

Medicaid for Breast and Cervical Cancer

Guidelines for Determination of Qualifying Diagnosis



The Department of State Health Services is providing the following guidance to healthcare providers and Breast and Cervical Cancer Services (BCCS) contractors to facilitate their determination of qualifying diagnoses for Medicaid for Breast and Cervical Cancer (MBCC).

Cervical Cancer Qualifying Diagnosis

Qualifying pre-cancerous cervical diagnoses are biopsy-confirmed:

- ◀CIN III
- ◀Severe dysplasia
- ◀Carcinoma or adenocarcinoma *in situ*

Qualifying malignancies of the cervix are biopsy-confirmed:

- ◀Squamous cell carcinoma
- ◌Adenocarcinoma
- ◌Invasive endocervical adenocarcinoma
- ◌Small cell carcinoma
- ◌Invasive cervical cancer
- ◌Invasive neoplasm
- ◌Malignant neoplasia
- ◌Melanoma
- ◌Sarcoma
- ◌Glassy cell
- ◌Adenoid cystic
- ◌Adenosquamous carcinoma

Breast Cancer Qualifying Diagnosis

A **qualifying pre-cancerous breast diagnosis*** is biopsy confirmed:

- ◌Ductal carcinoma *in situ* (DCIS)

Qualifying breast cancer diagnoses must be biopsy-confirmed.

◌On the pathology report, the diagnosis and/or the specimen description must include at least one of the following phrases: **“breast cancer”, “breast carcinoma”, or “breast malignancy”**

◌On those pathology reports with a breast cancer diagnosis, the report must include at least one of the following words: **“infiltrating” or “invasive”**

Classification of the majority of breast cancer types:

1. Ductal Carcinomas:

- ◌Invasive
- ◌Comedo
- ◌Inflammatory
- ◌Medullary
- ◌Mucinous (colloid)
- ◌Papillary or Micropapillary
- ◌Scirrhous
- ◌Tubular
- ◌Cribiform

2. Lobular Carcinoma:

- ◌Invasive

3. Nipple Carcinoma:

- ◌Paget's disease

4. Other Carcinomas:

- ◌Carcinoma, NOS (not otherwise specified)
- ◌Undifferentiated carcinoma
- ◌Phyllodes tumor
- ◌Sarcoma
- ◌Primary lymphoma
- ◌Secretory
- ◌Apocrine
- ◌Metaplastic
- ◌Carcinoma with endocrine differentiation
- ◌Adenoid cystic carcinoma

Breast and Cervical Cancers

For **original cancers**, terms such as “compatible with” and “consistent with” do not qualify as definitive diagnoses. If the pathologist is certain the finding is breast or cervical cancer as described above, then it must be clearly stated in the final pathology report.

For **recurrent cancers**, an unequivocal diagnosis of malignancy is required. However, since many metastatic cancers may look the same, the primary does not need to be explicitly diagnosed. Terms such as “compatible with” and “consistent with” a breast or cervical cancer are acceptable. For example, a diagnosis such as “metastatic adenocarcinoma consistent with the prior breast primary” would be acceptable.

*The diagnosis of lobular carcinoma *in situ* (LCIS) is not considered a qualifying precancerous or breast cancer diagnosis for referral to MBCC.