BREAST AND CERVICAL CANCER SCREENING PROGRAM POLICIES AND PROCEDURES MANUAL



WEST VIRGINIA Breast & Cervical

CANCER SCREENING PROGRAM

You're Worth It

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TABLE OF CONTENTS

SECTION I GENERAL ADMINISTRATION

1.1 Purpose	1 -
1.2 Introduction	1 -
1.3 Mission	2 -
1.4 Program Goals	2 -

SECTION II PROGRAM ADMINISTRATION

2.1 Nondiscrimination	4 -
2.2 Confidentiality of Patient Information	4 -
2.3 Informed Consent2.3a Consent Explanation and Definition	
2.4 Patient Records2.4a Record Maintenance2.4b Record Retention	5 -
2.5 Personnel Policies	6 -

SECTION III PATIENT ELIGIBILITY

3.1 Determining Patient Eligibility	7 -
3.2 Financial Eligibility Guidelines	7 -
3.3 Breast Screening Age, Medical Eligibility & Risk Factors	· 8 -
3.3a Clinical Breast Examination Eligibility	· 8 -
3.3b Screening Mammography Eligibility for Women 50-64 Years of Age	· 8 -
3.3c Screening Mammography Eligibility for Women 40-49 Years of Age	8 -
3.3d Breast Cancer High-Risk Factors	· 8 -
3.4 Breast Diagnostics Eligibility	8 -
3.4a Diagnostic Mammography Eligibility	8 -

3.4b Breast Ultrasound Eligibility9 -
3.4c Breast Surgeon Consultation Eligibility9 -
3.4d Fine Needle Aspiration/Breast Biopsy Eligibility
3.5 Cervical Screening Age and Medical Eligibility 10 -
3.5a Pelvic Examination Eligibility 10 -
3.5b Liquid-Based Pap test Eligibility 10 -
3.5c Liquid-Based Pap test Eligibility for Post-Hysterectomy Patients 10 -
3.6 Cervical Diagnostic Eligibility 11 -
3.6a Colposcopy Eligibility 11 -
3.7 Acute Care Visits 11 -

SECTION IV SCREENING PROVIDER SERVICES and PATIENT ENROLLMENT

4.1 Screening Provider Qualifications 12 -
4.2 Screening Provider Services 12 -
4.3 Screening Provider Responsibilities 13 -
 4.4 Screening Provider and Patient Enrollment 13 - 4.4a Patient Enrollment and Referral for Diagnostics 13 -
4.5 Required Screening Provider Forms 13 -
4.5a Client Enrollment-Release of Information and Confidentiality Form 14 -
4.5b Patient Data Form 14 -
4.5c Medical History Form 14 -
4.5d Referral Form 14 -
4.6 Tracking Logs 15 -

SECTION V REFERRAL PROVIDER QUALIFICATIONS and RESPONSIBILITIES

5.1 Statewide Network of WVBCCSP Referral Providers	16	-
5.2 Mammography Provider Qualifications	16	-

5.3 Mammography Provider Services 16 -
5.4 Mammography Provider Responsibilities 16 -
5.5 Breast Ultrasound Provider Qualifications 17 -
5.6 Breast Ultrasound Provider Responsibilities 17 -
5.7 Breast Consultation Provider Qualifications 17 -
5.8 Breast Consultation Provider Responsibilities 17 -
5.9 Fine Needle Aspiration Provider Qualifications 17 -
5.10 Fine Needle Aspiration Provider Responsibilities 17 -
5.11 Breast Biopsy Provider Qualifications 18 -
 5.12 Breast Biopsy Provider Responsibilities
5.13 General Anesthesia (CPT 00400) 18 -
5.14 Colposcopy Provider Qualifications 19 -
5.15 Colposcopy Provider Responsibilities 19 -
5.16 Cytology Laboratory Qualifications 20 -
5.17 Cytology Laboratory Responsibilities 20 -

SECTION VI BREAST SCREENING SERVICES & FOLLOW-UP

6.1 Introduction	21 -
6.2 Risk Factors for Breast Cancer	21 -
6.3 Early Detection of Breast Cancer	22 -
6.4 Required Components of Breast Screening	22 -
6.5 General Guidelines for Patient Education	22 -
6.6 Breast Cancer Education	23 -
6.7 Clinical Breast Examination (CBE)	23 -

6.8 Recommended Clinical Breast Exam Technique 23	; -
6.9 Management of Abnormal Clinical Breast Exam 24	
6.9a Screening Mammography 24	+ -
6.9b Mammography Referral 25	, -
6.9c Mammography Results Reporting 25) -
6.9d Mammography Follow-up and Tracking) -
6.9e Follow-up for Normal CBE / Mammogram Results) -
6.9f Follow-up for Abnormal CBE / Mammogram Results) -
6.9g Abnormal Mammography26	; -
6.10 Breast Ultrasound Guidelines 26	; -
6.10a Breast Ultrasound Referral 26	; -
6.10b Ultrasound Results Reporting 27	, -
6.10c Breast Ultrasound Follow-up 27	, -
6.11 Fine Needle Aspiration 27	, -
6.11a Fine Needle Aspiration Referral 27	, -
6.11b Fine Needle Aspiration Results Reporting	, -
6.11c Fine Needle Aspiration Follow-up 27	, -
6.12 Breast Biopsy 27	' -
6.12a Breast Biopsy Referral 28	; -
6.12b Breast Biopsy Results Reporting 28	; -
6.12c Breast Biopsy Follow-up 28	; -

SECTION VII CERVICAL SCREENING SERVICES & FOLLOW-UP

7.1 Introduction2	29 -
7.2 Prevention and Early Detection of Cervical Cancer	29 -
7.3 Overview of 2012 Cervical Screening and Colposcopy Guidelines	29 -
7.4 Cervical Cancer Risk Factors	30 -
7.5 Required Components of Cervical Screening	31 -
7.6 General Guidelines for Patient Education	32 -

7.7 Cervical Cancer Education 32 -
7.8 Pelvic Examination 32 -
7.9 Pre-Clinic Client Preparation Instructions for Pap Tests 32 -
7.10 The Pap Test 33 -
7.11 Laboratory Services for Pap Test 33 -
7.12 Pap Test Protocol for Post-Hysterectomy Patients 33 -
 7.13 Follow-up Guidelines for Liquid-based Pap Test and HPV Results 33 - 7.13a Normal Pap Test Results 34 - 7.13b Abnormal Pap Test Results 34 -
7.14 Pap Test Tracking 34 - 7.14a Screening Provider's responsibilities 35 -
 7.15 Pap Test Treatment Medications 35 - 7.15a Pharmaceutical Dosing, Labeling and Record Keeping 35 - 7.15b Ordering Medications 35 -
7.16 Colposcopy- 36 -7.16a Colposcopy Referral- 36 -7.16b Gynecologic Consults- 36 -7.16c Colposcopy Reimbursement- 36 -7.16d Colposcopy Referral- 36 -7.16e Colposcopy Referral- 36 -7.16e Colposcopy Tracking and Follow-Up- 37 -7.16f Colposcopy Pathology Report- 37 -7.16g Colposcopy Results- 37 -
7.17 Annual Rescreening: Introduction 37 -
7.18 Rescreening Reminder System 38 -
7.19 Ordering Forms and Lab Supplies 38 -
SECTION VIII SCREENING PROVIDER INVOICING and REIMBURSEMENT

8.1 General Billing Information	40 -
8.2 Underinsured Patients	41 -

8.3 Batch Invoicing Procedures	41 -
8.4 WVBCCSP Billing Forms	41 -
8.4a Client Enrollment-Consent (CE) Form	41 -
8.4b Batch Invoice Form	41 -
8.4c Patient Data form	42 -
8.4d Batch Invoice Form 2015-2016	43 -
8.4e Payment Fee Schedule 2015-2016	44 -

SECTION IX CASE MANAGEMENT & THE MEDICAID TREATMENT ACT

9.1 Purpose of the Medicaid Treatment Act (MTA)	48 -
9.2 Eligibility Guidelines	48 -
9.3 MTA Eligible Diagnoses	48 -
9.4 Screening Provider Responsibility for MTA Referral	48 -
9.5 DHHR Responsibility	49 -
9.6 MTA Confirmation	49 -
9.7 Case Management Responsibilities	49 -
9.8 Questions Regarding MTA	50 -
9.9 Medicaid Citizenship and Identity Requirements	50 -

SECTION X QUALITY ASSURANCE

10.1 Introduction 5	52 -
10.2 What is meant by Quality Assurance?5	52 -
10.3 Breast 5	52 -
10.4 Cervical 5	52 -
10.5 Provider Practice 5	52 -
10.6 Clinical Services5	52 -
10.6a Screening Provider5	52 -
10.6b Cytopathology (Pap test) Contracted Laboratory	53 -

