

1. (Mandatory) PA thru QH is not required if PT is eligible for: Take Charge/FPO, Managed Care (MCD), Detox only, if PT has unmet Spend-down, is on Medicaid but, another payer is prime, including Medicare, is receiving svcs in the inpatient setting or the ED.
 Acknowledge
2. Have you confirmed the Medicaid client's eligibility for the planned date of service of this advanced imaging procedure?
 Yes = Go to #3
 No = STOP. Need to confirm eligibility before submitting
3. Is the client's primary medical coverage under ONE of these Medicaid Fee-For-Service eligibility programs: CNP or LCP-MNP, ERSO, GA?
 Yes = **If ERSO go to #4, others go to #5**
 No = Do NOT proceed to submit
4. If client has ERSO coverage, is this advanced imaging to treat cancer?
 Yes = Go to #5
 No = Call Medical Assistance Customer Service Center (MACSC) at 1-800-562-3022
5. Is the client on hospice and is this advanced imaging related to the hospice diagnosis?
 Yes = STOP. PA not required by Medicaid. Paid for under hospice benefit.
 No = Go to #6
6. (Mandatory) Breast MRI indication, select ONE and **complete ONLY corresponding questions:**
 Silicone implant (see 7 & 8)
 Silicone granuloma (see 9)
 Screening in high-risk patient (see 10–14)
 Diagnostic indications (see 15–18)
 Staging/Re-staging (see 19–26)
7. Did patient's recent mammography or US not confirm leakage?
 Yes (see 8)
 No
8. Suspected silicone implant rupture, select ONE
 Localized pain/mass
 Breast contour irregularity
 Change in breast size
9. Suspected silicone granuloma after implant removal, select ALL:
 Localized pain/mass
 Calcified mass on mammography
10. SCREENING IN HIGH RISK PATIENT (Answer questions 11–14)
11. Patient/1st/2nd degree relative with BRCA1, BRCA2, TP53, PTEN genes:
 Yes
 No

12. Breast or ovarian cancer history, select ONE:
- Pt with history of breast cancer
 - 2 or > 1st or 2nd degree relatives with breast or ovarian CA
 - One 1st or 2nd degree relatives with breast cancer diagnosed < 45 yo
 - 3 or > 1st or 2nd degree relatives w/breast or CA
 - 20% or > estimated risk
 - GAIL model lifetime breast CA risk of 20% or >
 - Chest radiation between ages of 10 and 30
 - Sensitivity of mammography is limited
 - None of the above
13. Patient hx or 1st degree relative with genetic syndrome, select ONE:
- Li-Fraumeni syndrome
 - Cowden syndrome
 - Bannayan-Riley-Rulvacaba syndrome
 - None of the above
14. Has the patient had a breast MRI in the last 11 MONTHS?
- Yes
 - No
15. DIAGNOSTICS FOR BREAST TUMOR (Answer questions 16–18)
16. Has patient had previous MRI for diagnostic purposes?
- Patient has 0 MRI
 - Patient has 1 or more MRI
17. Detection of suspected occult breast primary tumor with axillary nodal adenocarcinoma negative mammography, select ONE:
- Yes
 - No
18. Detection of suspected occult breast primary tumor with axillary nodal adenocarcinoma negative physical exam, select ONE:
- Yes
 - No
19. MRI STAGING/RE-STAGING - Answer question 20 and ONE question from 21–26 (example: Answer question 20 & 21 only, answer 20 & 22 only, answer 20 & 23 only, etc.)
20. Has patient had previous MRI for Staging/Re-staging?
- Patient has 0 MRI
 - Patient has 1 MRI
 - Patient has 2 or more MRIs
21. Pre-surgical planning with locally advanced breast CA before or after neo-adjuvant chemotherapy to allow tumor localization or characterization:
- Yes
 - No
22. Suspected chest wall involvement with posteriorly located tumor:
- Yes
 - No

23. Pre-op tumor mapping: Evaluate presence of multicentric disease with clinically localized breast CA and a candidate for breast-conservation therapy:
 Yes
 No
24. Determine response during or after neo-adjuvant chemo in patients with locally advanced breast CA:
 Yes
 No
25. Evaluate residual tumor in patients with + margins after lumpectomy:
 Yes
 No
26. Detect and stage for invasive lobular cancer for tailored therapy when breast-conservation therapy is being considered:
 Yes
 No