The Department of State Health Services is providing the following guidance to healthcare providers and Breast and Cervical Cancer Services (BCCS) contractors to facilitate their determination of qualifying diagnoses for Medicaid for Breast and Cervical Cancer (MBCC). Analysis of all biopsies must be performed by a US CLIA certified laboratory.

**Cervical Cancer Qualifying Diagnosis**

*Qualifying pre-cancerous cervical diagnoses* are biopsy-confirmed:
- CIN III (Severe dysplasia)
- Carcinoma or adenocarcinoma in situ

*Qualifying malignancies of the cervix* are biopsy-confirmed:
- Squamous cell carcinoma
- Invasive endocervical adenocarcinoma
- Invasive cervical cancer
- Malignant neoplasia
- Sarcoma
- Adenoid cystic

**Breast Cancer Qualifying Diagnosis**

*Qualifying pre-cancerous breast diagnoses* is biopsy-confirmed:
- Ductal carcinoma in situ (DCIS)

*Qualifying breast cancer diagnoses* must be biopsy-confirmed.

**Step 1:** On the pathology report, the diagnosis and/or the specimen description must include at least one of the following phrases: “breast cancer”, “breast carcinoma”, or “breast malignancy”

**Step 2:** On those pathology reports with a breast cancer diagnosis, the report must include at least one of the following words: “infiltrating” or “invasive”

**Examples of the majority of breast cancer types:**

1. **Ductal Carcinomas:**
   - Invasive
   - Inflammatory
   - Mucinous (colloid)
   - Scirrhous
   - Comedo
   - Medullary
   - Papillary or Micropapillary
   - Tubular
   - Cribiform

2. **Lobular Carcinoma:**
   - Invasive

3. **Nipple Carcinoma:**
   - Paget’s disease

4. **Other Carcinomas:**
   - Carcinoma, NOS (not otherwise specified)
   - Phyllodes tumor
   - Primary lymphoma
   - Apocrine
   - Carcinoma with endocrine differentiation
   - Undifferentiated carcinoma
   - Sarcoma
   - Secretory
   - Metaplastic
   - Adenoid cystic carcinoma

**Breast and Cervical Cancers**

For primary cancers, terms such as “compatible with” and “consistent with” do not qualify as definitive diagnoses. If the pathologist is certain the finding is breast or cervical cancer as described above, then it must be clearly stated in the final pathology report.

For metastatic or recurrent cancers, an unequivocal diagnosis of malignancy is required. However, since many metastatic or recurrent cancers may look the same, the primary does not need to be explicitly diagnosed. Terms such as “compatible with” and “consistent with” a breast or cervical cancer are acceptable. For example, a diagnosis such as “metastatic adenocarcinoma consistent with the prior breast primary” would be acceptable.

* The diagnosis of lobular carcinoma in situ (LCIS) is not considered a qualifying precancerous or breast cancer diagnosis for referral to MBCC.

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