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 ≥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, sonographic or MRI directed core needle biopsy
2. A failed or unsuccessful needle or discordant core needle 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 needle biopsy or aspiration 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 needle 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 needle aspiration procedures or within 8 weeks after complete disappearance with an aspiration
10. New mammographic, sonographic or MRI mass or calcifications that are not amenable to image-guided core needle 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 cm and patient is uncomfortable with having image-guided needle biopsy under local anesthesia
13. Bloody fluid or positive fluid cytology (abnormal or suspicious cells) identified by needle aspiration of a breast cyst
14. Spontaneous localized bloody nipple discharge or nonbloody nipple discharged from a single duct identified on physical exam positive, ductogram, ductal ultrasound or MRI

References
Change Healthcare’s InterQual® 2012 Procedures Adult Criteria, Biopsy, Breast, Excisional, Female
Change Healthcare’s InterQual 2012 Procedures Adult Criteria, Biopsy, Breast, Excisional, Male
Change Healthcare’s InterQual 2014 Procedures Adult Criteria, Biopsy, Breast, Needle Core

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