

Effective 10/01/2023



Medical Coverage Policy

Effective Date 10/01/2023

Next Review Date 5/15/2024

Coverage Policy AmendmentDV002

Oncology Imaging Amendment to Cigna- eviCore General Oncology Imaging Guideline

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Related Coverage Resources

[General Breast Imaging Guideline](#)
[General Oncology Imaging Guideline](#)

INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar 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 Policies. In the absence of a controlling federal or state coverage mandate, 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/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment and have discretion in making individual coverage determinations. 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. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

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Overview

This Amendment applies to the Cigna-eviCore General Oncology Imaging guideline. This Cigna Coverage Policy amends Section 11 on Breast Cancer in the Cigna-eviCore General (Adult) Oncology Imaging guideline. This Cigna Coverage Policy applies to Cigna-administered benefit plans. All other portions of the Cigna-eviCore General Oncology Imaging guideline remain in effect.

Amendment

Oncology: Section 11.2 Breast Cancer - Initial Work-Up/Staging

MRI Breast Bilateral without and with contrast (CPT® 77049) is considered medically necessary for staging evaluation.

Coding Information

Notes:

1. This list of codes may not be all-inclusive.
2. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

CPT®* Codes	Description
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

***Current Procedural Terminology (CPT®) ©2022 American Medical Association: Chicago, IL.**

References

1. American College of Radiology. ACR Practice Parameter for the Performance of Contrast-enhanced Magnetic Resonance Imaging (MRI) of the breast. 2018. Accessed May 2023. Available at URL address: <https://www.acr.org/-/media/acr/files/practice-parameters/mr-contrast-breast.pdf>
2. American Society of Breast Surgeons (ASBrS). 2017 Consensus Guideline on Diagnostic and Screening Magnetic Resonance Imaging of the Breast. Accessed May 2023. Available at URL address: <https://www.breastsurgeons.org/resources/statements>
3. National Comprehensive Cancer Network® (NCCN). NCCN GUIDELINES™ Clinical Guidelines in Oncology™. Breast Cancer. v.4.2023 — March 23, 2023. © National Comprehensive Cancer Network, Inc 2022, All Rights Reserved. Accessed May 2023. Available at URL address: <https://www.nccn.org/login>

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