wbMRI COVERAGE WORKSHEET

First step: Call your provider and/or the billing office of the center where you will be having your wbMRI and ask what “procedure code” (also called a CPT code) or codes will be used when your wbMRI is performed.

Person you spoke with: ___________________________________________ Date: ________________

CPT code(s) used: ________________________________________________

ICD-10 code(s) used: ______________________________________________

(Note: ICD-10 code Z15.01 - Li Fraumeni Syndrome/Genetic susceptibility to malignant neoplasm should be used in most cases. If this is not being used, discuss with your provider the reason why)

Second step: Call your insurance company and check your coverage for the procedure codes that will be used. You can also explain that you have the ICD-10 or diagnosis codes that will be used and see if that information would be helpful for them in determining your coverage. Your insurance provider should be able to help you understand your expected coverage for the wbMRI and what your out-of-pocket expenses, if any, are expected to be.

Person you spoke with: ___________________________________________ Date: ________________

CPT code(s) covered at what percent of contracted rate? ________________________________

CPT code(s) covered as a medical benefit at what percentage? ________________________________

Do I have a copay with the visit? How much? __________________________________________

Have I met my deductible? If not, how much is left? ________________________________

Have I met my out-of-pocket maximum for the year? If not, how much is left? ________________________________

Can you help me understand how much out-of-pocket cost I can expect? ________________________________

The billing office where you are having your wbMRI should also be able to help you answer these questions. Oftentimes, these centers have financial navigators that can help. Call your center and ask if they have a financial navigator you can speak to. If not, the billing office is usually able to help. Explain that your doctor would like for you to have a procedure (a whole-body MRI) and that you are trying to understand more about your insurance coverage and any out-of-pocket costs you may expect/how much you may be billed by the center for this procedure.

It is important to check this every year because if your insurance coverage changes your benefits and coverage for wbMRI may change. Your out-of-pocket costs will also be influenced by factors such as if you have met any deductibles or out-of-pocket max for the year.