HEALTH INSURER

123 Insurance Way

Anywhere, IL 012345

DATE

RE: Claim # XXXXXXXXXXX

Insured: NAME (ID# XXXXXXXXXXX)

Claimant: NAME (DOB Mo-Day-Year)

To Whom It May Concern:

I am writing to appeal [Health Plan Name]’s decision to deny coverage of my breast screening MRI, which took place on [date] at [radiology facility]. It is my understanding that [Health Plan Name] covers medically necessary services that are not expressly excluded. [Attach or reference relevant section(s) from health insurer’s Policy or Evidence of Coverage, if possible.]

I recognize that breast MRI is not a covered benefit for women considered to be at low or average risk of developing breast cancer. However, I am at high risk for breast cancer due to [specify factors such as family history]. My medical team has indicated that my risk is ##%, and that an annual breast MRI is medically indicated for risk management.

There is broad consensus about the medical necessity of breast screening MRI for women at high risk of breast cancer. The National Comprehensive Cancer Network (NCCN) is a professional organization that develops standard-of-care consensus guidelines in cancer. Their Practice Guidelines for “Breast Cancer Screening and Diagnosis” state that women with a 20% or higher risk of breast cancer should have an annual breast screening MRI [Exhibit A].

The American Cancer Society [Exhibit B], Society of Breast Imaging and American College of Radiology (ACR) [Exhibit C], and other medical professional organizations recommend annual breast MRI screening for women with an estimated lifetime risk of 20% or more. For this reason, the majority of health insurers cover breast screening MRIs for women like me [Exhibits C-E].

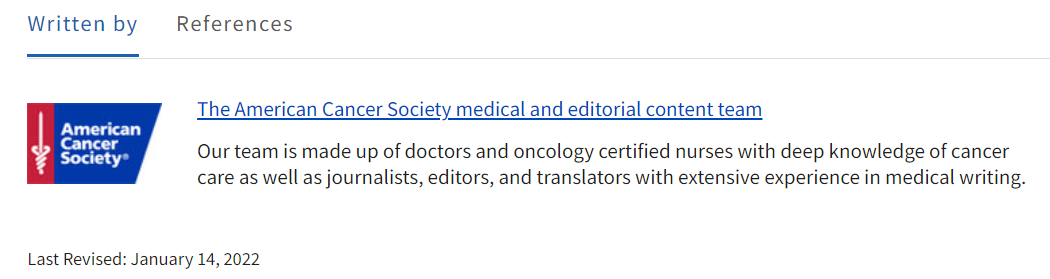
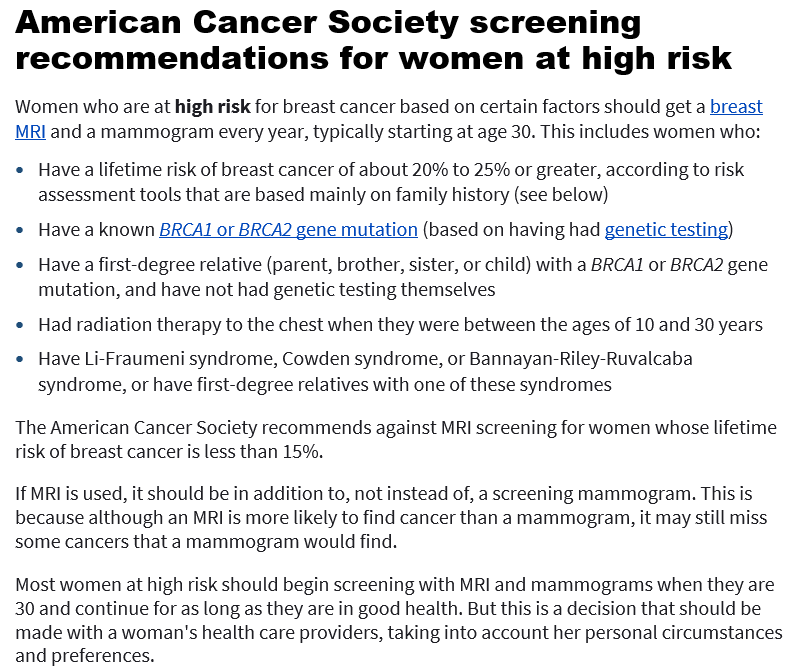
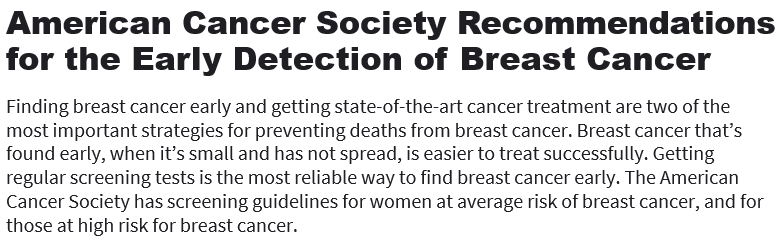
Given this evidence of medical necessity, I respectfully request that you reverse the denial of this claim. Additionally, I would like it noted for the future that annual breast screening MRI is a covered benefit given my high risk of breast cancer. The guidelines make it clear that this service is a necessary intervention for women at increased risk of breast cancer such as myself.

