S. Preventive Services Task Force. Screening for breast cancer: recommendations and rationale. *Ann Intern Med.* 2002 ;137(5 Part 1):344-346.

What is Breast MRI? Department of Radiology, Magnetic Resonance Science Center at UC San Francisco.

Bibliography

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
10/01/2019	R8	LCD revised due to the annual ICD-10-CM update, N63.15 and N63.25 were added to the ICD-10 Codes that Support Medical Necessity section in Group 1.	<ul style="list-style-type: none">• Revisions Due To ICD-10-CM Code Changes
01/01/2019	R7	<p>Due to the annual CPT/HCPCS Code update the following codes have been deleted from Group 1 in the "CPT/HCPCS Codes" section: 77058, 77059, C8904, C8907 and the following new codes were added: 77046, 77047, 77048, 77049.</p> <p><i>DATE (01/01/2019): At this time, the 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none">• Revisions Due To CPT/HCPCS Code Changes
10/01/2017	R6	Due to the annual ICD-10-CM code update, ICD-10-CM code N63 was deleted from Group 1 of the "ICD-10-CM Codes that Support Medical Necessity" section of the LCD. ICD-10-CM codes N63.11, N63.12, N63.13, N63.14, N63.21, N63.22, N63.23, N63.24, N63.31, N63.32, N63.41 and N63.42 were added as the replacement codes.	<ul style="list-style-type: none">• Revisions Due To ICD-10-CM Code Changes

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		<p>Removed the obsolete references to CPT code 76645 in the "CPT/HCPCS Codes" and "ICD-10-CM Codes that Support Medical Necessity" sections.</p> <p><i>DATE (10/01/2017): At this time, the 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	
10/01/2016	R5	<p>Due to the annual ICD-10-CM code update for 2017, ICD-10-CM code N61 was deleted from Group 1 of the "ICD-10-CM Codes that Support Medical Necessity" section of the LCD. ICD-10-CM codes N61.0 and N61.1 were added as the replacement codes.</p> <p>Removed Revenue Codes 0401 and 0403 for diagnostic and screening mammography services.</p>	<ul style="list-style-type: none"> • Revisions Due To ICD-10-CM Code Changes
10/01/2015	R4	<p>Based on a provider request, ICD-10-CM codes C50.911 and C50.912 were added to Group 1 in the "ICD-10-CM Codes that Support Medical Necessity" section.</p>	<ul style="list-style-type: none"> • Request for Coverage by a Provider (Part A)
10/01/2015	R3	<p>Minor template language change.</p>	<ul style="list-style-type: none"> • Other
10/01/2015	R2	<p>Based on the National Coverage Determination (NCD) 220.4, all references to a diagnostic mammography were removed from the LCD.</p> <p>Due to the annual HCPCS update for 2015, CPT code 76645 was deleted and removed from the "CPT/HCPCS Codes" section. An explanatory note regarding the code deletion was added to this section. CPT codes 76641 and 76642 were added as replacement codes. HCPCS code G0279 was added to the "CPT/HCPCS Codes" section. The descriptors were changed for HCPCS codes G0204 and</p>	<ul style="list-style-type: none"> • Revisions Due To CPT/HCPCS Code Changes • Revisions Due To ICD-10-CM Code Changes

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		<p>G0206. HCPCS code G0279 was added to Group 1 and CPT codes 76641 and 76642 to Group 2 in the "ICD-10-CM Codes that Support Medical Necessity" section. Based on the National Coverage Determination (NCD) 220.4, all references to a screening mammography were removed from the LCD.</p> <p>ICD-10-CM codes were added for the 7th character for D=subsequent encounter and S=sequela, where the 7th character, A=initial encounter, was already included.</p>	
10/01/2015	R1	ICD-10-CM code N63 was inadvertently omitted from Groups 2 and 3 in the "ICD-10-CM Codes that Support Medical Necessity" section.	<ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Article(s)

A52849 - Breast Imaging: Breast Echography (Sonography)/Breast MRI/Ductography – Supplemental Instructions Article

