

McLAREN IMAGING CENTER
501 S. Ballenger Highway, Suite B • Flint, Michigan 48532
Appointment Scheduling: (810) 342-4800
Fax: (810) 342-4839

McLAREN MRI
750 S. Ballenger Highway • Flint, Michigan 48532
MRI Appointment Scheduling: (810) 235-9311
Fax: (810) 235-9318

REQUIRED PROVIDER'S INFORMATION

Referrer's Name (Printed) _____

DATE OF ORDER: ____ / ____ / ____

Phone # _____

Referrer's Signature _____

Fax # _____

REQUIRED PATIENT INFORMATION

Patient Name _____

Date of Birth ____ / ____ / ____

Contact numbers during business hours. Primary Phone # _____

Alternate # _____

Insurance Plan(s) _____ Authorization # _____

SCREENING MAMMOGRAMS – Patients are to verify insurance coverage for 3D Breast Imaging prior to booking appointment.

- BILATERAL DIGITAL MAMMOGRAM / ASYMPTOMATIC BASELINE EXAM CPT 77067
- SUPPLEMENTAL 3D BREAST TOMOSYNTHESIS IMAGING BILATERAL CPT 77063
- UNILATERAL DIGITAL MAMMOGRAM RIGHT LEFT CPT 77067 - 52
- SUPPLEMENTAL 3D BREAST TOMOSYNTHESIS IMAGING UNILATERAL CPT 77063 - 52

DIAGNOSTIC MAMMOGRAMS

- DIAGNOSTIC WORKUP UNILATERAL RIGHT LEFT CPT 77065
- SUPPLEMENTAL 3D BREAST TOMOSYNTHESIS IMAGING UNILATERAL CPT 77061
- DIAGNOSTIC WORKUP BILATERAL CPT 77066
- SUPPLEMENTAL 3D BREAST TOMOSYNTHESIS IMAGING BILATERAL CPT 77062

ULTRASOUND OF THE BREAST Patients are to verify insurance coverage for diagnostic breast ultrasound.

- BREAST ULTRASOUND RIGHT LEFT BILATERAL CPT 77641
Includes imaging of all 4 quadrants, retro-areolar region and when requested the axilla.
- ULTRASOUND OF THE AXILLA ONLY ONLY RIGHT LEFT BILATERAL CPT 76882

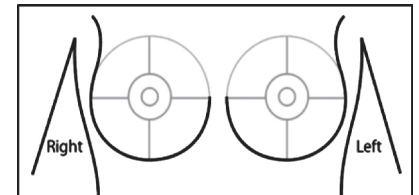
BREAST MRI

- MRI BREAST W/WO CONTRAST, BILATERAL CPT 77059
- MRI BREAST W/WO CONTRAST, UNILATERAL CPT 77058

DEXA SCANS – When comparative studies are performed using a scanner other than the one previously used it may be necessary to establish a new baseline.

- BONE DENSISTY - AXIAL (SPINE/HIP) CPT 77080
- BONE DENSITY - PERIPHERAL (RADIUS/FOREARM/WRIST) CPT 77081

FOR CODING PURPOSES NOTE REGION OF INTEREST ON DIAGRAM



BREAST IMAGING DIAGNOSIS CODES

- Asymptomatic Annual Screening Z12.31
- Personal History of Breast Cancer Z85.3
- Breast Pain. Soreness/Mastodynia N54.4
- Nipple Discharge N64.52
- Nipple Retraction N64.53
- Fibrocystic Breast N60.11 RT / N60.12 LT
- Gynecomastia/Engorgement N62
- Integrity of Implant Z98.88
- History of Breast Biopsy/Surgery Z98.898
- Follow-up to Abnormal Screening R92.8
- Short-term Follow (3.6 month) R92.2
- Mastitis Abscess. Inflammation N61
- Mass. Lump. Palpable Finding N63 RT LT
- Mammogram Micro Calcification R92
- Other _____

DEXA DIAGNOSIS CODES

- Asymptomatic Screening M8589
- Known Osteoporosis M81.0
- Osteopenia M85.8
- Post-menopausal 278.0
- Chronic Steroid Use Z79.52
- Post-menopausal without HRT
- Hyperparathyroidism E21.3
- Other _____

INSTRUCTIONS TO PATIENTS

1. All patients will need to bring:
 - A prescription from their healthcare provider for each test they will be undergoing
 - Copies of prior images and associated reports as instructed by our staff
 - Up-to-date proof of healthcare coverage (insurance cards)
 - Legal form of photo identification or current driver's license
2. Professional and hospital fees are billed separately. Patients are responsible for the cost of all uncovered expenses. It is advised that patients confirm with their benefit provider what is covered by their benefit plan prior to scheduling an appointment.
3. CPT codes are listed on the front side of this form for each exam, and should be provided to the insurance carrier when determining coverage and out of pocket expenses for prescribed tests.
4. Prescriptions for tests may be faxed directly to our department by your physician's office prior to your appointment. This will expedite the registration process upon your arrival. The fax number for Breast MRI is (810) 235-9318. The fax number for all other Breast Imaging is (810) 342-4839.
5. If you are a returning patient, please notify our department if your name or contact information has changed since your last visit, and for insurance purposes, verify with our scheduler that your scheduled appointment falls in line with your annual screening date.
6. 3D Mammography (breast Tomosynthesis) is currently offered.
7. Mammogram patients should refrain from applying deodorant, powders, skin creams, and lotions to chest and underarm areas on the morning of and prior to their exam. It is recommended that breast imaging patients come dressed in a two piece outfit as they will be asked to disrobe from the waist up.
8. Bone Density exams should be scheduled no earlier than 1 week after having undergone procedures requiring contrast ingestion/injections or administration of radio-isotopes. Patients should refrain from taking calcium tablets 48 hours prior to their scheduled appointment.
9. Please notify our department when you find you that you are running late for your appointment or need to cancel or reschedule your appointment. Notification calls should be made to: (810) 342-4800.
10. Take time to verify the office location of your testing, when our staff call to remind you of your appointment, as services vary by site.
11. Patients may obtain more information regarding our organization, services, directions to our locations and information regarding the tests ordered by healthcare providers by visiting on our website at www.mclaren.org/flint or by calling one of our offices listed on the front of this form.

Your best protection is early detection!



FLINT

DOING WHAT'S BEST.