10.7 Monitoring	53 -
10.8 On-Site Reviews	53 -
10.9 Technical Assistance	53 -
10.10 Medical Advisory Committee	53 -

SECTION XI PUBLIC EDUCATION & TARGETED OUTREACH

11.1 Purpose	54 -
11.2 Priority Populations	54 -
11.3 Provider Responsibilities	54 -
11.3a Staff and Agency Training	54 -
11.3b Patient Education	55 -
11.3c Public Education and Media Campaigns	55 -
11.3d Community Outreach Plan	55 -
11.3e Community Organizations	55 -
11.3f Ordering Public Education Materials	56 -

SECTION XII PROFESSIONAL DEVELOPMENT

12.1 Purpose
12.2 Provider Responsibilities 57 -
12.3 Patient and Provider Reminder Materials 57 -
 12.4 Continuing Education Opportunities
12.5 Professional Education/Development Newsletter 58 -

SECTION XIII PROGRAM FORMS, TABLES & TOOLS

13.1 WVBCCSP Funding Sources At-A-Glance	59 -
13.2 Program Eligibility Guidelines	- 06
13.3 WVBCCSP Sliding Fee Scale/FPL Income Guidelines 2015-2016	51 -
13.4 WVBCCSP Algorithm Clinical Breast Exam: Normal CBE	53 -
13.5 Normal Clinical Breast Exam Table 6	64 -
13.6 Abnormal Clinical Breast Exam Table	54 -
13.7 WVBCCSP Algorithm Clinical Breast Exam: Abnormal CBE	3 5 -
13.8 WVBCCSP PAP Test Activity Log 6	66 -
13.9 WVBCCSP Colposcopy Activity Log 6	37 -
13.10 Table of WVBCCSP Visit Types 6	- 86
13.11 Client Enrollment/Consent Form	71 -
13.12 WVBCCSP Medical History Form	72-
13.13 WVBCCSP Patient Data Form	73 -
13.14 WV Tobacco QUITLINE FAX	74 -
13.15 WVBCCSP Referral Form	75 -
13.16 WVBCCSP Payment Fee Schedule 2015-2016	76 -

Appendix 1 Public Law 101-354

Appendix 2 Acronyms & Glossary of Terms

Appendix 3 WVBCCS Program Updates

Appendix 4 West Virginia Breast and Cervical Medicaid Treatment Act

- WV MTA Application Information
- MTA Diagnosis Related Information

Required Forms

WVBCCSP MTA At-A-Glance

WVBCCSP Certificate of Medical Diagnosis

WVBCCSP Medicaid Treatment Act Application

Appendix 5 West Virginia Diagnostic and Treatment Fund

WV D&T Fund At-A-Glance

WV D&T Fund Additional Information

Procedures Not Covered

WV D&T Fund Application

SECTION I - GENERAL ADMINISTRATION

1.1 Purpose

The purpose of this *Policies and Procedures Manual* is to define the West Virginia Breast and Cervical Cancer Screening Program's (WVBCCSP) standardized guidelines for screening Program eligible participants.

The manual contains policies and procedures of the WVBCCSP and serves as an operational reference for clinics participating in the Program. Screening providers are expected to conform to the policies and procedures contained in this manual and all future revisions. Each screening provider is required to provide in-service training to existing staff members and to new employees to assure Program compliance.

This policy manual is not intended to be a set of clinical guidelines for the general U.S. population. Rather, it provides programmatic and reimbursement guidance.

Each screening provider must designate a staff member to receive WVBCCSP memorandums and program updates and to disseminate this information to the appropriate staff. The provider must send the contact name to the WVBCCSP with the Memorandum of Understanding (MOU) and at any time during the year when the contact person has changed.

Throughout the manual, reference is made to the requirements and restrictions of the federal law which created the WVBCCSP, the Breast and Cervical Cancer Mortality Prevention Act of 1990 (Public Law 101-354), the Breast and Cervical Cancer Amendments of 1993 and various regulations and program guidelines established by the Centers for Disease Control and Prevention (CDC). A combination of these laws and regulations govern the Program's policies and procedures established by the West Virginia Bureau for Public Health (BPH).

Note: All provider staff must be familiar with Program policies and procedures in order to deliver quality care to participants.

1.2 Introduction

Title XV of the Public Health Service Act, known as the *Breast and Cervical Cancer Mortality Prevention Act of 1990* (Public Law 101-354) established a program of grants awarded to states for the detection and control of breast and cervical cancer. The grants are awarded to states via a cooperative agreement by the CDC through a competitive application process. The purpose of the funding is to provide early detection, screening and referral services for breast and cervical cancers with special emphasis placed on the participation of women of low income, racial/ethnic minorities, women never or rarely screened for cervical cancer and older women. Recipients of the grant funds are required by law to provide a comprehensive statewide public health screening program.

In 1992, the West Virginia Legislature enacted the Breast and Cervical Cancer Prevention and Control Act which statutorily created the Program within the Department of Health and Human Resources. The BPH has been designated as the administrative entity for WVBCCSP and is housed in the Office of Maternal, Child and Family Health (OMCFH).

The 1996 West Virginia Legislature established the Breast and Cervical Cancer Diagnostic and Treatment Fund which provides financial assistance for the medical care of medically and financially eligible patients. (Refer to the WVBCCSP website at <u>www.wvdhhr.org/bccsp</u>). The WVBCCSP Medical Advisory Committee is responsible for establishing procedures and requirements for participation.

The Breast and Cervical Cancer Prevention and Treatment Act of 2000 (*BCCPTA – The Act/Public Law 106-354*) (see Appendix 1 of this manual) amends Title XIX of the Social Security Act to give states enhanced matching funds to provide Medicaid eligibility to a new group of individuals previously not eligible under the program. The new option allows states to provide full Medicaid benefits to uninsured women under age 65 who are identified through the CDC's National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and are in need of treatment for breast and/or cervical cancer, including pre-cancerous conditions and early stage cancer. The Act also allows states to extend presumptive eligibility to applicants in order to ensure that needed treatment begins as early as possible. The West Virginia Breast & Cervical Cancer Medicaid Treatment Act, commonly referred to as the Medicaid Treatment Act (MTA), became effective April 1, 2001.

1.3 Mission

The mission of the WVBCCSP is to prevent unnecessary disease, disability and premature death due to cancer of the breast and/or cervix.

The key to reducing illness and death from these cancers is early detection and timely follow-up and treatment. Routine screening can detect many cancers at early stages when more treatment options are available and the likelihood of survival is improved.

For early detection of breast cancer, the technology of choice among medical professionals, cancer specialists and public health experts alike is mammography. The universal screening tool for cervical cancer in asymptomatic women is the Pap test. Both of these screening technologies have been shown to have a significant impact on mortality.

1.4 Program Goals

- To ensure access to breast and cervical cancer screening services for all women who meet income, age and medical eligibility guidelines with an emphasis on older, minority, and never or rarely screened women.
- To ensure that all women screened by the WVBCCSP receive appropriate and timely follow-up, diagnosis, treatment and case management;
- To broaden statewide public education to promote breast and cervical cancer screening in West Virginia, with an emphasis on reducing morbidity and mortality from breast and cervical cancer by reaching all populations;

- To offer educational opportunities to health professionals involved with breast and cervical cancer screening;
- To monitor and assess trends in breast and cervical cancer incidence, mortality and screening rates for West Virginia women in order to develop effective health promotion strategies;
- To establish linkages and partnerships with a broad range of stakeholders to bring additional resources to the WVBCCSP. (These coalitions will provide access to and information about the priority populations to expand upon the efforts of the WVBCCSP);
- To maintain and establish mechanisms through which the state can enhance quality assurance monitoring of screening procedures for breast and cervical cancer; and
- To facilitate full Medicaid benefits for women who are under age 65, with no credible coverage and are identified through the WVBCCSP as in need of treatment for breast or cervical cancer. (These linkages and partnerships will provide access and information about priority populations, expanding the efforts of the WVBCCSP).

SECTION II - PROGRAM ADMINISTRATION

2.1 Nondiscrimination

The provider assures that, in accordance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et.seq.), Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), Title IX of the Education Amendment of 1973, as amended (20 U.S.C. 1681-1683 and 1685-1686), the Age Discrimination Act of 1975, as amended (42) U.S.C. 6101 et seq.), the Regulations issued thereunder by the U.S. Department of Health and Human Services (45 CFR parts 80, 84, 86 and 91), no individual shall, on the grounds of race, creed, age, color, natural origin, ancestry or sex be excluded from participation, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity described or regulated under the screening provider contract.

2.2 Confidentiality of Patient Information

The screening provider must safeguard the use and/or disclosure of any patient medical or social information of a confidential nature in accordance with the Health Insurance Portability and Accountability Act (HIPAA). Provision of medical services and information contained in medical records of patients served under the WVBCCSP shall be considered confidential. A signed, dated and witnessed Client Enrollment-Release of Information and Statement of Confidentiality Form (Y104) must be obtained and must become a permanent part of the patient's medical record. The form must be sent to the WVBCCSP office within the week of the initial visit. Patient medical records may be disclosed to physicians or medical facilities accepting a patient referral and to the WVBCCSP office.