Related National Coverage Documents

N/A

Public Version(s)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
National Government Services, Inc.	MAC - Part A	06101 - MAC A	J - 06	Illinois
National Government Services, Inc.	MAC - Part B	06102 - MAC B	J - 06	Illinois
National Government Services, Inc.	MAC - Part A	06201 - MAC A	J - 06	Minnesota
National Government Services, Inc.	MAC - Part B	06202 - MAC B	J - 06	Minnesota
National Government Services, Inc.	MAC - Part A	06301 - MAC A	J - 06	Wisconsin
National Government Services, Inc.	MAC - Part B	06302 - MAC B	J - 06	Wisconsin
National Government Services, Inc.	A and B and HHH MAC	13101 - MAC A	J - K	Connecticut
National Government Services, Inc.	A and B and HHH MAC	13102 - MAC B	J - K	Connecticut
National Government Services, Inc.	A and B and HHH MAC	13201 - MAC A	J - K	New York - Entire State
National Government Services, Inc.	A and B and HHH MAC	13202 - MAC B	J - K	New York - Downstate
National Government Services, Inc.	A and B and HHH MAC	13282 - MAC B	J - K	New York - Upstate
National Government Services, Inc.	A and B and HHH MAC	13292 - MAC B	J - K	New York - Queens
National Government Services, Inc.	A and B and HHH MAC	14111 - MAC A	J - K	Maine
National Government Services, Inc.	A and B and HHH MAC	14112 - MAC B	J - K	Maine
National Government Services, Inc.	A and B and HHH MAC	14211 - MAC A	J - K	Massachusetts

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
National Government Services, Inc.	A and B and HHH MAC	14212 - MAC B	J - K	Massachusetts
National Government Services, Inc.	A and B and HHH MAC	14311 - MAC A	J - K	New Hampshire
National Government Services, Inc.	A and B and HHH MAC	14312 - MAC B	J - K	New Hampshire
National Government Services, Inc.	A and B and HHH MAC	14411 - MAC A	J - K	Rhode Island
National Government Services, Inc.	A and B and HHH MAC	14412 - MAC B	J - K	Rhode Island
National Government Services, Inc.	A and B and HHH MAC	14511 - MAC A	J - K	Vermont
National Government Services, Inc.	A and B and HHH MAC	14512 - MAC B	J - K	Vermont

Article Information

General Information

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A52849

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10/01/2015

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[A48362](#)

Revision Effective Date

01/01/2019

Article Title

Breast Imaging: Breast Echography (Sonography)/Breast MRI/Ductography – Supplemental Instructions Article

Revision Ending Date

N/A

Retirement Date

N/A

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Article Guidance

Article Text:

The information in this Supplemental Instructions Article (SIA) contains coding or other guidelines that complement the Local Coverage Determination (LCD) for Breast Imaging: Breast Echography (Sonography)/Breast MRI/Ductography. The LCD can be accessed through our contractor Web site at www.NGSMedicare.com. It can also be found on the Medicare Coverage Database at www.cms.gov/medicare-coverage-database.

Coding Information:

Procedure codes may be subject to National Correct Coding Initiative (NCCI) edits or OPPS packaging edits. Refer to NCCI and OPPS requirements prior to billing Medicare.

For services requiring a referring/ordering physician, the name and UPIN or NPI of the referring/ordering physician must be reported on the claim.

A claim submitted without a valid ICD-10-CM diagnosis code will be returned to the provider as an incomplete claim under Section 1833(e) of the Social Security Act.

The diagnosis code(s) must best describe the patient's condition for which the service was performed. For diagnostic tests, report the result of the test if known; otherwise the symptoms prompting the performance of the test should be reported.

Advance Beneficiary Notice of Noncoverage (ABN) Modifier Guidelines

An ABN may be used for services which are likely to be non-covered, whether for medical necessity or for other

reasons. Refer to CMS Publication 100-04, *Medicare Claims Processing Manual*, Chapter 30, for complete instructions.

For claims submitted to the Part B MAC:

All services/procedures performed on the same day for the same beneficiary by the physician/provider should be billed on the same claim.

An evaluation and management (E&M) service or consultation by the radiologist on the same day (or subsequent days) as a breast sonogram, MRI, or ductogram or their components should not be separately coded or billed.

For breast sonography, breast MRI, and ductogram, the NPI of the treating/ordering physician or qualified non-physician practitioner is required on the claim. Report this number in item 17a of the CMS-1500 form or in the electronic equivalent.

BREAST SONOGRAPHY

If performed bilaterally, a modifier 50 may be reported with CPT code 76641 or 76642.

BREAST MRI

Only CPT codes 77046, 77047, 77048, 77049 may be reported for any given date of service.

MAMMARY DUCTOGRAM OR GALACTOGRAM

Only CPT code 77053 or 77054 may be reported for any given date of service.

Use CPT code 19030 for the injection of contrast.

