



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Bureau for Public Health

Bill J. Crouch
Cabinet Secretary

Office of Maternal, Child and Family Health

Ayne Amjad, MD, MPH
Commissioner & State Health Officer

INFORMATION UPDATE

TO: WV Breast and Cervical Cancer Screening Providers

FROM: Charlene Hickman, Director
WV Breast and Cervical Cancer Screening Program

DATE: June 27, 2022

RE: MRI Screening and Diagnostic Services

EFFECTIVE: Immediately

Last year, we announced that Screening and Diagnostic MRI services would be offered as soon as contracts were in place. We have contracted with Wheeling Hospital and Cabell Huntington Hospital to perform MRI per the attached guidelines. Currently, these are the only two facilities that can perform these services for the program.

Contact information is as follows:

- Cabell Huntington Hospital – Stacy Davis, Assistant Director of Radiology (304) 526-4870
- Wheeling Hospital – Jennifer Bond, Director of Radiology (304) 243-8820

Attached are the screening and diagnostic guidelines and the prior authorization form with instructions. These guidelines must be followed with no exceptions.

Please direct questions to the nurse supervisor at Cynthia.I.stricklen@wv.gov or call (304) 558-5388.

Thank you for all you do.



West Virginia Health and Human and Health Resources (WV DHHR)
Breast and Cervical Cancer Screening Program (BCCSP)
Breast Magnetic Resonance Imaging (MRI) Preauthorization Request Form



CLINIC INFORMATION

Screening Clinic Name:	BCCSP Clinic Number:	Contact Name:
Site Conducting MRI:	Phone Number:	Contact Name:

CLIENT INFORMATION

Name (Last, First, Mi):	Date of Birth: mm/dd/yyyy	Social Security Number:
-------------------------	---------------------------	-------------------------

HISTORY AND PHYSICAL INFORMATION – CHECK ALL THAT APPLY

<input type="checkbox"/> BRCA Mutation	<input type="checkbox"/> 1st-degree relative BRCA carrier	<input type="checkbox"/> Lifetime breast cancer risk > 20% ¹	<input type="checkbox"/> Chest radiation therapy prior to age 30	<input type="checkbox"/> Li-Fraumeni syndrome, Cowden syndrome, or Bannayan-Riley-Ruvalcaba syndrome
<input type="checkbox"/> History of Breast Cancer	<input type="checkbox"/> Mastectomy <input type="checkbox"/> Lumpectomy	<input type="checkbox"/> Right <input type="checkbox"/> Left	<input type="checkbox"/> Treatment Completed	<input type="checkbox"/> Yes - Date: <input type="checkbox"/> No
Symptomatic:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Right <input type="checkbox"/> Left	<input type="checkbox"/> Lump/Mass <input type="checkbox"/> Bloody/Serous Nipple Discharge <input type="checkbox"/> Skin Dimpling/Retraction <input type="checkbox"/> Other _____ <input type="checkbox"/> Nipple/Areolar Scale Like	

RECENT SCREENING/DIAGNOSTIC PROCEDURES

Received through BCCSP or prior to being referred to BCCSP for an MRI procedure. - Check all that apply

<input type="checkbox"/> Screening Mammogram	<input type="checkbox"/> Diagnostic Mammogram	<input type="checkbox"/> Ultrasound	<input type="checkbox"/> Biopsy	<input type="checkbox"/> Specialist/Surgical Consultation
Date:	Date:	Date:	Date:	Date:
Result:	Result:	Result:	Result:	Result:

PROCEDURE INFORMATION

Will requested procedure(s) be performed in a facility with dedicated breast MRI equipment & capable of performing breast MRI-guided biopsies? Yes No

Requested Procedure(s) – Check all that apply

Anticipated date of procedure(s):

<input type="checkbox"/> 77046	<input type="checkbox"/> 77047	<input type="checkbox"/> 77048	<input type="checkbox"/> 77049	<input type="checkbox"/> 19085	<input type="checkbox"/> 19086	<input type="checkbox"/> 10011	<input type="checkbox"/> 10012	<input type="checkbox"/> 19287	<input type="checkbox"/> 19288
--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------

Comments:

FOR BCCSP USE ONLY - DO NOT WRITE IN THIS AREA

<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	REASON:
Reviewer(s):		Date:

Application Completed by: _____

Telephone Number: _____ Fax Number: _____

¹ Must use reputable risk assessment tool that is highly reliant upon family history such as BRCAPro or Tyrer-Cuzick model. Risk model used must be listed in comments section and medical documentation of risk assessment score must accompany this form.