Information may be disclosed in summary or other form which does not identify particular individuals, if such information is in compliance with applicable Federal and State regulations and the exchange of individual medical record information is in keeping with established medical standards and ethics.

2.3 Informed Consent

For ethical, medical and legal reasons, an informed consent documenting the patient's consent to receive breast and cervical cancer screening services must be signed prior to her receiving any medical services.

The WVBCCSP provided Client Enrollment-Release of Information and Statement of Confidentiality Form (Y104) must be verbally reviewed with the patient prior to her signing the form. The form must also be signed, dated and witnessed by a clinical staff member. The signed form becomes a part of the patient's medical record and is required to be completed at the time of the initial screening enrollment visit and updated when there are changes to the patient address or last name. On an annual basis a new CE form must be completed and signed in order to keep record current.

2.3a Consent Explanation and Definition

The legal premise underlying the necessity for an informed consent is a person's right not to be touched intentionally without her permission. Without this authorization, any touching is considered battery and can be the basis of a civil lawsuit. More recently, lack of informed consent has been treated as negligence by courts and the issue of whether informed consent was actually obtained has become increasingly important in malpractice cases.

Informed consent is a process of education and discussion. The heart of informed consent is the explanation of the proposed treatment to the patient. With appropriate descriptions of the proposed tests or procedures, the patient can evaluate available options and decide whether and how to proceed. The patient must have the opportunity to ask questions and the clinician must be satisfied that the patient has understood the information conveyed. If the patient has difficulty reading, the provider staff must read or assist the patient with reading the form.

The WVBCCSP Client Enrollment-Release of Information and Statement of Confidentiality Form (Y104) contains a general description of Program services the patient can expect to receive as a Program participant. Risks, as well as alternatives, should be discussed and explained. Consent to release information concerning any related care must be given by the patient.

2.4 Patient Records

WVBCCSP screening providers must establish a medical record for every patient enrolled as a WVBCCSP participant. The record must include a signed, dated and witnessed Client Enrollment-Release of Information and Statement of Confidentiality Form (Y104), Medical History Form (Y108), all Patient Data Forms (PDF) (Y106), appropriate Program Referral Forms and appropriate Program Report Forms. These records must be maintained in accordance with accepted medical standards.

2.4a Record Maintenance

Patient records must be:

- Comprehensive and concise;
- Available upon request by the patient (patients must allow 24 to 48 hours for preparation of records for release);
- Documented in chart when encounters of a medical nature are performed via telephone;
- Signed by the clinician making the entry (signature, title and date must accompany each medical entry);
- Organized systematically to facilitate retrieval and compilation of information;
- Compliant with HIPAA;
- Shared freely with the provider accepting the referral for further diagnostic services; and
- Made available to the Monitoring Team or WVBCCSP staff making a request to review.

2.4b Record Retention

All WVBCCSP Screening and/or Referral Providers must retain all records, documents and correspondence relative to the WVBCCSP contract as follows:

- Providers must retain all financial records, supporting documents, statistical records and other pertinent records for a period of five (5) years or until an audit is completed and resolved, whichever is later (45 CFR Parts 74 and 92).
- Reviews or audits of the records and documents which are required by WVBCCSP policies and procedures may be conducted at any reasonable time by State and Federal personnel and other persons duly authorized by the Bureau for Public Health. This review may include meetings with consumers, review of service records, review of service policy and procedural issuances, review of staffing ratios and job descriptions and meetings with any staff directly or indirectly involved in the provision of services.

2.5 Personnel Policies

Provider agencies must establish and maintain written personnel policies that comply with Federal and State requirements and Title VII of the Civil Rights Act of 1991. These policies shall include, but need not be limited to, staff recruitment, selection, performance evaluation, promotion, termination, compensation, benefits and grievance procedures.

All WVBCCSP screening providers must operate under the supervision and responsibility of a Medical Director who is a West Virginia licensed physician.

When health professionals other than physicians (e.g. nurse practitioners, physician assistants, certified nurse-midwives or Public Health Nurse Physical Assessment Training (PHNPAT) certified registered nurses) perform delegated medical functions, they must do so under protocols and/or standing orders approved by the Medical Director.

Personnel policies of facilities must provide for:

- Confidentiality of personnel records;
- Availability of an organizational chart and personnel policies for all personnel to review; and
- Availability of job descriptions for all positions must be reviewed annually and updated when necessary to reflect changes in duties.

SECTION III - PATIENT ELIGIBILITY

3.1 Determining Patient Eligibility

Women 25-64 years of age who are residents of West Virginia with household income at or below 250% of the Federal Poverty level (FPL) are eligible for WVBCCSP services. Under the federal act, Title XV of the Public Health Services Act known as the Breast and Cervical Cancer Mortality Prevention Act of 1990, programs must give priority to providing services to low income women.

The federal law also requires that providers who impose a charge for services must utilize a schedule of charges that is adjusted to reflect the income of the household. The law prohibits providers from charging a fee to any woman with an income of less than 100% of the current FPL. Based on state program guidelines:

- Patients of the WVBCCSP whose income is at or below 150% of FPL are not to be charged a fee for service.
- If the clinic charges a fee for services, WVBCCSP patients whose income and family size place them between 150% and 250% of the FPL are to be charged a fee based on the sliding fee scale.
- Those patients with income above 250% of the FPL are not eligible to enroll as a WVBCCSP participant. The sliding fee scale is updated annually in accordance with revised federal poverty income guidelines.

WVBCCSP funds are to be used as a last resort for payment. A patient may have medical insurance and still qualify as a participant of the Program if her income is at or below 250% of the FPL. In this instance, third parties must be billed prior to billing WVBCCSP.

Exception:

Any eligible Medicaid, Medicare Part B client or Medicaid sponsored Health Maintenance Organization (HMO) enrollee is not eligible to be enrolled as a WVBCCSP participant.

Note: Based on Public Law 101-354, men are not eligible to receive WVBCCSP screening and/or diagnostic services.

3.2 Financial Eligibility Guidelines

The screening provider must determine patient financial eligibility by applying the following guidelines based upon the patient's verbal statement of gross monthly or annual income.

- Income is at or below 250% of the current FPL and uninsured;
- Underinsured (Medical insurance does not cover WVBCCSP screening and or diagnostic services); or
- Has an unmet deductible or a required co-payment for services covered by WVBCCSP that she is unable to pay.

3.3 Breast Screening Age, Medical Eligibility & Risk Factors

3.3a Clinical Breast Examination Eligibility

- 25–64 years of age; and
- Not a participant in a program that provides these services (e.g. Family Planning).

3.3b Screening Mammography Eligibility for Women 50-64 Years of Age

- 50–64 years of age; and
- No mammogram with normal results in the previous 12 months.

WVBCCSP cannot reimburse for a screening mammogram for any women younger than age 50, unless she is 40-49 years of age and has one or more documented high-risk factors for developing breast cancer as described below in section 3.3d.

3.3c Screening Mammography Eligibility for Women 40-49 Years of Age:

- 40-49 years of age and considered to be at high risk for developing breast cancer; and
- Requires that one or more of the following high-risk factors for developing breast cancer be documented on the Patient Data (Y106) and Referral (Y202) forms.

3.3d Breast Cancer High-Risk Factors

- Previous personal history of breast cancer;
- Family history of breast cancer;
- Never had children;
- First child born was after the age of 30;
- Abnormal biopsy result;
- Certain abnormal breast conditions, such as atypical hyperplasia or LCIS (lobular carcinoma in-situ); and
- Adopted with no knowledge of family history.

Without this documentation, the screening mammogram will <u>not</u> be paid for by the WVBCCSP (women 40-49 years of age).

Note: Computer Aided Detection (CAD) is not reimbursable through the WVBCCSP.

3.4 Breast Diagnostics Eligibility

3.4a Diagnostic Mammography Eligibility

Diagnostic Mammography is defined by the American College of Radiology (ACR) as "an x-ray examination of the breast on a woman who by virtue of symptoms and physical findings is considered to have substantial likelihood of having breast disease." Must be 25–64 years of age with one of the following abnormal Clinical Breast Examination (CBE) findings documented on the Patient Data form:

- Discrete Palpable Mass (Suspicious of Cancer);
- Bloody/Serous Nipple Discharge;
- Nipple/Areolar Scaliness; and/or
- Skin Dimpling or Retraction.

Note: WVBCCSP reimburses for a 6-month short-term follow up mammogram when recommended by a radiologist or breast surgeon.

3.4b Breast Ultrasound Eligibility

Ultrasonography, which utilizes high-frequency sound waves, is most useful if there is an abnormality detected on the mammogram which is not palpable. The Ultrasound examination can determine if the lesion is cystic or solid.

• 25–64 years of age and meets all current eligibility guidelines for enrollment in the WVBCCSP.

