



**PATIENT NAME:** \_\_\_\_\_

**952 Seton Drive, Cumberland, Md. 21502**

**Phone: 301-777-3522 Fax: 301-777-1902**

**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. ADR would like to remind providers that we cannot accept diagnosis(es) that include the terms "**PROBABLE**", "**POSSIBLE**", "**SUSPECTED**", "**RULE OUT**", or "**QUESTIONABLE**". Please include signs and symptoms and any abnormal test results.

PLEASE NOTE THE FOLLOWING:

- PATIENT'S TAKING ASPRIN OR BLOOD THINNERS MUST STOP 5 DAYS PRIOR TO ANY BREAST BIOPSY PROCEDURES.
- IF PREVIOUS MAMMOGRAM WAS NOT PERFORMED AT ADR PATIENT MUST BRING FILMS FOR COMPARISON,
- PATIENT SHOULD NOT WEAR DEODORANT, TALCUM POWDER, OR PERFUME UNTIL AFTER THE EXAMINATION.

**Reason for exam:**

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\_\_\_\_\_

DIGITAL MAMMOGRAM SCREENING				DIGITAL MAMMOGRAM DIAGNOSTIC			
		CPT#	ICD-9			CPT#	ICD-9
	BILATERAL	G0202			BILATERAL	G0204	
R	L	UNILATERAL	G0202	R	L	UNILATERAL	G0206
	CAD	77052			CAD	77051	
INTERVENTIONAL BREAST PROCEDURES							
	STEROTACTIC BIOPSY	77031 19103 19295			ULTRASOUND AS NEEDED TO AN ABNORMAL MAMMOGRAPHIC FINDING/CALLBACK	76645	
	US GUIDED VACCUM ASSISTED BIOPSY	76942 19103 19295			MAMMOGRAPHY CALL BACK		
	US GUIDED CYST ASPIRATION	76942 19000			F/U TO ABNORMAL MAMMOGRAPHIC FINDING	G0206	
	US GUIDED SEROMA DRAINAGE	75989			SPECIAL VIEWS	G0206	
OTHER PROCEDURES							

Ordering Physician (please print): \_\_\_\_\_

Physician Signature (**STAMPS NOT ACCEPTED**): \_\_\_\_\_

Date: \_\_\_\_\_