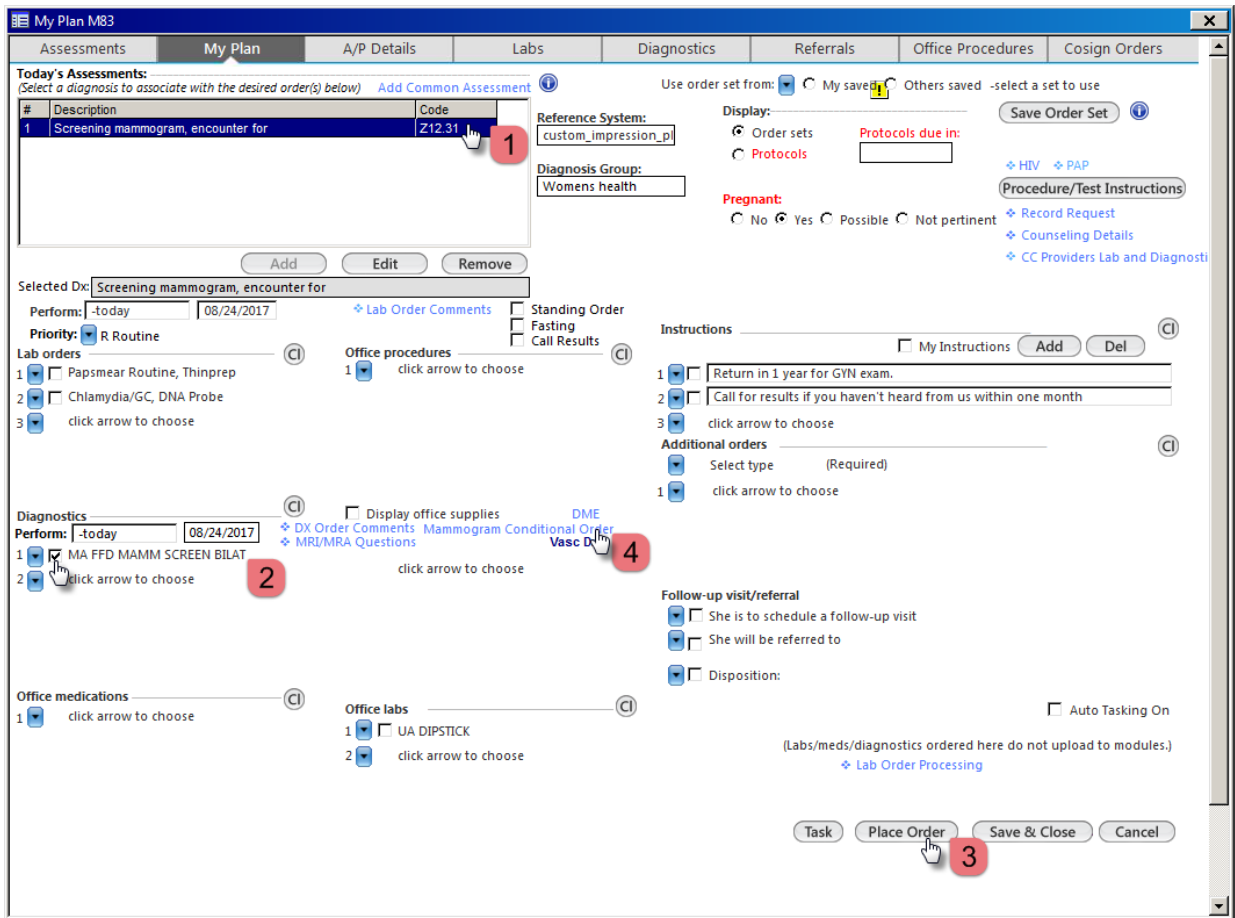


Mammogram Conditional Order

How to order in NextGen from My Plan

1. Highlight diagnostic code to be associated with the order
2. Select Mammogram order from the Diagnostics section
3. Click Place order
4. Access the Mammogram Conditional Order by clicking the Mammogram Conditional Order link located just to the right of the diagnostic section of My Plan



