Illinois Breast and Cervical Cancer Program
ABNORMAL BREAST SCREENING CARE PLAN AND FOLLOW-UP REPORT

Name: _____ **Cornerstone #:** _____ **Birth Date:** _____

SCREENING INFORMATION	Date: mm/dd/yyyy			
CBE	Date: _____/_____/_____	Result: _____	Site: _____	Provider: _____
Mammogram	Date: _____/_____/_____	Result: _____	Site: _____	Provider: _____
MRI (high risk)	Date: _____/_____/_____	Result: _____	Site: _____	Provider: _____
	Reminder: Abnormal CBE with negative screening mammogram requires diagnostic follow-up			

BASIC NAVIGATION ASSESSMENT

Complete for ALL clients with abnormal results.

Assessment Date: _____/_____/_____

1. Do you have communication difficulties? ☐ Deaf ☐ Blind ☐ Other Handicap ☐ None
2. Do you speak English? ☐ Yes ☐ No If no, primary language: _____
3. Do you read/write English: ☐ Yes ☐ No
4. Barriers to keeping appointments:
   ☐ Transportation ☐ Child/family care ☐ Work schedule ☐ Understanding medical needs ☐ None
   ☐ Lack of money ☐ Lack of interpreter ☐ Travel Distance ☐ Making appointments ☐ Other: _____
5. What concerns do you have?
   ☐ Discomfort/pain ☐ Embarrassment ☐ Fear of cancer ☐ Overwhelmed by information ☐ Other: _____
   ☐ None

Comments: _____

_____

See Case Notes: ☐ In chart ☐ In Cornerstone

☐ ***Short-term Follow-up*** (check the box if this cycle is a short-term follow-up)
Are there changes from the previous navigation assessment? ☐ Yes ☐ No If yes, document in the case notes.

INTERMEDIATE AND ADVANCED NAVIGATION ASSESSMENT

Complete ONLY for clients undergoing invasive procedures or that have a cancer diagnosis.

Assessment Date: _____/_____/_____

6. Do you have someone you can talk to? ☐ Yes ☐ No
7. If needed, do you have someone to help around the house? ☐ Yes ☐ No
8. If you have several appointments for testing or treatment, will you need transportation assistance? ☐ Yes ☐ No
9. Would you like to belong to or participate in a support group? ☐ Yes ☐ No
10. What concerns do you have?
    ☐ Discomfort/pain in procedure ☐ Overwhelmed by information ☐ Relationship with family/friends
    ☐ Loss of employment ☐ Body image (alteration in body) ☐ Feelings or anger, sadness
    ☐ Fear of cancer ☐ None ☐ Other: _____

Comments: _____

_____

See Case Notes ☐ In chart ☐ In Cornerstone

GENERAL NEEDS- Based on Navigation Assessment

☐ Assistance with scheduling appointments: _____ Date: _____
☐ Transportation arrangement: _____ Date: _____
☐ Child care/adult day care arrangements: _____ Date: _____
☐ Arrangements made for interpreter: _____ Date: _____
☐ Referred to fiscal department or hospital foundation at: _____ Date: _____
☐ Referred to Social Services for counseling/support: _____ Date: _____
☐ Referred to Healthcare and Family Services (HFS) for Treatment Act Date: _____
Accepted for Treatment Act ☐ Yes ☐ No RIN # _____ Date: _____

Referral or contact information provided for

☐ Reach to Recovery ☐ Cancer Information Services (CIS) ☐ American Cancer Society (ACS)
☐ Cancer Care/ Avon Cares ☐ Patient Advocate Foundation ☐ Gilda's Club
☐ Lynn Sage ☐ Migrant Clinicians Network ☐ Other_____

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Indication for Initial Mammogram
- ☐ Routine screening (IM1)
- ☐ Initial mammogram performed to evaluate symptoms (including non-cyclic breast pain) - positive CBE results or previous abnormal mammogram (IM2)
- ☐ Initial mammogram done outside of program- referred in for diagnostic evaluation (IM3)
  Referral date: _____/_____/_____ **Provider:** _____
- ☐ Initial mammogram not done- only received CBE or proceeded directly for other imaging or diagnostic work up (IM4)
- ☐ Unknown (IM9)

PLANNED SERVICES

Mammogram Diagnostic
Unilateral (77065) / Bilateral (77066), tomosynthesis (G0279)
Date: ____/____/____ **Provider:** _____

L R
- ☐ ☐ Negative – BI-RADS 1 (M1)
- ☐ ☐ Benign finding – BI-RADS 2 (M2)
- ☐ ☐ Probably benign – short term F/U – BI-RADS 3 (M3)
- ☐ ☐ Suspicious abnormality – biopsy - BI-RADS 4 (M4)
- ☐ ☐ Highly suggestive of malignancy – BI-RADS 5 (M5)
- ☐ ☐ Assessment incomplete – BI-RADS 0 (M6)
- ☐ ☐ Results unknown, presumed abnormal, mammogram from non- program funded source (M11)
- ☐ ☐ Film comparison required – BI-RADS 0 (M13)

