Guidelines for the Management of a "Suspicious for Cancer" CBE and First Follow-up Test is a Diagnostic Mammogram

**All diagnostic follow-up should be completed in less than 60 days from the date of the abnormal CBE*

*If the first test following an abnormal CBE is a mammogram, no matter the mammogram result (Category 0-5), **an additional, different type of diagnostic test should be completed** within 60 days of the abnormal CBE result.

*Use a **diagnostic mammogram,** rather than a screening mammogram, if a mammogram is preferred following an abnormal CBE.

The typical standard of care following an abnormal (suspicious for cancer) CBE when the first diagnostic test performed is a mammogram, is to complete another type of diagnostic test such as specialist consult, ultrasound, FNA, or tissue biopsy. If this protocol is not followed, justification of why a second test is not needed must be documented in the comment section at the bottom of the breast (purple) diagnostic form.

Mammogram Result Category 0

Assessment Incomplete

Option 1 **Compare to Previous Films** *(Enter Results on a Purple Diagnostic Form)*	Option 2 **Additional Diagnostic Mammogram Views** *(Enter Results on a Purple Diagnostic Form)*	Option 3 **Ultrasound** *(Enter Results on a Purple Diagnostic Form)*
If the comparison does not clinically clarify mammogram result to a specific category 1-5, should perform ultrasound or refer to a specialist and progress using program guidelines for breast follow-up as clinically indicated. *(Note: It is preferable to hold purple MOHSAIC reporting form submission until comparison results can be entered on the initial form)*	If additional mammogram views do not clinically clarify result to a specific category 1-5, should perform ultrasound or refer to specialist and progress using program guidelines for breast follow-up as clinically indicated. *(Note: Updates of the additional mammogram views should be submitted on a purple breast diagnostic MOHSAIC form) in the Comments section.*	If Ultrasound result does not clinically correlate to the CBE result, should refer to specialist and progress to other SMHW covered diagnostic tests and progress using program guidelines for breast follow-up as clinically indicated. *(Note: Ultrasound result should be submitted on a purple breast diagnostic MOHSAIC form)*

Once Mammogram Result is Clarified from Category 0 to a Specific Category 1-5, Refer to Next Page for Follow-up Guidelines:

SMHW staff note that at times, the original screening provider performs a diagnostic mammogram and when the client is referred to another direct biller for further diagnostics, the direct biller is repeating a mammogram. Please avoid this duplication of services, when possible, to conserve funding, service and appointment efforts. If the original provider is highly suspicious of cancer, please consider where the woman would go for treatment if she is found to have breast cancer and refer for the diagnostic mammogram as appropriate. If the potential treating provider is located a significant distance away and it would create a hardship for the client to travel for the initial diagnostics please take that situation into consideration.

(Follow-up Guidelines for Mammogram results Categories 1-5 is on the next page.)

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The typical standard of care following an abnormal (suspicious for cancer) CBE when the first diagnostic test performed is a mammogram, is to complete another type of diagnostic test such as specialist consult, ultrasound, FNA, screening MRI (prior approval by SMHW Manager), or tissue biopsy. If this protocol is not followed, justification of why a second test is not needed must be documented in the comment section at the bottom of the breast (purple) diagnostic form.

Mammogram Result Category 1 or 2 Negative or Benign	**Mammogram Result Category 3** Probably Benign *Examples include non-calcified mass, focal asymmetry and cluster of round calcifications.*	**Mammogram Result Category 4 or 5** Suspicious Abnormality or Highly Suggestive of Malignancy
Should Perform Another type of Breast Diagnostic Testing (as clinically indicated) such as: • Ultrasound • Surgical Consult • FNA • Tissue Biopsy • Screening MRI (obtain prior approval from SMHW manager)	Should Perform Another type of Breast Diagnostic Testing (as clinically indicated) such as: • Ultrasound • Surgical Consult • FNA • Tissue Biopsy • Screening MRI (obtain prior approval from SMHW manager)	• Perform Ultrasound (if clinically appropriate) to quality client for BCCT **OR** • If Ultrasound is not clinically appropriate or US result is Category 1-3; perform a Breast Consult **AND** FNA or Tissue Biopsy as clinically indicated. *(Note: It is preferable to qualify client for BCCT services by obtaining abnormal Ultrasound results of 4 or 5 rather than SMHW reimbursement for a biopsy – but if necessary, biopsy is payable by SMHW)*
Perform Follow-up per Guidelines as Listed Below:		

Please Note: If clinician recommends other clinical protocol to be considered, please contact the SMHW RPC or the central office SMHW staff at toll-free 866-726-9926. The above are considered to be typical guidelines and not definitive practice standards appropriate for every situation. These guidelines address protocols that are reimbursable by the SMHW program. See provider manual for more specific information regarding covered services.