The screenshot shows the 'My Plan M83' window with several tabs: Assessments, My Plan, A/P Details, Labs, Diagnostics, Referrals, Office Procedures, and Cosign Orders. The 'My Plan' tab is active, displaying 'Today's Assessments' with a table containing one row: 'Screening mammogram, encounter for' with code 'Z12.31'. A red circle '1' highlights this code. Below the table are 'Add', 'Edit', and 'Remove' buttons. The 'Selected Dx' field contains 'Screening mammogram, encounter for'. The 'Diagnostics' section shows a table with one row: 'MA FFD MAMM SCREEN BILAT'. A red circle '2' highlights this row. To the right of this row is a link 'Mammogram Conditional Order', which is highlighted with a red circle '4'. At the bottom of the window, the 'Place Order' button is highlighted with a red circle '3'. Other visible elements include 'Lab orders', 'Office procedures', 'Additional orders', and 'Follow-up visit/referral' sections.

5. Fill out the Munson Breast Imaging conditional Order pop up
6. Click OK
7. Click Save & Close on My Plan
8. From Check out Template Click Diagnostics from Today's Orders
9. Highlight Mammogram order in the table
10. Click the Requisition button to create the requisition with Conditional Order

MUNSON BREAST IMAGING CONDITIONAL ORDER

STEP 1: INITIAL BREAST IMAGING PROCEDURES:

Mammogram Order	Dx	DxCode
MA FFD MAMM SCREEN BILAT	Screening mammogram, encounter for	Z12.31

Location in Breast: _____

STEP 2: FOLLOW-UP BREAST IMAGING PROCEDURES:
If Calcifications, asymmetry, Mass (palpable or non-palpable is found on the screening mammogram,

I would like the patient to receive a Diagnostic Mammogram, Diagnostic Breast Ultrasound, Diagnostic 3D Tomography, Ultrasound Axilla or Ductogram as applicable.

STEP 3: ADDITIONAL BREAST IMAGING PROCEDURES
If the patient has a suspicious finding as a result of the Follow-up Breast Imaging in Step 2, (check all that apply)

I would like the patient to have a Stereotactic Core Biopsy, US Core Biopsy, US Cyst Aspiration, US Fine Needle Aspiration as recommended by the Radiologist.

I would like the patient to receive a 3, 6 or 12 month follow-up mammogram and/or ultrasound as recommended by the radiologist.

STEP 4: BREAST RESULT PATIENT NOTIFICATION

The Radiologist or RN may notify the patient of the results of the radiology biopsy procedure.
 I prefer to contact the patient with biopsy results myself.

STEP 5: SURGICAL CONSULT

The Radiologist or RN may schedule a surgical consultation appointment after an abnormal finding on a breast procedure or breast imaging that may require a biopsy and is not amenable to the less invasive procedures listed above pursuant to the Radiologist's standard referral procedure.

Patient or PCP requests a specific surgeon here: [Cvitkovich MD, Garrick]

* Patient will be involved in all decisions about their care, treatment and services provided.
 * Breast MRI follow-up must be scheduled by the referring healthcare provider as Insurance preauthorization is required prior to the exam.

OK Cancel

5: Fill out Munson Breast Imaging conditional Order as desired

6: OK button

7: Save & Close button

08/07/2017 04:22 PM: "Checkout M838" <Read-only> 08/24/2017 09:08 AM: "Checkout M838"

Specialty: Family Practice Visit Type: Office Visit

Intake | Histories | SOAP | Finalize | Checkout | Dictation

Meaningful Use Check | Adult Immunizations | Peds Immunizations | My Plan | Document Library | PT Orders

Care Guidelines | Global Days

Panel Control: Toggle Cycle

Today's Orders

Status	Order	Side	Site	Location	Timeframe
ordered	MA FFD MAMM SCREEN BILAT				-today

