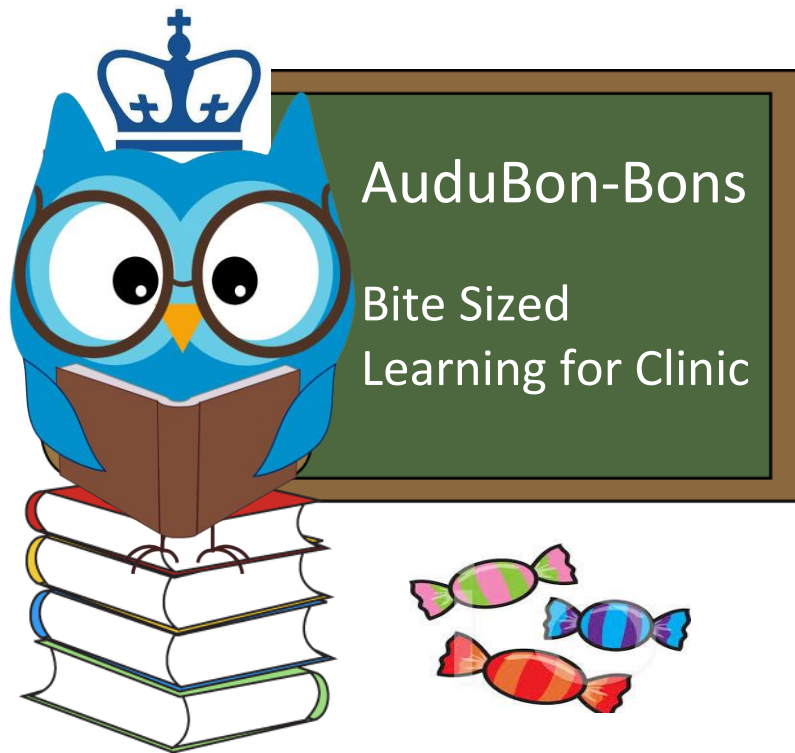


BREAST EXAM: DOCUMENTATION OF BENIGN EXAM



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 ↵

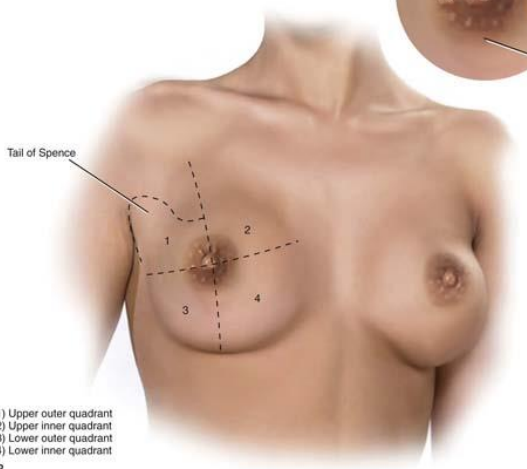
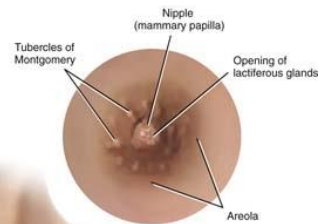
- Family history of breast cancer, ovarian cancer, or other hereditary breast and ovarian syndrome-associated cancer (eg, prostate cancer, pancreatic cancer)
- Known deleterious gene mutation
- Prior breast biopsy with specific pathology
 - Atypical hyperplasia (lobular or ductal)
 - Lobular carcinoma in situ
- Early menarche
- Late menopause
- Nulliparity
- Prolonged interval between menarche and first pregnancy
- Menopausal hormone therapy with estrogen and progestin (decreased risk with estrogen alone)
- Not breastfeeding
- Increasing age
- Certain ethnicities (eg, increased risk of *BRCA* mutation in Ashkenazi Jewish women)
- Higher body mass index
- Alcohol consumption
- Smoking
- Dense breasts on mammography
- Prior exposure to high-dose therapeutic chest irradiation in young women (10–30 years old)



