

Specialist Referred Breast MRI Imaging Requests

Item	Description
63464	<p>MRI Breast</p> <p>MRI scan of both breasts for the detection of cancer in a patient, if</p> <ol style="list-style-type: none">a dedicated breast coil is used; andthe request for the scan identifies that the patient is asymptomatic and is younger than 60 years of age; andthe request for the scan identifies that the patient is at high risk of developing breast cancer due to one or more of the following:<ol style="list-style-type: none">genetic testing has identified the presence of a high risk breast cancer gene mutation in the patient or in a first degree relative of the patient;both:<ul style="list-style-type: none">one of the patient's first or second degree relatives was diagnosed with breast cancer at age 45 years or younger; andanother first or second degree relative on the same side of the patient's family was diagnosed with bone or soft tissue sarcoma at age 45 years or younger;the patient has a personal history of breast cancer before the age of 50 years;the patient has a personal history of mantle radiation therapy;the patient has a lifetime risk estimation greater than 30% or a 10 year absolute risk estimation greater than 5% using a clinically relevant risk evaluation algorithm; andthe service is not performed in conjunction with item 55076 or 55079 <p>1 in 12 months</p>
63467	<p>MRI Breast</p> <p>Scan of both breasts for the detection of cancer, if:</p> <ol style="list-style-type: none">a dedicated breast coil is used; andthe person has had an abnormality detected as a result of a service mentioned in item 63464 performed in the previous 12 months <p>1 in 12 months</p>

 **07 5440 9700**

Please submit referrals via

 **07 5440 9777**

 **info@noosaradiology.com.au**

 **0407 822 578**



**Please indicate appropriate item number & description on the referral.*

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Item	Description
63531	MRI Breast Scan of both breasts, if (a) a dedicated breast coil is used; and (b) the request for the scan identifies that: <ul style="list-style-type: none">a. the patient has a breast lesion; andb. the results of conventional imaging are inconclusive for the presence of breast cancer; andc. biopsy has not been possible
63533	MRI Breast Scan of both breasts, if (a) a dedicated breast coil is used; and (b) the request for the scan identifies that: <ul style="list-style-type: none">a. the patient has been diagnosed with a breast cancer; andb. there is a discrepancy between the clinical assessment and the conventional imaging assessment of the extent of the malignancy; andc. the results of breast MRI imaging may alter treatment planning
63487	MRI Breast Scan of both breasts, if (a) a dedicated breast coil is used; and (b) the request for the scan identifies that: <ul style="list-style-type: none">a. the patient has been diagnosed with metastatic cancer restricted to the regional lymph nodes; andb. clinical examination and conventional imaging have failed to identify the primary cancer

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Item	Description
63489	<p>MRI Breast</p> <p>Scan of one breast, performed in conjunction with a biopsy procedure on that breast and an ultrasound scan of that breast, if:</p> <ol style="list-style-type: none">the request for the MRI scan identifies that the patient has a suspicious lesion seen on MRI but not on conventional imaging; andthe ultrasound scan is performed immediately before the MRI scan and confirms that the lesion is not amenable to biopsy guided by conventional imaging; anda dedicated breast coil is used <p>Gap payment applies to the service at Noosa Radiology</p>
63547	<p>MRI Breast</p> <p>Scan of both breasts for the detection of cancer, if (a) a dedicated breast coil is used; and (b) the request for the scan identifies that:</p> <ol style="list-style-type: none">the patient has a breast implant in situ; andanaplastic large cell lymphoma has been diagnosed <p>1 in a lifetime</p>
63501	<p>MRI Breast</p> <p>Scan of one or both breasts for the evaluation of implant integrity where (a) a dedicated breast coil is used; and (b) the request for the scan identifies that the patient:</p> <ol style="list-style-type: none">has or is suspected of having a silicone breast implant manufactured by Poly Implant Prothese (PIP); andthe result of the scan confirms a loss of integrity of the implant. <p>1 in 2 years</p>

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63502	<p>MRI Breast</p> <p>Scan of one or both breasts for the evaluation of implant integrity where (a) a dedicated breast coil is used; and (b) the request for the scan identifies that the patient:</p> <ul style="list-style-type: none">a. has or is suspected of having a silicone breast implant manufactured by Poly Implant Prothese (PIP); andb. the result of the scan does not demonstrate a loss of integrity of the implant 1 in 2 years
63504	<p>MRI Breast</p> <p>Scan of one or both breasts for the evaluation of implant integrity where (a) a dedicated breast coil is used; and (b) the request for the scan identifies that the patient:</p> <ul style="list-style-type: none">a. has or is suspected of having a silicone breast implant manufactured by Poly Implant Prothese (PIP); andb. presents with symptoms where implant rupture is suspected; andc. the result of the scan confirms a loss of integrity of the implant
63505	<p>MRI Breast</p> <p>Scan of one or both breasts for the evaluation of implant integrity where (a) a dedicated breast coil is used; and (b) the request for the scan identifies that the patient:</p> <ul style="list-style-type: none">a. has or is suspected of having a silicone breast implant manufactured by Poly Implant Prothese (PIP); andb. presents with symptoms where implant rupture is suspected; andc. the result of the scan does not demonstrate a loss of integrity of the implant

Should you require additional information please contact our Referrer Liaison Manager, [Katrina Kellett](#) for assistance on connect@noosaradiology.com.au or 0418 555 374

All reports and images are available via electronic download or online via Noosa Radiology Connect.

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