VitalView3D.com

# Vital View 3D Breast Imaging

301 116th Ave SE, Suite 103, Bellevue, WA 98004 • Ph (425) 500-6228 • Fax (949) 894-8771 • info@VitalView3D.com

*Non-Compression • Dedicated Breast CT • True 360° 3D Imaging • Scan 7 seconds per breast*

Monday-Friday 9:00 am-5:00 pm • *Weekend and Private appointments available upon request*

## VERA SCAN DEDICATED BREAST CT DIAGNOSTIC IMAGING ORDER / REFERRAL

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

## Patient Information

Patient name: _____ DOB: ___ / ___ / _____ Sex assigned at birth: ☐ F ☐ M

Patient address: _____ City: _____Zip: _____

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

## Referring Provider

Provider name: _____ NPI: _____ Practice: _____

Provider address: _____ City: _____ Zip: _____

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) Contrast available in 2027 ☐ With contrast (0634T) ☐ Without and with contrast (0635T)

**Bilateral:**

☐ **Without contrast (0636T)** Contrast available in 2027 ☐ 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.

## Clinical Indication (required — ICD-10 codes helpful)

USE PROVIDER CODING GUIDE TO AID WITH PATIENT REIMBURSEMENT

Diagnosis / signs & symptoms: _____

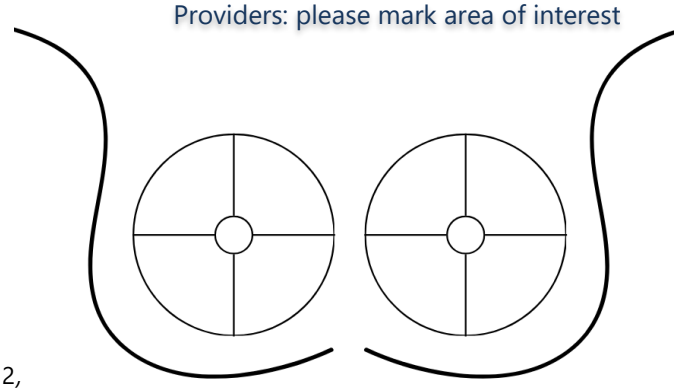
See all ICD-10 code(s) information on subsequent pages: _____

_____

**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 (complete page 2,
☐ Implant evaluation
☐ Infection
☐ Other: _____

Providers: please mark area of interest



## Safety Screening

**Pregnant: ☐ Yes ☐ No Breastfeeding: ☐ Yes**

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## PROVIDER CHECKLIST PAGE 2

**Providers: Diagnostic reason + compression intolerance checklist**

1. Check at least one diagnostic reason in Part A.
2. If the patient cannot tolerate compression mammography, also complete Part B and the description below.
3. Codes shown are 2027 ICD-10-CM (effective 10/01/2026); the ordering provider selects the final code(s).
4. For injury and burn codes, the 7th character is A = initial, D = subsequent, S = sequela.

### PART A – Diagnostic reason (required, check at least one)

***Breast symptoms***

☐ Palpable lump or mass → R / L **N63.10 (R) · N63.20 (L) · N63.0**
☐ Breast pain (mastodynia) → R / L **N64.4**
☐ Nipple discharge → R / L **N64.52**
☐ Nipple retraction → R / L **N64.53**
☐ Induration / thickening → R / L **N64.51**
☐ Other breast signs or skin changes (dimpling, redness, swelling) → R / L **N64.59**

***Prior breast imaging***

☐ Abnormal or inconclusive finding on prior imaging (mammo/US/MRI) **R92.8**
☐ Calcifications / microcalcifications **R92.1 / R92.0**
☐ Inconclusive mammogram **R92.2**
☐ Dense breasts with a finding (density on report) **R92.30 / R92.3xx (p. 6)**
☐ Short-interval follow-up of probably benign finding **R92.8 + original code**

