

SCHEDULING REQUIREMENTS: ICD-9 CODE, CLINICAL HISTORY, SPECIFIC TEST ORDERED, ORIGINAL MD SIGNATURE AND UPIN #

Medical Necessity: Federal regulations require that only tests that are necessary for diagnosis and treatment of a patient's condition be ordered. ICD-9 Code and clinical history for each test is required to prove medical necessity.

****The patient is responsible to bring outside films/CD for comparison at the time of the imaging study. UM Department of Radiology will obtain in-house prior studies.**

Check if prior study done UMHC Applebaum OTHER _____

KNOWN ALLERGIES: _____

CLINICAL HISTORY (REQUIRED)

Attending Physician: _____ UPIN # (REQUIRED): _____

Attending Physician Phone: _____ Fax: _____ Beeper: _____

Attending Physicians Address: _____

Attending Physician Signature (Stamps not accepted): _____ Date: _____

INSTRUCTIONS: Patient must bring the previous exam for comparison. Please do not wear deodorant, talcum or perfume until after the examination.

- _____ Digital Screening Mammogram with Computer Aided Detection (CAD):
- _____ Digital Screening Mammogram without CAD:
 - _____ Baseline (at 35 y.o.)
 - _____ Routine Yearly Evaluation (after 40 y.o. every 12 months)
 - _____ Asymptomatic w or w/o history of breast-related disease

			CPT#	ICD-9 #
Bilat	Right	Left	G0202, 77052	
Bilat	Right	Left	G0202	

- _____ Digital Diagnostic Mammogram with Computer Aided Detection (CAD):
- _____ Digital Diagnostic Mammogram without CAD:
- _____ Digital Diagnostic Mammogram Unilateral with Computer Aided Detection (CAD):
- _____ Digital Diagnostic Mammogram Unilateral without CAD:
 - _____ Evaluation for Abnormal Physical Examination (Pain/Mass/Discharge/Other)
 - _____ Status-post lumpectomy/contralateral mammogram following mastectomy
 - _____ History of Breast Cancer
 - _____ Other: _____

Bilat			G0204, 77051	
Bilat			G0204	
	Right	Left	G0206, 77051	
	Right	Left	G0206	

- _____ Call-back
 - _____ Digital Bilateral
 - _____ Digital Unilateral
 - _____ F/U to Abnormal Mammographic Finding
 - _____ Special Views (Mag, Spot Compression, Callback, etc)
- _____ Ultrasound of the Breast:
 - _____ Evaluation for Abnormal Physical Examination (Pain/Mass/Discharge/Other)
 - _____ Palpable mass on a patient 30 years old or less
 - _____ As needed to an abnormal mammographic finding/Callback
 - _____ Vascular Duplex Scan of the Breast
 - _____ Other: _____

Bilat			G0204	
	Right	Left	G0206	
	Right	Left	G0206	
	Right	Left	G0206	
Bilat	Right	Left	76645	

_____ Outside film consultation 76140

_____ Follow-up to Abnormal Mammographic/Clinical Findings:

- _____ Mammographic Needle Localization:
- _____ Ultrasound Guided Needle Loc
- _____ Ultrasound Guided Cyst Aspiration:
- _____ Ultrasound Guided Core Biopsy:
- _____ Ultrasound Guided Mamotome:
- _____ Ultrasound Guided Seroma Drainage
- _____ Stereotactic Biopsy:
- _____ Stereotactic Needle Loc:
- _____ Galactogram:
- _____ Other: _____

			77032, 19290	
			76942, 19290	
Bilat	Right	Left	76942, 19000	
Bilat	Right	Left	76942,19102,19295	
Bilat	Right	Left	76942,19103,19295	
			200000, 75989	
Bilat	Right	Left	77031,19103,19295	
Bilat	Right	Left	77031, 19290	
Bilat	Right	Left	77053, 19030	
Bilat	Right	Left		

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SYLVESTER COMPREHENSIVE CANCER CENTER
UNIVERSITY OF MIAMI HOSPITAL & CLINICS
 Miami, FL 33136 www.med.miami.edu (305)243-1000

MAMMOGRAPHY DOCTOR'S ORDERS

NAME: _____

_____ UMMG # MRN

AGE: _____ DOB: _____ / _____ / _____

DATE OF SERVICE: _____



Form
A1400003

Revised
03/01/07

ICD-9	DESCRIPTION	ICD-9	DESCRIPTION
793.8	ABNORMAL FINDINGS - BREAST	611.0	INFLAM DISEASE OF BREAST
793.80	ABNORMAL MAMMOGRAM, UNSPECIFIED	611.72	LUMP OR MASS IN BREAST
610.8	BENIGN MAMM DYSPLAS NEC	174.3	MAL NEO BREAST LOW - INNER
217	BENIGN NEOPLASM BREAST	174.5	MAL NEO BREAST LOW - OUTER
611.9	BREAST DISORDER NOS	174.4	MAL NEO BREAST UP - OUTER
611.8	BREAST DISORDERS NEC	174.8	MALIGN NEOPL BREAST NEC
996.54	BREAST PRSTHESIS MALFUNC	174.9	MALIGN NEOPL BREAST NOS
233.0	CA IN SITU BREAST	610.4	MAMMARY DUCT ECTASIA
610.1	DIFFUS CYSTIC MASTOPATHY	793.81	MAMMOGRAPHIC MICROCALCIFICATION
622.1	DYSPLASIA OF CERVIX	611.71	MASTODYNIA
V70.7	EXAM - CLINICAL TRIAL	V71.7	OBS - SUSP CARDIOVASCULAR DIS
V16.3	FAMILY HX - BREAST MALIG	V71.1	OBSV - SUSPCT MAL NEOPLASM
611.3	FAT NECROSIS OF BREAST	V76.12	OTH SCRE MAMMO FOR MALIG NEO OF BREAST
610.2	FIBROADENOSIS OF BREAST	V76.3	SCREEN MAL NEOP - BLADDER
610.3	FIBROSCLEROSIS OF BREAST	198.81	SECOND MALIG NEO BREAST
V70.5	HEALTH EXAM - GROUP SURVEY	610.0	SOLITARY CYST OF BREAST
V10.3	HX OF BREAST MALIGNANCY	611.79	SYMPTOMS IN BREAST NEC
V15.89	HX - HEALTH HAZARDS NEC	238.3	UNC BEHAV NEO BREAST
611.1	HYPERTROPHY OF BREAST		
OTHER, (PLEASE SPECIFY ICD-9 CODE)			

This list is not all-inclusive, but is a guide only. All diagnosis codes must be coded to the highest level of specificity. The ordering provider represents that the diagnostic information provided with EACH test accurately reflects his/her current knowledge of the nature of severity of complaint or condition, and that this information can be substantiated by the patient's medical record.