

# Sage Imaging Summary

Sage Encounter Number  
Assign a new number for each visit

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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.