

Specialist MRI Imaging Requests

Item	Description
63001	MRI Head Scan of the head for tumour of the brain or meninges <i>Unlimited</i>
63004	MRI Head Scan of the head for inflammation of the brain or meninges <i>Unlimited</i>
63007	MRI Head Scan of the head for skull base or orbital tumour <i>Unlimited</i>
63010	MRI Head Scan of the head for stereotactic scan of brain, with Fiducials in place, for planning for stereotactic neurosurgery <i>Unlimited</i>
63019	MRI Head Scan of the brain (+/-MRA) for assessment of suitability for the treatment of medically refractory essential tremor with MRI imaging-guided focused ultrasound <i>Once in a lifetime</i>
63020	MRI Head Scan of brain (+/-MRA) for post-procedure assessment of the patient following MR imaging-guided focused ultrasound for the treatment of medically refractory essential tremor <i>Once in a lifetime</i>
63040	MRI Head Scan of the head for acoustic neuroma <i>3 per year</i>
63043	MRI Head Scan of the head for pituitary tumour <i>3 per year</i>
63046	MRI Head Scan of the head for toxic or metabolic or ischaemic encephalopathy <i>3 per year</i>
63049	MRI Head Scan of the head for demyelinating disease of the brain <i>3 per year</i>
63052	MRI Head Scan of the head for congenital malformation of the brain or meninges <i>3 per year</i>



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Specialist MRI Imaging Requests

Item	Description
63055	MRI Head Scan of the head for venous sinus thrombosis <i>3 per year</i>
63058	MRI Head Scan of the head for trauma <i>3 per year</i>
63061	MRI Head Scan of the head for epilepsy <i>3 per year</i>
63064	MRI Head Scan of the head for stroke <i>3 per year</i>
63067	MRI Head Scan of the head for carotid or vertebral artery dissection <i>3 per year</i>
63070	MRI Head Scan of the head for intracranial aneurysm <i>3 per year</i>
63073	MRI Head Scan of the head for intracranial arteriovenous malformation <i>3 per year</i>
63101	MRI Head and Neck Vessels Scan of the head and neck vessels for stroke <i>3 per year</i>
63111	MRI Head and cervical spine Scan of the head and cervical spine for tumour of the central nervous system or meninges <i>3 per year</i>
63114	MRI Head and cervical spine Scan of the head and cervical spine for inflammation of the central nervous system or meninges <i>3 per year</i>
63125	MRI Head and cervical spine Scan of the head and cervical spine for demyelinating disease of the central nervous system <i>3 per year</i>



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Specialist MRI Imaging Requests

Item	Description
63128	MRI Head and cervical spine Scan of the head and cervical spine for congenital malformation of the central nervous system or meninges <i>3 per year</i>
63131	MRI Head and cervical spine Scan of the head and cervical spine for syrinx (congenital or acquired) <i>3 per year</i>



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Specialist MRI Imaging Requests

Item	Description
63151	MRI Spine - one region or two contiguous regions Scan of the spine for infection <i>Unlimited</i>
63154	MRI Spine - one region or two contiguous regions Scan of the spine for tumour <i>Unlimited</i>
63161	MRI Spine - one region or two contiguous regions Scan of the spine for demyelinating disease <i>3 per year</i>
63164	MRI Spine - one region or two contiguous regions Scan of the spine for congenital malformation of the spinal cord or the cauda equina or the meninges <i>3 per year</i>
63167	MRI Spine - one region or two contiguous regions Scan of the spine for myelopathy <i>3 per year</i>
63170	MRI Spine - one region or two contiguous regions Scan of the spine for syrinx (congenital or acquired) <i>3 per year</i>
63173	MRI Spine - one region or two contiguous regions Scan of the spine for cervical radiculopathy <i>3 per year</i>
63176	MRI Spine - one region or two contiguous regions Scan of the spine for sciatica <i>3 per year</i>
63179	MRI Spine - one region or two contiguous regions Scan of the spine for spinal canal stenosis <i>3 per year</i>
63182	MRI Spine - one region or two contiguous regions Scan of the spine for previous spinal surgery <i>3 per year</i>
63185	MRI Spine - one region or two contiguous regions Scan of the spine for trauma <i>3 per year</i>



