

# McLaren Northern Michigan Mammography Bone Densitometry (DEXA) Order Form

## SCHEDULING INFORMATION

Exam to be performed at:    Petoskey Campus    Cheboygan Campus    Rogers City  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_

## 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 # \_\_\_\_\_

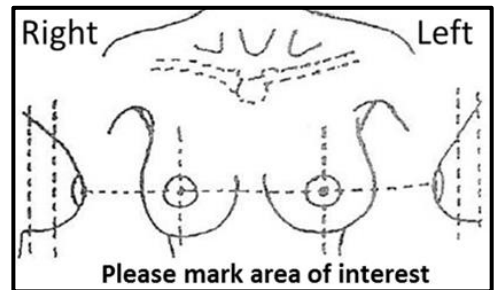
## SCREENING MAMMOGRAPHY (Asymptomatic)

3D Screening/Annual Mammogram    R    L    Bilat   ICD-10 Code(s): Z12.31  
 Additional views and ultrasound as needed  
 Implants:  Yes    No

## DIAGNOSTIC MAMMOGRAPHY: Diagnostic Mammogram must have physical exam findings

Diagnostic Mammography / US    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) \_\_\_\_\_ (Required)



## 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)

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



Mammography / Bone Densitometry  
(DEXA) Order Form



MNM 721.300  
R( 2/16/2022)