Diagnosis (1) Referrals Office Services Procedures Follow up Medications Patient Education Physical Therapy

Portal Letter

Requisition Add Edit

8: Diagnosis (1) link

9: MA FFD MAMM SCREEN BILAT order

10: Requisition button



MHCG Grayling Community Health Center

1250 E Michigan Ave
Grayling, MI 49738-7074
Telephone: (989)348-0550 Fax: (989)348-0473

DIAGNOSTIC REQUISITION

Patient Name: Zzzfemale , Adult
Date of Birth: 06/01/1956
Address: 9610 My Own Ave
 Grayling, MI 49738-
Phone #: (989)348-6231
Primary Insurance: Blue Cross And Blue Shield
Subscriber: ZzzCheck Received In Error
Policy #: 00000000000000000000000000000000

Guarantor:
 Zzzfemale Adult
 9610 My Own Ave, , Grayling, MI 49738

Fasting: No
Priority: R Routine

Instructions: *Please take this requisition to the corresponding department.*

Order	Dx Code	Diagnosis	Timeframe
MA FFD MAMM SCREEN BILAT	Z12.31	Screening mammogram, encounter for	-today

CPT Code

Order	CPT
MA FFD MAMM SCREEN BILAT	G0202

Ordered by: 81083 Eric Weeks DO
Date: 08/24/2017 9:08 AM
Timeframe My Plan: -today
Appointment Info:

Electronically Signed By: Eric Weeks DO 08/24/2017 9:21:05 AM
Document generated by: Jessica A. Hartman 08/24/2017 9:21:05 AM

Encounter # 2575948
 Cerner ID: MPS2575948

MUNSON HEALTHCARE BREAST IMAGING ORDER**Patient Name:** Zzzfemale, Adult**Date of Birth:** 06/01/1956**STEP 1: INITIAL BREAST IMAGING PROCEDURES:**

Order	Diagnosis	DxCode	Timeframe
MA FFD MAMM SCREEN BILAT	Screening mammogram, encounter for	Z12.31	-today

STEP 2: FOLLOW-UP BREAST IMAGING PROCEDURES:

I would like the patient to receive a Diagnostic Mammogram and/or Diagnostic Breast Ultrasound, Diagnostic 3D Tomography, Ultrasound Axilla, Ductogram or Breast MRI as recommended by the radiologist if any of the following are found: Calcifications, asymmetry, Mass (palpable or non-palpable).

STEP 3: ADDITIONAL BREAST IMAGING PROCEDURES:

If the patient has a suspicious finding as a result of the Follow-up Breast Imaging in Step 2, my preference is as follows:

I would like the patient to receive a Biopsy or Wire Localization, Stereotactic Core Biopsy, US Core Biopsy, US Cyst Aspiration, US Fine Needle Aspiration as recommended by the Radiologist.

I would like the patient to receive a 3, 6 or 12 month follow-up mammogram and/or ultrasound as recommended by the radiologist.

STEP 4: BREAST RESULT PATIENT NOTIFICATION:

The Radiologist or the RN may notify the patient with results of the radiology biopsy procedure.

STEP 5: SURGICAL CONSULT

The Radiologist or RN may schedule a surgical consultation appointment after an abnormal finding on a breast exam or procedure that may require a biopsy and is not amenable to the less invasive procedures listed above pursuant to the Radiologist's standard referral procedure.

Patient or PCP requests a specific surgeon here: Cvitkovich MD, Garrick

- **Patient will be involved in all decisions about their care, treatment and services provided.**
- **Breast MRI follow-up must be scheduled by the referring healthcare provider as insurance preauthorization is required prior to the exam.**

Electronically Signed By: Eric Weeks DO 08/24/2017 09:21 AM

Please FAX this form to the facility where imaging is being scheduled.

*This is a conditional radiology order in compliance with Medicare Benefit Policy Manual, Chapter 15, section 80.6 (rev 10-13-16)

Link to Demonstration
[mamm_cond_order.mp4](#)