***History and implants***

☐ Personal history of breast cancer → R / L Year: _____ **Z85.3 (routine follow-up: Z08 first, then Z85.3; in situ: Z09 + Z86.000)**
☐ Acquired absence of breast → R / L / Bilateral **Z90.11 / Z90.12 / Z90.13**
☐ Breast implant status **Z98.82**
☐ Suspected implant complication (breakdown, displacement, leakage, capsular contracture, other); do not also add Z98.82 **T85.41X- / T85.42X- / T85.43X- / T85.44X- / T85.49X-**

***Breast or chest injury, burns and skin***

☐ Contusion of breast → R / L **S20.01X- / S20.02X-**
☐ Open wound of breast, incl. penetrating injury → R / L **S21.0- (select full code)**
☐ Burn of chest wall / breast: 1st / 2nd / 3rd degree **T21.11X- / T21.21X- / T21.31X-**
☐ Scar conditions and fibrosis of skin (post-injury, burn, surgery) **L90.5**

### PART B – Why not compression mammography (check all)

***Pain***

☐ Other chronic pain **G89.29**
☐ Fibromyalgia **M79.7**
☐ Complex regional pain syndrome I **G90.5-**
☐ Chest wall / other chest pain **R07.89**

***Anxiety, trauma and mental health***

☐ Generalized anxiety disorder **F41.1**
☐ Panic disorder **F41.0**
☐ Anxiety disorder, unspecified **F41.9**
☐ Post-traumatic stress disorder **F43.10 (or F43.1-)**
☐ Fear of other medical care **F40.232**
☐ Phobic anxiety disorder, unspecified **F40.9**

***Skin conditions preventing compression***

☐ Hidradenitis suppurativa **L73.2**
☐ Psoriasis **L40.-**
☐ Systemic sclerosis (scleroderma) **M34.-**
☐ Epidermolysis bullosa **Q81.-**
☐ Burns / grafts / scarring (see Part A codes)

***Physical limitations***

☐ Dependence on wheelchair **Z99.3**
☐ Other reduced mobility (unable to stand or hold position) **Z74.09**
☐ Kyphosis / scoliosis **M40.- / M41.-**
☐ Cerebral palsy **G80.-**
☐ Muscle / joint contracture **M62.4- / M24.5-**

***Compression mammogram attempted***

☐ Compression mammogram not possible / not completed (explain in box below)
☐ Other: _____

**Describe why compression mammography is not tolerated or not possible (required if Part B is checked):**

_____

*Provider attestation: I have assessed this patient, and the diagnostic reason and any compression intolerance checked above are documented in the patient's medical record.*

Provider name: _____ Signature: _____ Date (mm/dd/yyyy): ___ / ___ / _____

*Note: Codes are examples to support documentation and are not medical, legal or insurance advice. Coverage and reimbursement vary by plan and are not guaranteed*

# How to code a Vera Scan (dedicated breast CT) order for your patient claims

*ICD-10-CM FY2027 (effective 10/01/2026 – 09/30/2027). Use with Order page 2 (checklist) and pages 6–7 (ICD-10 code lists).*

## 1. The five rules (from the official ICD-10-CM Guidelines, Section IV)

1. **Reason for the exam goes first.** List the finding or symptom that is the main reason for the scan as the first diagnosis (e.g., R92.2, N63.11). (Guidelines IV.G and IV.K)
2. **Use every character.** A code missing characters is invalid and will be rejected, e.g., N63.1 or T85.41X are incomplete; N63.11 and T85.41XA are complete. (IV.F.2)
3. **Code what you know, not what you suspect.** *Do not code* "rule out," "suspected" or "probable" cancer. Code the symptom or imaging finding instead. (IV.H)
4. **History, family history and risk codes go after the reason.** Z85.3, Z86.000, Z80.3 and Z15.01 are supporting codes, never first on a diagnostic order (exception: Z08 follow-up, see table). (IV.J and I.C.21)
5. **Be specific as the chart allows.** Include side (right / left / bilateral) and quadrant, make sure the side matches the exam ordered. (IV.F.3)