CLINICAL ANATOMY

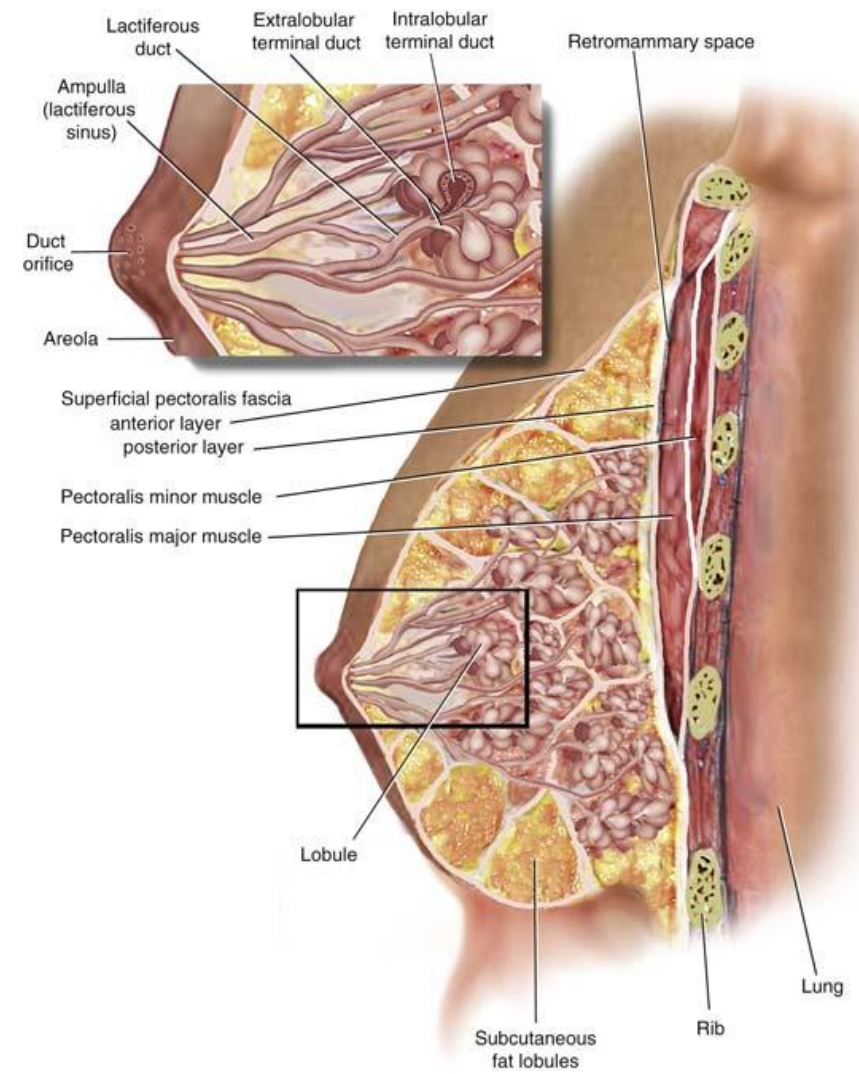


A



- 1) Upper outer quadrant
- 2) Upper inner quadrant
- 3) Lower outer quadrant
- 4) Lower inner quadrant

B





The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

INDICATIONS

ACOG PRACTICE BULLETIN

Clinical Management Guidelines for Obstetrician-Gynecologists

NUMBER 179, JULY 2017

(Replaces Practice Bulletin Number 122, August 2011)

