

Specialist MRI Breast Imaging Requests

Item	Description
63464	<p>MRI Breast Scan of both breasts for the detection of cancer, if a dedicated breast coil is used, the request for the scan identifies that the person is asymptomatic and is younger than 60 years of age, and the request for the scan identifies:</p> <ul style="list-style-type: none">(a) that the patient is at high risk of developing breast cancer, due to one of the following:<ul style="list-style-type: none">i. 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;ii. both:<ul style="list-style-type: none">(A) one of the patient's first or second degree relatives was diagnosed with breast cancer at age 45 years or younger; and(B) another 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;iii. the patient has a personal history of breast cancer before the age of 50 years;iv. the patient has a personal history of mantle radiation therapy;v. 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; <p>Service cannot be performed in conjunction with item 55076 or 55079 <i>1 in 12 months</i></p>
63467	<p>MRI Breast Scan of both breasts for the detection of cancer, if: (a) a dedicated breast coil is used; and (b) the person has had an abnormality detected as a result of a service mentioned in item 63464 performed in the previous 12 months <i>1 in 12 months</i></p>
63487	<p>MRI Breast Scan of both breasts, if a dedicated breast coil is used; and the request for the scan identifies that: <ul style="list-style-type: none">i. the patient has been diagnosed with metastatic cancer restricted to the regional lymph nodes; andii. clinical examination and conventional imaging have failed to identify the primary cancer<i>1 in 12 months</i></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.



www.noosaradiology.com.au

Specialist MRI Breast Imaging Requests

Item	Description
63489	<p>MRI Breast Scan of one breast, performed in conjunction with a biopsy procedure on that breast and an ultrasound scan of that breast, if:</p> <ul style="list-style-type: none">(a) the request for the MRI scan identifies that the patient has a suspicious lesion seen on MRI but not on conventional imaging; and(b) the ultrasound scan is performed immediately before the MRI scan and confirms that the lesion is not amenable to biopsy guided by conventional imaging; and(c) a dedicated breast coil is used <p><i>Gap payment applies to the service at Noosa Radiology</i></p>
63531	<p>MRI Breast Scan of both breasts, if a dedicated breast coil is used; and the request for the scan identifies that:</p> <ul style="list-style-type: none">i. the patient has a breast lesion; andii. the results of conventional imaging are inconclusive for the presence of breast cancer; andiii. biopsy has not been possible
63533	<p>MRI Breast Scan of both breasts, if a dedicated breast coil is used; and the request for the scan identifies that:</p> <ul style="list-style-type: none">i. the patient has been diagnosed with a breast cancer; andii. there is a discrepancy between the clinical assessment and the conventional imaging assessment of the extent of the malignancy; and <p>the results of breast MRI imaging may alter treatment planning</p>
63547	<p>MRI Breast Scan of both breasts for the detection of cancer, if a dedicated breast coil is used; and the request for the scan identifies that:</p> <ul style="list-style-type: none">i. the patient has a breast implant in situ; andii. anaplastic large cell lymphoma has been diagnosed <p><i>1 in a lifetime</i></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.



www.noosaradiology.com.au

Specialist MRI Breast Imaging Requests

Item	Description
63501	<p>MRI Breast Scan of one or both breasts for the evaluation of implant integrity where a dedicated breast coil is used; and the request for the scan identifies that the patient:</p> <ul style="list-style-type: none">i. has or is suspected of having a silicone breast implant manufactured by Poly Implant Prothese (PIP); andii. the result of the scan confirms a loss of integrity of the implant. <p><i>1 in 2 years</i></p>
63502	<p>MRI Breast Scan of one or both breasts for the evaluation of implant integrity where a dedicated breast coil is used; and the request for the scan identifies that the patient:</p> <ul style="list-style-type: none">i. has or is suspected of having a silicone breast implant manufactured by Poly Implant Prothese (PIP); andii. the result of the scan does not demonstrate a loss of integrity of the implant <p><i>1 in 2 years</i></p>
63504	<p>MRI Breast Scan of one or both breasts for the evaluation of implant integrity where a dedicated breast coil is used; and the request for the scan identifies that the patient:</p> <ul style="list-style-type: none">i. has or is suspected of having a silicone breast implant manufactured by Poly Implant Prothese (PIP); andii. presents with symptoms where implant rupture is suspected; andiii. the result of the scan confirms a loss of integrity of the implant
63505	<p>MRI Breast Scan of one or both breasts for the evaluation of implant integrity where a dedicated breast coil is used; and the request for the scan identifies that the patient:</p> <ul style="list-style-type: none">i. has or is suspected of having a silicone breast implant manufactured by Poly Implant Prothese (PIP); andii. presents with symptoms where implant rupture is suspected; andiii. 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 555374. All reports and images are available via electronic download or online via Noosa Radiology Connect.



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.



www.noosaradiology.com.au