**DEPARTMENT OF HEALTH SERVICES**
Division of Public Health
F-44723 (10/08)

**STATE OF WISCONSIN**
s. 255.075, Wis. Stats.

## WISCONSIN WELL WOMAN PROGRAM

# BREAST AND CERVICAL CANCER SCREENING ACTIVITY REPORT (ARF)

**Instructions:** Before completing this form, refer to the Breast and Cervical Cancer Screening Activity Report Completion Instructions, F-44723A. For reimbursement, mail the claim and this completed form to Wisconsin Well Woman Program (WWWP), P.O. Box 6645, Madison, WI 53716-0645.

### SECTION I — BILLING PROVIDER INFORMATION

| 1. Provider ID | 2. Name — Billing Provider | 3. Taxonomy Code | 4. Practice Location ZIP+4 Code |
|---|---|---|---|
| | | | |

### SECTION II — MEMBER PERSONAL INFORMATION

| 5. Last Name — Member | 6. First Name — Member | 7. Middle Initial — Member |
|---|---|---|
| | | |

| 8. Previous Last Name — Member | 9. Member Identification Number | 10. Date of Birth — Member (MM/DD/CCYY) |
|---|---|---|
| | | |

### SECTION III — BREAST AND CERVICAL SCREENING

#### BREAST SCREENING HISTORY

11. Previous Mammogram? ❑ Yes ❑ No ❑ Unknown

12. Date of Previous Mammogram (MM/DD/CCYY)

13. Member Reports Breast Symptoms? ❑ Yes ❑ No ❑ Unknown

#### CLINICAL BREAST EXAM

14. Purpose of CBE (Check One Box Only) ❑ Screening ❑ Repeat

15. Date of CBE (MM/DD/CCYY)

16. Name — Rendering Provider (Print)

17. RESULT (Check One Box Only)

- ❑ Normal Exam
- ❑ Benign Finding
- ❑ Discrete Palpable Mass — Dx Benign
- ❑ Discrete Palpable Mass — Suspicious for Cancer
- ❑ Nipple or Areolar Scaliness
- ❑ Skin Dimpling or Retraction
- ❑ Bloody or Serous Nipple Discharge

Shading indicates additional procedures needed to complete breast cycle.

#### MAMMOGRAM

18. Indication for Initial Mammogram

- ❑ Routine Screening Mammogram
- ❑ Initial mammogram performed to evaluate symptoms, positive CBE result, or previous abnormal mammogram result.
- ❑ Initial mammogram done by a non-program funded provider, patient referred in for diagnostic evaluation.
- ❑ Initial mammogram not done. Patient only received CBE, or proceeded directly for other imaging or diagnostic work-up (use Breast Cancer Diagnostic and Follow-Up Report [DRF], F-44724).

19. Date of Breast Diagnostic Referral (MM/DD/CCYY)

20. Date of Initial Mammogram (MM/DD/CCYY)

21. Name — Rendering Provider (Print)

22. RESULT (Check One Box Only)

- ❑ Negative (BI-RADS 1)
- ❑ Benign Findings (BI-RADS 2)
- ❑ Probably Benign — Short-Term Follow up (BI-RADS 3)
- ❑ Suspicious Abnormality — Consider Biopsy (BI-RADS 4)
- ❑ Highly Suggestive of Malignancy (BI-RADS 5)
- ❑ Assessment Incomplete (Findings Require Additional Evaluation) (BI-RADS 0)
- ❑ Film Comparison Required (BI-RADS 0)
- ❑ Unsatisfactory

Shading indicates additional procedures needed to complete breast cycle.

#### CERVICAL SCREENING HISTORY

23. Prior Pap Test? ❑ Yes ❑ No

24. Date of Last Pap Test (MM/DD/CCYY)

#### PELVIC EXAM

25. Date of Pelvic Exam (MM/DD/CCYY)

26. Name — Rendering Provider (Print)

27. RESULT (Check One Box Only)

- ❑ Normal
- ❑ Abnormal — Not Suspicious for Cervical Cancer
- ❑ Abnormal — Suspicious for Cervical Cancer

Shading indicates additional procedures needed to complete cervical cycle.

#### PAP TEST

28. Indication for Pap Test

- ❑ Routine Pap Test
- ❑ Patient under surveillance for a previous abnormal test.
- ❑ Pap test done by a non-program funded provider, patient referred in for diagnostic evaluation.
- ❑ Pap test not done. Patient proceeded directly for diagnostic work-up or HPV test.

29. Date of Cervical Diagnostic Referral (MM/DD/CCYY)

30. Type of Pap Test (Check One Box Only)

❑ Liquid based** ❑ Conventional

** Reimbursed at rate of Conventional Pap Smear.

31. Date of Pap Test (MM/DD/CCYY)

32. Name — Rendering Provider (Print)

33. ADEQUACY OF PAP SMEAR SPECIMEN (Check One Box Only)

❑ Satisfactory ❑ Unsatisfactory

34. RESULT (Check One Box Only)

- ❑ AGC (Abnormal Glandular Cells Including Adenocarcinomas)
- ❑ ASC-H (Atypical Squamous Cells [ASC-US Cannot Exclude HSIL])
- ❑ ASC-US (Atypical Squamous Cells Undetermined Significance)
- ❑ High-Grade SIL (HSIL): Moderate and Severe Dysplasia, CIS / CIN 2 / CIN 3
- ❑ Low-Grade SIL Including HPV Changes (LSIL: HPV, Mild Dysplasia, CIN I)
- ❑ Negative
- ❑ Squamous Cell Carcinoma

Shading indicates additional procedures needed to complete cervical cycle.

*Continued*

**SECTION III — BREAST AND CERVICAL SCREENING (Continued)**

**HPV TEST**

**The WWWP covers HPV test only as an immediate follow-up to Pap Test results of ASC-US; one year to follow up to LSIL.**

35. Date of HPV Test (MM/DD/CCYY)

36. Result (Check One Box Only)
❑ Negative ❑ Positive

**BREAST FOLLOW-UP RECOMMENDATION**

37. Recommendation(s)
- ❑ Follow Routine Screening _____ Months
- ❑ Short-Term Follow up _____ Months
- ❑ Film Comparison to Evaluate an Assessment Incomplete Mammogram
- ❑ Additional Mammographic Views
- ❑ Ultrasound
- ❑ Breast Consultation
- ❑ Fine Needle Aspiration
- ❑ Biopsy

**CERVICAL FOLLOW-UP RECOMMENDATION**

38. Recommendations(s)
- ❑ Follow Routine Screening _____ Months
- ❑ Short-Term Follow up _____ Months
- ❑ HPV Test
- ❑ Colposcopy with Biopsy
- ❑ Colposcopy Without Biopsy
- ❑ ECC Alone
- ❑ Diagnostic LEEP
- ❑ Diagnostic Cone
- ❑ Endometrial Biopsy**
- ❑ Hysterectomy*

* **Not covered by WWWP.**
** **Only covered if Pap result is AGC.**

39. Notes

Reset Form