West Virginia Breast and Cervical Cancer Screening Program Breast Magnetic Resonance Imaging (MRI) Preauthorization Guidelines

Please note that medical documentation of any marked items on the Breast MRI Preauthorization Form must be submitted along with the preauthorization request for review before a determination will be granted by the West Virginia Breast and Cervical Cancer Screening Program (WVBCCSP).

All MRI procedures must be authorized by the WVBCCSP in advance to be reimbursed by the program – no exceptions.

Only codes that are marked on the preauthorization form when approved will be reimbursed by the WVBCCSP.

Breast MRI must never be used as a stand-alone screening tool – it must be conducted in conjunction with a mammogram.

Codes 19085 and 19086 are to be used for breast biopsies that include MRI guidance, placement of a localization device, and imaging of specimen. They should not be used in conjunction with codes 19281-19288.

Code 19287 and 19288 are to be used for image guided placement of localization device without image-guided biopsy when other reimbursable imaging modalities are not adequate for breast localization placement. These codes should not be used in conjunction with codes 19081-19086.

The WVBCCSP Breast MRI Preauthorization Request Form must be submitted via **fax to 304-558-7164** with **required medical documentation seven to ten business days prior** to anticipated date of procedure. The Preauthorization Request Form will be reviewed and faxed back as either approved or denied.

West Virginia Breast and Cervical Cancer Screening Program Screening Magnetic Resonance Imaging (MRI) Guidelines

Breast MRI may be reimbursed by the WV Breast and Cervical Cancer Screening Program (WVBCCSP) when performed in conjunction with a screening mammogram, **after program approval**, for women who are high-risk for breast cancer (see guidelines below). Providers must request approval using the Breast MRI Pre-authorization Request Form. Screening MRI will be reimbursed for clients who meet at least one of the following criteria:

- Have a BRCA1 or BRCA2 mutation (documentation required).
- Have a first degree relative who has a mutation in BRCA1 or BRCA2 (documentation required) and has not had BRCA1 or BRCA2 testing themselves.
- Have a lifetime risk of 20% or greater as defined by risk assessment models that are largely dependent on family history such as BRCAPRO or Tyrer-Cuzick risk assessments (copy of the risk assessment must be provided).
- Have received radiation therapy to the chest prior to the age of 30.
- Have been diagnosed with Li-Fraumeni Syndrome, Cowden Syndrome, or Bannayan-Riley-Ruvalcaba syndrome.

Preauthorization using the WV Breast and Cervical Cancer Screening Program MRI Pre-authorization Request Form with medical documentation must be submitted to the program **seven to ten business days** prior to anticipated date of the MRI to be reimbursed by the program.

Breast MRI **will not** be reimbursed by WVBCCSP to assess the extent of disease in a woman who has just been newly diagnosed with breast cancer to determine treatment.

Breast MRI must never be performed as a standalone breast screening tool. MRI must be performed as an adjunct to mammography. **All Breast MRI procedures require prior authorization by the WVBCCSP Director – no exceptions.**

MRI Procedures must be performed in accredited facilities with dedicated breast MRI equipment. Currently, these facilities are Cabell Huntington Hospital and Wheeling Hospital.

Radiology facilities must prepare a written report of the results of each radiologic examination, including screening mammography and MRI to be reimbursed. The overall final assessment of findings should utilize the BIRADS system of classification.

West Virginia Breast and Cervical Cancer Screening Program Screening Magnetic Resonance Imaging (MRI) Guidelines

Screening MRI codes that may be approved for payment through WVBCCSPP are as follows:

- 77046 – Magnetic Resonance Imaging (MRI), breast without contrast material; unilateral
- 77047 – Magnetic Resonance Imaging (MRI), breast, without contrast, bilateral
- 77048 – Magnetic Resonance Imaging (MRI), breast, without and with contrast material(s); unilateral
- 77049 – Magnetic Resonance Imaging (MRI), breast, including CAD, with and without contrast, bilateral

Only codes that are marked on the preauthorization form when approved will be reimbursed by the WVBCCSPP.