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Specialist MRI Imaging Requests

Item	Description
63201	MRI Spine - three contiguous regions or two non-contiguous regions Scan of the spine for infection <i>Unlimited</i>
63204	MRI Spine - three contiguous regions or two non-contiguous regions Scan of the spine for tumour <i>Unlimited</i>
63219	MRI Spine - three contiguous regions or two non-contiguous regions Scan of the spine for demyelinating disease <i>3 per year</i>
63222	MRI Spine - three contiguous regions or two non-contiguous regions Scan of the spine for congenital malformation of the spinal cord or the cauda equina or the meninges <i>3 per year</i>
63225	MRI Spine - three contiguous regions or two non-contiguous regions Scan of the spine for myelopathy <i>3 per year</i>
63228	MRI Spine - three contiguous regions or two non-contiguous regions Scan of the spine for syrinx (congenital or acquired) <i>3 per year</i>
63231	MRI Spine - three contiguous regions or two non-contiguous regions Scan of the spine for cervical radiculopathy <i>3 per year</i>
63234	MRI Spine - three contiguous regions or two non-contiguous regions Scan of the spine for sciatica <i>3 per year</i>
63237	MRI Spine - three contiguous regions or two non-contiguous regions Scan of the spine for spinal canal stenosis <i>3 per year</i>
63240	MRI Spine - three contiguous regions or two non-contiguous regions Scan of the spine for previous spinal surgery <i>3 per year</i>
63243	MRI Spine - three contiguous regions or two non-contiguous regions Scan of the spine for trauma <i>3 per year</i>



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Specialist MRI Imaging Requests

Item	Description
63271	MRI Cervical spine and brachial plexus Scan of cervical spine and brachial plexus for tumour <i>3 per year</i>
63274	MRI Cervical spine and brachial plexus Scan of cervical spine and brachial plexus for trauma <i>3 per year</i>
63277	MRI Cervical spine and brachial plexus Scan of cervical spine and brachial plexus for cervical radiculopathy <i>3 per year</i>
63280	MRI Cervical spine and brachial plexus Scan of cervical spine and brachial plexus for previous surgery <i>3 per year</i>



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Specialist MRI Imaging Requests

Item	Description
63301	MRI Musculoskeletal (MSK) system Scan of the MSK system for tumour arising in bone or MSK system excludes tumour arising in breast, prostate or rectum <i>Unlimited</i>
63304	MRI Musculoskeletal (MSK) system Scan of the MSK system for infection arising in bone or MSK system excludes infection arising in breast, prostate or rectum <i>Unlimited</i>
63307	MRI Musculoskeletal (MSK) system Scan of the MSK system for osteonecrosis <i>Unlimited</i>
63322	MRI Musculoskeletal (MSK) system Scan of the MSK system for derangement of hip or its supporting structures* <i>3 per year (*Limitation is 3 for each side in 12 months)</i>
63325	MRI Musculoskeletal (MSK) system Scan of the MSK system for derangement of shoulder or its supporting structures* <i>3 per year (*Limitation is 3 for each side in 12 months)</i>
63328	MRI Musculoskeletal (MSK) system Scan of the MSK system for derangement of knee or its supporting structures* <i>3 per year (*Limitation is 3 for each side in 12 months)</i>
63331	MRI Musculoskeletal (MSK) system Scan of the MSK system for derangement of ankle and/or foot or its supporting structures* <i>3 per year (*Limitation is 3 for each side in 12 months)</i>
63334	MRI Musculoskeletal (MSK) system Scan of the MSK system for derangement of one or both temporomandibular joints or their supporting structures <i>3 per year</i>
63337	MRI Musculoskeletal (MSK) system Scan of the MSK system for derangement of wrist and/or hand or its supporting structures* <i>3 per year (*Limitation is 3 for each side in 12 months)</i>
63340	MRI Musculoskeletal (MSK) system Scan of the MSK system for derangement of elbow or its supporting structures* <i>3 per year (*Limitation is 3 for each side in 12 months)</i>
63361	MRI Musculoskeletal (MSK) system Scan of the MSK system for Gaucher disease <i>2 per year</i>



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Specialist MRI Imaging Requests