Note: Breast Ultrasound will not be approved for reimbursement by the WVBCCSP when it is used as a diagnostic or screening procedure separate from mammography. Breast Ultrasound must be done within one (1) month of the mammogram.

3.4c Breast Surgeon Consultation Eligibility

Symptoms, physical findings or mammography findings reflecting a substantial likelihood of having breast disease; and patients with one or more of the following abnormal CBE results *documented* on the Patient Data form:

- Discrete Palpable Mass (Suspicious of Cancer);
- Bloody/Serous Nipple Discharge;
- Nipple/Areolar Scaliness; and
- Skin Dimpling or Retraction.

Women 25–64 years of age: refer for diagnostic mammogram and refer immediately to a contracted breast surgeon for evaluation. Referral to a surgeon is required, regardless of mammogram/ultrasound results. Patients with an abnormal CBE result must be referred to a contracted breast surgeon, regardless of the mammogram or ultrasound results.

Note: WVBCCSP will reimburse for two (2) breast surgeon consultations each year per abnormal CBE/mammogram finding.

3.4d Fine Needle Aspiration/Breast Biopsy Eligibility

- 25–64 years of age; and
- Symptoms, physical findings and/or mammographic findings reflecting substantial likelihood of having breast disease.

3.5 Cervical Screening Age and Medical Eligibility

In theory, cervical cancer screening focuses on asymptomatic individuals. This requires education of the health care professional, the patient and the public.

The screening exam includes an interview to collect demographic data, provide cervical cancer education, a Pap test and pelvic examination.

Note: In this manual the word "Pap" refers to liquid-based Pap test.

3.5a Pelvic Examination Eligibility

- 25–64 years of age;
- Not a participant in a program that provides these services (e.g. Family Planning);
- Pelvic exams will only be reimbursed as part of an annual exam when performed in conjunction with a Pap test and/or CBE.

If the woman's Pap test is not due, as outlined in the 2012 American Society for Colposcopy and Cervical Pathology (ASCCP) Screening Guidelines for the Prevention and Early Detection of Cervical Cancer. Provide the pelvic examination with the CBE in order to receive reimbursement for an annual screening. The ASCCP Guidelines can be found at <u>www.asccp.org/Consensus2012</u>.

3.5b Liquid-Based Pap Test Eligibility

- 25-64 years of age;
- Not a participant in a program that provides these services (e.g. Family Planning); and
- Women 25 years through 29 years of age are eligible for a Pap test (cytology only no HPV) every three (3) years.

Women under the age of 29 years are not eligible for a WVBCCSP funded Human Papilloma Virus (HPV) test as part of a cervical screening.

Women aged 30-65 years are eligible for a WVBCCSP funded:

- Pap test and HPV test (co-testing) every five (5) years; or
- Cytology (Pap test) only every three (3) years is acceptable.

Note: In this manual, the term HPV refers only to "High Risk" HPV (hrHPV)

If an abnormal Pap test is obtained at any time, follow the 2012 ASCCP Updated Consensus Guidelines for Managing Abnormal Cervical Cancer Screening Tests and Cancer Precursors. The Guidelines can be found at <u>www.asccp.org/Consensus2012</u>.

3.5c Liquid-Based Pap Test Eligibility for Post-Hysterectomy Patients

• If the cervix was not removed (partial hysterectomy), Pap tests will be reimbursed according to the 2012 Screening *Guidelines*.

- If the cervix was removed (total hysterectomy) due to cervical neoplasia (precursors to cervical cancer) or invasive cervical cancer, Pap tests will be reimbursed per the ASCCP 2012 Screening Guidelines, every three (3) years for up to 20 years.
- If the cervix was removed for reasons other than cervical neoplasia or invasive cancer, Pap tests cannot be reimbursed through the WVBCCSP.

3.6 Cervical Diagnostic Eligibility

3.6a Colposcopy Eligibility

- 25-64 years of age with Pap test result in accordance with the ASCCP 2012 Updated Consensus Guidelines for Managing Abnormal Cervical Cancer Screening Tests and Cancer Precursors Algorithms;
- A visualized lesion on the cervix even when Pap test results are normal; and/or
- 21-24 years of age with Pap test results in the previous six (6) months of HSIL, AGC or ASC-H. In this instance, a copy of the Pap test report <u>must</u> accompany the Client Enrollment Form (Y104) or Referral Form (Y202).

Note: Removal of a visualized cervical polyp, when Pap tests have normal results or are not due, may be reimbursed through the WV Diagnostic and Treatment Fund (CPT Code 57500 – Biopsy of excision of lesion).

All Diagnostic and Treatment Fund applications must be pre-approved. Refer to Appendix 5 of this manual.

3.7 Acute Care Visits

WVBCCSP *does not* reimburse for acute care visits.

The WVBCCSP is a screening program. However, if a WVBCCSP enrolled patient comes to the clinic with a breast or cervical issue that is outside of her yearly screening date, the program will reimburse for referral services as outlined in the policy and procedures manual.

The referral for additional services would be documented as "*Referral Previously Enrolled*" on the Patient Data form.

SECTION IV - SCREENING PROVIDER SERVICES and PATIENT ENROLLMENT

4.1 Screening Provider Qualifications

- Facilities operating under the direction of a Medical Director who is a West Virginia licensed physician are eligible to provide screening services.
- Providers must maintain current applicable federal and state licenses.

The following types of facilities are eligible to be screening providers:

- Local health departments, as created in West Virginia Public Health Law, Chapter 16-2-1, 16-2-2 and 16-2-3 of the West Virginia Code;
- For-profit and non-profit health centers;
- Other licensed medical personnel and agencies deemed qualified to provide screening services; and
- Those bound by written agreement with WVBCCSP to provide screening services to WVBCCSP eligible patients.

Approved providers of clinical services include:

- Physicians;
- Physician Assistants;
- Nurse Practitioners;
- Certified Nurse Midwives; and
- Registered Nurses certified through the Public Health Nurse Physical Assessment Training (PHNPAT).

When health professionals other than physicians perform services, they must do so under the Medical Director's written standing protocol.

4.2 Screening Provider Services

Screening Providers must be capable of and agree to perform the basic components for breast and cervical cancer screening which include:

- Pelvic examinations;
- Pap tests;
- Clinical breast examinations (CBE);
- Breast self-examination (BSE) instruction;
- Referrals for diagnostic or treatment procedures when appropriate;
- Referrals to the Breast and Cervical Cancer Prevention and Treatment Act (BCC MTA), as necessary;
- Appropriate and timely follow-up in accordance with WVBCCSP protocols;
- Maintenance of a patient reminder system for annual rescreening visits;
- Patient education;
- Community Outreach; and/or
- Counseling on the importance of annual rescreening.

Note: All WVBCCSP patients have the right to refuse any of the above services. If a patient refuses any service, document the refusal on the appropriate section of the Patient Data form (Y106) and in the Progress Note.

4.3 Screening Provider Responsibilities

Screening Providers must be capable of and agree to perform the following:

- Provide services in accordance with standards reflected in the WVBCCSP Policies and Procedures Manual;
- Submit required forms in accordance with the WVBCCSP policy;
- When appropriate, bill third party payors, prior to billing WVBCCSP;
- Accept WVBCCSP payment as full compensation for covered services and will not balance bill the patient;
- Maintain patient records for five (5) years from the last date of service; and
- Allow OMCFH monitoring team to conduct on-site quality assurance monitoring activities.

4.4 Screening Provider and Patient Enrollment

To enroll a woman as a participant in the WVBCCSP, the screening provider must:

- Determine eligibility based on income and age (refer to Eligibility Guidelines in Section III of this manual);
- Obtain a signed Client Enrollment-Release of Information and Statement of Confidentiality form (Y104);
- Complete a Patient Data form (Y106) marking visit type as Initial;
- Complete a Medical History form (Y108) or a facility's approved form;
- Provide required screening services;
- Accept the patients' verbal statement of gross monthly or yearly income; Documentation or verification of income is not required; and
- Complete Referral form (Y201) as indicated.

4.4a Patient Enrollment for a Referral for Diagnostics

- Determine eligibility based on income and age (refer to Eligibility Guidelines in Section III of this manual);
- Obtain a signed Client Enrollment-Release of Information and Statement of Confidentiality form (Y104);
- Complete a Patient Data form (Y106) marking visit type as <u>Referral for</u> <u>Enrollment</u> and document Pap test result and CBE findings within the appropriate sections of the Patient Data form; and
- Complete referral form (Y202).

4.5 Required Screening Provider Forms

All data fields must be completed. Where noted signatures are required. Do not abbreviate.

4.5a Client Enrollment - Consent for Release of Information and Confidentiality Form (CE)

- Complete during the Initial visit and Referral for Enrollment visit;
- Complete to update patient address or last name changes;
- Must be completed and updated annually during the "Annual Visit";
- Must be submitted to the Program within seven (7) days;
- Must be dated and signed by the patient and a witness; and
- Maintain a copy in the medical record.

