Tennessee Breast and Cervical Cancer Screening Program (TBCSP)
Screening Breast MRI, Diagnostic Breast MRI, Diagnostic CT and MRI Procedures
Pre-Authorization Form

PRIMARY SCREENING PROVIDER

Agency Name:	**Region:**
Clinic Name/Location:	
Client Navigator:	**Phone#:**

Client Information

Name (Last, First, MI):				
Date of Birth:			**SSN:**	
Address:				
City:				**Zip:**
Phone:			**Alternate Contact:**	
History and Physical Information-Check all that apply				
☐ Known BRCA Mutation (client)	☐1st degree relative is a known BRCA carrier[1]	☐Lifetime breast cancer risk ≥20%[2] _____%	☐Chest radiation therapy between 10-30 years old	☐Li-Fraumeni syndrome, Cowden syndrome, or Bannayan-Riley-Ruvalcaba syndrome, or family member with syndrome
☐Personal history of breast cancer	☐Mastectomy ☐Right ☐Left ☐Lumpectomy ☐Right ☐Left		Had Breast Cancer Treatment? ☐ YES ☐ NO Date Treatment was Completed:	
Symptomatic: ☐ Yes ☐ No ☐ Right ☐ Left			☐ Lump/Mass ☐ Pain ☐ Nipple Discharge ☐ Skin Changes ☐ Nipple Inversion ☐ Other :	

Recent Screening/Diagnostic Procedures
Received through TBCSP or prior to being referred to TBCSP-check all that apply

☐**Screening Mammogram**	☐**Diagnostic Mammogram**	☐ **Breast Ultrasound**	☐**Biopsy**	☐**Specialty Consult**
Date:	**Date:**	**Date:**	**Date:**	**Date:**
Result:	**Result:**	**Result:**	**Result:**	**Result:**

Procedure Being Requested

☐ Screening ☐ Diagnostic

☐Unilateral MRI without contrast (77046)
☐ Bilateral MRI Without Contrast(77047)
☐ Unilateral MRI with CAD w/wo contrast (77048)
☐ Bilateral MRI with CAD w/wo contrast (77049)
☐MRI guided Biopsy with clip(19085, 19086)
☐MRI guided clip placement(19287, 19288)
☐MRI guided FNA (10011, 10012)
☐CT guided FNA (10009, 10010)

FOR TBCSP USE ONLY-DO NOT WRITE IN THIS AREA

☐Approved
☐Denied (reason)

Reviewed by:	**Date:**

Revised 11.2019