Reaffirmed 2019

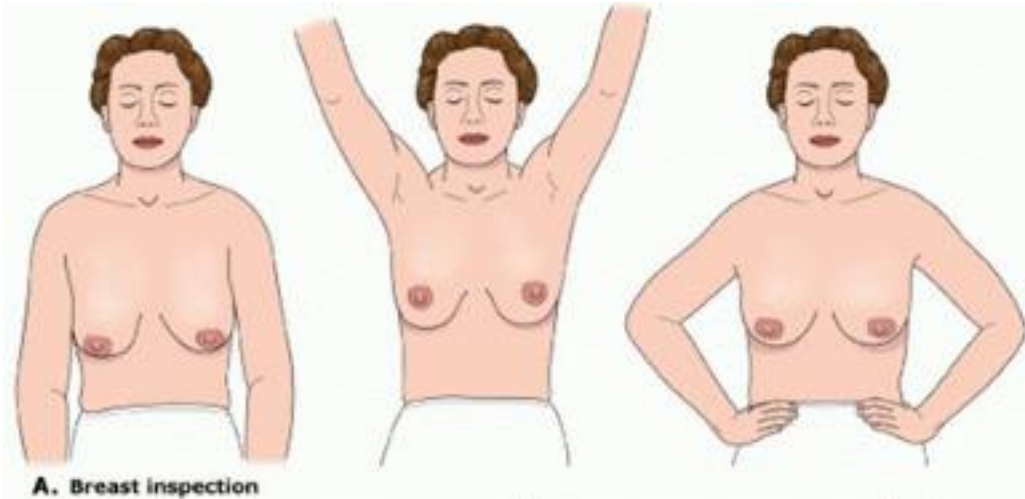
Breast Cancer Risk Assessment and Screening in Average-Risk Women

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

	American College of Obstetricians and Gynecologists	U.S. Preventive Services Task Force	American Cancer Society	National Comprehensive Cancer Network
Clinical breast examination	May be offered* every 1–3 years for women aged 25–39 years and annually for women 40 years and older.	Insufficient evidence to recommend for or against.†	Does not recommend‡	Recommend every 1–3 years for women aged 25–39 years. Recommend annually for women 40 years and older.



