Guidelines for the Management of Women Who Have Suspicious for Cancer CBE and First Follow-up Test Is NOT a Mammogram

(Must offer 1 or more clinically appropriate tests below)

Ultrasound	**Category 1** *(Negative)* or **Category 2** *(Benign)*	• Diagnostic Referral based on CBE result.	
	Category 3 *(Probably Benign)*	• Clinician's discretion • May proceed to Surgical Consult, FNA, or Biopsy within 60 days, • May designate work-up complete and return to routine screening, • May rescreen every 6 to 12 months for 1 to 2 years* • May rescreen at shorter intervals if medically necessary *If there are more than two consecutive "probably benign" results, client must have follow-up with another type of diagnostic testing such as surgical consult, FNA or biopsy, or continue rescreening schedule.	
	Category 4 *(Suspicious Abnormality) or* **Category 5** (*Highly Suggestive of Malignancy)*	• Qualifies for BCCT (temporary eligibility) (SMHW should pay for the US.) Then the specialist consult and tissue biopsy can be performed through the BCCT program. Refer to Section 7 BCCT and complete and submit form on page 10.16.	If tissue biopsy is positive for breast cancer, client qualifies for the BCCT MO HealthNet application for treatment eligibility. See Section 7. Complete and submit form on page 10.17.
Mammogram *(Mammogram is NOT the first test following an abnormal CBE)*	**Category 0** *(Assessment Incomplete)*	• Compare to previous films, complete additional mammogram views, or perform Ultrasound	
	Category 1 *(Negative) or* **Category 2** *(Benign)*	• Work-up may be complete if another test result is not suspicious for cancer	
	Category 3 *(Probably Benign)*	• Clinician's discretion to proceed to Ultrasound, Surgical Consult, FNA, screening MRI (prior approval obtained from SMHW manager), or Biopsy within 60 days or • Designate work-up complete & may rescreen at 6-month intervals for the next 6-24 months* *If there are two consecutive "probably benign" results, client must have some other type of further diagnostic testing done such as surgical consult, FNA, or biopsy within 60 days of abnormal CBE result	
	Category 4 *(Suspicious Abnormality) or* **Category 5** *(Highly Suggestive of Malignancy)*	• Must proceed to Ultrasound, Surgical consult, FNA, or Biopsy • If Ultrasound result is a Category 4 or 5, complete and submit form on page 10.16 before proceeding with further diagnostics. With these ultrasound results, clients will be eligible to receive any further diagnostic and treatment services through the MO HealthNet program as well as health care for other medical issues that may occur. MO HealthNet requires prior authorization for many procedures, including ultrasound.	

*If clinician has other clinical protocol to be considered, please contact your RPC. The above are typical guidelines and not definitive proactive standards for every situation. These guidelines are primarily to address protocols that are reimbursable by the SMHW program. **See provider manual for more specific information regarding covered services.**

Guidelines for the Management of Women Who Have Suspicious for Cancer CBE and First Follow-up Test Is NOT a Mammogram

(Must offer 1 or more clinically appropriate tests below. Enter results on a purple breast form.) ***Page 2 of 2***

Specialist Consult	**Category 1** *(Negative)* *or* **Category 2** *(Benign)*	• Work-up may be complete if another test result is not suspicious for cancer
	Category 3 *(Probably Benign)*	• Clinician's discretion to complete additional work-up if another test result is not suspicious for cancer OR • May designate work-up complete and may perform rescreen CBE within the next 6 -10 months
	Category 4 *(Suspicious Abnormality)* *or* **Category 5** *(Highly Suggestive of Malignancy)*	• Typically determination is made to perform a FNA or Biopsy within 60 days of abnormal CBE result
Fine Needle Aspiration	**Negative**	• When clearly benign or negative, workup may be complete
	Indeterminate	• Typically is followed by a surgical biopsy – or FNA may be repeated within 60 days of abnormal CBE result
	Suspicious for Malignancy	• Typically is followed by a surgical biopsy within 60 days of abnormal CBE result
	Malignancy	• When cancer is clearly identified, refer to BCCT for treatment and report initial breast cancer treatment to RPC within 30 days of diagnosis • Refer client to full BCCT by submitting BCCT MO HealthNet Application form, (page 10.17) if not submitted previously.
Biopsy Pathology Findings	**Benign**	• Work-up may be complete and/or clinician's discretion to perform a rescreen of any abnormal Mammogram/Ultrasound results in 6-12 months for 1-2 years
	Benign Atypical or Indeterminate	• Refer to Specialist: Possible Excisional Biopsy per surgeon/radiologist recommendation
	Malignant or Ductal Carcinoma In Situ (DCIS)	• Refer to BCCT for treatment and report initial breast cancer treatment to RPC. • Refer client to full BCCT by submitting the BCCT MO HealthNet Application form, (page 10.17) if not submitted previously.

*If the Clinician has other clinical protocols to be considered, please contact the central office staff. The above are considered to be typical guidelines and not definitive practice standards for every situation. These guidelines are primarily to address protocols that are reimbursable by the SMHW program.
See provider manual for more specific information regarding covered services.