

**Wisconsin Well Woman Program
Breast Cancer Diagnostic and Follow-Up Report (DRF)**

Instructions

Before completing this form, refer to the Breast Cancer Diagnostic and Follow-Up Report (DRF) Instructions, F-44724I. For reimbursement, send the claim and this completed form to Wisconsin Well Woman Program (WWWP), PO 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: _____

Section II: Client personal information

5. Last name – client: _____
6. First name – client: _____
7. Middle initial – client: _____
8. Previous last name – client: _____
9. Client ID number: _____
10. Date of Birth – client (MM/DD/CCYY): _____

Section III: Breast diagnostic procedures**Additional mammographic views**

11. Date performed (MM/DD/CCYY): _____
12. Name – rendering provider (print): _____
13. Result (check one box only)

☐ Negative (BI-RADS 1)	☐ Highly suggestive of malignancy (BI-RADS 5)*
☐ Benign findings (BI-RADS 2)	☐ Known biopsy – Proven malignancy (BI-RADS 6)*
☐ Probably benign – Short term follow-up (BI-RADS 3)	☐ Assessment incomplete – Findings require additional evaluation (BI-RADS 0)*
☐ Suspicious abnormality – Consider biopsy (BI-RADS 4)*	

*Indicates additional follow-up required for WWWP

Breast consultation

14. Date performed (MM/DD/CCYY): _____
15. Name – rendering provider (print): _____
16. Result or recommendation (check one box only):

☐ No intervention; routine follow-up	☐ Short-term follow-up*	☐ Biopsy or FNA recommended*
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*Indicates additional follow-up required for WWWP

Ultrasound

17. Date performed (MM/DD/CCYY): _____

18. Name – rendering provider (print): _____

19. Result (check one box only)

- | | |
|--|--|
| ☐ Negative (BI-RADS 1) | ☐ Highly suggestive of malignancy (BI-RADS 5)* |
| ☐ Benign findings (BI-RADS 2) | ☐ Known biopsy – Proven malignancy (BI-RADS 6)* |
| ☐ Probably benign – Short term follow-up (BI-RADS 3) | ☐ Assessment incomplete – Findings require additional evaluation (BI-RADS 0)* |
| ☐ Suspicious abnormality – Consider biopsy (BI-RADS 4)* | |

*Indicates additional required follow-up for WWWP

Film comparison

20. Date performed (MM/DD/CCYY): _____

21. Name – rendering provider (print): _____

22. Result (check one box only)

- | | |
|--|--|
| ☐ Negative (BI-RADS 1) | ☐ Highly suggestive of malignancy (BI-RADS 5)* |
| ☐ Benign findings (BI-RADS 2) | ☐ Known biopsy – Proven malignancy (BI-RADS 6)* |
| ☐ Probably benign – Short term follow-up (BI-RADS 3) | ☐ Assessment incomplete – Findings require additional evaluation (BI-RADS 0)* |
| ☐ Suspicious abnormality – Consider biopsy (BI-RADS 4)* | |

* Indicates additional follow-up required for WWWP

MRI

23. Date performed (MM/DD/CCYY): _____

24. Name – rendering provider (print): _____

25. Results (check one box only)

- | | |
|--|--|
| ☐ Negative (BI-RADS 1) | ☐ Highly suggestive of malignancy (BI-RADS 5)* |
| ☐ Benign findings (BI-RADS 2) | ☐ Known biopsy – Proven malignancy (BI-RADS 6)* |
| ☐ Probably benign – Short term follow-up (BI-RADS 3) | ☐ Assessment incomplete – findings require additional evaluation (BI-RADS 0)* |
| ☐ Suspicious abnormality – Consider biopsy (BI-RADS 4)* | |

*Indicates additional follow-up required for WWWP

Fine needle aspiration

26. Date performed (MM/DD/CCYY): _____

27. Name – rendering provider (print): _____

28. Result (check one box only)

- | | | |
|--|---|---|
| ☐ Not suspicious for cancer | ☐ Suspicious for cancer* | ☐ No fluid or tissue obtained* |
|--|---|---|

*Indicates additional follow-up required for WWWP

Biopsy

29. Date performed (MM/DD/CCYY): _____

30. Name – rendering provider (print): _____

31. Biopsy associated imaging

☐ Mammogram ☐ Ultrasound

32. Result (check one box only)

☐ Normal breast tissue☐ Other benign changes☐ Atypical hyperplasia☐ Lobular carcinoma in situ (LCIS)☐ Ductal carcinoma in situ (DCIS)*☐ Invasive breast cancer*

*Treatment required

Section IV: Recommendations and diagnosis

33. Notes

34. Recommendation

☐ Follow routine schedule _____ months☐ Short-term follow-up _____ months☐ Additional mammographic views☐ Ultrasound☐ Breast consultation☐ Fine needle aspiration☐ MRI☐ Biopsy☐ Treatment

35. Status of final diagnosis (check one box only)

☐ Complete*☐ Pending☐ Client deceased☐ Lost to follow-up☐ Refused work-up

*Must complete element 36 (Final diagnosis)

36. Final diagnosis (required if "complete" is checked in element: 35 Status of Final Diagnosis) date (MM/DD/CCYY): _____

☐ Breast cancer not diagnosed☐ Lobular carcinoma in situ (LCIS)☐ Ductal carcinoma in situ (DCIS)*☐ Invasive breast cancer*****Complete treatment date and treatment status******Complete treatment date, treatment status, tumor stage, and tumor size**

37. Tumor stage and tumor size (AJCC) – required if invasive breast cancer

- ☐ Stage I
- ☐ Stage II
- ☐ Stage III
- ☐ Stage IV

Tumor size: _____ cm

38. Treatment status

- ☐ Treatment started
- ☐ Refused by client
- ☐ Lost to follow-up
- ☐ Client deceased
- ☐ Alternative treatment (such as homeopathic therapy or herbal medicine)

39. Treatment date (MM/DD/CCYY): _____