

Every Woman Matters Mammography Order

Every Woman Matters



July 2016

- Clinic:** This form must be completed prior to receiving services
- Facility:**
1. Send a copy of the dictated report to the ordering provider and EWM.
 2. Inform client that Computer Aided Detection (CAD) is not a covered service.

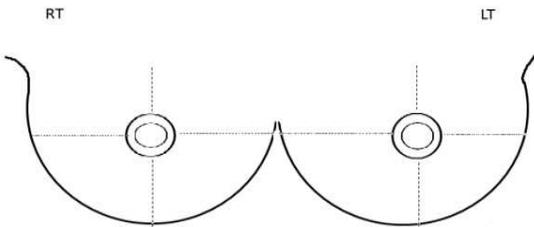
First Name	Initial	Last Name	Date of Birth	Age
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Clinic Site: _____ City: _____
(Please do not abbreviate)

This is an order for the above patient to receive the following:

- Screening Mammogram *(only covered for women 40 and over)*
- Diagnostic Mammogram *(only covered for women 30 and over)*
 Reimbursement for a diagnostic mammogram for clients 30-39 only with suspicious CBE or previous abnormal mammogram
- Breast Ultrasound
(No pre-approval necessary if ordered by a surgeon or radiologist following a diagnostic mammogram in clients 30-39. Please call 1-800-532-2227 if rural area and no surgeon available.)
- CHECK HERE IF ADDITIONAL STUDIES MAY BE PERFORMED AS DETERMINED BY THE RADIOLOGIST
(Per program policies as stated in Women's and Men's Health Program 2014 Provider Contract Manual)

- Computer Aided Detection (CAD) is NOT a covered service



Provider Remarks:

Provider's Signature: _____ Date: _____

Provider signature may serve as an order if facility allows.

Women's and Men's Health Programs - Every Woman Matters Program - 301 Centennial Mall South - P.O. Box 94817 - Lincoln, NE 68509-481
 Toll-Free: 800.532.2227 - In Lincoln: 402.471.0929 - Fax: 402.471.0913 - Web: www.dhhs.ne.gov/EWM
 #5NU58DP003928-04/#5NU58DP004863-03

Part 1

Billing/Admissions/Patient Registration for Participating EWM Clients

1. This form is only used for EWM clients and should only be accepted by contracted EWM facilities.
2. Part 1 stays with the client to present to the Radiology Department. The Radiology Department can use Part 1 for tracking purposes.
3. Part 2 can be torn off and used for Billing/Admissions/Patient Registration purposes.

Client Name: _____
 Date of Birth: ____/____/____

***CAD is NOT a Reimbursable Service.**
Please discuss with client how this will be paid, if used.

Part 2