BREAST EXAM:
DOCUMENTATION OF BENIGN EXAM

Week 26

Prepared by Stephanie Warsheski, MD

Homework Assignment:
ACOG Practice Bulletin #179
Breast Cancer Risk Assessment and Screening in Average-Risk Women
LEARNING OBJECTIVES

• To understand indications and guidelines for the clinical breast exam

• To review components of a complete clinical breast exam

• To effectively document a benign breast exam
CASE VIGNETTE

• A 38 y.o. G2P2 woman presents to clinic requesting a breast examination. She states her friend was recently diagnosed with breast cancer and she wants to make sure she doesn’t have it too.

• She has no complaints.
FOCUSED HISTORY

What elements of this patient’s history are most relevant?

• **OBHx:** FT NSVD x 2
• **GYNHx:** Menarche at 11 y.o., regular menses q month, lasting 4-5 days, LMP 1 week ago
• **PMHx:** Denies
• **PSHx:** Denies
• **Meds:** None
• **All:** NKDA
• **SocHx:** Denies use of tobacco, illicit drugs, + social ETOH
• **FamHx:** Denies h/o breast, ovarian cancer

Box 1. Breast Cancer Risk Factors

- Prior exposure to high-dose therapeutic chest irradiation in young women (0–30 years old)
- Dense breasts on mammography
- Smoking
- Higher body mass index
- Alcohol consumption
- Family history of breast cancer, ovarian cancer, or other hereditary breast and ovarian syndrome-associating cancer (eg, prostate cancer, pancreatic cancer)

- Known deleterious gene mutation
- Prior breast biopsy with specific pathology
- Atypical hyperplasia (lobular or ductal)
- Early menarche
- Late menopause
- Nulliparity
- Menopausal hormone therapy with estrogen and progestin (increased risk with estrogen alone)
- Longer interval between menarche and first pregnancy
- Certain ethnicities (eg, increased risk of BRCA1 mutation in Ashkenazi Jewish women)
**INDICATIONS**

**ACOG PRACTICE BULLETIN**
Clinical Management Guidelines for Obstetrician-Gynecologists

Number 179, July 2017
(Replaces Practice Bulletin Number 122, August 2011)

Breast Cancer Risk Assessment and Screening in Average-Risk Women

**Table 1. Recommendations for Breast Cancer Screening in Average-Risk Women**

<table>
<thead>
<tr>
<th></th>
<th>American College of Obstetricians and Gynecologists</th>
<th>U.S. Preventive Services Task Force</th>
<th>American Cancer Society</th>
<th>National Comprehensive Cancer Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical breast examination</td>
<td>May be offered* every 1–3 years for women aged 25–39 years and annually for women 40 years and older.</td>
<td>Insufficient evidence to recommend for or against.</td>
<td>Does not recommend‡</td>
<td>Recommend every 1–3 years for women aged 25–39 years. Recommend annually for women 40 years and older.</td>
</tr>
</tbody>
</table>
TECHNIQUE - INSPECTION

- Seated position facing examiner
  - Hands on hips
  - Hands raised above head

- Assess
  - Size
  - Shape
  - Symmetry
  - Nipples
    - Size
    - Shape
    - Texture
    - Color

https://obgynkey.com/breast-disorders-2/
TECHNIQUE - PALPATION

- Use pads of the middle 3 fingers of one hand
- Press downward using circular motions
- Apply steady pressure, pushing down to the level of the chest wall
- Start with breast followed by axillary region

https://obgynkey.com/breast-disorders-2/
PHYSICAL EXAM, DOCUMENTATION

• **Symmetry**
  • Symmetrical or asymmetrical

• **Shape**
  • Ptotic, pendulous, presence of scars or deformities with description

• **Texture**
  • Soft, nodular, fibrocystic, dense, presence of inframammary ridge in large breasts

• **Masses**
  • Absent
  • Present: size, consistency, distance from areolar edge, clock position

• **Nipple-areolar complex**
  • Pink, brown, everted, inverted, discharge present/absent with description, presence of dry, scaly texture concerning for Paget’s disease

• **Skin**
  • Warm, dry, presence/absence of erythema, edema, peau d’orange appearance, open sores, draining fluid collections
SOCIAL DETERMINANTS OF HEALTH

Socio-demographic factors and region of residence are significantly associated with disparities in receiving CBE in women ≥ 18 years in the United States.