Notified of Results: ____/____/____

Ultrasound (76641, 76642)
Date: ____/____/____ **Provider:** _____

L R
- ☐ ☐ Negative - BI-RADS 1 (US1)
- ☐ ☐ Benign/Atypical/Cystic – BI-RADS 2 (US2)
- ☐ ☐ Short term F/U – BI-RADS 3 (US3)
- ☐ ☐ Suspicious abnormality – BI-RADS 4 (US4)
- ☐ ☐ Highly suggestive of malignancy – BI-RADS 5 (US5)
- ☐ ☐ Unknown (U)

Notified of Results: ____/____/____

MRI Diagnostic (77046, 77047, 77048, 77049)

L R
- ☐ ☐ Negative – BI-RADS 1 (M1)
- ☐ ☐ Benign finding – BI-RADS 2 (M2)
- ☐ ☐ Probably benign – short term F/U – BI-RADS 3 (M3)
- ☐ ☐ Suspicious abnormality – biopsy - BI-RADS 4 (M4)
- ☐ ☐ Highly suggestive of malignancy – BI-RADS 5 (M5)
- ☐ ☐ Known malignancy -BI-RADS 6 (M14)
- ☐ ☐ Assessment incomplete – BI-RADS 0 (M6)
- ☐ ☐ Results unknown, presumed abnormal, MRI from non- program funded source (M11)
- ☐ ☐ Film comparison required – BI-RADS 0 (M13)

Notified of Results: ____/____/____

Mammary Ductogram or Galactogram, Single Duct **(**77053)
Date: ____/____/____ **Provider:** _____
Results _____

Repeat Clinical Breast Exam (99212)
Date: _____/_____/_____ **Provider:** _____

L R
- ☐ ☐ Normal exam (B1)
- ☐ ☐ Benign finding (B2)
- ☐ ☐ Discrete palpable mass - diagnostic evaluation needed (B3)
- ☐ ☐ Bloody/Serous nipple discharge - diagnostic evaluation needed (B4)
- ☐ ☐ Nipple or areolar scaliness - diagnostic evaluation needed (B5)
- ☐ ☐ Skin dimpling or retraction - diagnostic evaluation needed (B6)
- ☐ ☐ Discrete palpable mass – previously diagnosed as benign (B10)

Notified of Results: ____/____/____

Office Consultation (99202, 99203, 99204, 99205)
Date: _____/_____/_____ **Provider:** _____
- ☐ Normal exam (B1)
- ☐ Benign finding (B2)
- ☐ Biopsy recommended (B11)
- ☐ FNA recommended (B12)
- ☐ Short term follow-up (B13)
- ☐ Client refused (B14)

Breast Follow-up
- ☐ Mammogram / Ultrasound in 6 months
- ☐ Re-screen in 1 year
- ☐ Other_____

See next page for additional services

Nurse Clinical Patient Navigator Signature: _____ **Date:** _____

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PLANNED SERVICES

Procedures	CPT Code	Date	Cornerstone Result Code (listed below)	Provider	Result Notification Date
Fine needle aspiration (FNA) without imaging guidance	10021				
FNA biopsy without imaging guidance, each additional	10004				
FNA biopsy including imaging guidance, first lesion	10005				
FNA biopsy including imaging guidance, each additional	10006				
FNA biopsy including fluoroscopic guidance, first lesion	10007				
FNA biopsy including fluoroscopic guidance, each additional lesion	10008				
FNA biopsy including CT guidance, first lesion	10009				
FNA biopsy including CT guidance, each additional lesion	10010				
FNA biopsy including MRI guidance, first lesion	10011				
FNA biopsy including MRI guidance, each additional lesion	10012				
Puncture aspiration of breast cyst	19000				
Puncture aspiration of breast cysts, each additional cyst	19001				
Breast biopsy, percutaneous, needle core, not using imaging guidance (surgical procedure only)	19100				
Breast biopsy, open incisional	19101				
Excision of cyst, fibroadenoma, benign or malignant tumor or lesion, aberrant breast tissue, duct, nipple or areolar lesion, open, one or more	19120				
Excision of breast lesion identified by preoperative placement of radiological marker- open single lesion	19125				
Excision of breast lesion identified by preoperative placement of radiological marker-open each additional	19126				
Breast biopsy, placement of localization device & imaging of biopsy specimen, percutaneous, stereotactic guidance; first lesion	19081				
Breast biopsy, placement of localization device & imaging of biopsy specimen, percutaneous, stereotactic guidance; each additional lesion	19082				
Breast biopsy, placement of localization device & imaging of biopsy specimen, percutaneous, ultrasound guidance; first lesion	19083				
Breast biopsy, placement of localization device & imaging of biopsy specimen, percutaneous, ultrasound guidance; each additional lesion	19084				
Breast biopsy, placement of localization device & imaging of biopsy specimen, percutaneous, magnetic resonance guidance; first lesion	19085				
Breast biopsy, placement of localization device & imaging of biopsy specimen, percutaneous, MR guidance; each additional lesion	19086				
Placement of breast localization device, percutaneous: mammographic guidance; first lesion	19281				
Placement of breast localization device, percutaneous: mammographic guidance; each additional lesion	19282				
Placement of breast localization device, percutaneous: stereotactic guidance; first lesion	19283				
Placement of breast localization device, percutaneous: stereotactic guidance; each additional lesion	19284				
Placement of breast localization device, percutaneous: ultrasound guidance; first lesion	19285				
Placement of breast localization device, percutaneous: ultrasound guidance; each additional lesion	19286				
Placement of breast localization device, percutaneous: magnetic resonance guidance first lesion	19287				
Placement of breast localization device, percutaneous: magnetic resonance guidance; each additional lesion	19288				
Radiological exam, surgical specimen	76098				

