Illinois Breast and Cervical Cancer Program
ABNORMAL CERVICAL SCREENING CARE PLAN AND FOLLOW-UP REPORT

Name: _____ **Cornerstone #:** _____ **Birth Date:** _____

SCREENING INFORMATION			
Pelvic Exam	Date: _____/_____/_____	Result: _____	Provider: _____
Pap Test	Date: _____/_____/_____	Result: _____	Provider: _____
HPV Test (87624)	Date: _____/_____/_____	Result: _____	Provider: _____
HPV genotyping (87625)	Date: _____/_____/_____	Result: _____	Provider: _____

BASIC NAVIGATION ASSESSMENT
Complete for ALL clients with abnormal results.

Assessment Date: _____/_____/_____

1. Do you have communication difficulties? ☐ Deaf ☐ Blind ☐ Other Handicap ☐ None
2. Do you speak English? ☐Yes ☐ No If no, primary language: _____
3. Do you read/write English: ☐Yes ☐ No
4. Barriers to keeping appointments:
   ☐ Transportation ☐ Child/family care ☐ Work schedule ☐ Understanding medical needs ☐ None
   ☐ Lack of money ☐ Lack of interpreter ☐ Travel Distance ☐ Making appointments ☐ Other: _____
5. What concerns do you have?
   ☐ Discomfort/pain ☐ Embarrassment ☐ Fear of cancer ☐ Overwhelmed by information ☐ Other: _____
   ☐ None

Comments:_____
_____
See Case Notes ☐ In chart ☐ In Cornerstone

☐ ***Short-term Follow-up*** (check the box if this cycle is a short-term follow-up)
Are there changes from the previous navigation assessment? ☐Yes ☐ No If yes, document in the case notes.

INTERMEDIATE AND ADVANCED NAVIGATION ASSESSMENT
Complete ONLY for clients undergoing invasive procedures or that have a cancer diagnosis.

Assessment Date: _____/_____/_____

6. Do you have someone you can talk to? ☐Yes ☐No
7. If needed, do you have someone to help around the house? ☐Yes ☐ No
8. If you have several appointments for testing or treatment, will you need transportation assistance? ☐Yes ☐ No
9. Would you like to belong to or participate in a support group? ☐Yes ☐ No
10. What concerns do you have?
    ☐ Discomfort/pain in procedure ☐ Overwhelmed by information ☐ Relationship with family/friends
    ☐ Loss of employment ☐ Body image (alteration in body) ☐ Feelings or anger, sadness
    ☐ Fear of cancer ☐ None ☐ Other:_____

Comments:_____
_____
See Case Notes ☐ In chart ☐ In Cornerstone

GENERAL NEEDS- Based on Navigation Assessment

☐ Assistance with scheduling appointments: _____ Date: _____
☐ Transportation arrangement: _____ Date: _____
☐ Child care/adult day care arrangements: _____ Date: _____
☐ Arrangements made for interpreter: _____ Date: _____
☐ Referred to fiscal department or hospital foundation at: _____ Date: _____
☐ Referred to Social Services for counseling/support: _____ Date: _____
☐ Referred to Healthcare and Family Services (HFS) for Treatment Act Date: _____
Accepted for Treatment Act ☐Yes ☐ No RIN # _____ Date: _____

Referral or contact information provided for

☐ Reach to Recovery ☐ Cancer Information Services (CIS) ☐ American Cancer Society (ACS)
☐ Cancer Care/ Avon Cares ☐ Patient Advocate Foundation ☐ Gilda's Club
☐ Lynn Sage ☐ Migrant Clinicians Network ☐ Other_____

