

Cerner PowerChart Ambulatory EDUCATION

**Summary:** Breast Cancer Screening is recommended for female patients aged 40 – 74 years old with no previous medical history of breast cancer or bilateral mastectomy. This health maintenance recommendation will automatically display on the Ambulatory Workflow page annually.

Support: Ambulatory Informatics at 231-392-0229.

**Breast Cancer Screening Recommendation Due** 

If the Breast Cancer Screening Recommendation is due or overdue and has not been completed elsewhere:

- 1. Click **Orders** for the Breast Cancer Screening Recommendation.
- ing

   Recommendations
   1

   Recommendation
   Next Due
   Last Action
   Recurrence
   Source
   Orders

   Breast Cancer Screening
   Overdue (3 years)
   Completed (4 years ago)
   Every 1 Year(s)
   - Orders
- 2. Select the appropriate order.
- 3. Enter Ordering Physician details, select **Order**, **Cosign Required**, and click OK.

- 4. Click on Orders for Signature.
- 5. Associate the diagnosis Breast cancer screening by mammogram (Z12.31) and click Modify Details.
  - a. If the diagnosis is not available to associate, add it on the Order Details screen.

Order: MA MAMM 3D SCREENING BIL	Ordering Physician						
Order: MA MAMM 3D SCREENING RT	O Proposal *Physician name						
Order: MA MAMM 3D SCREENING LT Completed Pg ned	Test MD, Physician         *Order Date/Time         07/01/2020         ▼         1123         ▼ EDT         *Communication type         Per Protocol/Policy/Existing Order         Cosign Required						
mammogram	Verbal Order with Head Back Written/Fax Proposed Order OK Cancel						
Orders for Signature	×						
	Encounter for annual w (Z00.00) Clear column						
✓ Radiology (1)							
& * MA MAMM 3D SCREENING B Future Order, A Routine, 6/20/202	IL Remove 1 23, Clear row						
	Sign Save Modify Details Cancel						

- 6. Complete all necessary Order Details, add the diagnosis listed above if needed, and click **Sign**.
- 7. The Breast Cancer Screening Recommendation will now be moved to the Not Due/Historical tab.

Details for MA MAMM 3D SCREENING BIL						
Details 🗑 Order Comments 🕼 Diagnoses						
*Priority: A Routine	~	^				
*Start Date/Time: 06/20/2023 🔍 0848	}	E				
*Symptoms: none						
*Order Radiologist recommended diag mamm and/or US: Yes	•					
*Radiologist recommended Biopsy/Aspiration: Yes	۲					
*Radiologist recommended 3/6/12 month f/u mamm/US: Yes	•					
*Radiologist/RN may notify patient of biopsy results, if appl: Yes	۷					
*Rad/RN schedule surgical consult for abn breast proc. result: Yes	۷					
Isolation Code: None	•					
<		>				
0 Missing Required Details Dx Table Orders For Nurse Review Sign	(	Cancel				



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#### **Documenting Completed Breast Cancer Screening**

If Recommendations indicate Breast Cancer Screening is due and the patient reports the screening was completed:

1. Review Outside Records in Documents or Clinical Notes.

¥	Documents (2)			
Documents (2)				
Vital Signs	Time of Service	$\sim$	Subject	Note Type
Histories	▼ In Progress (0)			
Allergies (0)	<ul> <li>Completed (2)</li> </ul>			
Problem List	APR 24, 2020 16:51		test	Office Consultation
Home Medications (17)	JUL 09, 2019 08:43		Ambulatory Patient Education	Ambulatory Patient Educat

2. If results are available and screening was completed within the recurrence timeframe, navigate to Recommendations.



Reason

Expectation Satisfied Elsewher 🗸

3. Select the Breast Cancer Screening Recommendation to update.

Recommendations						3
Recommendation		Next Due	Last Action	Recurrence	Source	Orders
Breast Cancer Screening	ß	Overdue (3 years)	Completed (4 years ago)	Every 1 Year(s)		Orders 🗸
Click on <b>Actions.</b> Select <b>Completed.</b>		Actions V 4 Breast Cancer Scree Overdue (3 years)	eening Every 1 Year(s)	Cancel Permanently Completed 5 Order: MA FFD MAMM SCREEN LT UNI	Save Cance Breast Cance Satisfy Date 06 / 22 / 2023	eer Screening

- 6. Complete Satisfy Date, Reason, and Comment (if necessary) fields and click Save.
- If Recommendations show breast cancer screening is due and the patient reports the screening was completed, but . the report is **not** available:

Orde MA ON M

- 1. Have the patient complete a Medical Release of Information form to obtain outside records.
- 2. Fax the completed and signed form to the performing facility.
- 3. Once the report is received, update Recommendations as outlined above.
- 4. Notify the provider that the report is available to review and sign-off.

**NOTE:** Providers are responsible for updating Recommendations yearly.

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ocun	nentation of Mastectomy Procedures			
1.	Navigate to the Breast Cancer Screening Recommendation.	Recommendations	Actions V 2	C View Reference
2. 3.	Select the correct Mastectomy Procedure.	Recommendation Breast Cancer Screening	Breast Cancer Sci Overdue (3 years)	Every 1 Year(s
			' •	Completed Refused Cancel Permanently Procedure: Mastectomy of Left Breast Procedure: Mastectomy of Right Breast Procedure: Bilateral Mastectomy
4. 5. 6.	Enter the date of the procedure. Remove your own name from the Physician surgeon's name if known. Leave blank if unk Click <b>Save</b> .	e of the procedure. own name from the Physician field by clicking <b>X</b> . Add the ne if known. Leave blank if unknown.		ening Every 1 Year(s)
			* Timeframe At/On V Date 06 / 22 / 2023 A C Recorded for If no user is selected, the cu	rrent user will be saved
7.	The procedure will display in the patient's P a. Repeat the steps above to add anot	Matthews, Christina T		
8.	Document the correct corresponding Maste chronic problems. a. Clinical staff may add the diagnosis subsequent annual visits.	code initially. Providers are re	lready listed under	the patient's e diagnosis code t

Adding Bilateral Mastectomy Diagnosis Code to Problem List:

Problem List

- 1. Navigate to Problem List.
- 2. Select This Visit and Chronic.
- 3. Add the correct ICD-10 Code.
  - a. Bilateral mastectomy: add (**Z90.13**) Acquired absence of bilateral breasts and nipples.

Classification Medical and Patient Stated V

Acquired absence of both breasts and nipples (**Z90.1**3) Acquired absence of left breast (**Z90.1**2) Acquired absence of left breast and nipple (**Z90.1**2) Acquired absence of right breast (**Z90.1**1) Acquired absence of right breast and nipple (**Z90.1**1)

✓ z90.1

- b. Mastectomy of left breast: add (**Z90.12**) Acquired absence of left breast and nipple.
- c. Mastectomy of right breast: add (Z90.11) Acquired absence of right breast and nipple.

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Add as This Visit and Chronic

- The Breast Cancer Screening Recommendation will automatically cancel if the patient has a bilateral mastectomy or mastectomy of both the left breast and right breast documented. **Do not** use the Cancel Permanently Action.
- If these procedures are already documented and the Breast Screening Recommendation is still displaying, contact Ambulatory Informatics.



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Breast Cancer Screening is due-Recommendation is Not Listed

If the patient is due/overdue for breast cancer screening but a recommendation is not present:

- 1. Follow steps to place the appropriate breast cancer screening order.
- 2. Contact Ambulatory Informatics at 231-392-0229 to notify them of the issue.