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PLANNED SERVICES

Procedures	CPT Code	Date	Cornerstone Result Code (listed below)	Provider	Result Notification Date
Ultrasound Breast, complete exam including axilla, unilateral	76641				
Ultrasound Breast, limited exam including axilla, unilateral	76642				
Ultrasonic guidance for needle placement: (i.e., biopsy aspiration); imaging supervision & interpretation	76942				
Mammary ductogram or galactogram, single duct	77053				
Mammary ductogram or galactogram, multiple duct **Data collection only**	77054				
Breast MRI, unilateral, without contrast	77046				
Breast MRI, bilateral, without contrast	77047				
Breast MRI, including CAD, with and without contrast, unilateral	77048				
Breast MRI, with and without contrast, bilateral	77049				
Evaluation of FNA to determine specimen adequacy	88172				
Interpretation and report of FNA	88173				
Surgical pathology, gross and microscopic examination TC 26	88305				
Surgical pathology, gross and microscopic examination, requiring microscopic evaluation surgical margins TC 26	88307				
Morphometric analysis, tumor immunohistochemistry, per specimen; manual	88360				
Morphometric analysis, tumor immunohistochemistry, per specimen; using computer –assisted technology	88361				

Preoperative Testing	CPT Code	Date	Results	Provider
Venipuncture	36415			
Chest x-ray, 1 view	71045			
Chest x-ray, 2 views	71046			
Basic Metabolic panel	80048			
Comprehensive metabolic panel	80053			
Urinalysis	81001			
Pregnancy test	81025			
Creatinine Assay	82565			
BUN (Assay of Urea Nitrogen)	84520			
Hematocrit	85014			
Hemoglobin	85018			
CBC with differential WBC count	85025			
CBC without differential	85027			
EKG	93000			
COVID-19	87426			
Additional Procedures	**CPT Code**	**Date**	**Provider**	
Conscious sedation	99156			
General Anesthesia	00400			
Surgical Supplies	99070			

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CORNERSTONE RESULT CODES

1= Normal/Negative
B21= Hyperplasia
B22= Cystic
B31= Benign finding
B32= Atypical
B33= Suspicious for malignancy
B34= Insufficient sample
B35= No fluid or tissue obtained
B36= Non-suspicious for malignancy
B37= Other benign changes
B62= Benign/Atypical
B64= Invasive breast cancer
B65= Ductal carcinoma in situ
B66= Lobular carcinoma in situ
U= Unknown

Final Diagnosis	Treatment Provided	Treatment Status
Final Diagnosis Date __/__/____	☐ Mastectomy, unilateral (B1)	☐ Treatment started (1) Date: _____
☐ Invasive breast cancer (B2)	☐ Mastectomy, bilateral (B2)	☐ Treatment pending (2) Date: _____
☐ Breast cancer not diagnosed (B3)	☐ Lumpectomy (B3)	☐ Lost to follow-up (3) Date: _____
☐ Lobular in situ (B4)	☐ Hormone therapy (B4)	☐ Treatment refused (4) Date: _____
☐ Ductal in situ (B5)	☐ Other procedure _____ (B5)	☐ Treatment not needed (5) Date: _____
	☐ Radiation	☐ Treatment completed (6) Date: _____
	☐ Chemotherapy	

Breast Follow-up
☐ Mammogram / Ultrasound in 6 months
☐ Re-screen in 1 year
☐ Other_____

Nurse Clinical Patient Navigator Signature: _____ **Date:** _____