Thank you for your consideration. Your prompt attention to this matter is greatly appreciated.

Sincerely,

[Signature]

**Exhibit A**



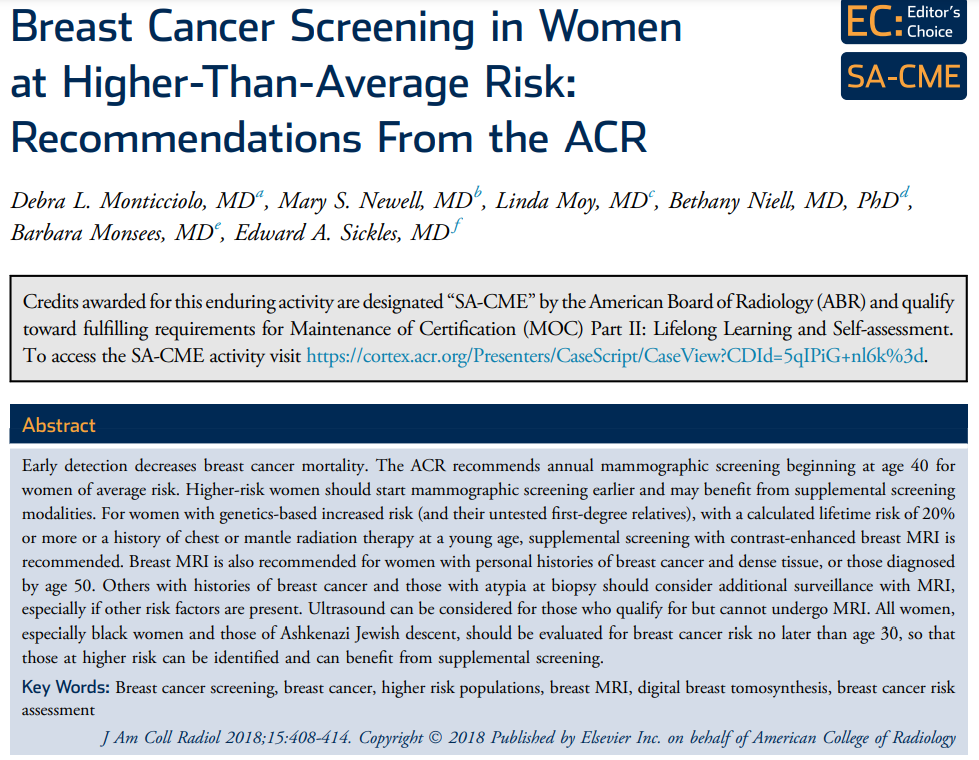
Last Revised: January 14, 2022

Source:  
www.cancer.org/cancer/breast-cancer/screening-tests-and-early-detection/american-cancer-society-recommendations-for-the-early-detection-of-breast-cancer.html

