IMAGING GUIDELINES FOR MEDICAL NECESSITY

Eviti Imaging: Breast Cancer

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For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Please refer to the CMS website at http://www.cms.gov for additional information.

For Medicaid members/enrollees, circumstances when state Medicaid coverage provisions conflict with the coverage provisions within this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Breast Cancer Imaging

Discussion

This imaging guideline provides a standardized framework for the use of diagnostic and surveillance imaging in the management of common adult malignancies, specifically breast cancer. The goal is to ensure timely, evidence-based imaging that supports accurate staging, treatment planning, response assessment, and post-treatment surveillance.

Guiding Principles

- Follow evidence-based practices from major guidelines (e.g., NCCN, ESMO, ACR Appropriateness Criteria)
- Ensure imaging aligns with the clinical context and stage of disease
- Minimization of unnecessary radiation exposure
- Promote timely and cost-effective imaging utilization
- Incorporate multidisciplinary collaboration in imaging decisions

Imaging Guidelines

This guideline applies to the following patients:

1. At least 18 years of age with confirmed or suspected diagnoses of breast cancer; AND
2. All phases of oncologic care, including one of the following:
   a) Initial staging
   b) Treatment response evaluation
   c) Post-treatment surveillance
   d) Detection of recurrence or progression; AND
3. All imaging modalities used in oncology care, including but not limited to the following:
   a) Computed tomography (CT) (neck, chest, abdomen, pelvis, neck, or site-specific)
   b) Magnetic resonance imaging (MRI) (including site-specific protocols such as pelvis MRI, brain MRI, liver MRI)
   c) Fluorodeoxyglucose positron emission tomography/CT (FDG-PET/CT)
   d) PET/MRI
   e) Somatostatin receptor PET/CT (SSTR-PET/CT)
   f) Nuclear medicine (e.g., bone scan, PSMA PET)
   g) Single photon emission computed tomography/CT (SPECT/CT) (e.g., octreotide SPECT/CT for neuroendocrine tumors)

Notes:

1. The concurrent utilization of multiple advanced imaging modalities—such as PET/CT and MRI—is not routinely warranted and should be considered only when each modality is expected to provide distinct and clinically relevant information that will directly impact patient management. The selection of the most appropriate imaging study should be individualized, taking into account tumor type, clinical presentation, prior imaging, and other patient-specific factors. Imaging requests will be evaluated on a case-by-case basis to ensure clinical necessity, appropriateness, and the potential to influence therapeutic decision-making.

2. When PET imaging is clinically indicated, the appropriate radiotracer should be selected based on tumor type and clinical scenario.

Breast Cancer Imaging

Imaging plays a central role in early detection, diagnosis, staging, treatment planning, and surveillance of breast cancer. Appropriate imaging selection based on patient risk, disease stage, and clinical context improves diagnostic accuracy and optimizes patient outcomes. This section provides a structured guide for the use of imaging in both screening and management of breast cancer.

Breast Cancer Imaging Guidelines			
Clinical Scenario	**Recommended Modality**	**Frequency/Timing**	**Purpose/Notes**
Screening (Average Risk)	Digital mammography (2D or 3D tomosynthesis)	Annually starting at age 40	Early cancer detection
Screening (High Risk)	Breast MRI + mammography	Annually, alternating every 6 months	BRCA mutation, strong family history, prior mantle radiation, etc.
Diagnostic Workup (Symptomatic or Abnormal Screening)	Mammography + targeted breast ultrasound	As needed	Evaluates palpable masses, focal pain, nipple discharge, or abnormal screening
Pre-Operative Staging	Mammography + ultrasound ± breast MRI	Once prior to surgery	Assess extent of disease, multifocality, contralateral breast
Axillary Nodal Assessment	Axillary ultrasound ± fine needle aspiration/core biopsy	As needed	Pre-surgical or staging assessment
Staging for Advanced Disease (Stage III–IV)	CT chest/abdomen/ pelvis ± bone scan PET/CT (When clinically indicated due to inconclusive or inadequate findings on conventional imaging)	Once at diagnosis	Evaluate for distant metastasis
Neoadjuvant Chemotherapy (Pre-Surgical)	Breast MRI ± ultrasound	Baseline Optional mid-treatment Post-treatment (pre-surgery)	Assess treatment response, guide surgical planning

Adjuvant Therapy (Post-Surgical Chemo/Radiation)	None routinely required unless symptomatic	N/A	Imaging is not typically indicated unless recurrence is suspected
Metastatic Disease Monitoring (Stage IV)	CT chest/abdomen/ pelvis ± bone scan PET/CT; as clinically indicated when conventional imaging provides insufficient information	Every 3-6 months	Monitor treatment response in metastatic setting
	Brain MRI	Every 2–3 months if known brain metastases	Evaluate stability or progression
Known Bone Metastases	Bone scan PET/CT; as clinically indicated when conventional imaging provides insufficient information	Every 3–6 months	Monitor for progression or new lesions
Monitoring for Treatment-Related Complications	Chest CT or cardiac MRI/echocardiogram	As clinically indicated	Evaluate for cardiotoxicity, pneumonitis, or other therapy effects
Suspected Local Recurrence	Mammography + ultrasound ± breast MRI	As clinically indicated	Evaluate for recurrence at surgical site
Post-Treatment Surveillance (Early Stage)	Mammography (affected and contralateral breast)	Annually, starting 6–12 months after radiation or surgery	Detect recurrence or new primary tumor
Suspected Distant Recurrence/ Progression	CT chest/abdomen/pelvis PET/CT; when clinically indicated due to inconclusive or inadequate findings on conventional imaging Brain MRI as clinically indicated	As clinically indicated	Based on symptoms or rising tumor markers (e.g., CA 15-3, CEA)

Notes:

1. High-risk includes BRCA1/2 mutation carriers, strong family history, or prior mantle radiation; May be indicated in patients with known diagnosis of cancer before age of 50 or have dense breasts.
2. FES PET/CT may be useful in the setting of ER positive disease and lobular histology
3. Adherence to NCCN and ACR guidelines is assumed unless clinical circumstances warrant deviation.[1]

Revision and Review History

No.	Description	Date
1	Original Effective Date:	1/1/2026
2	Policy Annual Review Dates:	
3	Department Owner:	Medical Affairs
4	NH Advisory Committee Approval Dates:	
5	Revision Changes:	

References

[1] National Comprehensive Cancer Network Guidelines: Breast Cancer. https://www.nccn.org/professionals/physician_gls/pdf/breast.pdf. Accessed December 15, 2025.