Vital View 3D Breast Imaging

Non-Compression • Dedicated Breast CT • True 3D Images

301 116th Ave SE, Suite 103, Bellevue, WA 98004 • Ph: 425-500-6228 • info@VitalView3D.com
Office Hours: Monday–Friday, 8:00 am – 5:00 pm • *Private appointments available upon request*

NON-COMPRESSION, TRUE 3D BREAST CT (TOMO), DIAGNOSTIC ORDER / REFERRAL

Send order via email or fax: info@VitalView3D.com • Fax: (949) 894-8771

Patient Information

Patient name: _____ DOB: ____ / ____ / _____ Gender: ☐ F ☐ M ☐ Other

Phone: _____ Email: _____ Insurance / Auth #: _____

Referring Provider

Provider name: _____ NPI: _____ Practice: _____

Phone: _____ Fax: _____ Provider signature: _____ Date: ____ / ___ / _____

Scheduling & Report Delivery

Scheduling: ☐ Vital View 3D to call patient to schedule ☐ Referring office will call patient to schedule

Report delivery: ☐ Routine ☐ STAT Send report by: ☐ Fax ☐ Secure portal/email Images: ☐ Send link/CD

Breast CT Exam Ordered (2021 AMA Category III CPT)

Unilateral — Side: ☐ Right ☐ Left

☐ Without contrast (0633T) ☐ With contrast (0634T) ☐ Without and with contrast (0635T)

Bilateral ***(note: orders with contrast require 48 business hours notice)***

☐ Without contrast (0636T) ☐ With contrast (0637T) ☐ Without and with contrast (0638T)

If contrast/laterality is not specified, the interpreting radiologist will determine based on clinical history. Breast CT is a diagnostic exam intended to be read together with mammography (*not a breast screening replacement*). The most recent mammogram report, will be requested for if available, is helpful.

Clinical Indication (required — ICD-10 codes helpful)

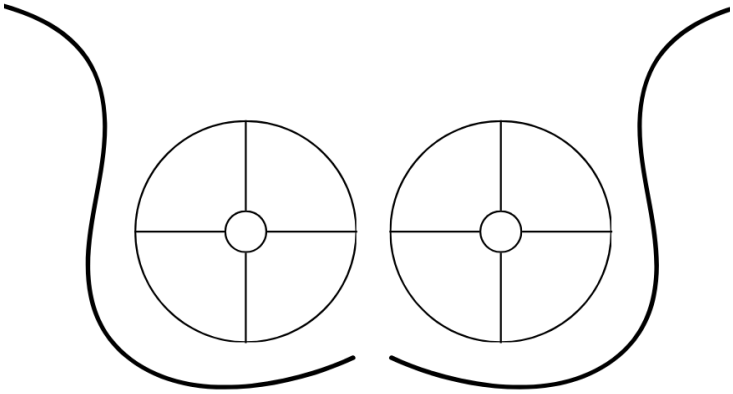
Diagnosis / signs & symptoms: _____

ICD-10 code(s): _____

Indications (check all that apply):

☐ Palpable lump → R / L _____
☐ Thickening → R / L _____
☐ Pain / tenderness → R / L
☐ Nipple discharge → R / L
☐ Nipple inversion → R / L
☐ Prior breast cancer → R / L Year: _____
☐ Follow-up of imaging abnormality
☐ Indeterminate finding (mammo / US / MRI)
☐ Dense breast tissue (supplemental imaging)
☐ High risk / strong family history
☐ Intolerance to compression mammography
☐ Implant evaluation
☐ Infection
☐ Other: _____

Please mark area of interest:



Safety Screening

Pregnant: ☐ Yes ☐ No Breastfeeding: ☐ Yes

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FDA APPROVED FOR DIAGNOSTIC USE AND BIOPSY

Koning is the first Breast CT imaging device to receive FDA approval for commercial, diagnostic use.
Vital View 3D Breast Imaging, Bellevue WA offers this dedicated breast KBCT. https://VitalView3D.com

DX BREAST CT USES

UNILATERAL KBCT WITHOUT CONTRAST*
2021 AMA CPT Code 0633T

- Call back from screening mammogram with suspicious mass, architectural distortion, asymmetry, or calcifications
- Symptoms (palpable mass, thickening, skin retraction, nipple discharge)
- Post-surgical follow-up (i.e., post-surgical, post radiation/chemotherapy)
- Question of implant rupture
- Mastectomy with question of contralateral disease
- Neo-adjuvant therapy monitoring
- Incidental finding on other imaging modality (i.e. breast finding from Chest CT)
- Clip placement/migration check