**Exhibit B**

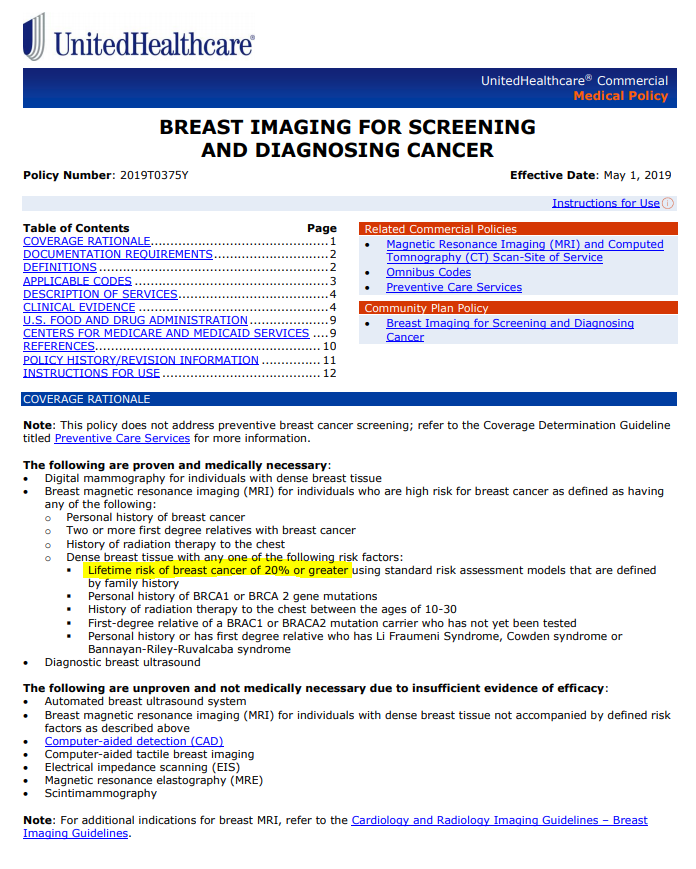
**TAKE-HOME POINTS**

* For women with genetics-based increased risk (and their untested first-degree relatives) or with a calculated lifetime risk of 20% or more, DM, with or without DBT, should be performed annually beginning at age 30.
* For women with histories of chest radiation therapy before the age of 30, DM, with or without DBT, should be performed annually beginning at age 25 or 8 years after radiation therapy, whichever is later.
* For women with genetics-based increased risk (and their untested first-degree relatives), histories of chest radiation (cumulative dose of 10 Gy before age 30), or a calculated lifetime risk of 20% or more, breast MRI should be performed annually beginning at age 25 to 30.
* For women with personal histories of breast cancer and dense breast tissue, or those diagnosed before age 50, annual surveillance with breast MRI is recommended.
* For women with personal histories not included in the above, or with ADH, atypical lobular hyperplasia, or LCIS, MRI should be considered, especially if other risk factors are present.
* All women, especially black women and those of Ashkenazi Jewish descent, should be evaluated for breast cancer risk no later than age 30, so that those at higher risk can be identified and can benefit from supplemental screening.



Source: www.jacr.org/article/S1546-1440(17)31524-7/fulltext

**Exhibit C**

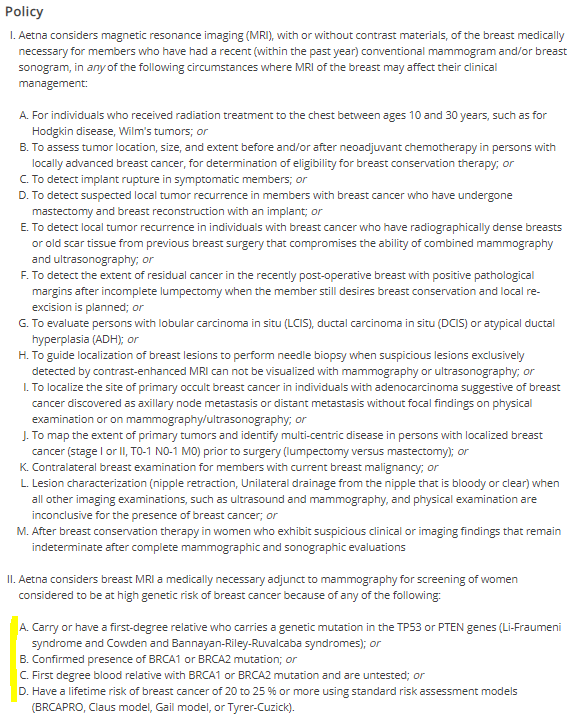
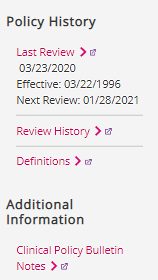


Source:   
www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-medical-drug/breast-imaging-screening-diagnosing-cancer.pdf

**Exhibit D**

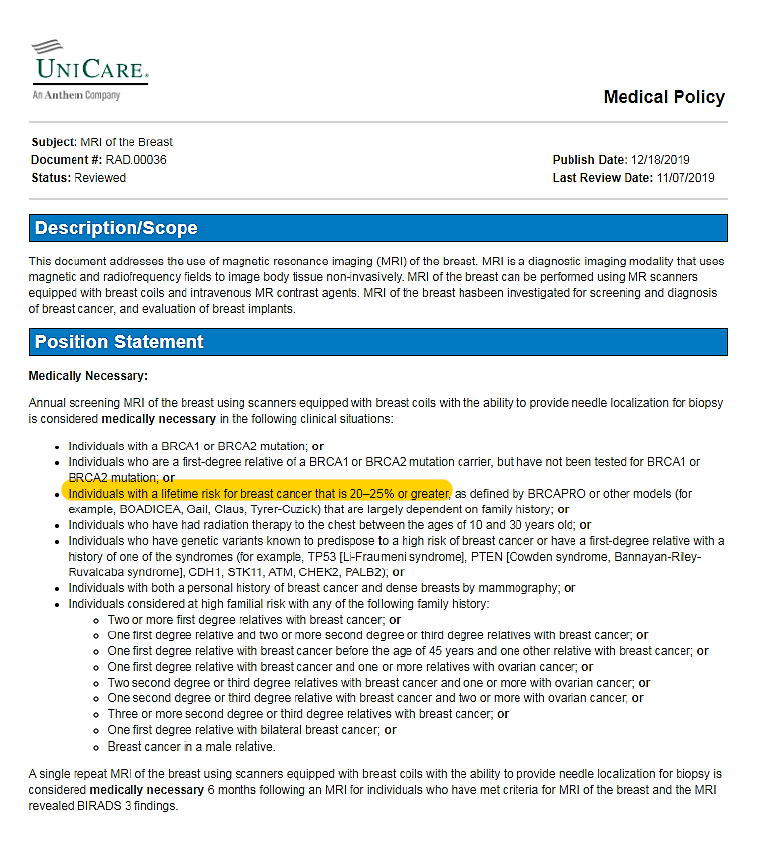
Aetna

# **Magnetic Resonance Imaging (MRI) of the Breast**



Source: www.aetna.com/cpb/medical/data/100\_199/0105.html

**Exhibit E**



Source:   
www.unicare.com/dam/medpolicies/unicare/active/policies/mp\_pw\_a053263.html