4.5b Patient Data Form (PDF)

- Mark only one visit type.
- Complete all breast and cervical screening data.
- Record results of clinical breast exam, pelvic exam, Pap/hpv test results, any risk factors for breast cancer and smoking status/tobacco referrals.
- Clinician must sign and record the time spent with patient.
- A PDF must be submitted for every visit see Section VIII for billing information.

4.5c Medical History Form

- Complete at Initial visit.
- Update annually by documenting any changes on the original Medical History form or complete another Medical History form or a Progress Note.
- Maintain the original in the patient's medical record. Do not send a copy to the WVBCCSP.

Note: A Medical History form other than the WVBCCSP Medical History form (Y108) may be substituted, provided that this form captures the history components required by the WVBCCSP.

4.5d Referral Form

Screening Provider completes a Referral form each time a referral is made for:

- Mammography, Screening;
- Mammography, Diagnostic;
- Fine Needle Aspiration;
- Surgical Consultation;
- Breast Ultrasound;
- Puncture Aspiration of Cyst;
- Breast Biopsy; and
- Colposcopy with or without biopsy.

Give the patient the original Referral form to take to the Referral Provider.

Send a copy of the referral to the WVBCCSP. Keep a copy for medical record.

4.6 Tracking Logs

Complete the following for tracking purposes:

- Mammography Activity Log (Y206);
- Pap Test Activity Log (Y112);
- Colposcopy Activity Log (Y306).

Clinic may use their own tracking system as long as WVBCCSP patient's referral and all diagnostic procedures are documented.

SECTION V - REFERRAL PROVIDER QUALIFICATIONS and RESPONSIBILITIES

5.1 Statewide Network of WVBCCSP Referral Providers

In addition to a network of Screening Providers, the WVBCCSP maintains a statewide provider network of participating Referral Providers. Program eligible women who have abnormal breast and/or cervical screening results are eligible for follow-up diagnostic/treatment services when referred by a WVBCCSP Screening Provider to a WVBCCSP Referral Provider. This comprehensive network ensures that women with abnormal screening results have access to the recommended follow-up/treatment.

Referral Providers include the following:

- Mammography Providers;
- Breast Ultrasound Providers;
- Breast Consultation Providers (Surgeon Consult);
- Breast Biopsy Providers;
- Colposcopy Providers; and
- Cytology Laboratory Provider.

5.2 Mammography Provider Qualifications

- Certification under requirements of the Mammography Quality Standards Act (MQSA) final regulations, effective April 28, 1999; and
- Bound by written agreement with WVBCCSP to provide mammography services for WVBCCSP eligible patients.

5.3 Mammography Provider Services

Mammography Providers must be capable of and agree to perform the following:

• Provide appropriate mammography services for women referred from WVBCCSP Screening Providers.

5.4 Mammography Provider Responsibilities

- Notify patients of their mammography results according to MQSA requirement;
- Submit copies of the Narrative report of radiologic findings to the referring screening provider;
- Submit copies of the Narrative report of radiologic findings to the WVBCCSP office (required for payment);
- Communicate WVBCCSP's reimbursement/invoicing procedures to any outside radiology group (Radiologist cannot balance bill the patient. Invoices must be submitted to the WVBCCSP and never to the patient);
- Maintain records and films for five (5) years from date of service;
- When appropriate, bill third party payors, prior to billing WVBCCSP; and
- The mammography provider agrees to accept WVBCCSP payment as full compensation for services provided and must not balance bill the patient.

5.5 Breast Ultrasound Provider Qualifications

Ultrasound Provider must have a written agreement with the WVBCCSP to provide breast ultrasound services for WVBCCSP eligible women.

5.6 Breast Ultrasound Provider Responsibilities

- Provide appropriate ultrasound services for WVBCCSP eligible women;
- Submit copies of the Narrative report of radiologic findings to the referring screening provider and to the WVBCCSP office (required for payment);
- Maintain records and films for five (5) years from the date of service;
- When appropriate, bill third party payors, prior to billing WVBCCSP; and
- The breast ultrasound provider agrees to accept WVBCCSP payment as full compensation for services provided and will not balance bill the patient.

5.7 Breast Consultation Provider Qualifications

- Board certified surgeon; and
- Bound by a written agreement with the WVBCCSP to provide breast consultation services for women referred by WVBCCSP screening providers.

5.8 Breast Consultation Provider Responsibilities

- Provide surgical evaluation of abnormal clinical breast or mammogram findings for women referred by WVBCCSP screening providers;
- Submit report of findings to referring screening provider and WVBCCSP;
- Maintain records for five (5) years from date of service;
- When appropriate, bill third party payors, prior to billing WVBCCSP; and
- The breast consultation provider agrees to accept WVBCCSP reimbursement as full compensation for services provided and will not balance bill the patient.

5.9 Fine Needle Aspiration Provider Qualifications

- Board certification as a surgeon; and
- Written agreement with WVBCCSP to provide fine needle aspiration services for women referred by WVBCCSP screening providers.

5.10 Fine Needle Aspiration Provider Responsibilities

- Provide fine needle aspiration of breast lesions for women referred by WVBCCSP screening providers;
- Submit copies of the pathology report to the screening provider and to the WVBCCSP office (required for payment);
- Maintain records for five (5) years from date of service;
- When appropriate, bill third party payors, prior to billing WVBCCSP; and
- The fine needle aspiration provider agrees to accept WVBCCSP payment as full compensation for services provided and will not balance bill the patient.

5.11 Breast Biopsy Provider Qualifications

- Board certified surgeon; and
- Written agreement with WVBCCSP to provide breast biopsy services for women referred by WVBCCSP breast consultation providers.

5.12 Breast Biopsy Provider Responsibilities

- Provide biopsies of the breast for women referred by contracted breast surgeon;
- Notify the facility that the woman is a participant of the WVBCCSP if the biopsy is done at a facility other than the surgeon's office;
- Submit copies of the pathology report to the referring screening provider and the WVBCCSP;
- Attach the diagnostic/pathology report along with a copy of the Referral form (Y202) to the CMS-1500 when billing WVBCCSP. This allows the Program to track patient follow up as required by the Program funder, CDC and will eliminate calls requesting pathology reports;
- When appropriate, bill third party payors, prior to billing WVBCCSP;
- The breast biopsy provider agrees to accept WVBCCSP payment as full compensation for services provided and will not balance bill the patient; and
- Maintain records for five (5) years from date of service.

5.12a Additional Referral Provider Information

Screening sites will refer women for surgical consultation using the Referral form (Y202). This alerts the surgeon to bill the WVBCCSP and not the patient.

Pre-approvals for breast biopsies are no longer required.

WVBCCSP will only pay for breast biopsies for those women enrolled in the WVBCCSP. WVBCCSP will pay for two (2) surgical consultations each year, per abnormal CBE/mammogram finding (initial consultation plus a follow-up consultation).

Only those diagnostic procedures related to the breast can be billed by the provider/surgeon to WVBCCSP.

Note: Pre-operative procedures are not covered through the WVBCCSP (e.g. chest x-ray, EKG and lab work).

5.13 General Anesthesia (CPT 00400)

General anesthesia services are not a covered procedure through the WVBCCSP, but may be accessed through the WV Diagnostic and Treatment Fund for eligible WV residents. Refer to Appendix 5 of this manual or to the WVBCCSP website at www.wvdhhr.org/bccsp for more information.

5.14 Colposcopy Provider Qualifications

Board Certification as an Obstetrician-Gynecologist; and/or

Board Certification or eligibility in Family Practice with training in colposcopy in a family practice residency training program or satisfactory completion of the first tier of the comprehensive colposcopy training course of the American Society for Colposcopy and Cervical Pathology (ASCCP) or completion of similar first tier comprehensive colposcopy training course by a certified Continuing Medical Education provider that is verified in writing by their Program Director; or

Clinician, other than Obstetrician-Gynecologist and family physician, as stated above, may be considered for colposcopy approval by the WVBCCSP under the following conditions:

- Significant need determined to exist in a particular region; and
- Unsuccessful recruitment of gynecologist colposcopist.

Non-gynecologist training and experience in performing colposcopy must be documented as follows:

- 1. Complete at least a three (3) day ASCCP accredited course in colposcopy, including hands-on experience.
- 2. Must perform a minimum of 25 colposcopic procedures under direct supervision of a current WVBCCSP colposcopy provider or physician certified in Obstetrics and Gynecology. At least ten (10) of these procedures must be performed on patients with high grade lesions.
- 3. Document the 25 direct-supervised colposcopies in a log book containing the following information:
 - Date;
 - Patient name;
 - Pap test result;
 - Colposcopic impression;
 - Colposcopy results; and
 - Treatment plan.
- 4. Provide the chairperson of the Medical Advisory Committee or designee a copy of the aforementioned log for review and approval.
- 5. Log must be approved by the WVBCCSP.