Item	Description
63385	<p>Cardiovascular MRI Scan of cardiovascular system for congenital disease of the heart or a great vessel <i>2 in 12 months</i></p>
63388	<p>Cardiovascular MRI Scan of cardiovascular system for tumour of the heart or a great vessel <i>2 in 12 months</i></p>
63390	<p>Cardiovascular MRI Scan of cardiovascular system for assessment of myocardial structure, function and characterisation, if the request for the scan indicates that the patient has:</p> <ul style="list-style-type: none"> (a) acute onset (less than 3 months) heart failure caused by suspected myocarditis which would otherwise require endomyocardial biopsy to confirm the diagnosis of myocarditis; or (b) unexplained arrhythmia caused by suspected myocarditis which would otherwise require endomyocardial biopsy to confirm the diagnosis of myocarditis; or (c) suspected drug-induced myocarditis, if the results from all of the following examinations are inconclusive to form a diagnosis: <ul style="list-style-type: none"> (i) troponin; (ii) chest X-ray; (iii) transthoracic echocardiogram. <p><i>2 in 12 months</i></p>
63391	<p>Cardiovascular MRI Scan of cardiovascular system for abnormality of thoracic aorta <i>2 in 12 months</i></p>
63395	<p>Cardiovascular MRI Scan of cardiovascular system for assessment of myocardial structure and function involving:</p> <ul style="list-style-type: none"> (a) dedicated right ventricular views; and (b) 3D volumetric assessment of the right ventricle; and (c) reporting of end diastolic and end systolic volumes, ejection fraction and BSA indexed values; if the request for the scan indicates that: (d) the patient presented with symptoms consistent with arrhythmogenic right ventricular cardiomyopathy (ARVC); or (e) investigative findings in relation to the patient are consistent with ARVC <p><i>1 in 12 months</i></p>



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Specialist MRI Imaging Requests

Item	Description
63397	Cardiovascular MR Scan of cardiovascular system for assessment of myocardial structure and function involving: (a) dedicated right ventricular views; and (b) 3D volumetric assessment of the right ventricle; and (c) reporting of end diastolic and end systolic volumes, ejection fraction and BSA indexed values; if the request for the scan indicates that the patient: (d) is asymptomatic; and (e) has one or more first degree relatives diagnosed with confirmed arrhythmogenic right ventricular cardiomyopathy (ARVC) <i>1 in 3 years</i>
63401	MRA Cardiovascular System Scan of the cardiovascular system for vascular abnormality with a previous anaphylactic reaction to an iodinated contrast medium <i>3 per year</i>
63404	MRA Cardiovascular System Scan of the cardiovascular system for obstruction of the superior vena cava, inferior vena cava or a major pelvic vein <i>3 per year</i>



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Specialist MRI Imaging Requests

Item	Description
63416	MRA Paediatric (<16yrs) Scan of the vasculature of limbs prior to limb or digit transfer surgery in congenital limb deficiency syndrome <i>1 per year</i>
63425	MRI Paediatric (<16yrs) Scan for post-inflammatory or post-traumatic physeal fusion <i>2 per year</i>
63428	MRI Paediatric (<16yrs) Scan for Gaucher disease <i>2 per year</i>
63440	MRI Paediatric (<16yrs) Scan for pelvic or abdominal mass <i>Unlimited</i>
63443	MRI Paediatric (<16yrs) Scan for mediastinal mass <i>Unlimited</i>
63446	MRI Paediatric (<16yrs) Scan for congenital uterine or anorectal abnormality <i>Unlimited</i>



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Specialist MRI Imaging Requests

