TEXAS Department of State Health Services

BCCS TWICES Module Breast Cancer Data Collection Tool 8/3/07

Client Information — FOR CONTRACTOR INTERNAL USE ONLY

Last	First MI	Social Security Number __ __ __/__ __/__ __ __ __	Birth Date ___/___/___	Age
Mailing Address	City	State / Zip	Phone	Race
Contractor No:	Clinic No:	Medicaid No:	Chart No:	CD Number:

Breast Screening History

[This information will be entered in the **BCC Breast Screening Master during each screening cycle**]

Is this a short-term follow-up visit for a previous abnormal screening?
❑ Yes ❑ No

Is this client a referral into BCCS?
❑ Yes ❑ No

Did breast symptoms lead to this visit?
❑ Yes ❑ No ❑ Unknown

Has the client ever had breast cancer?
❑ Yes ❑ No ❑ Unknown

Does the client have breast implants?
❑ Yes ❑ No

Has the client had a mammogram before?
❑ Yes ❑ No Date of previous mammogram ____/____/____

Note: *If this was a "referred in mammogram" it will need to be entered as a service in the BCC Breast Service screen regardless of the payor to calculate the appropriate timeframe for compliance with the BCCS Core Program Performance Indicators.*

Breast Cancer Services

[All services provided to the client will be documented in the **BCC Breast Cancer Services screen]**

CBE: ❑ Yes ❑ No RESULTS: ❑ Normal ❑ Abnormal **Referred in clients do not require documentation of a CBE*

Is a diagnostic workup planned for this client? ❑ Yes ❑ No *[If there was an abnormal screening result]*

Case Management Assessment complete? ❑ Yes ❑ No *[Entered/documented in the Casemanagement Master in TWICES]*

**A documented case management assessment is required for all abnormal screening and/or diagnostic results.*

Service Date ____/____/______ Provider	Service Date ____/____/______ Provider	Service Date ____/____/______ Provider	Service Date ____/____/______ Provider	Service Date ____/____/______ Provider	Service Date ____/____/______ Provider
Note: See appendix A in FY08 Policy Manual for allowable CPT codes. ***Non BCCS codes are not reimbursed by BCCS.***					
Office Visit ❑ 99201 ❑ 99202 ❑ 99203 ❑ 99212 ❑ 99213 Other code:	Screening Mammogram ❑ 77057 ❑ G0202 Other code:	Diagnostic Mammogram ☐ Unilateral 77055 ☐ Bilateral 77056 Other code:	Ultrasound ❑ 76942 ❑ 76645 Other code:	Breast Biopsy ☐ Aspiration 19000 ☐ Needle Core 19100 ☐ Excisional 19120 ☐ With rad mkr 19125 ☐ Addl lesion 19126 ☐ **Preop Loe wire 1929** Other code:	Fine Needle/Cyst Aspiration ❑ **10021** Other code:
Physician Consultation ☐ 99241 ☐ 99242 ☐ 99243 ☐ 99244 **Exam performed by surgeon/other breast specialist** **Results:** ☐ Normal ☐ Abnormal* ☐ Other benign findings **Results Date**: __/____/____	**Results:** ☐ 1 Negative ☐ 2 Benign ☐ 3 Probably benign ☐ 4 Suspicious* ☐ 5 Highly suggestive of malignancy* ☐ **6** Incomplete: needs addl imaging evaluation* **Results Date**: __/____/____	**Results:** ☐ 1 Negative ☐ 2 Benign ☐ 3 Probably benign ☐ 4 Suspicious* ☐ 5 Highly suggestive of malignancy* ☐ **6** Incomplete: needs addl imaging evaluation* **Results Date**: __/____/____	**Results:** ☐ Negative ☐ Cystic ☐ Solid ☐ Suspicious or Indeterminate* **Results Date**: __/____/____	**Results:** ☐ Benign ☐ Malignant* **Results Date**: __/____/____	**Results:** ☐ Normal ☐ Abnormal* ☐ Indeterminate* **Results Date:** __/____/____
Bill To ❑ CDC ❑ Other **Bill Other** ❑ Koman ❑ Avon ❑ Self-pay	**Bill To** ❑ CDC ❑ Other **Bill Other** ❑ Koman ❑ Avon ❑ Self-pay	**Bill To** ❑ CDC ❑ Other **Bill Other** ❑ Koman ❑ Avon ❑ Self-pay	**Bill To** ❑ CDC ❑ Other **Bill Other** ❑ Koman ❑ Avon ❑ Self-pay	**Bill To** ❑ CDC ❑ Other **Bill Other** ❑ Koman ❑ Avon ❑ Self-pay	**Bill To** ❑ CDC ❑ Other **Bill Other** ❑ Koman ❑ Avon ❑ Self-pay

