Kansas Medical Assistance Program

November 2005 **Provider Bulletin Number 555**

General Providers

Magnetic resonance imaging of the breast

Effective November 1, 2005, magnetic resonance imaging (MRI) of the breast, with or without contrast materials, will be covered. CPT codes 76093 (unilateral) and 76094 (bilateral) with modifiers TC and 26 will be covered when billed with one of the following diagnoses:

- Malignant neoplasm of female breast; nipple and areola
- Malignant neoplasm of female breast; central portion
- Malignant neoplasm of female breast; upper-inner quadrant
- Malignant neoplasm of female breast; lower-inner quadrant
- Malignant neoplasm of female breast; upper-outer quadrant
- Malignant neoplasm of female breast; lower-outer quadrant
- Malignant neoplasm of female breast; axillary tail
- Malignant neoplasm of female breast; other specific sites of female breast
- Malignant neoplasm of female breast; breast (female), unspecified
- Malignant neoplasm of male breast; nipple and areola
- Malignant neoplasm of male breast; other and unspecified sites of male breast
- Secondary malignant neoplasm of other specified sites; other specified sites, breast
- Benign neoplasm of breast
- Carcinoma in situ of breast and genitourinary system; breast
- Neoplasm of uncertain behavior of other and unspecified sites and tissues; breast
- Benign mammary dysplasias; solitary cyst of breast
- Benign mammary dysplasias; diffuse cystic mastopathy
- Benign mammary dysplasias; fibroadenosis of breast
- Benign mammary dysplasias; fibrosclerosis of breast
- Benign mammary dysplasias; mammary duct ectasia

- Benign mammary dysplasias; other specified benign mammary dysplasias
- Benign mammary dysplasias; benign mammary dysplasia, unspecified
- Other disorders of breast; inflammatory disease of breast
- Other disorders of breast; hypertrophy of breast
- Other disorders of breast; fat necrosis of breast
- Other disorders of breast; atrophy of breast
- Lump or mass in breast
- Abnormal mammogram, unspecified
- Mammographic microcalcification
- Other abnormal findings on radiological examination of breast
- Mechanical complications of other specified prosthetic device, implant, and graft; due to breast prosthesis

Information about the Kansas Medical Assistance Program as well as provider manuals and other publications are on the KMAP Web site at https://www.kmap-state-ks.us. For the changes resulting from this provider bulletin, select the *Hospital Provider Manual*, pages 8-4 – 8-5 and the *Professional Provider Manual*, pages 8-37 – 8-38.

For a hard copy of the revised manual pages, send a request to Publications Coordinator, 3600 SW Topeka Blvd, Suite 204, Topeka, KS 66611 or send an e-mail to publications@ksxix.hcg.eds.com. Specify the bulletin by number, provider type and date, and include your mailing address with a specified individual or office if possible.

If you have any questions, please contact the KMAP Customer Service Center at 1-800-933-6593 (in-state providers) or 785-274-5990 between 7:30 a.m. and 5:30 p.m., Monday through Friday.

A CT scan of the abdomen may be medically necessary for abdominal pain, abdominal aneurysm, acute lymphocytic leukemia, or any malignant neoplasm not located in the intra-abdominal cavity, lung or genital organs. Inclusion of the following documentation will assist in the adjudication of your claim.

Abdominal Pain: Indicate the severity and chronicity of the pain, presenting symptoms and suspected conditions or complications.
Abdominal Aneurysms: Indicate the presenting symptoms and suspected complications.
Acute Lymphocytic Leukemia: Indicate the presenting symptoms and a detailed description of area(s) involved.
Malignant Neoplasm not located in the Intra-Abdominal Cavity, Lung or Genital Organs: Indicate pertinent symptoms and if performed as part of staging the disease process.

It may be necessary to contact the ordering physician for medical necessity information.

CT Scans - Head or Brain:

CT scan of the head or brain is medically necessary if the diagnosis indicates intracranial masses/tumors, intracranial congenital anomalies, hydrocephalus, brain infarcts, parencephalic cyst formation, open or closed head injury, progressive headache with or without trauma, intracranial bleeding, aneurysms, or the presence of a neurological deficit.

