

**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), 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 – 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 (MM/DD/CCYY)

**SECTION III – BREAST DIAGNOSTIC PROCEDURES**

<b>ADDITIONAL MAMMOGRAPHIC VIEWS</b>	<b>FILM COMPARISON</b>
11. Date Performed (MM/DD/CCYY)	20. Date Performed (MM/DD/CCYY)
12. Name – Rendering Provider (Print)	21. Name – Rendering Provider (Print)
13. Result (check one box only) <input type="checkbox"/> Negative (BI-RADS 1) <input type="checkbox"/> Benign Findings (BI-RADS 2) <input type="checkbox"/> Probably Benign – Short Term Follow-up (BI-RADS 3) <input type="checkbox"/> Suspicious Abnormality – Consider Biopsy (BI-RADS 4) <input type="checkbox"/> Highly Suggestive of Malignancy (BI-RADS 5) <input type="checkbox"/> Known Biopsy – Proven Malignancy (BI-RADS 6) <input type="checkbox"/> Assessment Incomplete - Findings Require Additional Evaluation (BI-RADS 0)	22. Result (check one box only) <input type="checkbox"/> Negative (BI-RADS 1) <input type="checkbox"/> Benign Findings (BI-RADS 2) <input type="checkbox"/> Probably Benign – Short Term Follow-up (BI-RADS 3) <input type="checkbox"/> Suspicious Abnormality – Consider Biopsy (BI-RADS 4) <input type="checkbox"/> Highly Suggestive of Malignancy (BI-RADS 5) <input type="checkbox"/> Known Biopsy - Proven Malignancy (BI-RADS 6) <input type="checkbox"/> Assessment Incomplete - Findings Require Additional Evaluation (BI-RADS 0)
<b>BREAST CONSULTATION</b>	<b>MRI</b>
14. Date Performed (MM/DD/CCYY)	23. Date Performed (MM/DD/CCYY)
15. Name – Rendering Provider (Print)	24. Name – Rendering Provider (Print)
16. Result / Recommendation (check one box only) <input type="checkbox"/> No Intervention; Routine Follow-up <input type="checkbox"/> Short Term Follow-up <input type="checkbox"/> Biopsy / FNA Recommended	25. Result (check one box only) <input type="checkbox"/> Negative (BI-RADS 1) <input type="checkbox"/> Benign Finding (BI-RADS 2) <input type="checkbox"/> Probably Benign – Short Term Follow-up (BI-RADS 3) <input type="checkbox"/> Suspicious Abnormality – Consider Biopsy (BI-RADS 4) <input type="checkbox"/> Highly Suggestive of Malignancy (BI-RADS 5) <input type="checkbox"/> Known Biopsy - Proven Malignancy (BI-RADS 6) <input type="checkbox"/> Assessment Incomplete Findings - Require Additional Evaluation (BI-RADS 0)

<b>ULTRASOUND</b>	<b>FINE NEEDLE ASPIRATION</b>
17. Date Performed (MM/DD/CCYY)	26. Date Performed (MM/DD/CCYY)
18. Name – Rendering Provider (Print)	27. Name – Rendering Provider (Print)
19. Result (check one box only) <input type="checkbox"/> Negative (BI-RADS 1) <input type="checkbox"/> Benign Findings (BI-RADS 2) <input type="checkbox"/> Probably Benign – Short Term Follow-up (BI-RADS 3) <input type="checkbox"/> Suspicious Abnormality – Consider Biopsy (BI-RADS 4) <input type="checkbox"/> Highly Suggestive of Malignancy (BI-RADS 5) <input type="checkbox"/> Known Biopsy - Proven Malignancy (BI-RADS 6) <input type="checkbox"/> Assessment Incomplete - Findings Require Additional Evaluation (BI-RADS 0)	28. Result (check one box only) <input type="checkbox"/> Not Suspicious for Cancer <input type="checkbox"/> Suspicious for Cancer <input type="checkbox"/> No Fluid or Tissue Obtained  Shading 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)

<input type="checkbox"/> Normal Breast Tissue	<input type="checkbox"/> Lobular Carcinoma in Situ (LCIS)
<input type="checkbox"/> Other Benign Changes	<input type="checkbox"/> Ductal Carcinoma in Situ (DCIS)*
<input type="checkbox"/> Atypical Hyperplasia	<input type="checkbox"/> Invasive Breast Cancer*

**\*Treatment Required**

**SECTION IV – RECOMMENDATIONS AND DIAGNOSIS**

33. Notes

---

34. Recommendation

<input type="checkbox"/> Follow Routine Screening Schedule _____ Months	<input type="checkbox"/> Ultrasound	<input type="checkbox"/> MRI
<input type="checkbox"/> Short Term Follow-up _____ Months	<input type="checkbox"/> Breast Consultation	<input type="checkbox"/> Biopsy
<input type="checkbox"/> Additional Mammographic Views	<input type="checkbox"/> Fine Needle Aspiration	<input type="checkbox"/> 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

<input type="checkbox"/> Treatment Started	<input type="checkbox"/> Client Deceased
<input type="checkbox"/> Refused by Client	<input type="checkbox"/> Alternative Treatment (e.g., homeopathic therapy, herbal medicine)
<input type="checkbox"/> Lost to Follow-up	

---

39. Treatment Date (MM/DD/CCYY)