A Physician's Guide

BREAST MRI

Clinical Indications for Breast MRI

STRONG INDICATIONS

- 1. Dense breasts in the high risk patient (first or second degree relative with breast or ovarian cancer before age sixty, BRCA1 or BRCA2 gene).
- 2. Repeated equivocal conventional mammogram report high risk (first or second degree relative with breast or ovarian cancer before age sixty, BRCA1 or BRCA2 gene).
- 3. Palpable mass with negative mammography and/or sonography.
- 4. Positive biopsy and patient wishes breast conservation surgery (MR used to determine extent of disease), or to evaluate for possible disease in the opposite breast.
- 5. High risk patients Patients with a first or second degree relative with breast or ovarian cancer before the age of 60 and/or BRCA1 or BRCA2 gene.

RELATIVE INDICATIONS -

- 1. Dense breasts with difficult to read mammogram based on visualization or equivocal results.
- 2. Repeated indeterminate mammogram or equivocal mass.
- 3. Identified mass with indeterminate characteristics by mammography or sonography in which patient wishes to avoid biopsy.
- 4. Palpable mass with indeterminate mammography and/or ultrasound.
- 5. Suspicious mammographic lesion MR used for staging for breast conservation or to look for multicentricity.
- 6. Breast mass in pregnancy with equivocal, negative or indeterminate ultrasound.
- 7. Any woman under age forty-five with one first or second degree relative with breast or ovarian cancer.
- 8. BRCA1 or BRCA2 gene patients under the age of forty-five.
- 9. Possible mass in a patient with breast implants.
- 10. Breast implant integrity or breast implant rupture screening.

Breast MRI services are offered ONLY at our Eastside and Westside Imaging Center locations.



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Eastside Imaging Center Willoughby Hills

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High Field MRI, CT, X-ray 216.267.8080 FAX: 216.267.0050

Southside Imaging Center Medina

Open MRI 330.723.6600 800.332.8454 FAX: 330.725.6671

Procedures for Scheduling

BREAST MRI

- When ordering, please write referral for bilateral breast, even for patients who have had a mastectomy.
- The breast coil is engineered to accommodate both breasts. The chest wall and axillary tissues will still be imaged on patients who had a breast removed. Our radiologist will report on those findings.

Breast MR Procedure (CPT) Code

77059 - bilateral breast with and without contrast

SPECIAL NOTE: While there is a CPT code for unilateral breast imaging, bilateral breast imaging should always be requested for chest wall evaluation, even if the patient has had a prior mastectomy.

Most Commonly Used Diagnosis Code

611.71	-	Pain in Breast
611.72	-	Lump/mass in breast
611.8	-	Other specified breast disorder
611.9	-	Unspecified breast disorder
611.79	-	Symptoms breast discharge – other
174.9	-	Cancer breast
238.3	-	Breast neoplasm/uncertain behavior
610.1	-	Cystic breast
610.3	-	Fibrosis breast
611.1	-	Hypertrophy breast
611.0	-	Inflammation disease of breast

Breast MR is a covered service by Medicare and most other commercial health insurers.

Other Special Important Information

- 1. A referral and complete history of breast symptoms, problems or surgeries is required.
- 2. The films AND reports from any prior mammogram, breast ultrasound, and breast MRI, plus any breast pathology report from a prior biopsy are needed at the appointment time for comparison to the current study.
- 3. Most patients having a breast MRI will receive an injection of a gadolinium based contrast agent during their examination. Gadolinium is well tolerated by nearly all patients, but not indicated for patients with compromised kidney function.
- 4. The breast MRI examination is quite comprehensive and the appointment may take longer than other MRI examinations. Patients may be briefed on appointment length prior to their examination by our scheduling representative.

Breast MRI May Also Be Appropriate For The Following Indications:

- 1. Screening patients with breast implants who are experiencing chest or breast pain.
- 2. Screening asymptomatic patients for tumor recurrence after reconstructive implant surgery.
- 3. Unexplained swollen breast or breast implant.
- 4. Known lobular cancer to check for multicentricity.
- 5. Evaluation of efficacy of chemotherapy.
- 6. Staging for chest wall invasion or lymphadenopathy after cancer diagnosis.
- 7. For purposes of MR guided biopsy when ultrasound or mammography does not visualize a lesion.