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PLANNED SERVICES					
Procedures	**CPT Code**	**Date mm/dd/yyyy**	**Cornerstone Result Code** (listed below)	**Provider**	**Result Notification Date**
Office Consultation (99202, 99203, 99204, 99205)					
Colposcopy of cervix including upper/adjacent vagina without biopsy	57452				
Colposcopy of the cervix with biopsy and endocervical curettage	57454				
Colposcopy of the cervix with biopsy	57455				
Colposcopy of cervix with endocervical curettage	57456				
Colposcopy with loop electrode biopsy (Was this done as treatment? Y N)*	57460				
Colposcopy with loop electrode conization (Was this done as treatment? Y N)*	57461				
Biopsies of local excision or cervical lesion, single or multiple (including polypectomies)	57500				
Endocervical curettage (ECC)	57505				
Cryocautery of the cervix	57511				
Conization of cervix with or without fulguration, with or without dilation & curettage, with or without repair; cold knife or laser (Was this done as treatment? Y N)*	57520				
Loop Electrode Excision Procedure- LEEP (was this done as treatment? Y N)*	57522				
Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation	58100				
Endometrial sampling (biopsy) performed in conjunction with colposcopy	58110				
Hysteroscopy with endometrial biopsy	58558				
Pelvic ultrasound (nonobstetric) **Requires prior approval from QA Nurse**	76856				
Pathology Results (88305, 88307, 88331, 88332, or 88341, 88342)					

***** IBCCP Federal Funds may be used when procedure is performed as a diagnostic. State funds may be used for the treatment of CIN2 only.

CORNERSTONE RESULT CODES

C1= Normal/benign reaction/inflammation
C6= HPV/Condylomata/Atypia
C51= CIN1/Mild dysplasia
C52= CIN 2/Moderate dysplasia **(Tx required)**
C53= CIN 3/Severe dysplasia/Carcinoma in situ (**Tx required)**
C72= Invasive cervical carcinoma **(Tx required)**
C84= Low grade SIL (LSIL)
C85= High grade SIL (HSIL) **(Tx required)**
9= Other

Pelvic Ultrasound Results (76856)

1= Normal/Negative
P7= Fluid or tissue thickness present
PU8= Unsatisfactory
PU33= Suspicious for malignancy
PU81= Benign/Atypical
PU83= Indeterminate
U= Unknown

Preoperative Testing	**CPT Code**	**Date (mm/dd/yyyy)**	**Results**	**Provider**
Venipuncture	63415			
Chest x-ray, 1 view	71045			
Chest x-ray, 2 views	71046			
Basic Metabolic panel	80048			
Comprehensive metabolic panel	80053			
Urinalysis	81001			
Pregnancy test	81025			
Hematocrit	85014			
Hemoglobin	85018			
CBC with differential WBC count	85025			
CBC without differential	85027			
EKG	93000			

See next page for additional services

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Additional Procedures	CPT Code	Date (mm/dd/yyyy)	Provider
Conscious sedation	99156		
General Anesthesia	00400		
Surgical Supplies	99070		
COVID-19	87426		
COVID-19	87635		

Final Diagnosis

Final Diagnosis Date:__/__/____(mm/dd/yyyy)

- ☐ Normal/Benign reaction/Inflammation (C1)
- ☐ HPV/Condylomata/Atypia (C2)
- ☐ CIN1/Mild dysplasia (C3)
- ☐ CIN 2/Moderate dysplasia (C4)
- ☐ CIN3/Severe dysplasia/Carcinoma in situ or AIS (C5)
- ☐ Invasive cervical carcinoma (C6)
- ☐ Other (C7)_____
- ☐ LSIL (C8)
- ☐ HSIL (C9)

Treatment Provided	Treatment Status
☐ Cryocautery (57511) (C1) ☐ Laser ablation/vaporization (C2) ☐ Biopsy/LEEP/Loop Electrode Excision Procedure (57460, 57522) (C3) ☐ Biopsy/Conization of cervix with or without fulguration, with or without dilation & curettage, with or without repair; cold knife or laser (57461, 57520) (C4) ☐ Other (C6)_____ ☐ Hysterectomy (C7) ☐ Radiation ☐ Chemotherapy	☐ Treatment started (1) Date: _____ ☐ Treatment pending (2) Date: _____ ☐ Lost to follow-up (3) Date: _____ ☐ Treatment refused (4) Date: _____ ☐ Treatment not needed (5) Date: _____ ☐ Treatment completed (6) Date: _____

Cervical Follow-up

- ☐ Re-screen in 2-4 months
- ☐ Re-screen in 6 months
- ☐ Re-screen in 1 year
- ☐ Re-screen in 3 years
- ☐ Re-screen in 5 years

Nurse Clinical Patient Navigator Signature: _____ **Date:** _____