For claims submitted to the Part A MAC:

CPT code 19030 is a packaged service and is not separately payable.

BREAST SONOGRAPHY

- For Part A billing of breast sonography, use the following:
- Bill types 12x, 13x, 22x, 23x, and 85x
- Revenue code 402
- CPT codes 76641 and 76642

BREAST MRI

For Part A billing of breast MRI, use the following:

- Bill type 12x, 13x, 22x, 23x, and 85x
- Revenue code 614
- HCPCS code C8903, C8905, C8906, C8908
- CPT codes 77046 and 77047

DUCTOGRAPHY

For Part A billing of ductography, use the following:

- Bill type 12x, 13x, 22x, 23x, and 85x
- Revenue code 409
- CPT codes 77053 or 77054

HCPCS codes C8903 through C8908 are to be billed to the Part A MAC and not the Part B MAC. *Effective 10/01/2006, ...non-OPPS providers may elect to bill using the C-codes or an appropriate CPT code on Types of Bill (TOBs) 12X, 13X, or 85X... The C-codes shall be replaced with permanent codes. Whenever a permanent code is established to replace a temporary code, the temporary code is deleted and crossreferenced to the new permanent code. Upon deletion of a temporary code, providers shall bill using the new permanent code. The billing of C-codes by Method I and Method II Critical Access Hospitals (CAHs) is limited to the billing for facility (technical) services. The C-codes shall not be billed by Method II CAHs for professional services with revenue codes 96X, 97X, or 98X. (CMS Publication 100-04, Medicare Claims Processing Manual, Chapter 4, Section 20.7).*

Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

CODE	DESCRIPTION
012x	Hospital Inpatient (Medicare Part B only)
013x	Hospital Outpatient
022x	Skilled Nursing - Inpatient (Medicare Part B only)
023x	Skilled Nursing - Outpatient
071x	Clinic - Rural Health
073x	Clinic - Freestanding
077x	Clinic - Federally Qualified Health Center (FQHC)
085x	Critical Access Hospital

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

Revenue codes only apply to providers who bill these services to the Part A MAC. Revenue codes do not apply to physicians, other professionals and suppliers who bill these services to the Part B MAC.

Please note that not all revenue codes apply to every type of bill code. Providers are encouraged to refer to the FISS revenue code file for allowable bill types. Similarly, not all revenue codes apply to each CPT/HCPCS code. Providers are encouraged to refer to the FISS HCPCS file for allowable revenue codes.

CODE	DESCRIPTION
0402	Other Imaging Services - Ultrasound
0409	Other Imaging Services - Other Imaging Services
0521	Freestanding Clinic - Clinic Visit by Member to RHC/FQHC
0522	Freestanding Clinic - Home Visit by RHC/FQHC Practitioner
0524	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a SNF or Skilled Swing Bed in a Covered Part A Stay
0525	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a SNF (not in a Covered Part A Stay) or NF or ICF MR or Other Residential Facility
0527	Freestanding Clinic - Visiting Nurse Service(s) to a Member's Home when in a Home Health Shortage Area
0528	Freestanding Clinic - Visit by RHC/FQHC Practitioner to Other non-RHC/FQHC site (e.g. Scene of Accident)
0614	Magnetic Resonance Technology (MRT) - MRI - Other

CPT/HCPCS Codes

Group 1 Paragraph:

CPT code 77048 and 77049 should not be used by OPPS providers.

HCPCS codes C8903 through C8908 are to be billed to the Part A MAC and not the Part B MAC.

Group 1 Codes:

CODE	DESCRIPTION
19030	INJECTION PROCEDURE ONLY FOR MAMMARY DUCTOGRAM OR GALACTOGRAM
76641	ULTRASOUND, BREAST, UNILATERAL, REAL TIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; COMPLETE
76642	ULTRASOUND, BREAST, UNILATERAL, REAL TIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; LIMITED

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
77053	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION
77054	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGICAL SUPERVISION AND INTERPRETATION
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

ICD-10 Codes that are Covered

N/A

ICD-10 Codes that are Not Covered

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
01/01/2019	R6	Due to the annual CPT/HCPCS Code update the following codes have been removed from the "CPT/HCPCS Codes, Group 1 Codes": 77058, 77059, C8904, and C8907. The