A CT scan of the head or brain may also be medically necessary with the indication of headache, epilepsy, syncope, dizziness, or acute lymphocytic leukemia. Inclusion of the following documentation will assist in adjudication of your claim:

- Headache - Indicate length of chronicity and any accompanying Central Nervous System (CNS) symptoms.
- Epilepsy - Specify if initial or repeat scan, indicate if suspected injury occurred during seizure.
- Syncope - Specify if recurrent or single episode.
- Dizziness - Specify if recurrent or single episode.
- Acute Lymphocytic Leukemia - Indicate any accompanying CNS symptoms.

It may be necessary to contact the ordering physician for medical necessity information.

MRI - Head or Brain:

MRI scan of the head or brain is medically necessary if the diagnosis indicates intracranial injury, intracranial mass/tumor, CNS malignancies, cerebrovascular disorder, cerebral malformations, disorders of the cerebral hemispheres and higher brain functions, demyelinating diseases, extrapyramidal and cerebellar disorders, brain abscesses, encephalitis, tuberculous meningitis, or the presence of a neurological deficit.

MRI scan of the head or brain may also be medically necessary with the indication of headache, seizure disorders, syncope, dizziness, or non-CNS malignancies. Inclusion of the following information will assist in adjudication of your claim:

Headache - Indicate length of chronicity and any accompanying neurologic symptoms.

Seizure Disorders - Specify if initial or repeat scan, and if seizures (or convulsions) are of recent onset, frequency of their occurrence, and any accompanying neurologic symptoms.

Syncope - Specify if recurrent or single episode and any accompanying neurologic symptoms.

Dizziness - Specify if recurrent or single episode and any accompanying neurologic symptoms.

Non-CNS Malignancies - Indicate any accompanying neurologic symptoms.

It may be necessary to contact the ordering physician for medical necessity information.

MRI - Breast

MRI of the breast will be covered with the following indications:

- Staging and therapy planning in patients diagnosed with breast cancer
- Occult primary breast cancer when there are positive axillary nodes and no known primary tumor
- Inconclusive diagnosis after a standard mammography evaluation, for example when scar tissue from previous surgery, dense breast tissue of breast implants render Mammographic images inconclusive

MRI used for screening for breast cancer is not justified.

Skull X-Rays:

Skull X-rays are medically necessary if diagnosis indicates cranial trauma, primary or metastatic tumors of the skull, or tumors of the pituitary gland.

A skull X-ray may also be medically necessary for indication of chronic sinusitis, trigeminal neuralgia, or anomalies relating to the head. Inclusion of the following documentation will assist in the adjudication of your claim:

Chronic Sinusitis - Indicate any pertinent specific suspected complications resulting from chronicity.

Trigeminal Neuralgia - Specify type of lesion suspected.

Anomalies relating to the head - Specify if done as a scout film for non-cosmetic reconstructive surgery. Indicate type of surgery under consideration.

It may be necessary to contact the ordering physician for medical necessity information.

Sonograms - Non-Obstetrical Pelvic:

Non-obstetrical pelvic sonograms are determined medically necessary if the diagnosis indicates pelvic mass or pain, ovarian cyst, pelvic inflammatory disease, endometriosis, possible retained products of conception, or question/history of metastatic disease.

Non-obstetrical pelvic sonograms may be medically necessary if there is an indication of vaginal bleeding or irregular menstrual cycles.

It may be necessary to contact the ordering physician for medical necessity information.

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Preoperative and routine admission chest X-rays are not covered unless documentation of medical necessity (one or more of the following factors) is noted on the claim:

- Sixty years of age or older
- Pre-existing or suspected cardiopulmonary disease
- Smokers over age forty
- Acute medical/surgical conditions such as malignancy or trauma

It may be necessary to contact the ordering physician for medical necessity information.