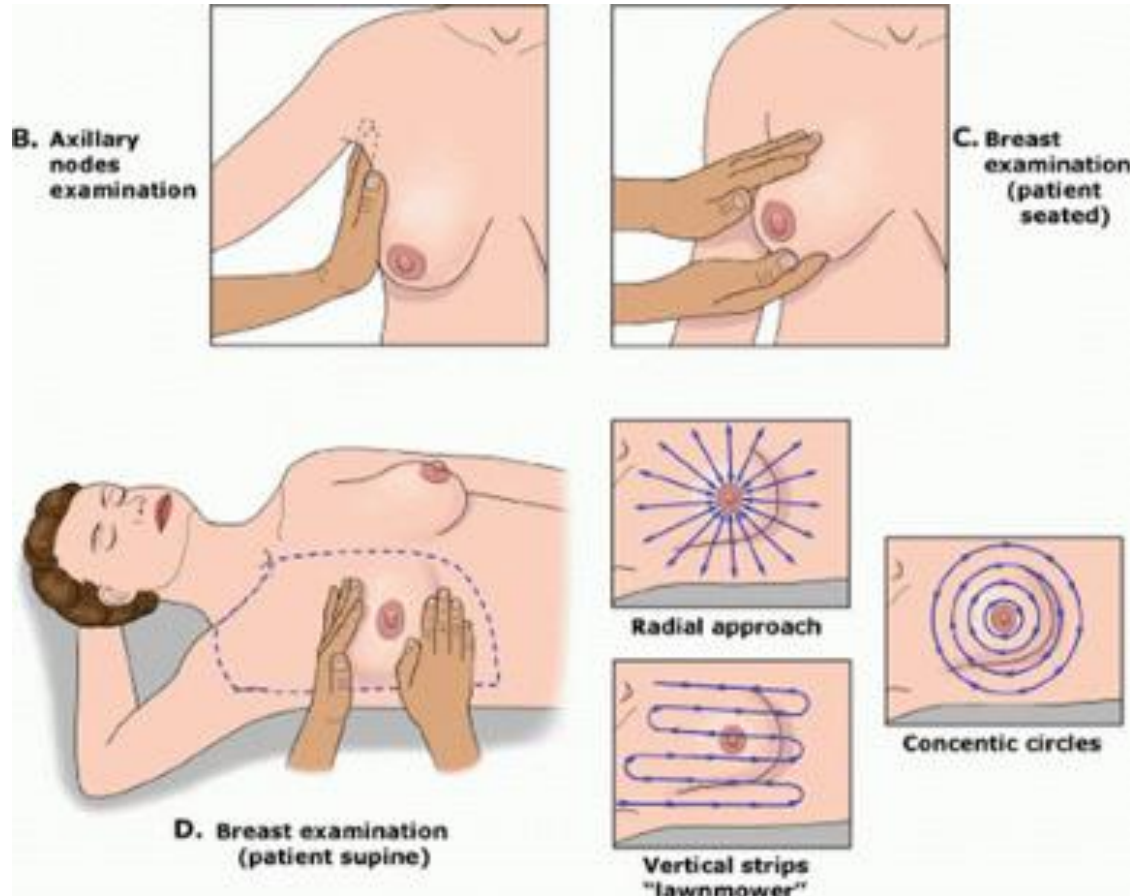
TECHNIQUE - INSPECTION



- Seated position facing examiner
 - Hands on hips
 - Hands raised above head
- Assess
 - Size
 - Shape
 - Symmetry
 - Nipples
 - Size
 - Shape
 - Texture
 - Color



TECHNIQUE - PALPATION



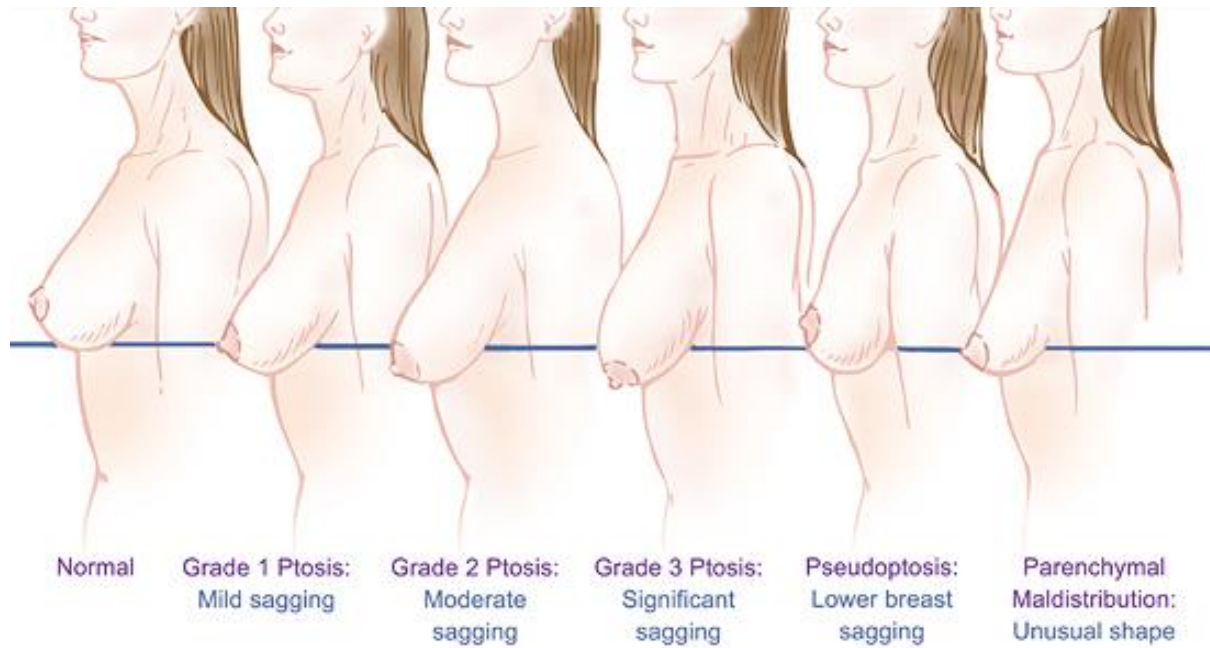
- Use pads of the middle 3 fingers of one hand
- Press downward using circular motions
- Apply steady pressure, pushing down to the level of the chest wall
- Start with breast followed by axillary region



