



BREAST SERVICES FORM

Women's Health Connection Program, Nevada State Health Division

Case Management Unit

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Client Information	
NAME: _____	
ADDRESS: _____ _____	
DOB: _____	PHONE: _____

I	Clinical Breast Exam/Consultation (Instructions for use of this form printed on reverse)
	<input type="checkbox"/> Clinical Breast Exam Date of Exam: _____ Breast symptoms: <input type="checkbox"/> Yes <input type="checkbox"/> No Findings: <input type="checkbox"/> Normal Exam <input type="checkbox"/> Positive Benign <input type="checkbox"/> Positive Suspicious: (indicate below) <div style="text-align: right; margin-left: 400px;"> <input type="checkbox"/> Discrete palp mass <input type="checkbox"/> Bloody/serous nipple discharge <input type="checkbox"/> Nipple/areolar scaliness <input type="checkbox"/> Skin dimpling/retraction </div>
	<input type="checkbox"/> Consultation of abnormal breast finding Date of Consultation: _____ Abnormal finding is: _____ Date of Abnormal Finding: _____
	<input type="checkbox"/> Breast Imaging Procedures Ordered: _____ Date of Referral: _____ Name of Imaging Facility and Location: _____
	<input type="checkbox"/> Breast Diagnostic Procedures Ordered: _____ Date of Referral: _____ Name of Specialist Provider: _____
(A copy of this form must be given to the client to present to imaging facility or specialist provider.)	
Clinician Signature: _____ Date: _____	
Print Name of Clinic Location: _____	

II	Diagnostic Work Up of Abnormal Breast Finding (Instructions for use of this form printed on reverse)
	<u>Check All Procedures Performed:</u> _____ <u>Date Procedure(s) Performed:</u> _____
	<input type="checkbox"/> Surgical Consult/Repeat Clinical Breast Exam: Findings: <input type="checkbox"/> Normal Exam <input type="checkbox"/> Benign <input type="checkbox"/> Positive Suspicious <input type="checkbox"/> Cyst Aspiration <input type="checkbox"/> Percutaneous vacuum biopsy with imaging <input type="checkbox"/> Ultrasound <input type="checkbox"/> Fine Needle Aspiration <input type="checkbox"/> Needle core biopsy <input type="checkbox"/> Stereotactic biopsy <input type="checkbox"/> Fine Needle Aspiration with imaging <input type="checkbox"/> Needle core biopsy with imaging <input type="checkbox"/> Excisional biopsy
	<u>Final Diagnosis</u> <input type="checkbox"/> Cancer not diagnosed <input type="checkbox"/> Ductal Carcinoma In Situ (DCIS) <input type="checkbox"/> Lobular Carcinoma In Situ (LCIS) <input type="checkbox"/> Cancer, invasive Tumor size: _____ Stage: _____ Final Diagnosis Date: _____
	<u>Recommendations/Treatment</u> <input type="checkbox"/> Treatment not indicated <input type="checkbox"/> Lumpectomy Other recommendation: _____ <input type="checkbox"/> Mastectomy (Radical/Modified) <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Radiation _____
Clinician Signature: _____ Date: _____	
Print Name of Clinic Location: _____	

Instructions for Using the Breast Services Form

1. Use this form when performing additional WHC Program covered breast services to include:
 - a. Performing a short-term clinical breast exam follow-up.
 - b. Discussion of an abnormal breast finding, or mammography or breast ultrasound result as defined in the box below.
 - c. Performing a breast diagnostic work up on a patient with a program covered abnormal breast finding.
 - d. Discussion of the results of a completed breast diagnostic work up in order to establish the treatment plan of care.
2. Fill out Section I and/or II, as appropriate. The clinician must sign and date the form in the section that is filled out.
3. The clinic's name must be written legibly in the section that is filled out.
4. Make a copy of this form and give it to the client when referring to a WHC Program provider, if that provider is different than the screening provider.
5. Attach a copy of this document with the Health Insurance Claim Form (HICF) when requesting reimbursement for services.

COVERED SERVICES

The Women's Health Connection (WHC) Program will pay for a breast work up for eligible women for the following abnormal breast findings:

1. Abnormal clinical breast exam suspicious for breast cancer including:
 - a. Discrete palpable mass suspicious for cancer.
 - b. Bloody/serous nipple discharge.
 - c. Nipple/areolar scaliness.
 - d. Skin dimpling/retraction.
2. Abnormal mammogram results to include following Breast Imaging Reporting and Data System (BI-RADS) findings:
 - a. Category 3 Probably Benign Finding – Short Interval Follow-up Suggested.
 - b. Category 4 Suspicious Abnormality – Biopsy Should Be Considered.
 - c. Category 5 Highly Suggestive of Malignancy – Appropriate Action Should Be Taken.

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