## 2. If the patient has… enter the codes in this order

| Clinical situation | 1st code (primary) | Then add (if documented) | Tips |
|---|---|---|---|
| Callback from screening mammogram: inconclusive, asymmetry or distortion | **R92.2** Inconclusive mammogram, or **R92.8** Other abnormal finding | Density code **R92.3xx** from the report (e.g., R92.343); **Z80.3** / **Z15.01** if relevant | Strongest codes for breast CT. Attach the mammogram report. |
| Calcifications on mammogram | **R92.0** Microcalcification or **R92.1** Calcification | R92.3xx density; history codes | Attach the report showing the finding. |
| Palpable lump or mass | **N63.11–N63.15** (right) / **N63.21–N63.25** (left) by quadrant; **N63.31 / N63.32** axillary tail; **N63.41 / N63.42** subareolar | Z80.3, Z15.01, Z85.3 if relevant | Avoid N63.0 (unspecified side) when the side is known. |
| Nipple discharge or retraction | **N64.52** Discharge / **N64.53** Retraction | Lump or imaging code if also present | Note side and type of discharge in the chart. |
| Thickening or skin changes | **N64.51** Induration / **N64.59** Other signs | Imaging finding if present | |
| Breast pain only | **N64.4** Mastodynia | Any other finding or symptom | Weakest on its own; add any finding. |
| Follow-up after completed breast cancer treatment (no current cancer) | **Z08** Follow-up exam after completed treatment | **Z85.3** history of breast cancer, then **Z90.11 / Z90.12 / Z90.13** if mastectomy, **Z92.3** radiation, **Z92.21** chemo | Official rule: Z08 is coded first, then Z85.3. |
| Follow-up after completed DCIS / LCIS treatment | **Z09** Follow-up after completed treatment (non-malignant) | **Z86.000** history of in-situ neoplasm of breast | Use Z86.000, not Z85.3, for in-situ history. Confirm with your coder. |
| Known current breast cancer or in-situ (staging / extent) | **C50.-** (full code) or **D05.-** (e.g., D05.11) | Z17.0 / Z17.1 receptor status; Z79.81- if on hormone therapy | Code to full characters, including side. |
| Suspected implant rupture or problem | **T85.41XA–T85.49XA** (A = initial encounter) | Breast symptom codes | Do **not** also add Z98.82; the T85.4 code already says there's an implant. |
| Implants, no implant problem, other reason for scan | The finding or symptom (e.g., R92.8) | **Z98.82** Breast implant status | Explanted implants: Z98.86. |
| Dense breasts only, no other finding | **R92.3xx** (e.g., R92.343 extreme density, bilateral) | Z80.3 / Z15.01 if relevant | Density alone is usually treated as supplemental screening and often denied. Add any finding or symptom. |
| High risk only (family history / BRCA), no symptoms | No diagnostic reason exists | Z80.3, Z15.01 | Likely denied as screening. Tell the patient about self-pay ($850) and HSA/FSA. |

## 3. When the patient can't have compression mammography

- Keep the **breast reason first** (section 2). Add the reason compression isn't possible as **secondary** codes from Order page 2, Part B (e.g., **G89.29** chronic pain, **M79.7** fibromyalgia, **F41.1** anxiety, **F43.10** PTSD, **L73.2** hidradenitis, **Z99.3** wheelchair, **Z74.09** reduced mobility).
- **Describe the reason in your chart note** and on Order page 2 (e.g., "unable to tolerate compression due to post-mastectomy pain").
- **Avoid Z53.09 on the breast CT claim.** Z53 codes describe a procedure that was **not** carried out at that visit, and the breast CT was performed, so it can trigger a rejection. Tick "Compression mammogram not possible" on page 2 and explain in the box instead.