Service Date
____/____/____ ________________Provider

Additional Services *Without* Results

See appendix A in FY08 Policy Manual for allowable CPT codes.
(Non BCCS codes are not reimbursed by BCCS)

☐ Mammographic guidance for needle placement (77032)

Other Code:_____________

Bill To
- ☐ CDC
- ☐ Other

Bill Other
- ☐ Koman
- ☐ Avon
- ☐ Self-pay

Service Date
____/____/____ ________________Provider

☐ Surgical Pathology (88305)

Other Code:_____________

Bill To
- ☐ CDC
- ☐ Other

Bill Other
- ☐ Koman
- ☐ Avon
- ☐ Self-pay

Service Date
____/____/____ ________________Provider

☐ Anesthesia (00400) ________________Points

Other Code:_____________

Bill To
- ☐ CDC
- ☐ Other

Bill Other
- ☐ Koman
- ☐ Avon
- ☐ Self-pay

Service Date
____/____/____ ________________Provider

☐ Stereotactic Localization (77031)
Other Code:_____________

Bill To
- ☐ CDC
- ☐ Other

Bill Other
- ☐ Koman
- ☐ Avon
- ☐ Self-pay

Cycle Closed?
[This is the last step and is in the *BCC Breast Screening Master*]
☐ Yes ☐ No

Is the next visit date necessary? ☐ Yes ☐ No
*Next Visit Date: ____/____/____

***Note:**
- *If the screening results were normal then the next visit date could be an annual visit or re-screening;*
- *The next visit date could also be used for Short-term follow-up'*
- *A documented case management assessment in TWICES [Case Management Master Screen] is required to close the cycle for all abnormal screening and or diagnostic results*

For each procedure listed below, use the *Results* in the previous

Additional Diagnostic Procedures *With* Results

See appendix A in FY08 Policy Manual for allowable CPT codes.
(Non BCCS codes are not reimbursed by BCCS)

Record the appropriate result(s).

CPT Code: ________________ Date: ___/___/___

Results:_________________________ Date: ___/___/___

Bill To
- ☐ CDC
- ☐ Other

Bill Other
- ☐ Koman
- ☐ Avon
- ☐ Self-pay

CPT Code: ________________ Date: ___/___/___

Results:_________________________ Date: ___/___/___

Bill To
- ☐ CDC
- ☐ Other

Bill Other
- ☐ Koman
- ☐ Avon
- ☐ Self-pay

Diagnostic evaluation status:

this information will be entered in the Diagnostic/Treatment Section of TWICES

☐ Evaluation complete; a final diagnosis has been reached
☐ Client refused needed procedures before a final diagnosis could be reached
☐ Client is lost to follow-up
☐ Evaluation in progress; Additional procedures pending

Date evaluation completed? ____/____/____

Final Diagnosis: Breast cancer detected?
☐ Yes *(staging info required)* ☐ No

If breast cancer is detected then the contractor is required to ensure client has access to treatment

Staging Documents Sent to DSHS? ☐ Yes ☐ No

Staging Results:_____________

Explanation of *Refused or Lost to Follow-up Status*
____
____
____

Treatment status for breast cancer:

this information will be entered in the Diagnostic/Treatment Section of TWICES.

☐ Treatment initiated or complete
☐ Client refused treatment
☐ Client is lost to follow-up
☐ Treatment scheduled or pending

Date treatment initiated, refused, or client lost to follow-up:
____/____/____

Referred to Medicaid Treatment Act? ☐ 1 Yes ☐ 2 No
Hospital/Facility where treatment was initiated:
____

Explanation of Refused or Lost to Follow-up Statues
____
____