

Beneficiary Full Name: _____ Sponsor's SSN: _____-_____-_____

Date of Birth: _____ Beneficiary State of Residence: _____

Dear Provider,

Please complete the letter of attestation below and return as indicated on the additional information request letter.

TRICARE Policy Manual Chapter 7, Sections 2.1 and 2.2 states **screening** breast magnetic resonance imaging (MRI) (CPT® procedure codes 77058 and 77059) performed in addition to the annual screening mammogram, are covered beginning at age 30 for women who meet specific criteria.

MEDICAL HISTORY

In order for a **screening** breast MRI performed in addition to the annual screening mammogram to be covered, the provider must attest to the applicable statements below indicating the condition for which the breast MRI is being ordered:

The patient has/had:

- A 20 percent or greater lifetime risk of breast cancer (according to risk assessment tools based on family history such as the Gail model, the Claus model and the Tyrer-Cuzick model).
- Known BRCA1 or BRCA2 gene mutation. (Listing of the BRCA1 and BRCA2 gene mutations as additional risk factors here does not imply or constitute TRICARE coverage of BRCA1 or BRCA2 genetic testing as a clinical preventive service.)
- First-degree relative (parent, child, sibling) with a BRCA1 or BRCA2 gene mutation, and have not had genetic testing themselves.
- Radiation to the chest between the ages of 10 and 30.
- History of LiFraumeni, Cowden or Bannayan-Riley-Ruvalcaba syndrome, or a first-degree relative with a history of one of these syndromes.

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I attest the information provided is true and accurate to the best of my knowledge. I understand Health Net Federal Services, LLC or designee may perform a routine audit and request the medical documentation to verify the accuracy of the information reported on this form.

Additional information: _____

Physician's printed name and title: _____

TIN: _____ Signature: _____ Date: _____

This document may contain information covered under the Privacy Act (5 USC §552a) and/or the Health Insurance Portability and Accountability Act (P.L.104-191) and its various implementing regulations and must be protected in accordance with those provisions. If you have received this correspondence in error, please notify 1-844-866-WEST (9378) at once and destroy the documents and any copies you have made.

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