

West Virginia Health and Human and Health Resources (WV DHHR)  
Breast and Cervical Cancer Screening Program (BCCSP)  
Breast Magnetic Resonance Imaging (MRI) Preauthorization Request Form

**CLINIC INFORMATION**

Screening Clinic Name:	BCCSP Clinic Number:	Contact Name:
Site Conducting MRI:	Phone Number:	Contact Name:

**CLIENT INFORMATION**

Name (Last, First, Mi):	Date of Birth: mm/dd/yyyy	Social Security Number:
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**HISTORY AND PHYSICAL INFORMATION – CHECK ALL THAT APPLY**

<input type="checkbox"/> BRCA Mutation	<input type="checkbox"/> 1st-degree relative BRCA carrier	<input type="checkbox"/> Lifetime breast cancer risk > 20% <sup>1</sup>	<input type="checkbox"/> Chest radiation therapy prior to age 30	<input type="checkbox"/> Li-Fraumeni syndrome, Cowden syndrome, or Bannayan-Riley-Ruvalcaba syndrome
<input type="checkbox"/> History of Breast Cancer	<input type="checkbox"/> Mastectomy <input type="checkbox"/> Lumpectomy	<input type="checkbox"/> Right <input type="checkbox"/> Left	<input type="checkbox"/> Treatment Completed	<input type="checkbox"/> Yes - Date: <input type="checkbox"/> No
Symptomatic:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Right <input type="checkbox"/> Left	<input type="checkbox"/> Lump/Mass <input type="checkbox"/> Skin Dimpling/Retraction <input type="checkbox"/> Nipple/Areolar Scale Like	<input type="checkbox"/> Bloody/Serous Nipple Discharge <input type="checkbox"/> Other _____

**RECENT SCREENING/DIAGNOSTIC PROCEDURES**

Received through BCCSP or prior to being referred to BCCSP for an MRI procedure. - Check all that apply

<input type="checkbox"/> Screening Mammogram	<input type="checkbox"/> Diagnostic Mammogram	<input type="checkbox"/> Ultrasound	<input type="checkbox"/> Biopsy	<input type="checkbox"/> Specialist/Surgical Consultation
Date:	Date:	Date:	Date:	Date:
Result:	Result:	Result:	Result:	Result:

**PROCEDURE INFORMATION**

**Will requested procedure(s) be performed in a facility with dedicated breast MRI equipment & capable of performing breast MRI-guided biopsies?**  Yes  No

**Requested Procedure(s) – Check all that apply**

**Anticipated date of procedure(s):**

<input type="checkbox"/> 77046	<input type="checkbox"/> 77047	<input type="checkbox"/> 77048	<input type="checkbox"/> 77049	<input type="checkbox"/> 19085	<input type="checkbox"/> 19086	<input type="checkbox"/> 10011	<input type="checkbox"/> 10012	<input type="checkbox"/> 19287	<input type="checkbox"/> 19288
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**Comments:**

FOR BCCSP USE ONLY - DO NOT WRITE IN THIS AREA

APPROVED       DENIED      REASON:

Reviewer(s): \_\_\_\_\_ Date: \_\_\_\_\_

Application Completed by: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

<sup>1</sup> Must use reputable risk assessment tool that is highly reliant upon family history such as BRCAPro or Tyrer-Cuzick model. Risk model used must be listed in comments section and medical documentation of risk assessment score must accompany this form.

## **West Virginia Breast and Cervical Cancer Screening Program Breast Magnetic Resonance Imaging (MRI) Preauthorization Guidelines**

Please note that medical documentation of any marked items on the Breast MRI Preauthorization Form must be submitted along with the preauthorization request for review before a determination will be granted by the West Virginia Breast and Cervical Cancer Screening Program (WVBCCSP).

All MRI procedures must be authorized by the WVBCCSP in advance to be reimbursed by the program – no exceptions.

Only codes that are marked on the preauthorization form when approved will be reimbursed by the WVBCCSP.

Breast MRI must never be used as a stand-alone screening tool – it must be conducted in conjunction with a mammogram.

Codes 19085 and 19086 are to be used for breast biopsies that include MRI guidance, placement of a localization device, and imaging of specimen. They should not be used in conjunction with codes 19281-19288.

Code 19287 and 19288 are to be used for image guided placement of localization device without image-guided biopsy when other reimbursable imaging modalities are not adequate for breast localization placement. These codes should not be used in conjunction with codes 19081-19086.

The WVBCCSP Breast MRI Preauthorization Request Form must be submitted via **fax to 304-558-7164** with **required medical documentation seven to ten business days prior** to anticipated date of procedure. The Preauthorization Request Form will be reviewed and faxed back as either approved or denied.