Illinois Breast and Cervical Cancer Program

SCREENING SUMMARY/OFFICE VISIT

Provider Information:	**Lead Agency Information:**

Client Name: _____ **Date of Office Visit:** ___/____/_____(mm/dd/yyyy)

Client Cornerstone #: _____ **Birth Date:** ___/____/_____ (mm/dd/yyyy)

New Patient

☐ **Office Visit** (OV)-medically appropriate history/exam, straight forward decision making: 15-29 minutes (99202)

☐ **OV**- medically appropriate history/exam, low-level decision making: 30-44 minutes (99203)

Established Patient

☐ **OV**- medically appropriate history/exam, straight forward decision making: 10-19 minutes (99212)

☐ **OV**-medically appropriate history/exam, low-level decision making: 20-29 minutes (99213)

Extended Office Visit Time Needed-Detailed Risk Assessment

☐ 45 minutes (99204)

☐ Comprehensive 60 minutes (99205)

Comprehensive Client Education Provided: ☐ Breast Health Education ☐ Cervical Health Education

Provider assessment: High risk for breast cancer ☐ yes ☐ no BC Risk Score___ High risk for cervical cancer ☐ yes ☐ no

☐ **Clinical Breast Exam (CBE)** ☐ CBE Not Done Today (B8) ☐ CBE Refused (B9)

R	L	
☐	☐	Normal Exam (B1)
☐	☐	Benign finding (B2) (includes cyclic breast pain)
☐	☐	Discrete palpable mass previously diagnosed as Benign/Routine screening (B10)

☐ Screening Mammogram Date: _____/_____/_____ (mm/dd/yyyy)

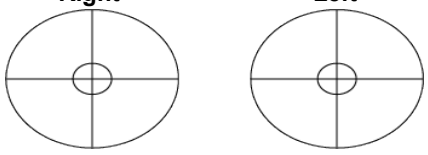
☐ Screening MRI (high risk) Date: _____/_____/_____(mm/dd/yyyy)

Patient notified of breast results: ____/_____/_____(mm/dd/yyyy)

Diagnostic follow-up required: (see notes below)

R	L	
☐	☐	Discrete palpable mass (B3)
☐	☐	Bloody/serous nipple discharge (B4)
☐	☐	Nipple or areolar scaliness (B5)
☐	☐	Skin dimpling or retraction (B6)
☐	☐	Non-cyclic breast pain (B15)

Right **Left**



****An initial mammogram that is diagnostic does not constitute a diagnostic work-up.**

☐ Cervical cancer screening not due until: ___/___/____

☐ **Pelvic Exam**

☐ Pelvic Exam not needed

☐ Pelvic Exam refused (C14)

☐ Pelvic Exam not Reimbursed by IBCCP

Pelvic Exam Results

☐ No cervix present

☐ Normal/negative (1)

☐ Abnormal, probably benign (C2)

☐ Abnormal, needs further eval (C3)

☐ Suspicious for malignancy (C4)

☐ Cervix/Partial Cervix Present (C5)

☐ Follow up, previous abn (C13)

Labs collected/ordered

☐ Pap Test (88164, 88141 or 88142)

☐ Primary HPV (87624)

☐ Co-testing (Pap and HPV)

Provider Notes:

Pap Test Screening Results:

☐ Negative for Intraepithelial Lesion or Malignancy (PT21)

☐ Infection/Inflammation/Reactive Changes (PT22)

☐ ASC-US (PT23)

☐ Low Grade SIL (including HPV changes) (PT24)

☐ ASC-H (PT25)

☐ High Grade SIL(PT26)

☐ Squamous Cell Carcinoma (PT27)

☐ Atypical Glandular Cells (PT28)

☐ Adenocarcinoma in situ (AIS)(PT29)

☐ Adenocarcinoma (PT30)

☐ Other _____(PT31)

☐ Unsatisfactory (PT32)

☐ Results unknown, presumed abn, Pap test from non-program funded provider (PT34)

HPV Screening Results:

☐ HPV+ (C21A) with no genotyping

☐ HPV+ with genotyping (C21B)

☐ HPV- (C22)

☐ HPV+ and positive 16 or 18 (C24)

☐ HPV+ and negative for 16/18(C25)

Patient notified of cervical results and recommended follow up: ___/____/____

Cervical Follow-up Recommendations:

☐ Re-screen in 2-4 months (RC10)

☐ Re-screen in 6 months (RC11)

☐ Re-screen in 1 year (RC2)

☐ Re-screen in 3 years (RC4)

☐ Re-screen in 5 years (RC9)

☐ Colposcopy with biopsy (RC6)

☐ Colposcopy without biopsy (RC5)

☐ Surgical consultation (RC8)

☐ Other procedure _____(RC7)

Indications for Pap Test

☐ Routine Pap test/screening (IP1)

☐ Under Surveillance for previous abnormal (IP2)

☐ Pap done outside of program – referred in for diagnostic evaluation (IP3) Date: __/__/____

☐ Pap after Primary HPV + (IP7)

(Lead Agency use only)

☐ Pap not done (IP4)

☐ Pelvic exam only, no cervix (IP5)

☐ Unknown (IP9)

Indication Codes for HPV

☐ Primary HPV screening (IH4)

☐ Co-testing (IH1)

☐ HPV Testing as Reflex from PAP (IH2)

☐ HPV Not done (IH3)

☐ Unknown (IH9)

Provider/Nurse Clinical Patient Navigator Signature: _____ Date: _____