MRI Breast Quick Reference Guide

Diagnosis information
- Primary Diagnosis Code(s)
- CPT code(s) requested for advanced diagnostic imaging.

Specific Information related to requested study
- **Signs/Symptoms:** Clinical information specific to the request for advanced diagnostic imaging should be provided. The patient’s subjective complaints as well as the duration of signs/symptoms should be documented.
- **Reason or Rule Out:** This describes why the provider is requesting the advanced diagnostic study. Examples may include, but are not limited to: Family History of Breast CA and/or Ovarian Cancer (this should include the relationship as well as the age of diagnosis), Abnormal Ultrasound and/or Mammogram (the BI-RAD score should be included), Atypical Ductal Hyperplasia, etc
- **Last office Visit:** The date of the most recent office encounter with the requesting provider (or other meaningful contact with the requesting provider within the last 60 days in an established patient).
- **Physical Exam:** The documentation should include any objective abnormalities identified by requesting provider related to the requested advanced diagnostic imaging study(ies). Examples may include, but are not limited to: palpable mass at the 3 o’clock position in Left Breast, etc
- **Previous Medical History:** This should include any history relevant to the requested advanced diagnostic imaging study. Also, this should include any prior diagnosis relevant to the requested advanced diagnostic imaging study to include relevant family history of Breast and/or Ovarian Cancers. Examples may include, but are not limited to: Mother with history of Breast cancer at age 43, Brother with history of breast cancer at age 52, Personal history of Atypical Lobular Hyperplasia, History of BRCA Mutation per labs in 2014, Lifetime Risk Score of 31% per Gail, Lifetime Risk Score of 28% Tyrer-Cuzick

- **Prior Imaging**: The results of prior imaging related to the requested advanced diagnostic imaging should be provided. Please include the date as well as the impression. Examples may include, but are not limited to:
  - Ultrasound (Date, Impression, Radiologist recommendation and BI-RAD Score)
  - Mammogram (Date, Impression, Radiologist recommendation and BI-RAD Score)
  - MRI Breast (Date, Impression)
- **Labs**: Any relevant labs should be included along with the date and results. Examples may include, but are not limited to:
  - Biopsy/Pathology results

***Please note this document is to be used as a tool to assist with prior authorization requests. Providing all of the information listed on this tool in no way grants approval of the requested study(ies). All requests are subject to a review for Medical Necessity, at which time a determination is made.***