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		following new codes have been added: 77046, 77047, 77048, 77049.
10/01/2018	R5	Removed Bill Type Code 066X and added Bill Types Codes 012X, 013X, 022X, 023X, 071X, 073X, 077X, 085X in the "Coding Information" section.
10/01/2017	R4	The LCD was revised on 10/01/2016 to remove Revenue Codes 0401 and 0403 for diagnostic and screening mammography services. Revenue Code 0401 should have been removed from the article as well.
10/01/2017	R3	Removed the obsolete references to CPT code 76645 in the "Article Text" and "CPT/HCPCS Codes" sections.
10/01/2015	R2	<p>Removed place of service coding guidelines.</p> <p>Based on the National Coverage Determination (NCD) 220.4, all references to a diagnostic mammography were removed from the article.</p>
10/01/2015	R1	<p>Due to the annual HCPCS update for 2015, CPT code 76645 was deleted and removed from the "CPT/HCPCS Codes" section. An explanatory note regarding the code deletion was added to this section. CPT codes 76641 and 76642 were added as replacement codes. HCPCS code G0279 was added to the "CPT/HCPCS Codes" section. The descriptors were changed for HCPCS codes G0204 and G0206.</p> <p>The following coding guideline was added regarding add-on codes:</p> <ul style="list-style-type: none"> • HCPCS code G0279 must be billed with the primary code of G0204 or G0206. <p>The following coding guideline was revised:</p> <p>For dates of service prior to January 1, 2015, use CPT code 76645 when reporting breast sonography, unilateral or bilateral. It would be inappropriate to use a modifier 50 or to increase the units field, as reimbursement for this code is already based on the procedure being performed bilaterally. For dates of service on or after January 1, 2015, the replacement codes are 76641 and 76642. If performed bilaterally, a modifier 50 may be reported with CPT code 76641 or 76642.</p> <p>HCPCS code G0279 was added to the following coding guideline:</p> <p>Claims for the global billing of a diagnostic mammography (77051, 77055, 77056, G0204, G0206 and G0279), a breast sonography (76641 and 76642 for dates of service</p>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		<p>on or after January 1, 2015 and 76645 for dates of service through December 31, 2014), a breast MRI (77058 and 77059) and a ductography (77053 and 77054) are payable under Medicare Part B in the following places of service: office (11), mobile unit (15) and independent clinic (49). When a mobile unit (place of service 15) is sent to other sites such as a nursing facility, adult home or physician office, the place of service reported on the claim should be that of the site where the service was performed such as office (11), nursing facility (32), custodial care facility (33).</p> <p>CPT codes 76641 and 76642 were added to the following coding guidelines:</p> <p>Claims for the technical component of a diagnostic mammography (77051, 77055, 77056, G0204 and G0206), a breast sonography (codes 76641 and 76642 for dates of service on or after January 1, 2015 and 76645 for dates of service through December 31, 2014), a breast MRI (77058 and 77059) and a ductography (77053 and 77054) are payable under Medicare Part B in the following places of service: office (11), mobile unit (15), independent clinic (49), federally qualified health center (FQHC) (50) and rural health clinic (RHC) (72). When a mobile unit (place of service 15) is sent to other sites such as a nursing facility, adult home or physician office, the place of service reported on the claim should be that of the site where the service was performed such as office (11), nursing facility (32), custodial care facility (33).</p> <p>Claims for the professional component (codes 76641-26 and 76642-26 for dates of service on or after January 1, 2015 and 76645-26 for dates of service through December 31, 2014), 77053-26, 77054-26, 77055-26, 77056-26, 77058-26, 77059-26, G0204-26 and G0206-26) are payable under Medicare Part B in the following places of service: office (11), mobile unit (15), inpatient hospital (21), outpatient hospital (22), emergency room (23) and independent clinic (49). When a mobile unit (place of service 15) is sent to other sites such as a skilled nursing facility, adult home or physician office, the place of service reported on the claim should be that of the site where the service was performed such as office (11), skilled nursing facility (31), nursing facility (32), custodial care facility (33).</p> <p>CPT codes 76641 and 76642 were added to the following coding guideline:</p> <p>For Part A billing of breast sonography, use the following:</p> <ul style="list-style-type: none"> • Bill types 12x, 13x, 22x, 23x, and 85x • Revenue code 402 • CPT codes 76641 and 76642 for dates of service on or after January 1, 2015 and 76645 for dates of service through December 31, 2014 <p>Based on the National Coverage Determination (NCD), all references to a screening mammography were removed from the article.</p>

Associated Documents

Related Local Coverage Document(s)

LCD(s)

L33585 - Breast Imaging: Breast Echography (Sonography)/Breast MRI/Ductography

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

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