

McLaren Print System Order

Order No: 76918
 Order Date: 2023-04-27
 User: Denise Olson
 Phone: 810-989-3189

Ship Location: McLaren- Port Huron Women
 1221 Pine Grove Avenue
 Port Huron, MI 48060

Forms
 Quantity: 1000
 Paragon Dept No: 29920
 Dept Name: Women
 Company Number: 480

Order Total Price: 33.50

Item Number: MPH-040
 Item Description: WWP TOMO BREAST ORDER
 Revision Date: 04/2023
 Print: 1 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish: Padded (100 Sheets Per Pad)
 Drill: None
 Poster:
 Misc Info:

McLaren DEMASHKIEH WOMEN'S WELLNESS PLACE
 PORT HURON BREAST IMAGING ORDER FORM

Please bring this order with you on the day of your exam. Please contact your insurance plan prior to your appointment to determine coverage, deductibles or out of pocket expenses; insurance codes are included below. Thank you.

Patient Name _____ Date of Birth _____
 Physician _____ Date _____ Appointment Date/Time _____

Physician Signature (not valid without signature): _____

Attention Providers:
 Please check this box to allow a patient who presents to their screening mammogram appointment with any of the diagnostic symptoms below to proceed with a diagnostic examination.
 Check this box to allow additional breast imaging studies/procedures at the discretion of the radiologist.

SCREENING MAMMOGRAM 2D Screening (CPT 77067) 3D Screening (CPT 77067 and 77063)
 ICD-10 CODE: Z12.31 Screening Mammogram for Breast Cancer
 Baseline (First Mammogram, no symptoms) Implants Mammography: Right Left

DIAGNOSTIC BREAST IMAGING To follow best practice we recommend that patients presenting with breast concerns be imaged with 3D mammography to better evaluate the breast tissue. Patients 50 years and older with breast concerns should begin with mammography imaging while patients under 50 present or as a follow up to an abnormal ultrasound may be scheduled for a breast ultrasound only.
 3D DIAGNOSTIC MAMMOGRAM Bilateral 77064/77063 Right 77064/77063 Left 77064/77063
 2D DIAGNOSTIC MAMMOGRAM Bilateral 77064 Right 77064 Left 77064
 Baseline (First Mammogram, patient has symptoms) Implants Mammography: Right Left
 BREAST ULTRASOUND Bilateral Right Left Limited 76642 OR Complete 76642
CODES: R12.8 Abnormal Mammogram N63 New, Changing or Concerning Palpable Finding (Breast Lump/Mass)
 Z85.0 Personal History of Breast Cancer R62.89 Abnormal Clinical Findings: N64.02 Bloody/serous Nipple Discharge specify
 N64.01 New Focal Persistent Breast Pain

Please use diagram to demonstrate any clinical findings and areas of concern.

BREAST INTERVENTIONAL PROCEDURES For Radiologist Recommendation

| | | |
|--|---|--|
| <input type="checkbox"/> Ultrasound Guided Core Biopsy (19087) | <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> R12.8 Abnormal Mammogram |
| <input type="checkbox"/> Ultrasound Guided Core Biopsies (19080-76642) | <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Z85.0 History of Breast Cancer |
| <input type="checkbox"/> Stereotactic Core Biopsies (19081) | <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> N63 Breast Lump/Mass |
| <input type="checkbox"/> Breast MRI Bilateral (77060) (C9000) | <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> R62.89 Abnormal Clinical Findings |
| <input type="checkbox"/> Breast MRI Unilateral (77060) (C9000) | <input type="checkbox"/> R <input type="checkbox"/> L | |
| <input type="checkbox"/> MRI Guided Breast Biopsy (76087) | <input type="checkbox"/> R <input type="checkbox"/> L | |

The Breast MRI and MRI guided breast biopsy is done in the MRI department (1015 NWA-020) and Women's Wellness Place

BREAST BIOPSY (CPT 77089)
CODES: Z73.0 Post-mastectomy without BSE Z12.5 Diagnostic mammography Z73.02 Chronic alcohol use
 N61.0 Post-mastectomy symptoms M50.00 Other Disorder of Breast Tissue M81.0 Known osteoporosis
Physician Signature

Spec Info:
