



# Authorization criteria: Breast biopsy (excisional)

**For BCN HMO<sup>SM</sup> (commercial) and BCN Advantage<sup>SM</sup> members only**

Clinical review is required for adult members (age  $\geq 18$ ). The medical necessity criteria are outlined below.

CPT codes: \*19101, \*19120, \*19125 and \*19126

AT LEAST ONE of the following:

1. Physical constraints limiting positioning for stereotactic biopsy
2. A failed or unsuccessful needle core biopsy (for example, not enough tissue obtained for analysis; tissue obtained was nondiagnostic; results were inconsistent with findings)
3. Atypical or high-risk pathology on a previous core biopsy (for example, atypical ductal hyperplasia, atypical lobular hyperplasia, atypical fibroadenoma, lobular cancer in situ, papilloma, radial scar)
4. Confirmed diagnosis of breast cancer
5. A palpable breast mass in a female that is very superficial or located beneath the nipple or areola
6. A palpable breast mass in a male that is very superficial or located beneath the nipple or areola and that is not associated with male gynecomastia
7. Suspicious palpable findings and either in an unfavorable location or too small for palpation-guided core biopsy and/or negative imaging
8. A significantly painful or tender mass that is persistent
9. Recurrence of a breast cyst in the same area either after having two aspiration procedures or within 8 weeks after complete disappearance with an aspiration
10. New mammographic mass or calcifications that are not amenable to image-guided core biopsy
11. Inflammatory skin or nipple changes (for example, ulceration, redness, excoriation, superficial loss of skin)
12. Either a known fibroadenoma increasing in size on ultrasound in patient of any age or a likely fibroadenoma  $>2\text{cm}$  in a patient  $<25$  years of age and patient uncomfortable with having image-guided needle biopsy under local anesthesia
13. Bloody fluid or positive fluid cytology (abnormal or suspicious cells) identified by aspiration of a breast cyst
14. Spontaneous localized bloody nipple discharge or nonbloody nipple discharged from a single duct identified on physical exam or positive ductogram

## References

McKesson's InterQual<sup>®</sup> 2014 Procedures Adult Criteria, Biopsy, Breast, Excisional

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Current authorization criteria effective date: January 2018