6. Agree in writing to provide colposcopy services for women referred by WVBCCSP screening provider.

5.15 Colposcopy Provider Responsibilities

- Provide colposcopic examination for women referred by WVBCCSP screening providers.
- Provide colposcopy-directed biopsy when appropriate.
- Submit copies of the report of findings/pathology results to the screening provider and to the WVBCCSP office (required for payment).
- Maintain records for five (5) years from date of service.

- When appropriate, bill third party payors, prior to billing WVBCCSP (Attach Explanation of Benefits (EOB) to invoice submitted to the WVBCCSP.
- The colposcopy provider agrees to accept WVBCCSP payment as full compensation for services provided and will not balance bill the patient.

5.16 Cytology Laboratory Qualifications

- Must have Certification under the Clinical Laboratory Improvement Act (CLIA) level: high complexity); and
- Have a written contract to provide interpretation of Liquid-based Pap tests and hrHPV testing for women referred by WVBCCSP screening providers.

5.17 Cytology Laboratory Responsibilities

- Accept Pap tests from WVBCCSP providers for interpretation;
- Provide hrHPV testing on applicable Pap test specimens utilizing only FDA approved methodology;
- Submit report to screening provider and WVBCCSP;
- Maintain records and slides for five (5) years from the date of service if result is negative or not suspicious for cancer;
- Maintain records and slides for twenty years if result is abnormal;
- When appropriate, bill third party payors, prior to billing WVBCCSP; and
- The laboratory agrees to accept WVBCCSP payment as full compensation for services provided and will not balance bill the patient.

SECTION VI - BREAST SCREENING SERVICES & FOLLOW-UP

The chance of a woman having invasive breast cancer sometime during her life is a little less than one (1) in eight (8). The chance of dying from breast cancer is about one (1) in 36. Breast cancer death rates have been going down. This is probably the result of finding the cancer earlier and better treatment. Right now there are more than 2.8 million breast cancer survivors in the United States. (American Cancer Society-2013)

6.1 Introduction

Breast cancer is the most common cancer among women in the United States, other than skin cancer. It is the second leading cause of cancer death in women, after lung cancer.

6.2 Risk Factors for Breast Cancer

The exact cause of breast cancer is not known, however there are a number of risk factors that are associated with the development of the disease. Some risk factors such as alcohol consumption can be modified in order to decrease a woman's risk of developing the disease while others cannot (genetic predisposition). Other factors influence risk more than others and a woman's risk of developing breast cancer can change over time. Having a risk factor or even several risk factors, does not mean a woman will develop the disease. The following is a partial list of risk factors associated with breast cancer:

<u>Gender</u>

Being a woman is the main risk factor for developing breast cancer. Breast cancer is more common in women than men. It is theorized that because a woman's breast cells are constantly being exposed to female hormones (a growth-promoting effect), women are more likely to develop breast cancer than men. However, men can develop the disease, but it is approximately 100 times more common in women.

<u>Age</u>

A woman's risk of developing breast cancer increases with age. Approximately eight (8) out of ten (10) breast cancers are found in women aged 50 and older.

<u>Genetics</u>

According to the American Cancer Society, approximately 5-10% of all breast cancer cases are hereditary, a result of gene mutations. The genes that are most commonly mutated and that are thought to be linked to the development of breast cancer are BRCA 1 and BRCA 2.

History of Breast Cancer

Breast cancer risk is higher among women whose close relatives have the disease (mother, grandmother, sister and aunt). Having a first-degree blood relative with the disease (mother, sister and daughter) doubles the risk.

Menstrual Periods

Beginning menstruation at an early age (before age 12) or going through menopause later in life (after age 50) increases a woman's risk slightly.

High-Risk Factors for Breast Cancer

Program eligible women who are 40-49 years of age and have any of the following documented risk factors for breast cancer are eligible for an annual Screening Mammogram through WVBCCSP:

- Previous personal history of breast cancer;
- Family history of breast cancer;
- Never had children;
- First child born after age 30;
- Abnormal breast biopsy result; and/or
- Adopted with no knowledge of family history.

6.3 Early Detection of Breast Cancer

The cause of breast cancer remains unknown. Because the source is not yet understood, early detection of breast cancer is the key to control. Early detection of breast cancer through mammography, breast self-examination (BSE) and clinical breast examination (CBE) are all important to improve survival rates. CBE and SBE are both recognized and recommended by the National Comprehensive Cancer Network (NCCN) as well as the Centers for Disease Control and Prevention (CDC) as noted in the National Breast and Cervical Early Detection Program (BCCEDP) Manual. The recommendation for CBE frequency is every year starting at age 40 and every 1-3 years for ages 25-39. The (5) five year relative survival rate is 98% in women with localized breast cancer. The importance of early detection is highlighted by the fact that the (5) five year relative survival rate drops to only 23.4% with distant metastasis.

6.4 Required Components of Breast Screening

Breast cancer screening involves a commitment to an ongoing program of breast care by both the individual and the health care professional. In theory, breast cancer screening focuses on asymptomatic individuals. This requires education of the health care professional, the patient and the public.

Note: The screening examination includes an interview to collect demographic data, breast cancer education, BSE instructions, CBE and mammography (when age appropriate).

6.5 General Guidelines for Patient Education

Screening providers are required to share information and education on the early detection of breast cancer. The purpose of the education component is to provide patients with information necessary to understand screening procedures and to motivate patients to comply with recommended guidelines for rescreening.

Provider must:

- Make education appropriate to the patient's age, lifestyle, culture and medical history;
- Give patients the opportunity to ask questions;

- Encourage patients to verbalize an understanding of educational information presented;
- Present information in a non-technical manner; and
- Refer women who smoke to a tobacco cessation QUITLINE or other cessation program.

6.6 Breast Cancer Education

Breast Cancer information will include the following:

- Basic anatomy and physiology of the breast;
- Risk factors associated with breast cancer;
- Benefits of early detection of breast cancer; and
- Importance of regular rescreening.

Components of breast care include:

- Breast Self-Exam (BSE) Education;
- CBE; and
- Mammogram, when age appropriate.

6.7 Clinical Breast Examination (CBE)

Clinical breast exams (CBE) must be performed on all WVBCCSP patients at the Initial, Annual Routine and Annual Breast screening visits.

Approved providers of CBE are physicians, physician assistants, nurse practitioners, certified nurse-midwives or PHNPAT certified registered nurses.

When health professionals other than physicians or nurse practitioners perform the CBE, they must do so under the medical director's written standing protocol.

Documentation of CBE results is required on the following forms:

- Progress Notes or the Medical History Form (Y108);
- Patient Data Form (Y106); and
- Referral Form (Y202).

6.8 Recommended Clinical Breast Exam Technique

The WVBCCSP recognizes the value of using the MammaCare method when performing a CBE. To date, this method is the most scientifically proven way to ensure palpation of all breast tissue. The MammaCare method conforms to the CDC recommended core competencies for CBE. The core competencies include health history; visual inspection, lymph node examination, positioning; perimeter, pattern; palpation, pressure and patient education.

MammaCare training is available through the WVBCCSP. Call the Clinical Services Coordinator to request information on how to participate in MammaCare training.

6.9 Management of Abnormal Clinical Breast Exam

All abnormal CBEs and abnormal mammogram/ultrasound results require a referral to a WVBCCSP contracted breast surgeon.

Abnormal CBE results which require a breast surgical consultation must be documented on the Patient Data Form and Referral Form as one of the following:

- Discrete palpable mass (suspicious of cancer);
- Bloody or serous nipple discharge;
- Nipple or areola scaliness; and/or
- Skin dimpling or retraction.

Note: WVBCCSP will reimburse for two (2) breast surgical consultations each year per breast problem (initial consultation plus one follow-up consultation).

A Referral Form (Y202) must be completed by the screening provider and copies submitted as directed on the bottom of the form.

Routinely, the patient is given a copy of this form by the screening provider and is instructed to take it to the breast surgeon. This prompts the surgeon to bill the WVBCCSP and not the patient. This also documents the CBE result which initiated the referral.

WVBCCSP Protocol for management of an abnormal CBE: Refer for a diagnostic mammogram first and then refer to surgeon for evaluation within 60 days of abnormal CBE.

Note: A normal mammogram result does not eliminate the need for further evaluation by a surgeon when there has been an abnormal clinical breast examination finding.

6.9a Screening Mammography

- Screening providers are required to refer all WVBCCSP women ages 50-64 for a yearly mammogram.
- Program eligible women ages 40-49 are eligible for *screening mammograms* if they have risk factors that place them at *high-risk* for developing breast cancer.
- High-risk factors (from list below) must be documented on the Patient Data Form (PDF) as well as on the Referral form.

The following risk factors make a woman "High Risk" for breast cancer:

- Previous history of breast cancer;
- Family history of breast cancer;
- Never had children;
- First child born after age 30;

- Abnormal breast biopsy result; and
- Adopted with no knowledge of family history.