Item	Description
63461	MRI Body Scan of adrenal mass in a patient with malignancy which is otherwise resectable <i>1 per year</i>
63470	MRI Pelvis Scan of the pelvis for the staging of histologically diagnosed cervical cancer at FIGO stage 1B or greater, if the request for scan identifies that: (a) a histological diagnosis of carcinoma of the cervix has been made; and (b) the patient has been diagnosed with cervical cancer at FIGO stage 1B or greater <i>1 in a lifetime</i>
63473	MRI Pelvis Scan of the pelvis and upper abdomen, in a single examination, for the staging of histologically diagnosed cervical cancer at FIGO stage 1B or greater, if the request for the scan identifies that: (a) a histological diagnosis of carcinoma of the cervix has been made; and (b) the patient has been diagnosed with cervical cancer at FIGO stage 1B or greater <i>1 in a lifetime</i>
63476	MRI Pelvis Scan of the pelvis for the initial staging of rectal cancer, if: (a) a phased array body coil is used; and (b) the request for the scan identifies that the indication is for the initial staging of rectal cancer (including cancer of the rectosigmoid and anorectum). <i>1 in a lifetime</i>
63482	MRCP Scan of pancreas and biliary tree for suspected biliary or pancreatic pathology <i>3 in 12 months</i>
63539	MRI Abdomen Scan of the abdomen, requested by a specialist or consultant physician, to assess the development or growth of renal tumours in a patient with a confirmed clinical or molecular diagnosis of a genetic disorder associated with an increased risk of developing renal tumours, other than a service to which item 63540 applies <i>One in any 12 month period</i>



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Specialist MRI Imaging Requests

Item	Description
63540	<p>MRI Abdomen</p> <p>Scan of the abdomen, requested by a specialist or consultant physician, to assess a patient with one or more known renal tumours and with a confirmed clinical or molecular diagnosis of a genetic disorder associated with an increased risk of developing renal tumours, if the service is performed:</p> <ul style="list-style-type: none"> (a) to evaluate changes in clinical condition or suspected complications of the known renal tumours; or (b) where a disease specific line of treatment has been initiated and an assessment of patient responsiveness to the treatment is required <p><i>Applicable once in any 3 month period</i></p>
63541	<p>MRI Prostate</p> <p>Scan of the prostate for the detection of cancer, requested by a specialist in the speciality of urology, radiation oncology or medical oncology. The patient must be suspected of having prostate cancer based on:</p> <ul style="list-style-type: none"> (a) A digital rectal examination (DRE) which is suspicious for prostate cancer; or (b) In a person aged <70 years, at least two prostate specific antigen (PSA) tests performed within an interval of 1-3 months are > 3.0ng/ml, and the free/total PSA ratio is <25% or the repeat PSA exceeds 5.5ng/ml; or (c) In a person aged <70 years, whose risk of developing prostate cancer based on family history is at least double the average risk, at least two PSA tests performed within an interval of 1-3months are < than 2.0ng/ml, and the free/total PSA ratio is <25%; or (d) In a person aged 70 years or older, at least two PSA tests performed within an interval of 1-3months are <5.5ng/ml and the free/total PSA ratio is <25%. <p><i>Note: Relevant family history is a first degree relative with prostate cancer or suspected of carrying a BRCA 1, BRCA 2 mutation. 1 in 12 months</i></p>



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Specialist MRI Imaging Requests

Item	Description
63543	<p>MRI Prostate</p> <p>Scan of the prostate for the detection of cancer, requested by a specialist in the speciality of urology, radiation oncology or medical oncology the request specifies that the clinical criteria below are met;</p> <ul style="list-style-type: none"> (a) the patient is under active surveillance following a confirmed diagnosis of prostate cancer by the biopsy histopathology; and (b) The patient is not planning or undergoing treatment for prostate cancer <p>Benefits are payable for patients with proven diagnosis of prostate cancer following biopsy histopathology who:</p> <ul style="list-style-type: none"> i. have not had a diagnostic mpMRI, and are placed on active surveillance following confirmed diagnosis; or ii. 12 months following confirmed diagnosis and then every third year thereafter; or iii. at any time there is a clinical concern, or concern with PSA progression. <p><i>Note: Not to be used for the purpose of treatment, planning or for monitoring after treatment.</i></p> <p><i>12 months following diagnosis and every 3rd year thereafter or if there is clinical concern</i></p>
63545	<p>MRI Liver</p> <p>Scans of liver with a contrast agent, for characterisation or intervention planning, if:</p> <ul style="list-style-type: none"> (a) the patient has: <ul style="list-style-type: none"> i. known colorectal carcinoma; and ii. known, suspected, or possible liver metastasis; and (b) computed tomography, or ultrasound imaging, has identified a mass lesion in patient's liver. <p><i>1 in 12 months</i></p>
63546	<p>MRI Liver</p> <p>Scan of the liver with a contrast agent, for diagnosis or staging, if:</p> <ul style="list-style-type: none"> (a) the patient has: <ul style="list-style-type: none"> i. known or suspected hepatocellular carcinoma; and ii. chronic liver disease that has been confirmed by a specialist or consultant physician; and (b) the patient's liver function has been identified as Child Pugh class A or B; and (c) the patient has an identified hepatic lesion over 10 mm in diameter. <p><i>1 in 12 months</i></p>