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





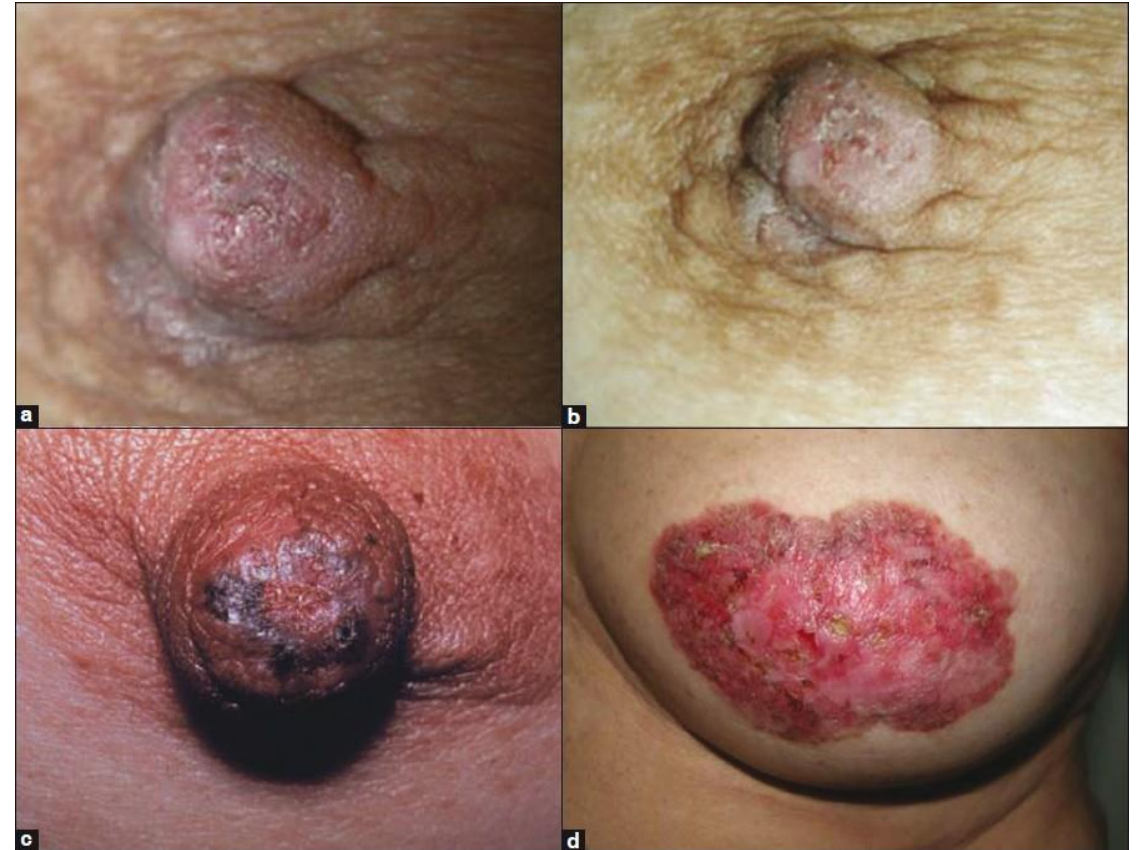
<https://aestheticsjournal.com/feature/lifting-the-breast-with-pdo-threads>



<https://coremedicalclinics.co.uk/inverted-nipple-correction/>



http://earthwidesurgicalfoundation.blogspot.com/2012/01/what-is-diagnosis_25.html



Karakas C. Paget's disease of the breast. J Carcinog [serial online] 2011 [cited 2019 Sep 4];10:31. Available from: <http://www.carcinogenesis.com/text.asp?2011/10/1/31/90676>



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 \leq \$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.