6.9b Mammography Referral

Referral Process: When a WVBCCSP patient qualifies for mammography services, provide her with a completed Referral Form (Y202) and distribute copies as directed on the bottom of the form.

Client Preparation:

- Schedule mid-cycle of menses (7-10 days after onset); and
- Instruct patient not to use deodorant or talcum powder prior to screening.

A Referral Form (Y202) must be completed by the screening provider and copies distributed as directed on the bottom of the form.

Routinely, the patient is given a copy of this form by her screening provider and is instructed to take it to the mammography provider. This prompts the mammography site to bill the WVBCCSP and not the patient.

The screening provider must also document the patient's CBE result which was marked on the Patient Data form.

6.9c Mammography Results Reporting

The mammography provider must send the results/narrative to:

- WVBCCSP (required for payment of mammography provider); and
- Screening provider.

6.9d Mammography Follow-up and Tracking

It is the screening provider's responsibility to notify patients when their next screening is due. Screening providers must also maintain the Mammography Activity Log (Y206), or a tracking log of choice and complete appropriate referrals for treatment and follow-up.

6.9e Follow-up for Normal CBE / Mammogram Results

When both CBE and mammogram results are normal, the client should return for routine screening in one year.

6.9f Follow-up for Abnormal CBE / Mammogram Results

If the CBE or mammogram results are abnormal, it is the responsibility of the screening provider to ensure appropriate follow-up and referral.

Note: When a follow-up mammogram is ordered by the breast surgeon or radiologist, the WVBCCSP can only reimburse at six (6) month intervals.

6.9g Abnormal Mammography

Upon receipt of a patient's report showing abnormal mammography results, the screening provider must:

- Notify the patient of the findings and recommendations within seven (7) days.
- Make a minimum of three (3) patient contact attempts. The first attempt to contact the patient must be initiated within seven (7) days of receipt of the results. Contacts should be by the clinician via telephone unless the patient specified another method of notification.
- Document each attempt to contact a patient in the patient's medical record, along with the results of a successful contact.
- Send a certified letter with return receipt requested if unable to reach patient after two telephone calls. The time period between the receipt of abnormal mammogram results and mailing of the certified letter must not be more than six (6) weeks. The letter should communicate that this will be the last effort made to contact the patient.
- Document in the patient's medical record when attempts at contacting a patient are terminated.
- Notify the WVBCCSP if patient is "Lost to Follow-up" or has "Refused" further recommended diagnostic services. This can be done using the Case Management Referral form or by contacting the Tracking and Follow-up Nurse.
- Refer the patient for further evaluation based on the radiological findings and recommendations.
- Contact the physician/surgeon to whom the patient was referred within seven (7) days of the scheduled appointment to request follow-up information.
- Schedule the patient for further management/follow-up according to the physician's/surgeon's recommendations.

6.10 Breast Ultrasound Guidelines

Ultrasound will be approved for payment only when used as an adjunct to mammography.

Note: Ultrasound will not be approved for reimbursement when it is used as a diagnostic or screening procedure separate from mammography.

To determine patient eligibility, refer to Section III 3.4b of this manual.

- Only the radiologist or consulting surgeon may recommend ultrasound.
- Ultrasound may only be performed by WVBCCSP approved mammography providers and breast surgeons.
- WVBCCSP Screening Providers complete the referral for a breast ultrasound.

6.10a Breast Ultrasound Referral

When it is determined that a patient needs a breast ultrasound, complete the Referral Form (Y202) and distribute copies as directed on the bottom of the form.

6.10b Ultrasound Results Reporting

A copy of the ultrasound narrative must be distributed to:

- WVBCCSP (required for payment of ultrasound provider); and
- Screening provider.

If an ultrasound is recommended and can be performed during the mammography appointment, it may be completed during the same appointment time. It is not necessary for the patient to return to the WVBCCSP screening provider to obtain an additional Referral Form.

6.10c Breast Ultrasound Follow-up

Based on the radiologist's findings and recommendations, the patient should be referred appropriately for further evaluation or routine scheduling.

Upon receipt of the patient's report showing abnormal results, the screening provider must provide appropriate notification to the patient.

6.11 Fine Needle Aspiration

- Fine Needle Aspiration may <u>only</u> be performed by WVBCCSP contracted providers.
- Radiologists may perform this procedure if employed at a facility contracted to provide mammograms or breast ultrasound services.
- Either the screening provider or consulting surgeon must make referrals for Fine Needle Aspiration as necessary.
- To determine eligibility, refer to Section III, 3.4d of this manual.

6.11a Fine Needle Aspiration Referral

When a WVBCCSP patient requires Fine Needle Aspiration services, complete a Referral Form (Y202) and distribute as directed on the bottom of the form.

6.11b Fine Needle Aspiration Results Reporting

A copy of the FNA pathology must be distributed to:

- WVBCCSP (required for payment of ultrasound provider); and
- Screening provider.

6.11c Fine Needle Aspiration Follow-up

- Based on the surgeon's findings and recommendations, the patient should be referred appropriately for further evaluation or routine scheduling.
- Upon receipt of a patient's report showing abnormal results, the screening provider must provide appropriate notification to the patient.

6.12 Breast Biopsy

- Breast biopsy may <u>only</u> be performed by WVBCCSP contracted surgeons.
- Either the screening provider or consulting surgeon must make referrals for breast biopsy as necessary.

6.12a Breast Biopsy Referral

When a WVBCCSP patient requires breast biopsy services, complete a Referral Form (Y202) and distribute as directed. If the breast biopsy is going to be performed at a facility other than a surgeon's office, it is the responsibility of the surgeon's office to send a copy of the Referral Form to that facility for billing purposes. The surgeon agrees to accept the WVBCCSP payment as full compensation for services and will not balance bill the patient.

6.12b Breast Biopsy Results Reporting

A copy of the pathology report must be distributed to:

- WVBCCSP (required for payment); and
- Screening provider.

6.12c Breast Biopsy Follow-up

- Based on the surgeon's findings and recommendations, the patient should be referred appropriately for further evaluation or routine scheduling.
- Upon receipt of a patient's report showing abnormal results, the screening provider must provide appropriate notification to the patient.

SECTION VII - CERVICAL SCREENING SERVICES & FOLLOW-UP

7.1 Introduction

Cervical cancer tends to occur in midlife. Most cases are found in women younger than 50, but rarely occurs in women younger than 20. Many women do not know that as they get older they are still at risk of getting cervical cancer. This is why it is important for older women to keep having regular Pap tests.

Cervical cancer was once one of the most common causes of cancer death for American women. Since 1955, the number of deaths from cervical cancer has decreased. The main reason for this change is the use of the Pap test to find cervical cancer early. (American Cancer Society-2013)

Some researchers think that non-invasive cervical cancer (cancer that is found only in the cervix) is about four (4) times as common as the invasive type. When found and treated early, cervical cancer often can be cured.

7.2 Prevention and Early Detection of Cervical Cancer

Having regular Pap tests is the most effective way to identify pre-cancerous lesions that can be treated and cured before they progress to cervical cancer. For women diagnosed with dysplasia lesions or carcinoma in situ, the likelihood of survival is almost 100% if they receive appropriate follow-up and treatment. For patients with invasive but localized cervical cancer, the five (5) year relative survival rate is 91.2%.

The widespread implementation of preventive services for the early detection of cervical cancer has been associated with substantial reductions in morbidity and mortality. Primarily because of extensive use of the Pap test, cervical cancer has declined by approximately 74%.

In 2012, the American Society for Colposcopy and Cervical Pathology updated the screening guidelines and guidelines for the management of abnormal cervical cancer screening tests and cancer precursors.

The 2012 Updated Screening and Consensus Guidelines for Managing Abnormal Cervical Cancer Screening Tests and Cancer Precursors can be found at: <u>www.asccp.org/Consensus2012</u>

Note: Program Reimbursement guidelines are not a substitute for clinical judgment.

7.3 Overview of 2012 Cervical Screening and Colposcopy Guidelines

Guidelines are for cervical screening of patients who are asymptomatic.

The following is an overview of the 2012 American Society of Colposcopy and Cervical Pathology (ASCCP) Screening Guidelines:

• Cervical screening should begin at age 21.

- Women under age 21 years should NOT be screened, regardless of the age of sexual initiation or other risk factors.
- 2012 Guidelines recommend that women 21 years through 29 years of age should have a Pap test (Cytology) only (No HPV) every (3) three years.
- Human Papilloma Virus (HPV) testing <u>should not</u> be performed on women 29 years of age or younger.
- When "HPV testing" is mentioned in this manual and/or in the Consensus Guidelines, it refers to "High Risk" HPV types only.
- Women aged 30-65 years, should have co-testing with a Pap test (cervical cytology) and HPV testing. Co-testing should be performed every (5) five years OR screening with cytology alone every (3) three years is acceptable.
- Women who have had the HPV vaccine still need regular cervical screening based on the current guidelines.
- Women who have had their cervix removed (Hysterectomy) for a noncancerous condition (Like fibroids) do not need cervical screening.
- Women who have a history of cervical cancer are infected with Human Immunodeficiency Virus (HIV) have a weakened immune system or who were exposed to Diethylstilbestrol (DES) before birth should not follow the guidelines.
- Women over the age of 65 years and have evidence of adequate negative prior screening results* and no history of a CIN2 or higher, routine cytology screening and HPV testing should be discontinued and not restarted.