CT Scans - Abdominal

A CT scan of the abdomen is considered medically necessary when the primary diagnosis clearly indicates a malignant neoplasm of the intra-abdominal cavity, lung, genital organs, lymphoma, diseases of the spleen, liver abscess, peritonitis, pancreatitis, abdominal trauma, or abdominal mass.

A CT scan of the abdomen **may** be considered medically necessary for:

- Abdominal Pain - Indicate the severity and length of time the pain, presenting symptoms, suspected conditions, or complications have been present.
- Abdominal Aneurysms - Indicate the presenting symptoms and suspected complications.
- Acute Lymphocytic Leukemia - Indicate the presenting symptoms and a detailed description of area(s) involved.
- Malignant Neoplasm not located in the Intra-Abdominal Cavity, Lung, or Genital Organs - Indicate presenting symptoms and if the CT scan was performed as part of staging the disease process.

Medical necessity documentation **must** be attached to the claim. It may be necessary to contact the ordering physician for medical necessity information.

CT Scans - Head or Brain

A CT scan of the head or brain is considered medically necessary when the primary diagnosis clearly indicates intracranial masses/tumors, intracranial congenital anomalies, hydrocephalus, brain infarcts, parencephalic cyst formation, open or closed head injury, progressive headache with or without trauma, intracranial bleeding, aneurysms, or the presence of a neurological deficit.

A CT scan of the head or brain **may** be considered medically necessary for:

- Headache - Indicate length of time and any accompanying Central Nervous System (CNS) symptoms.
- Epilepsy - Specify if initial or repeat scan. Indicate if suspected injury occurred during seizure.
- Syncope (fainting) - Specify if recurrent or single episode.
- Dizziness - Specify if recurrent or single episode.
- Acute Lymphocytic Leukemia - Indicate any accompanying CNS symptoms.

Medical necessity documentation **must** be attached to the claim. It may be necessary to contact the ordering physician for medical necessity information.

MRI - Head or Brain

An MRI scan of the head or brain is considered medically necessary when the primary diagnosis clearly indicates intracranial injury, intracranial mass/tumor, CNS malignancies, cerebrovascular disorder, cerebral malformations, disorders of the cerebral hemispheres and higher brain functions, demyelinating diseases, extrapyramidal and cerebellar disorders, brain abscesses, encephalitis, tuberculous meningitis, or the presence of a neurological deficit.

An MRI scan of the head or brain **may** be considered medically necessary for:

- Headache - Indicate length of time and accompanying neurologic symptoms.
- Seizure Disorders - Specify if initial or repeat scan and if seizures (or convulsions) are of recent onset, frequency of their occurrence, and any accompanying neurologic symptoms.
- Syncope (fainting) - Specify if recurrent or single episode and any accompanying neurologic symptoms.
- Dizziness - Specify if recurrent or single episode and any accompanying neurologic symptoms.
- Non-CNS Malignancies - Indicate any accompanying neurologic symptoms.

Medical necessity documentation **must** be attached to the claim. It may be necessary to contact the ordering physician for medical necessity information.

MRI - Breast

MRI of the breast will be covered with the following indications:

- Staging and therapy planning patients with diagnosed breast cancer
- Occult primary breast cancer when there are positive axillary nodes and no known primary tumor
- Inconclusive diagnosis after a standard mammography evaluation (for example, when scar tissue from previous surgery, dense breast tissue of breast implants render Mammographic images inconclusive)

MRI used for screening for breast cancer is not justified.

Skull X-rays

Skull X-rays are considered medically necessary when the primary diagnosis clearly indicates head trauma, primary or metastatic tumors of the skull, or tumors of the pituitary gland.

A skull X-ray **may** be considered medically necessary when indicated for:

- Chronic Sinusitis - Indicate any pertinent specific suspected complications resulting from chronicity.
- Trigeminal Neuralgia - Specify type of lesion suspected.
- Abnormalities relating to the head - Specify if done as an evaluation film for non-cosmetic reconstructive surgery. Indicate type of surgery being considered.

Medical necessity documentation **must** be attached to the claim. It may be necessary to contact the ordering physician for medical necessity information.