Ask Dr. Miller

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The following questions were posed by NBCCEDP grantees:

Question #1: We had a patient with an abnormal mammogram requiring a biopsy. The final pathology result was benign. Post-operatively she developed a wound infection. We typically provide for one post-op visit following a biopsy, but sometimes patients have 2 or 3 follow-up visits for wound checks due to an infection. Should we cover these subsequent visits for wound checks?

Answer: The program should cover office visits related to any post-op complications such as a wound infection or bleeding. It is not unusual for some complications to require more than one post-operative visit. You should have a pre-approval process through your MAB to approve a specific number of visits based on the post-operative complication.

Question #2: A women with a history of bilateral breast cancer and currently undergoing treatment outside our program had a BI-RADS 6 mammogram through our program for continued pain in the right breast. It appears as though no follow-up procedures were performed in the cycle because breast cancer had already been diagnosed. This mammogram was obtained in the course of treatment for breast cancer to assess the status of a cancer diagnosis due to her had continued complaint of pain. How should we report this record in the MDEs?

Answer: BIRADS 6 is reserved for lesions identified on the imaging studies that are already known to be malignant by biopsy. Patients often have follow-up mammograms during treatment to assess their response to therapy. A BIRADS 6 result does not require any further diagnostic work up. As this is neither a screening or diagnostic procedure, it probably should be suppressed from the MDEs. Reporting of a BIRAD 6 mammogram should be reviewed with your IMS consultant.

Question #3: We received a referral from a physician involving a 28 year old woman who has "cancer in her pelvic region." The source of the cancer is unknown. The physician would like

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her to have a diagnostic mammogram to determine if she has breast cancer. The physician said she had a clinical breast exam that was normal one month ago. The physician is suspicious of a possible primary breast tumor. If this client qualifies for our program, can we pay for her mammogram?

Answer: A diagnosis of a primary pelvic malignancy in this woman should be the initial concern. This information does not provide enough history to know if a mammogram is warranted or not. Cancer in the pelvic region is too vague and doesn't provide any information to confirm suspicions of breast cancer. Breast cancer is not the first concern when evaluating a pelvic mass. Other diagnostic studies of her pelvic organs and a tissue biopsy of the pelvic mass should be considered first. This case should be reviewed by your MAB with her physician.

Question #4: We have several records with a Pap test result of ASC-H and no workup planned. In each circumstance the provider reported a normal pelvic exam and a Pap ASC-H with a negative HPV result. The providers felt that short term (6-12 months) follow-up was appropriate and therefore did not recommend any further diagnostic procedures. As far as we can tell, there is no recommendation for short term follow up of ASC-H results in the ASCCP guidelines. Colposcopy is recommended regardless of HPV status.

Answer: The ASCCP recommends colposcopy following any ACS-H screening cytology. Short term cytology and HPV testing is only recommended if the colposcopy finds no lesion or CIN1. Although the provider gave a response, your MAB cervical cancer expert should review these cases to ensure that these women are receiving appropriate follow-up. There may be some extenuating circumstances. If care is inappropriate, there may be a need for provider education regarding diagnostic evaluation of abnormal cytology.