

Diagnostic Breast Follow-up Algorithms

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ULTRASOUND Follow-Up				
Enter results on a purple breast form				
Category 1 Negative	Category 2 Benign	Category 3 Probably Benign	Category 4 Suspicious Abnormality	Category 5 Highly Suggestive of Malignancy
Diagnostic Referral based on CBE result		Clinician's discretion: - May complete additional diagnostic work-up within 60 days - May designate work-up complete and return to routine screenings, or - May designate work-up complete and may rescreen within the next 6-10 months.* *If there are more than two consecutive “probably benign” results, the clinician may follow up with another type of diagnostic testing such as surgical consult, FNA, biopsy OR may continue a rescreening schedule at 6-month intervals.	- Qualifies for BCCT PE (temporary eligibility) referral - Tissue biopsy is typically performed through the BCCT/MO HealthNet program. Refer to Section 7. Please note: MO HealthNet prior authorization for procedures may be required.	
SPECIALIST CONSULT Follow-Up				
Enter results on a purple breast diagnostic form.				
Category 1 Negative	Category 2 Benign	Category 3 Probably Benign	Category 4 Suspicious Abnormality	Category 5 Highly Suggestive of Malignancy
		(Examples include: Symmetrical thickening/thickened tissue/nodularity palpated in the same location in both breast; irregularity or lumpiness that is not clinically suspicious)		
Work-up may be complete if another test result is not suspicious for cancer		Clinician's discretion: - May complete additional diagnostic work-up within 60 days, - May designate work-up complete and return to routine screenings, or - May designate work-up complete and may rescreen within the next 6-10 months.	Typically the determination is made to perform a Tissue Biopsy. If the client is BCCT eligible before biopsy, MO HealthNet prior authorization for procedures may be required.	

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Diagnostic MAMMOGRAM Follow-Up			
Category 0 Assessment Incomplete	Category 1 Negative or Category 2 Benign Examples include calcified fibroadenomas, multiple secretory calcifications, fat-containing lesions (oil cysts), lipomas, galactoceles, mixed density hematomas and others.	Category 3 Probably Benign Examples include non-calcified mass, focal asymmetry, cluster of round calcifications and others.	Category 4 Suspicious Abnormality or Category 5 Highly Suggestive of Malignancy
- Compare to previous films, - Complete additional mammogram views, or - Perform ultrasound as indicated.	Clinician's discretion: Work-up may be complete if another test result is not suspicious for cancer. If complete, return to routine screening: Annual CBE/Mammogram/Breast Awareness Exception: If CBE result is abnormal, additional diagnostic work-up within 60 days of date of abnormal CBE is required. Workup may include any or all of the following: Ultrasound, Breast Consult, and Tissue Biopsy. If benign and CBE result was not abnormal, may rescreen at 3 to 5 months and then further follow-up may be done based on surgeon's recommendations.	Clinician's discretion: - May proceed to Ultrasound, Surgical Consult, FNA, or Biopsy within 60 days, or - May designate work-up complete and return to routine screening, or - May rescreen every 6 to 12 months for 1 to 2 years*, or - If medically necessary, may rescreen at shorter intervals. - If there are two consecutive "probably benign" results, clinician may follow-up with another type of diagnostic testing such as surgical consult, FNA or biopsy, or continue rescreening schedule.	Should be referred to a surgeon, and Must proceed to ANOTHER DIAGNOSTIC TEST such as Surgical Consult AND Tissue Biopsy. Tissue biopsy includes Incisional, Core Needle, Ultrasound Guided, Stereotactic, or Excisional.

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FINE NEEDLE ASPIRATION Follow-Up (Enter results on a purple breast diagnostic form) Breast cyst aspiration procedure is only to be done if the cyst is complex or suspicious for breast cancer on imaging. It is NOT approved for payment if the cyst is benign on imaging and is being aspirated for pain management or reduction of a benign cyst.			
Negative	Indeterminate	Suspicious for Malignancy or Malignancy	
Work-up may be complete	Possible repeat or surgical biopsy per surgeon/radiologist recommendation	• If not already enrolled, enroll in BCCT • If client is BCCT eligible <u>prior</u> to biopsy, MO HealthNet prior authorization for procedures may be required • If breast cancer is diagnosed, remember to report to RPC date and type of first cancer treatment	
BIOPSY Follow-Up (Enter results on a purple breast diagnostic form)			
Benign	Benign Atypical	Indeterminate	Suspicious for Malignancy or Malignancy
Diagnostic Mammogram/US in 6-12 months for 1-2 years	Possible Excisional Biopsy per surgeon/radiologist recommendation	Refer to specialist	• If not already enrolled, enroll in BCCT • If client is BCCT eligible <u>prior</u> to biopsy, MO HealthNet prior authorization for procedures may be required • If breast cancer is diagnosed, remember to report to RPC date and type of first cancer treatment