UNILATERAL KBCT WITH CONTRAST
2021 AMA CPT Code 0634T

- Personal history or strong family history called back from screening mammogram for finding
- Indeterminate findings on other breast imaging modalities (i.e. ultrasound, MRI)
- Follow-up to recent negative CT scan (non-contrast scan done within specified time period) due to new symptom Highly suspicious finding with inconclusive imaging via other breast imaging modalities
- Nipple discharge (question of intraductal papilloma)
- Biopsy proven breast cancer follow-up
- Neo-adjuvant therapy monitoring
- Patients with a certain breast density level

UNILATERAL KBCT WITHOUT CONTRAST
2021 AMA CPT Code 0635T

- Indeterminate findings on mammogram, ultrasound, or MRI
- Question of fibroadenoma vs. carcinoma
- Symptoms (i.e. lump, discharge, thickening in breast)
- Follow-up to biopsy-proven carcinoma
- Extent of disease with known proven malignancy
- Evaluation of post-surgical changes to breast

BILATERAL KBCT WITHOUT CONTRAST
2021 AMA CPT Code 0636T

- Bilateral breast symptoms (i.e. pain, swelling, erythema, nipple changes, skin dimpling, thickening, etc.)
- Call back from screening mammogram with bilateral findings
- History of bilateral procedures or surgeries
- Bilateral implant integrity check with question of possible bilateral rupture
- Pre-procedural (mastopexy, implant placement, etc.) Post-procedural (bilateral mastectomy with tram flap or implant placement, mastopexy, or cosmetic implant placement
- Neo-adjuvant monitoring for bilateral disease

BILATERAL KBCT WITH CONTRAST
2021 AMA CPT Code 0637T

- Determine extent of disease in biopsy-proven carcinoma
- Determine contralateral breast involvement
- Indeterminate findings on other breast imaging modalities (i.e. ultrasound, MRI)
- High risk patient (personal history or strong family history)
- Bilateral, highly suspicious findings on screening mammogram
- Short-term follow-up for bilateral symptoms with strong personal or family history
- Bilateral with certain breast density

BILATERAL KBCT WITH/WITHOUT CONTRAST
2021 AMA CPT Code 0638T

- Indeterminate bilateral findings on other imaging modalities
- Bilateral symptoms (i.e. lumps, discharge, thickening in both breasts)
- Strong family history with recent breast carcinoma diagnosis
- Evaluating extent of disease in both breasts or as a comparison to affected breast
- Evaluating post-surgical changes in both breasts
- Neo-adjuvant monitoring for bilateral disease or as comparison to affected breast

Breast CT can be used in all instances in which MRI is used. Breast CT visualizes calcifications and reduces imaging time. Breast CT removes any risk of Gadolinium complications, as well as patient rejection factors including size, weight, claustrophobia, or metal implanted devices.

FURTHER INDICATIONS THAT MAY WARRANT KBCT UTILIZATION:

- Recent publications within the medical community regarding concerns of Gadolinium deposition in the brain
- Patient's intolerance of breast compression
- Forgoing use of compression for new post-surgical or post-treatment (radiation) patients with concerns (i.e. infected breast, radiation burns, open abscess, etc.)
- Breast surgeons have provided positive Breast CT imaging feedback when addressing pre- and post- surgical imaging and prefer the breast unaltered by compression. Breast CT provides a much more accurate image of the breast tissue and volume in its natural form, unhindered by compression with traditional mammography
- Current imaging trends are focusing on contrast-enhanced mammography, which poses many challenges as the patient is upright during the injection process. Additionally, compression of the breast hinders vascular flow and, therefore, contrast uptake within the breast
- Breast CT allows a safer method of contrast imaging and a more natural progression of contrast flow, as the breast is unhindered by compression and the patient is prone, allowing the breast to be pendulous

**Contrast or non-contrast KBCT is at the behest of the radiologist and based upon individual reading preference, as well as tailored to the patient's history*
NOTE: National Medicare reimbursement rates may be regionally adjusted. Please consult the regional MAC