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Specialist MRI Imaging Requests

Item	Description
63740	<p>MRI Pelvis & Abdomen Scan to evaluate small bowel Crohn's disease if the service is provided to a patient for:</p> <ul style="list-style-type: none"> (a) evaluation of disease extent at time of initial diagnosis of Crohn's disease; or (b) evaluation of exacerbation, or suspected complications, of known Crohn's disease; or (c) evaluation of known or suspected Crohn's disease in pregnancy; or (d) assessment of change to therapy in a patient with small bowel Crohn's disease <p><i>1 in 12 months</i></p>
63741	<p>MRI Pelvis & Abdomen Scan with enteroclysis for Crohn's disease if the service is related to item 63740</p> <p><i>1 in 12 months</i></p>
63743	<p>MRI Pelvis & Abdomen Scan for fistulising perianal Crohn's disease if the service is provided to a patient for:</p> <ul style="list-style-type: none"> (a) evaluation of pelvic sepsis and fistulas associated with established or suspected Crohn's disease; or (b) assessment of change to therapy of pelvic sepsis and fistulas from Crohn's disease <p><i>1 in 12 months</i></p>
63454	<p>MRI Obstetric Fetal Scan Scan of the pelvis or abdomen, for a patient who is pregnant, if:</p> <ul style="list-style-type: none"> (a) the pregnancy is at, or after, 18 weeks gestation; and (b) fetal central nervous system abnormality is suspected; and (c) an ultrasound has been performed and is provided by, or on behalf of, or at the request of, a specialist who is practising in the specialty of obstetrics; and (d) the diagnosis is indeterminate or requires further examination; and (e) the service is requested by a specialist practising in the specialty of obstetrics
63549	<p>MRI Obstetric Fetal Scan - Multiple Pregnancy Scan of the pelvis or abdomen, for a patient with a multiple pregnancy, if:</p> <ul style="list-style-type: none"> (a) the multiple pregnancy is at, or after, 18 weeks gestation; and (b) fetal abnormality is suspected; and (c) an ultrasound has been performed and is provided by, or on behalf of, or at the request of, a specialist who is practising in the specialty of obstetrics; and (d) the diagnosis of fetal abnormality as a result of the ultrasound is indeterminate or requires further examination; and (e) the MRI service is requested by a specialist practising in the specialty of obstetrics



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Specialist MRI Imaging Requests

Item	Description
63564	<p>MRI Whole Body</p> <p>Scan whole body scan for the early detection of cancer:</p> <ul style="list-style-type: none">a) requested by a specialist or consultant physician in consultation with a clinical geneticist in a familial cancer or genetic clinic; andb) the request identifies that the patient has a high risk of developing cancer malignancy due to heritable TP53 - related cancer (hTP53rc) syndrome <p><i>Once in a 12 month period</i></p>



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Specialist MRI 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:</p> <ul style="list-style-type: none"> (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 <p><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:</p> <ul style="list-style-type: none"> i. the patient has been diagnosed with metastatic cancer restricted to the regional lymph nodes; and ii. clinical examination and conventional imaging have failed to identify the primary cancer <p><i>1 in 12 months</i></p>



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Specialist MRI Imaging Requests

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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; and ii. the results of conventional imaging are inconclusive for the presence of breast cancer; and <p>biopsy has not been possible</p>
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; and ii. 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; and ii. anaplastic large cell lymphoma has been diagnosed <p><i>1 in a lifetime</i></p>



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Specialist MRI Breast Imaging Requests

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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); and ii. 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); and ii. 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); and ii. presents with symptoms where implant rupture is suspected; and iii. 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); and ii. presents with symptoms where implant rupture is suspected; and iii. the result of the scan does not demonstrate a loss of integrity of the implant

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