

MRI Breast Routine With and Without Guideline (61BF)
CPT Code: 77059

Indications: Dense tissue, Lump, BRCA/genetic testing positive, Breast cancer, f/u Breast cancer

Contrast: Yes (see MRG MRI Contrast Administration Policy)

Non Contrast:
Chest Wall Screening:

Sequence	Plane	Slice Thickness	Gap	FOV	Notes
STIR	Coronal	5mm	1mm	450	

Non Contrast:
Breast Imaging:

Sequence	Plane	Slice Thickness	Gap	FOV	Notes
T1 3D	Axial	1mm	0	310-350	NonFatSat
STIR	Axial	4mm	.8mm	310-350	
T1 3D	Axial	1mm	0	310-350	Frequency Adjust Pre Contrast FatSat Check

Contrast:
***BEGIN DYNAMIC SEQUENCE, INJECT CONTRAST AFTER MEASURE 1**

Sequence	Plane	Slice Thickness	Gap	FOV	Notes
T1 3D Dynamic	Axial	1mm	0	310-350	5 total measures, inject after 1st
Flash 3D	Axial	.8mm	0	310-350	MPR R and L breast

SEND appropriate Images to CADSTREAM FOR POST PROCESSING