## 4. Example: how the codes appear on the claim

| Line | Code | Why it's there |
|---|---|---|
| A (primary) | R92.2 | Inconclusive mammogram, the reason for the scan |
| B | R92.343 | Extreme density, bilateral (from the mammogram report) |
| C | Z80.3 | Mother had breast cancer |
| D | G89.29 | Chronic pain prevents compression mammography |
| Exam | 0636T | Breast CT, bilateral, without contrast (side matches R92.343 bilateral) |

## 5. Top reasons claims get rejected, and how to avoid them

| Problem | Fix |
|---|---|
| Code missing characters (N63.1, T85.41X, C50.9) | Enter the full code: N63.11, T85.41XA, C50.911 |
| Screening code Z12.31 on a diagnostic order | Use the finding or symptom code instead (Z12.31 is for screening mammograms only) |
| History or family-history code listed first | Move it after the finding or symptom (Z08 follow-up is the only exception) |
| "Rule out cancer" coded as C50 | Code the symptom or finding (R92.x, N63.x, N64.x) |
| Side doesn't match the exam (left-only code, bilateral 0636T) | Match laterality: unilateral 0633T plus side code, or bilateral 0636T plus bilateral/both-side codes |
| Z98.82 together with T85.4- implant complication | Remove Z98.82 |
| Codes not supported by chart notes | Document the finding, its side, prior imaging dates and why compression isn't possible |
| Order and letter of medical necessity list different codes | Use the same codes on the order, the letter and the claim |

## 6. Send with every order

- Signed order (all pages) with codes in the order above.
- Most recent mammogram, ultrasound or MRI report(s), with dates.
- Relevant chart note, plus the Letter of Medical Necessity (VV3D_LMN_All_Insurers) if the patient is seeking insurance coverage.
- **FDA labeling:** Koning breast CT is FDA approved (PMA P130025) for diagnostic imaging of the breast, read along with standard 2-view mammography. If a mammogram can't be done, document the medical reason so the radiologist has it.
- **Coverage:** CPT 0633T–0638T are AMA Category III codes. Vital View 3D does not bill insurance directly; coverage and out-of-network reimbursement vary by plan and are not guaranteed. Self-pay flat rate: $850 (unilateral or bilateral, without contrast).

**Questions? Vital View 3D Breast Imaging • (425) 500-6228 • Fax (949) 894-8771 • info@VitalView3D.com**

*Codes checked against the official CDC/NCHS FY2027 ICD-10-CM code files, index and Official Guidelines for Coding and Reporting (11/03/2026). The ordering provider selects final codes based on documentation. This guide is not legal, billing or insurance advice; coverage and reimbursement vary by plan and are not guaranteed.*

***Call back from screening mammogram with suspicious mass, architectural distortion, asymmetry, or calcifications***

R92.2 Inconclusive mammogram; R92.8 Asymmetry / other finding
R92.30 Dense breasts, unspecified
R92.311 / R92.312 / R92.313 Fatty tissue density, right / left / bilateral
R92.321 / R92.322 / R92.323 Fibroglandular density, right / left / bilateral
R92.331 / R92.332 / R92.333 Heterogeneous density, right / left / bilateral
R92.341 / R92.342 / R92.343 Extreme density, right / left / bilateral
R92.0; R92.1 Calcifications; Microcalcifications
N63.10, N63.11, N63.12, N63.13, N63.14, N63.15, N63.31, N63.41 Unspecified lump right breast
N63.20, N63.21, N63.22, N63.23, N63.24, N63.25, N63.32, N63.42 Unspecified lump left breast
N64.59; N64.89 Other specified findings in breast

***Symptom (palpable mass, thickening, skin retraction, nipple discharge)***

N64.52 Discharge
N64.53 Skin retraction
N64.59 Thickening of skin

***Post-surgical follow-up (i.e., post-surgical, post radiation/chemotherapy)***

Z08 Follow-up exam after completed cancer treatment (code first, then Z85.3)
Z09 + Z86.000 Follow-up after completed in-situ (DCIS / LCIS) treatment
Z92.3 Personal history of radiation
Z92.21 Personal history of Chemotherapy
Z85.3 Personal history of breast cancer
Z86.000 Personal history of in-situ neoplasm of breast (DCIS / LCIS)
Z98.82 Breast implant
**New for FY2027**: N99.860 / N99.861, nipple ischemia or necrosis after a procedure.

