



Provider Checklist-Outpatient -Imaging

Checklist: MRI Breast (CPT code: 77058, 77059, C8909)

If suspected silicone implant rupture, indicate localized pain/mass, breast contour irregularity
OR change in breast size

If suspected silicone granuloma after implant removal, indicate localized pain/mass **AND**
calcified mass on mammography

If screening MRI in high-risk patient, indicate BRCA1/BRCA2 gene mutation by genetic testing
OR breast cancer in first degree relative by Hx with documentation of ≥ 2 first degree
relatives with unilateral breast cancer, ≥ 1 first degree relative with bilateral breast
cancer **OR** ≥ 1 first degree relative with premenopausal breast cancer

If suspected breast cancer, indicate palpable mass by PE, mammogram/US nondiagnostic for
breast cancer **AND** findings with at least one of the following: silicone implant; dense
fibroglandular breasts by imaging, breast radiation by Hx **OR** breast surgery by Hx/PE

If assessment for primary cancer.[indicate axillary metastasis/lymphadenopathy by PE **AND**
mammogram normal/nondiagnostic for cancer

If preoperative assessment, indicate to confirm local extent of disease **OR** invasive lobular cancer
by Bx