

Sage Imaging Summary

Sage Encounter Number
Assign a new number for each visit

PLEASE COMPLETE ALL INFORMATION (only complete forms can be processed)

A. IMAGING CATEGORY (check only ONE type. A separate form is needed for each imaging type.)

- Screening Mammogram Additional Mammogram Breast Ultrasound

B. IMAGING INFORMATION

Patient name (Last, First, MI): _____ Date of Birth: ____/____/____

Imaging facility (name/location): _____

Imaging date: ____/____/____ Radiology #: (Optional) _____

Type:

- Bilateral
 Unilateral - Left
 Unilateral - Right

Format:

- Digital
or
 Conventional

C. Radiologist's Assessment and Recommendation (check appropriate boxes)

ACR ASSESSMENT CATEGORY

- 0 Assessment is incomplete – need additional imaging evaluation

RECOMMENDATIONS

- ⇒ Magnification views
 Additional projections
 Spot compression
 Ultrasound examination
 Film comparison (compare to prior mamm.)
(only used for screening mamm. result)

- 1 Negative

- ⇒ Mammogram in year(s)

- 2 Benign finding

- ⇒ Mammogram in year(s)

- 3 Probably benign finding – short interval follow-up suggested

- ⇒ Imaging in month(s)

- 4 Suspicious abnormality – biopsy should be considered

- ⇒ Surgical consult/biopsy

- 5 Highly suggestive of malignancy – appropriate action should be taken

- ⇒ Surgical consult/biopsy

Remember that 3 or 6 month follow-up mammograms or ultrasounds need a new Sage encounter number assigned by the clinic.

Date reported: ____/____/____



Please complete and return to:
Minnesota Department of Health
Sage Screening Program
P.O. Box 64882
St. Paul, MN 55164-0882



The new Sage Imaging Summary replaces the old Sage Mammogram Summary (green), the Sage Additional Mammographic Views form (grey), and the Sage Breast Ultrasound form (turquoise).

Instructions for completing the Sage Imaging Summary:

1. **Sage Encounter Number** - The encounter number is provided by the facility (clinic) where the patient is enrolled into Sage and has an office visit where a CBE and/or Pap is done. A new encounter number should be used each time a woman comes in for an office visit or when a 6-month follow-up mammogram or breast ultrasound is ordered.
2. **IMAGING CATEGORY** - Select **only one** type of imaging to report. If more than one type of imaging is done, report each type on a separate Sage Imaging form using the same encounter number. *This category **must be completed** or the form cannot be processed and will be returned.*
 - a. **Screening Mammogram** [1] - This should be checked for a regular screening mammogram. The CPT code would be either 77057, 77055, 77056, G0202, G0206, or G0204 for this procedure.
 - b. **Additional Mammographic View** [3] - This should be checked when a diagnostic mammogram follows a screening mammogram [1] where the result was ACR category 0 or “assessment incomplete.” These are mammograms that have views in addition to the routine CC and MLO. The CPT code would be 77055/G0206 or 77056/G0204 for this procedure.
 - c. **Breast Ultrasound** [4] - This should be checked when a sonogram is done of the breast.
3. **IMAGING INFORMATION** - Only the **Radiology #** is optional. *All other information **must be completed** or the form cannot be processed and will be returned.*
4. **RADIOLOGIST’S ASSESMENT AND RECOMMENDATION** -
 - a. **ACR ASSESSMENT CATEGORY** - Check the appropriate box for the result of the imaging and check only one box. *This category **must be completed** or the form cannot be processed and will be returned.*
 - b. **RECOMMENDATION** - The Film comparison box should **only** be checked when a screening [1] or initial mammogram [2] ACR 0 is reported. For any imaging type, please provide the follow-up dates for ACR categories 1-3.
5. **Date dictated**: Please record the date the radiologist reports the result.