***Question of implant rupture***

T85.41X- Breakdown; T85.42X- Displacement; T85.43X- Leakage
T85.44X- Capsular contracture
T85.49X- Other mechanical complication

***Mastectomy w/question of contralateral disease***

Z90.11 / Z90.12 / Z90.13 Acquired absence of right / left / both breasts

***Neo-adjuvant therapy monitoring***

Z79.810 SERMs; Z79.811 Aromatase inhibitors; Z79.818 Other estrogen agents (long-term use)
Z79.899 Other long-term (current) drug therapy

***Clip placement/migration check***

N64.89 Other specified disorders of breast

***Personal history or strong family history called back from screening mammogram for finding***

Z80.3 Family history of breast cancer
Z15.01 Genetic susceptibility to malignant neoplasm of breast
Z17.0 / Z17.1 Estrogen receptor positive / negative status (if applicable)

***Indeterminate findings on other breast imaging modalities (i.e., ultrasound, MRI)***

R92.8 Other abnormal and inconclusive findings on diagnostic imaging of breast
N64.89 Other specified disorders of breast
N64.59 Other signs and symptoms in breast

**Bilateral breast symptoms (i.e. pain, swelling, erythema, nipple changes, skin dimpling, thickening, etc.)**

N64.4 Pain Mastodynia (breast pain)

N63.1- / N63.2- Lump in right / left breast (provider adds quadrant digit)
R22.31 / R22.32 / R22.33 Localized swelling, mass and lump, right / left / bilateral upper limb
N63.31 / N63.32 Lump in axillary tail of right / left breast (armpit area of breast)
N64.59 Other signs and symptoms in breast (itching, tingling, skin changes, rash, skin thickening)
N64.53 Retraction of nipple

## ICD-10 CODES PAGE 7

***Incidental finding on other imaging modality (i.e. breast finding from Chest CT)***
C50.- Malignant neoplasm of breast (provider completes full code)
N63.- Unspecified lump in breast (provider completes code by side and quadrant)
N60.21, N60.22 Fibroadenosis
N60.01, N60.02 Breast cyst single
N60.11, N60.12 Diffuse cystic mastopathy
N61.0 Mastitis without abscess
N61.1 Abscess
N64.1 Fat necrosis
N62 – For male patients, hypertrophy of breast
N60.81, N60.82 ADH
D24.1, D24.2 Benign neoplasm of breast
D05.01, D05.02 LCIS
D05.11, D05.12 DCIS
N60.41 N60.42 Mammary Duct Ectasia
L72.3 Sebaceous cyst (skin of breast)
L76.34 Postprocedural seroma of skin and subcutaneous tissue (following other procedure)
L76.32 Postprocedural hematoma of skin and subcutaneous tissue (following other procedure)
N99.842 / N99.843 Postprocedural seroma of a genitourinary organ or structure (incl. breast), following a genitourinary procedure / other procedure
N99.840 / N99.841 Postprocedural hematoma of a genitourinary organ or structure (incl. breast), following a genitourinary procedure / other procedure
N64.89 Nontraumatic hematoma of breast (other specified disorders of breast)

**For patients without prior imaging and/or unable to tolerate breast compression mammography, Use the checklist on page 2 (diagnostic reason + why compression mammography is not possible) and the coding tips on page 3.**

- **Other reasons patients may be unable to tolerate compression include post-thoracotomy or post-mastectomy pain, severe eczema, inability to stand or hold a standing position, and neurological or mobility conditions. Describe these in the box on page 2.**

**END OF DIAGNOSTIC ORDER. FAX: (949) 894-8771 email: info@VitalView3D.com**

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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

Providers with Patients without prior imaging or unable to tolerate compression mammography see pages 2–3

### 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*