Pap test/mammogram management protocol

I. Policies:

A. Pap tests

Pap test results are managed based on recommendations from the ASCCP Consensus Conference. See Bethesda 2001 Recommendations. This protocol also applies to post-hysterectomy patients who receive Pap tests.

Patients with abnormal Pap results requiring colposcopy must be given an appointment with a BreastCare contract colposcopy provider and an Abnormal Cervical Tracking Report (BCCCP-5) must be initiated for follow-up documentation. Note: This form is used only by CHCs and AHECs.

Any age woman with biopsy results of CIN II/III, CIS, or squamous cell carcinoma should be referred to the BreastCare Phone Center at 1-877-670-2273 to determine eligibility for treatment.

Cervical polyps are not neoplasia. They do not require follow-up and are not reported on the Abnormal Cervical Tracking Report (BCCCP-5). A fungating cervical mass or abnormal Pap test does require diagnostic follow-up and is reported on the Abnormal Cervical Tracking Report (BCCCP-5).

NOTE: If Pap test is negative but patient is symptomatic for cervical cancer, refer patient for further testing. BreastCare reimburses for a GYN consult in this situation.

B. Referral for Contract Colposcopy

Patients are referred only to participating providers for colposcopy services. BreastCare does not cover colposcopy services for Reproductive or Perinatal Health patients unless enrolled in BreastCare. BreastCare patients should not be charged for colposcopy services. The provider/LHU, not the Phone Center, makes the colposcopy appointment and refers the patient to the Regional Care Coordinator.

C. Mammograms

CDC mandates that mammography facilities have Mammogram Quality Standards Act (MQSA) certification.

The provider uses the following descriptions of mammography findings and the Patient Management Protocol Chart to manage all patient mammogram results. Follow-up procedures are based on the clinical breast examination results. All mammogram appointments must be made through the BreastCare Phone Center. The provider must follow up on results of appointments.

Negative – Category 1- This applies when there is nothing to comment on. The breasts are symmetrical and no masses, architectural disturbances or suspicious calcifications are present.
**Benign finding – Category 2** - This applies when there is no mammographic evidence of malignancy, but the mammographer may wish to describe a finding such as multiple secretory calcifications, calcified fibroadenomas, fat containing lesions, and any other findings that may be labeled with confidence. The client may not need any follow-up other than the annual rescreening.

**Probably benign-Short-term follow-up – Category 3** - A finding placed in this category should have a very high probability of being benign. It is not expected to change over the follow-up interval, but the radiologist would prefer to establish its stability.

**Suspicious abnormality - Biopsy should be considered – Category 4** - This category applies to lesions that are not characteristic of breast cancer, but have a definite probability of being malignant and may be of sufficient concern to warrant a biopsy.

**Highly suggestive of malignancy – Category 5** - This applies when there is a high probability of cancer. Appropriate action should be taken.

**Assessment is incomplete – Category 0** - This applies if additional studies are needed immediately, such as additional mammographic views, ultrasound, aspiration, etc. Procedures not reimbursable by BreastCare must be fully disclosed.

**Unsatisfactory** - This applies if the mammogram was technically unsatisfactory and could not be interpreted by the radiologist.

**D. Referral for Contract Surgical Consultation**

A patient is referred only to contract providers for surgical consultation for an abnormal CBE and/or abnormal mammogram. A diagnostic mammogram must be performed before the patient sees a surgeon. The surgical consultants are responsible for performing a thorough clinical breast exam, reviewing mammogram films, and discussing treatment options with the patient. The surgeon may perform covered breast procedures, including excisional, non-excisional and stereotactic biopsies, without a referral or prior approval from the referral site. The patient should not be billed. For current providers, call the Phone Center.

**E. Follow-up**

The two basic principles related to follow-up are

1. When a diagnostic work-up is required, a final diagnosis **must** be recorded for follow-up to be considered adequate. Refused and lost to follow-up are exceptions.

2. When a diagnostic work-up is required, the time from the Pap test, CBE, and/or mammogram to the final diagnosis should be no more than 60 days.

The Adequacy of Follow-up algorithm and Bethesda 2001 Recommendations are used to monitor and evaluate abnormal breast and cervical cancer follow-up.
II. Procedures:

A. Positive Clinical Breast Examination

1. Report the CBE results to the BreastCare Phone Center and request them to schedule a diagnostic mammogram. Fax physician order to the mammography facility. If unable to contact the Phone Center before the client leaves the clinic, the provider must leave a voice mail message.

2. Advise the patient that a normal mammogram and/or ultrasound does not eliminate the need for further evaluation of an abnormal clinical breast exam. Follow-up on additional studies as ordered by radiologist. If the radiologist performs a biopsy that results in a benign diagnosis or if ultrasound demonstrates a simple cyst, a surgical consultation is not required. If an ultrasound results in a diagnosis other than a simple cyst, and the radiologist has not performed a biopsy, refer the patient for surgical consultation even in the presence of a normal diagnostic mammogram.

3. Refer client to Regional Care Coordinator per policy.

4. Document receipt of reports and further follow-up plans.

5. Call the program nurse or medical director if the radiologist's or surgeon's recommendations differ from the Patient Management Protocol.

B. Negative Clinical Breast Examination

1. Schedule a screening mammogram appointment through the Phone Center.

2. Complete and fax a physician order to the mammography facility.

3. If the screening mammogram is abnormal, follow up on additional studies as ordered by the radiologist.

4. If the screening mammogram result is probably benign, schedule a diagnostic mammogram for the client in six months.

5. Notify patient of appointment date.

6. Document receipt of reports and further follow-up plans.

7. Call the program nurse or medical director with questions concerning results or recommendations.

G. Referral for Contract Surgical Consultation

1. Schedule appointment for the patient with a contract provider.


3. Instruct the patient to take her mammograms (films) and her BreastCare ID card to the surgeon.
4. Complete an ADH Referral/Follow-up Record (MCH-14) and send the referral along with a signed Authorization for Release of Information (DHHS 4000) to the surgeon before the patient's appointment.

5. The report with the result of the visit and/or procedure performed should be obtained by the provider within 10 working days.

6. A biopsy report must be obtained within 72 hours of the procedure performed date. **Exception:** When the biopsy is performed on the same date as the mammogram, the biopsy report must be obtained within 10 days of the date of service.

H. Referral for Contract Colposcopy

1. Schedule appointment for the patient with a contract provider. The Phone Center cannot schedule colposcopy appointments.

2. Refer the client to the Regional Care Coordinator


4. Complete an ADH Referral/Follow-Up Record (MCH-14).

5. Send MCH-14, a copy of the Pap test report, and the signed Request for Information/Release to the colposcopy provider before the patient's appointment.

6. The colposcopy provider will send the colposcopy/biopsy result to the provider. Upon receipt of the results, the provider (AHEC and CHC) completes the Abnormal Cervical Tracking Report (BCCCP-5).