

PLEASE PRINT

BREAST FOLLOW-UP FORM
NEW YORK STATE CANCER SERVICES PROGRAM
BILLING FORM

Follow-Up Completion Site

1. Name Last First MI Maiden Name

2. Birth Date Mo. Day Yr. 1 9

3. Mailing Address Number and Street Apt.

4. Social Security Number

5. City State

6. Zip 7. Area Code Telephone Number

8. Client No.

10. Date of Screening Exam Which Prompted Follow-Up (Must match date in Q #29 or #34 from SIF) Mo. Day Yr. 2 0

9. What Screening Procedure 1st Prompted Follow-up (Check one box only) 1. CBE 2. Mammo

Descriptive Results of Screening Exam

12a. DIAGNOSTIC WORK-UP

Table with 6 columns: Site, Proc. Code, Procedure Description, Date, Funds, Results (Required). Contains multiple rows for diagnostic work-up with dates in 2000.

12b. Final Imaging Determination

- BIRAD 1 - Negative
BIRAD 2 - Benign Finding
BIRAD 3 - Probably Benign, short term follow-up
BIRAD 4 - Suspicious abnormality, biopsy should be considered
BIRAD 5 - Highly suggestive of malignancy

ALL DIAGNOSTIC PROCEDURES AND RESULTS MUST BE LISTED ABOVE. IF DONE AT A NON-PARTICIPATING PROVIDER, INFORMATION IS STILL REQUIRED, USE 98 AS THE LAST TWO DIGITS OF THE SITE CODE.

Breast Procedure Codes (01-27)

- 01 Diagnostic Mammogram
02 Repeat Breast Exam
03 Surgical Consult/Second Opinion
04 Breast Ultrasound
06 Other Breast Imaging (CT, etc)*
07 Fine Needle/Cyst Aspiration
08 Core Breast Biopsy
09 Incisional Breast Biopsy
10 Excisional Breast Biopsy
11 Cytology, Breast Fluids
12 Histology, Breast Tissue
13 Other Breast Procedures*
14 Cytology, Nipple Smear
15 Mammographic Needle Localization
16 Stereotactic Biopsy Procedures
17 Ductogram/Galactogram*
18 Anesthesiologist Services
19 Chest X-Ray
20 Electrocardiogram (EKG/ECG)
21 Complete Blood Count (CBC)
22 Ultrasonic Needle Localization
23 Article 28 Facility Fee - Core Biopsy/Stereotactic Biopsy
24 Article 28 Facility Fee - Incisional/Excisional Biopsy
25 Vacuum Assisted Ultrasound Guided Core Needle Biopsy
26 Magnetic Resonance Imaging (MRI)*
27 Film Comparison*

* Not paid for under program, must use other funds

13. Status of Diagnostic Work-up (required)

- 1. Work-up Complete
2. Lost to Follow-up
3. Work-up Refused
4. Deceased

14. Date of Last Procedure, Last Contact if Refused or Lost to Follow-up.

2 0

16. Recommended Dates of Next Exams (Complete if treatment is not indicated)

Clinical Breast Exam Mammogram Breast Ultrasound Mo. Yr. Mo. Yr. Mo. Yr. 2 0 2 0 2 0

13A. Details for lost to follow-up or refused

15. Final Diagnosis (Required only if Q13 is a 1) (Check one box only)

- 01. Breast Cancer Not Diagnosed at This Time
02. Lobular Carcinoma In Situ (17 - 20 if applicable)
03. Other Carcinoma In Situ, including Ductal
04. Invasive Breast Cancer
05. Atypical Ductal Hyperplasia (ADH)

17. Treatment information is required for all clients diagnosed with in situ or invasive breast cancer and all clients with other treatable breast diagnosis.

Hospital(s) responsible for Diagnosis and Treatment (or MD if not Hospitalized):

18. Status of Treatment

- 01. Treatment Started
03. Lost to Follow-up
04. Treatment Refused
05. Treatment not Indicated
06. Deceased

19. Date of Treatment Started or Refused or Lost to Follow-up

2 0

20. Funding for Treatment

- 1. Medicaid
2. Medicare
3 Other specify