1. Magnetic resonance imaging (MRI), with or without contrast materials, of the breast medically necessary for members who have had a recent (within the past year) conventional mammogram and/or breast sonogram, in any of the following circumstances where MRI of the breast may affect their clinical management:
   1. To assess tumor location, size, and extent before and/or after neoadjuvant chemotherapy in persons with locally advanced breast cancer, for determination of eligibility for breast conservation therapy; or
   2. To detect implant rupture in symptomatic members; or
   3. To detect local tumor recurrence in breast cancer members who have undergone mastectomy and breast reconstruction with an implant; or
   4. To detect local tumor recurrence in individuals with breast cancer who have radiographically dense breasts or old scar tissue from previous breast surgery that compromises the ability of combined mammography and ultrasonography; or
   5. To detect the extent of residual cancer in the recently post-operative breast with positive pathological margins after incomplete lumpectomy when the member still desires breast conservation and local re-excision is planned; or
   6. To evaluate persons with lobular carcinoma in situ (LCIS) or ductal carcinoma in situ (DCIS); or
   7. To guide localization of breast lesions to perform needle biopsy when suspicious lesions exclusively detected by contrast-enhanced MRI can not be visualized with mammography or ultrasonography; or
   8. To localize the site of primary occult breast cancer in individuals with adenocarcinoma suggestive of breast cancer discovered as axillary node metastasis or distant metastasis without focal findings on physical examination or on mammography/ultrasonography; or
   9. To map the extent of primary tumors and identify multi-centric disease in persons with localized breast cancer (stage I or II, T0-1 N0-1 M0) prior to surgery (lumpectomy versus mastectomy)

2. Breast MRI a medically necessary adjunct to mammography for screening of women considered to be at high genetic risk of breast cancer because of any of the following:
   1. Carry or have a first-degree relative who carries a genetic mutation in the TP53 or PTEN genes (Li-Fraumeni syndrome and Cowden and Bannayan-Riley-Ruvalcaba syndromes); or
   2. Confirmed presence of BRCA1 or BRCA2 mutation; or
   3. First degree blood relative with BRCA1 or BRCA2 mutation and are untested; or
   4. Have a lifetime risk of breast cancer of 20 to 25 % or more using standard risk assessment models (BRCAPRO, Claus model, Gail model, or Tyrer-Cuzick); or
5. Received radiation treatment to the chest between ages 10 and 30 years, such as for Hodgkin disease

3. Breast MRI medically necessary to detect intra-capsular (silent) rupture of silicone gel-filled breast implants. Screening for silent intra-capsular rupture more frequently than every 2 years is not considered medically necessary.

4. Breast MRI experimental and investigational for all other indications, including any of the following, because there is insufficient scientific evidence to support its use:
   1. To confirm implant rupture in symptomatic individuals whose ultrasonography shows rupture, especially with implants more than 10 years old (ultrasound sufficient to proceed with removal); or
   2. To differentiate benign from malignant breast disease, especially clustered micro-calcifications; or
   3. To differentiate cysts from solid lesions (ultrasound indicated); or
   4. To evaluate breasts before biopsy in an effort to reduce the number of surgical biopsies for benign lesions; or
   5. To provide an early prediction of response to adjuvant breast cancer chemotherapy in guiding choice of chemotherapy regimen; or
   6. To screen for breast cancer in members with average risk of breast cancer