Lower rates were associated with:

- **Race**: Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native
- **Age**: Women ≥ 75 years
- **Education**: High school education or less
- **Income**: Household income ≤ $25,000
- **Region of Residence**: Midwest

Screening policies should be implemented and focus on high-risk populations that are less likely to be screened for breast cancer by trained health care providers.
BBonBreastExam

Description: Documentation of the breast exam

The patient was examined in 2 positions. The breasts were noted to be symmetric/asymmetric***, ptotic/pendulous/presence of scars or deformities***, soft/nodular/fibrocystic/dense/presence of inframammary ridge***, no masses palpated/mass present (size, consistency, distance from areolar edge, clock position)***. The nipple-areolar complexes were pink***, everted/inverted***, without discharge/discharge present (describe)***, with normal texture/with presence of dry, scaly texture***. The skin was warm/dry/with or without erythema/edema/peau d’ orange appearance/open sores/draining fluid collections***.
CODING AND BILLING

• Diagnostic Codes (ICD-10)
  • Z12.39   Encounter for other screening for malignant neoplasm of breast
<table>
<thead>
<tr>
<th>HISTORY</th>
<th>EXAM</th>
<th>MEDICAL DIAGNOSIS MAKING</th>
<th>CODE</th>
<th>APPLICABLE GUIDELINES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem focused:</td>
<td>Problem focused:</td>
<td>Straight forward:</td>
<td>99201</td>
<td>- Personally provided</td>
</tr>
<tr>
<td>- Chief complaint</td>
<td>- 1 body system</td>
<td>- Diagnosis: minimal</td>
<td></td>
<td>- Primary care exception</td>
</tr>
<tr>
<td>- HPI (1-3)</td>
<td></td>
<td>- Data: minimal</td>
<td></td>
<td>- Physicians at teaching hospitals</td>
</tr>
<tr>
<td>Expanded problem focused:</td>
<td>Expanded problem focused:</td>
<td>Straight forward:</td>
<td>99202</td>
<td>- Personally provided</td>
</tr>
<tr>
<td>- Chief complaint</td>
<td>- Affected areas and others</td>
<td>- Diagnosis: minimal</td>
<td></td>
<td>- Primary care exception</td>
</tr>
<tr>
<td>- HPI (1-3)</td>
<td></td>
<td>- Data: minimal</td>
<td></td>
<td>- Physicians at teaching hospitals</td>
</tr>
<tr>
<td>- ROS (1-3)</td>
<td></td>
<td>- Risk: minimal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comprehensive</td>
<td>Detailed:</td>
<td>Low:</td>
<td>99203</td>
<td>- Personally provided</td>
</tr>
<tr>
<td>- Chief complaint</td>
<td>- 7 systems</td>
<td>- Diagnosis: limited</td>
<td></td>
<td>- Primary care exception</td>
</tr>
<tr>
<td>- HPI (4)</td>
<td></td>
<td>- Data: limited</td>
<td></td>
<td>- Physicians at teaching hospitals</td>
</tr>
<tr>
<td>- ROS (2-9)</td>
<td></td>
<td>- Risk: low</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Past, family, social history (1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comprehensive</td>
<td>Comprehensive:</td>
<td>Moderate:</td>
<td>99204</td>
<td>- Personally provided</td>
</tr>
<tr>
<td>- Chief complaint</td>
<td>- 8 or more systems</td>
<td>- Diagnosis: multiple</td>
<td></td>
<td>- Physicians at teaching hospitals</td>
</tr>
<tr>
<td>- HPI (4+)</td>
<td></td>
<td>- Data: moderate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- ROS (10+)</td>
<td></td>
<td>- Risk: moderate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Past, family, social history (3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comprehensive</td>
<td>Comprehensive:</td>
<td>High:</td>
<td>99205</td>
<td>- Personally provided</td>
</tr>
<tr>
<td>- Chief complaint</td>
<td>- 8 or more systems</td>
<td>- Diagnosis: extended</td>
<td></td>
<td>- Physicians at teaching hospitals</td>
</tr>
<tr>
<td>- HPI (4+)</td>
<td></td>
<td>- Data: extended</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- ROS (10+)</td>
<td></td>
<td>- Risk: high</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Past, family, social history (3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### CODING AND BILLING – ESTABLISHED PATIENT

<table>
<thead>
<tr>
<th>HISTORY</th>
<th>EXAM</th>
<th>MEDICAL DIAGNOSIS MAKING</th>
<th>CODE</th>
<th>APPLICABLE GUIDELINES</th>
</tr>
</thead>
</table>
| Expanded problem focused:  
- Chief complaint  
- HPI (1-3) | Problem focused:  
- 1 body system | Straight forward:  
- Diagnosis: minimal  
- Data: minimal  
- Risk: minimal | 99212 | Personally provided  
- Primary care exception  
- Physicians at teaching hospitals |
| Expanded problem focused:  
- Chief complaint  
- HPI (1-3)  
- ROS (1) | Expanded problem focused:  
- Affected area and others | Low:  
- Diagnosis: limited  
- Data: limited  
- Risk: low | 99213 | Personally provided  
- Primary care exception  
- Physicians at teaching hospitals |
| Detailed  
- Chief complaint  
- HPI (4+)  
- ROS (10+)  
- Past, family, social history (3) | Detailed:  
- 7 systems | Moderate:  
- Diagnosis: multiple  
- Data: moderate  
- Risk: moderate | 99214 | Personally provided  
- Physicians at teaching hospitals |
| Comprehensive  
- Chief complaint  
- HPI (4+)  
- ROS (10+)  
- Past, family, social history (2) | Comprehensive:  
- 8 or more systems | High:  
- Diagnosis: extended  
- Data: extended  
- Risk: high | 99215 | Personally provided  
- Physicians at teaching hospitals |
EVIDENCE

• References