MASSACHUSETTS

BONE MINERAL DENSITY ORDER FORM

Complete this form to order a bone mineral density screening for the Medicare Advantage member indicated. This will allow the Blue Cross Blue Shield of Massachusetts Mobile Screening Team to contact your patient and conduct an in-home bone mineral density (BMD) screening for them.

Please review the order notes below and fax the completed form to 1-617-246-3071.

ORDER NOTES

Patient information: Please review and ensure we have the best contact number listed for the member so we can reach them for scheduling.

Member name		**Date of birth**	
Member ID		**Member's primary phone**	
Member address		**Fracture claim date**	
ICD-10-CM code			

Ordering provider: Please complete and sign to authorize a mobile bone mineral density screening for your patient.

Provider name: _____
NPI: _____
Fax number: _____
Phone number: _____

Provider signature: _____
Date: _____

Clinical order:

☑ **Yes, I want to order an in-home bone mineral density screening**: The Blue Cross Blue Shield of Massachusetts Mobile Screening Team will provide the patient with an ultrasound bone mineral density screening.[1] Results will be faxed to the ordering provider indicated in the section above.

Fax completed form to 1-617-246-3071. If you do not wish to order this for your patient, no action is required at this time.

[1] Our in-home screening used a quantitative ultrasound (QUS) to assess bone mineral density and fracture risk. QUS results may show lower T-scores than DEXA screening results, so please interpret results appropriately.