Epic .phrase

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



CODING AND BILLING – NEW PATIENT

HISTORY	EXAM	MEDICAL DIAGNOSIS MAKING	CODE	APPLICABLE GUIDELINES
Problem focused: - Chief complaint - HPI (1-3)	Problem focused: - 1 body system	Straight forward: - Diagnosis: minimal - Data: minimal - Risk: minimal	99201	- Personally provided - Primary care exception - Physicians at teaching hospitals
Expanded problem focused: - Chief complaint - HPI (1-3) - ROS (1-3)	Expanded problem focused: - Affected areas and others	Straight forward: - Diagnosis: minimal - Data: minimal - Risk: minimal	99202	- Personally provided - Primary care exception - Physicians at teaching hospitals
Comprehensive - Chief complaint - HPI (4) - ROS (2-9) - Past, family, social history (1)	Detailed: - 7 systems	Low: - Diagnosis: limited - Data: limited - Risk: low	99203	- Personally provided - Primary care exception - Physicians at teaching hospitals
Comprehensive - Chief complaint - HPI (4+) - ROS (10+) - Past, family, social history (3)	Comprehensive: - 8 or more systems	Moderate: - Diagnosis: multiple - Data: moderate - Risk: moderate	99204	- Personally provided - Physicians at teaching hospitals
Comprehensive - Chief complaint - HPI (4+) - ROS (10+) - Past, family, social history (3)	Comprehensive: - 8 or more systems	High: - Diagnosis: extended - Data: extended - Risk: high	99205	- Personally provided - Physicians at teaching hospitals



CODING AND BILLING – ESTABLISHED PATIENT

HISTORY	EXAM	MEDICAL DIAGNOSIS MAKING	CODE	APPLICABLE GUIDELINES
Expanded problem focused: <ul style="list-style-type: none"> - Chief complaint - HPI (1-3) 	Problem focused: <ul style="list-style-type: none"> - 1 body system 	Straight forward: <ul style="list-style-type: none"> - Diagnosis: minimal - Data: minimal - Risk: minimal 	99212	<ul style="list-style-type: none"> - Personally provided - Primary care exception - Physicians at teaching hospitals
Expanded problem focused: <ul style="list-style-type: none"> - Chief complaint - HPI (1-3) - ROS (1) 	Expanded problem focused: <ul style="list-style-type: none"> - Affected area and others 	Low: <ul style="list-style-type: none"> - Diagnosis: limited - Data: limited - Risk: low 	99213	<ul style="list-style-type: none"> - Personally provided - Primary care exception - Physicians at teaching hospitals
Detailed <ul style="list-style-type: none"> - Chief complaint - HPI (4+) - ROS (10+) - Past, family, social history (3) 	Detailed: <ul style="list-style-type: none"> - 7 systems 	Moderate: <ul style="list-style-type: none"> - Diagnosis: multiple - Data: moderate - Risk: moderate 	99214	<ul style="list-style-type: none"> - Personally provided - Physicians at teaching hospitals
Comprehensive <ul style="list-style-type: none"> - Chief complaint - HPI (4+) - ROS (10+) - Past, family, social history (2) 	Comprehensive: <ul style="list-style-type: none"> - 8 or more systems 	High: <ul style="list-style-type: none"> - Diagnosis: extended - Data: extended - Risk: high 	99215	<ul style="list-style-type: none"> - Personally provided - Physicians at teaching hospitals



EVIDENCE

- References

- Breast cancer risk assessment and screening in average-risk women. Practice Bulletin No. 179. American College of Obstetricians and Gynecologists. Obstet Gynecol 2017;130:e1–16.
- Breast examination. UCSD's Practical Guide to Clinical Medicine. <https://meded.ucsd.edu/clinicalmed/breast.htm> (Accessed on August 20, 2019).
- Diagnosis and management of benign breast disorders. Practice Bulletin No. 164. American College of Obstetricians and Gynecologists. Obstet Gynecol 2016;127:e141–56.
- Henderson JA, Ferguson T. Breast Examination Techniques. [Updated 2019 Jun 7]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2019 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK459179/> (Accessed on August 20, 2019).
- Mikayla Y. Charles, et al. Disparities in receiving clinical breast examination for early detection of breast cancer among women aged 18 years and over in the United States. [abstract]. In: Proceedings of the Eighth AACR Conference on The Science of Health Disparities in Racial/Ethnic Minorities and the Medically Underserved; Nov 13-16, 2015; Atlanta, GA. Philadelphia (PA): AACR; Cancer Epidemiol Biomarkers Prev 2016;25(3 Suppl):Abstract nr B95.