West Virginia Breast and Cervical Cancer Screening Program Diagnostic Magnetic Resonance Imaging (MRI) Guidelines

Diagnostic Breast Magnetic Resonance Imaging (MRI) can be reimbursed through the West Virginia Breast and Cervical Cancer Screening Program (WVBCCSP) when there is a need to better assess areas of concern on a mammogram or for evaluation of a client with a history of breast cancer after completing treatment. If there is a need to better assess an area of concern on a mammogram, MRI must be recommended by a radiologist or surgeon before it will be authorized for reimbursement by program.

The radiologist reading the mammography images is responsible for providing the diagnostic test results to screening provider when recommending a Diagnostic Breast MRI. The screening provider must submit the preauthorization request form and all relevant documentation for approval to the WVBCCSP **seven to ten business days** prior to anticipated date of MRI procedure.

Reimbursable Breast MRI Codes:

- 77046 – Magnetic Resonance Imaging (MRI), breast without contrast material; unilateral
- 77047 – Magnetic Resonance Imaging (MRI), breast, without contrast, bilateral
- 77049 – Magnetic Resonance Imaging (MRI), breast, including CAD, with and without contrast, bilateral
- 77048 – Magnetic Resonance Imaging (MRI), breast, with and without contrast material(s); unilateral

The MRI provider agrees to bill third party payors first, prior to billing WVBCCSP, and agrees to accept WVBCCSP payment as full compensation for services provided and must not balance bill the patient.

Facility providing MRI agrees to communicate WVBCCSP's reimbursement/invoicing procedures to any outside radiology group (Radiologist must not balance bill the patient). Invoices must be sent to the WVBCCSP and never to patient.

MRI Guided Breast Biopsies and Breast Localization Devices

Breast Biopsy or Fine Needle Aspiration with MRI guidance can be reimbursed through the program when need is expressed by surgeon or radiologist that MRI guided biopsy or Fine Needle Aspiration is required, and no other reimbursable imaging modality is sufficient for biopsy guidance.

Preauthorization using the WV Breast and Cervical Cancer Screening Program MRI Pre-authorization Request Form with medical documentation must be submitted to program seven to ten business days prior to anticipated date of MRI guided fine needle aspiration or biopsy.

West Virginia Breast and Cervical Cancer Screening Program Diagnostic Magnetic Resonance Imaging (MRI) Guidelines

Reimbursable codes are:

- 10011 – Fine Needle Aspiration biopsy including MRI guidance, first lesion
- 10012 – Fine Needle Aspiration biopsy including MRI biopsy, each additional lesion
- 19085 – Breast Biopsy, with placement of localization device and imaging of biopsy specimen percutaneous; magnetic resonance guidance; first lesion
- 19086 – Breast Biopsy with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion

Codes 19085 and 19086 are to be used for breast biopsies including image guidance, placement of a localization device, and imaging of specimen. They may not be used in conjunction with codes 19281-19288.

The MRI provider agrees to bill third party payors first, prior to billing WVBCCSPP, and agrees to accept WVBCCSPP payment as full compensation for services provided and must not balance bill the patient.

Facility providing MRI agrees to communicate WVBCCSPP's reimbursement/invoicing procedures to any outside radiology group or pathology group (Radiologist and pathology provider must not balance bill the patient). Invoices must be sent to the WVBCCSPP and never to the patient.

Placement of Localization Device by MRI Guidance

Placement of Breast Localization Device by MRI Guidance is reimbursable by the program if recommended by a radiologist or surgeon and no other imaging modality is sufficient for placement when preauthorized by program.

Reimbursable codes are:

- 19287 – Placement of breast localization device, percutaneous, magnetic resonance guidance; first lesion
- 19288 – Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion.

Codes 19287 and 19288 are for image guidance placement of a localization device without image-guided biopsy. These codes should not be used in conjunction with codes 19081-19086.

Preauthorization using the WV Breast and Cervical Cancer Screening Program MRI Pre-authorization Request Form with medical documentation must be submitted to the program **seven to ten business days** prior to anticipated date of the procedure.