

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.