

McLaren Northern Michigan Mammography/DEXA Order Form



PATIENT INFORMATION

Last Name _____ First Name _____ MI _____
 Date of Birth _____ Gender: Male Female
 Home Phone _____ Work/Cell Phone _____

PHYSICIAN INFORMATION

Referring Practitioner: Name _____ Practitioner Fax # _____
 Telephone # _____ Practitioner's Signature _____ Date _____
 Copy of results to _____ Fax results to _____

INSURANCE INFORMATION: Please Fax patient data sheet with order

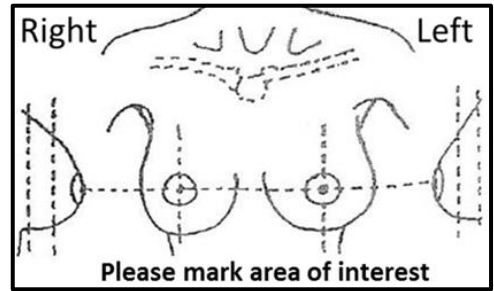
Name of Policy Holder _____ Insurance Carrier _____
 Policy # _____ Telephone # _____

SCREENING MAMMOGRAPHY (Asymptomatic)

Screening/Annual Mammogram R L Bilat (ICD10- Z12.31-and perform additional views and/or ultrasound if needed (R92.8)
 Implants: Yes No 3D (Petoskey campus only)

DIAGNOSTIC MAMMOGRAPHY: Diagnostic Mammogram must have physical exam findings

Diagnostic Mammography R L Bilat
 Breast Ultrasound R L Bilat
 Stereotactic Breast Biopsy R L Bilat (Petoskey campus only)
 Galactogram R L Bilat (Petoskey campus only)
 ICD-10 Code(s) _____



Common ICD-10 codes are listed below, please check the appropriate box.
 R92.8 Other abnormal and inconclusive findings on diagnostic imaging of breast
 N64.4 Mastodynia N64.52 Nipple discharge
 N64.51 Induration of breast N64.53 Retraction of nipple

BONE DENSITOMETRY (DEXA)

DEXA Axial Skeleton, 1 or more sites (CPT Code 77080) (Does not include Fracture Assessment)
 ICD-10 Code(s) _____ (Used once diagnosis of osteoporosis has been established; codes must meet medical necessity requirements)
 DEXA Peripheral: 1 or more sites (CPT Code 77081)
 ICD-10 Code(s) _____ (Initial diagnostic test must include reason for test; codes must meet medical necessity requirements)
 DEXA Axial Skeleton w/Fracture Assessment: 1 or more sites (CPT Code 77085)
 ICD-10 Code(s) _____ (Initial diagnostic test must include reason for test; codes must meet medical necessity requirements)

Common ICD-10 codes are listed below, please check the appropriate box:
 Z78.0 Post-Menopausal without HRT Z79.52 Chronic steroid use
 N95.1 Post-Menopausal symptoms M81.0 Known osteoporosis
 E21.3 Hyperparathyroidism M85.8 Osteopenia
 M89.9 Disorder of bone

Exam to be performed at: Petoskey Campus Cheboygan Campus Rogers City

Date: _____ Time: _____

Please fax this order form to Central Scheduling at 231-487-7920



Mammography/DEXA Order Form



MNM XXX.XXX
09/03/2020