*Adequate negative prior screening results are defined as three consecutive negative cytology results or two consecutive negative co-tests within the previous ten (10) years, with the most recent test performed within the past five (5) years.

7.4 Cervical Cancer Risk Factors

There are several risk factors associated with cervical cancer. While these risk factors increase a woman's chance of developing cervical cancer, many women with these risks never develop the disease. As with breast cancer, there are certain risk factors that a woman can change in order to decrease her risk of developing the disease, but there are also those risk factors that cannot be changed. It is important to focus on risks which are reversible. The following is a partial list of risk factors associated with cervical cancer:

• Human Papillomavirus (HPV)

The most important risk factor associated with the development of cervical cancer is the human papillomavirus (HPV) infection. There are many different types of HPV. Certain types of HPV are passed from one person to another through sexual contact, which then infect the male and female genital organs and anal area. There is currently no cure for HPV and the use of condoms

during intercourse does not prevent the spread of the virus. HPV can also be passed from person to person by skin-to-skin contact with any infected area of the body, such as skin around the genital area and the anal area which is not covered by the condom. However, it is still important to use condoms during sexual intercourse to prevent the spread of HIV and other sexually transmitted diseases.

<u>Cigarette Smoking</u>

Cigarettes contain cancer causing chemicals that are absorbed by the body and carried throughout the bloodstream, exposing the body to harmful substances. Smoking does not only affect the lungs, but tobacco by-products are often found in the cervical mucous of women who smoke. It is believed that these substances damage the DNA of cervical cells and contribute to the development of cervical cancer. Women who smoke are twice as likely to develop the disease as non-smokers.

Low Socioeconomic Status

Women with low incomes are less likely to be screened for cervical cancer because they do not have insurance, lack access to medical care and are often less educated. These women are often diagnosed with advanced stages of cervical cancer, which are less responsive to treatment.

• <u>HIV Infection (human immunodeficiency virus)</u>

HIV is the virus that causes acquired immune deficiency syndrome (AIDS) and is a risk factor in the development of cervical cancer. Being infected with HIV lowers a woman's immune system, making it less able to fight both HPV and early cancer. HIV is not the same as HPV.

<u>Chlamydia Infection</u>

Chlamydia is a common sexually transmitted disease caused by a bacterium *Chlamydia trachomatis*. Some studies have suggested that women who have a Chlamydia infection, or have had one in the past, may be at increased risk for developing cervical cancer.

Birth Control Pills

Long-term use of birth control pills increases the risk of developing cervical cancer, with some studies showing an increased risk after five (5) or more years of use. Women concerned about the effect of long-term birth control use should talk with their doctors.

• Family History

Recent studies suggest that women whose mother or sister has had cervical cancer are more likely to get the disease themselves. It is believed that women with a family history of cervical cancer are less able to fight off HPV infections than other women.

Having regular Pap tests is the most effective way to identify pre-cancerous lesions that can be treated and cured before they progress to cervical cancer.

7.5 Required Components of Cervical Screening

Cervical cancer screening involves a commitment to an ongoing program of cervical care by both the individual and the health care professional. *In theory, <u>cervical cancer</u> screening focuses on asymptomatic individuals.* This requires education of the health care professional, the patient and the public.

The screening exam includes an interview to collect demographic data, provide cervical cancer education, a Pap test and pelvic examination.

7.6 General Guidelines for Patient Education

Screening providers are required to provide information and education about the prevention and early detection of cervical cancer. The purpose of the education component is to provide patients with information necessary to understand screening procedures and to motivate patients to comply with recommended guidelines for rescreening. Providers must:

- Make education appropriate to the patient's age, lifestyle, culture and medical history.
- Give patients the opportunity to ask questions.
- Encourage patients to verbalize an understanding of educational information presented.
- Present information in a non-technical manner.

7.7 Cervical Cancer Education

Information provided must include the following:

- Basic anatomy and physiology of the cervix/female reproductive organs;
- Risk factors for cervical cancer;
- Benefits of the Pap test for prevention and early detection of cervical cancer;
- Importance of regular screening; and
- Referral to a tobacco quit-line or cessation program for women who smoke.

7.8 Pelvic Examination

Screening Providers must: perform a pelvic examination on all WVBCCSP patients at appropriate intervals. Approved providers of pelvic exams are physicians, physician assistants, nurse practitioners, certified nurse midwives or Public Health Nurse Physical Assessment Trained (PHNPAT) certified nurses. When health professionals other than physicians perform the pelvic exam, they must do so under the medical director's written standing protocol. The date, findings, resulting recommendations and any pertinent comments concerning the pelvic examination must be documented on the patient's Patient Data Form (Y106).

7.9 Pre-Clinic Client Preparation Instructions for Pap Tests

When making the Pap/pelvic appointment, screening providers must advise the patient of the following:

• Do not use inserts such as tampons, spermicides or lubricants 48 hours prior to Pap/pelvic examination.

- Do not douche 48 hours prior to Pap/pelvic examination.
- Do not have intercourse 48 hours prior to Pap/pelvic examination.
- Do not schedule Pap test while menstruating.

7.10 The Pap Test

Providers must perform a liquid-based Pap test on eligible WVBCCSP patients at appropriate intervals in accordance with the American Society for Colposcopy and Cervical Pathology (ASCCP) 2012 Updated Screening Guidelines for the Prevention and Early Detection of Cervical Cancer. Approved providers of Pap tests are physicians, physician assistants, nurse practitioners, certified nurse midwives or PHNPAT certified nurses. When health professionals other than physicians perform the Pap test, they must do so under the medical director's written standing protocol. The date that the Pap test was obtained must be documented in the patient's medical record along with any pertinent comments concerning the Pap test. Documentation is required on the Patient Data Form (Y106) and on the clinic's preferred physical examination document. The screening provider must also maintain a Pap test results tracking system. Refer to Section VII; 7.14 in this manual.

Note: The patient's prior Pap test date must be documented on the Patient Data Form (Y106). Partial and estimated dates are acceptable.

7.11 Laboratory Services for Pap Test

All Pap tests must be performed by a WVBCCSP screening provider and submitted to the contracted cytology lab with a completed lab form in order for reimbursement to occur.

7.12 Pap Test Protocol for Post-Hysterectomy Patients

The need for a Pap test following a hysterectomy depends on the reasons for the surgery and the type of procedure done:

- If the <u>cervix was not removed</u> (partial hysterectomy): Pap tests will be reimbursed according to the (ASCCP) 2012 Updated Screening Guidelines for Prevention and Early Detection of Cervical Cancer.
- If the <u>cervix was removed</u> (total hysterectomy) due to cervical neoplasia (precursors to cervical cancer) or invasive cervical cancer: Pap tests will be reimbursed annually.

7.13 Follow-up Guidelines for Liquid-based Pap Test and HPV Results The WVBCCSP follows the 2012 ASCCP Guidelines, which are used for reporting cervical cytological findings and for follow up of abnormal results.

If an abnormal Pap test/HPV is obtained at any time, refer to the 2012 Updated ASCCP Consensus Guidelines for Managing Abnormal Cervical Cancer Screening Tests and Cancer Precursors for follow-up of the abnormal Pap test/HPV result.

7.13a Normal Pap Test Results

The patient must be notified that her results are normal within seven (7) days of receipt of results. The patient must be advised of the recommended time to have her next Pap test, according to 2012 ASCCP Screening Guidelines.

7.13b Abnormal Pap Test Results

If the Pap test results are abnormal, it is the responsibility of the screening provider to provide the appropriate follow-up/referral.

- Notify the patient of the findings and recommendations within seven (7) days of receipt of an abnormal Pap test result.
- Make an appointment for the patient to return to the clinic to discuss:
 - The lab result;
 - Future medical care; and
 - Available assistance from the WVBCCSP for diagnostic/treatment services.

A minimum of three (3) attempted patient contacts are required. The first attempt to contact the patient must be initiated within seven (7) days of receipt of the results.

The following are minimum requirements for follow-up of abnormal results and referral:

- The first attempt at contacting a patient should be by telephone, unless the patient specifies otherwise.
- Telephone contact regarding Pap test results and/or referrals should be made by a clinician or licensed practical nurse.
- Each attempt to contact a patient must be documented in the patient's medical record, along with the results of a successful contact.

After two (2) unsuccessful efforts to reach the patient by phone, a certified letter with "return receipt requested" must be sent. The letter should be easily understandable, using non-alarming language and emphasizing the importance of the patient contacting the screening provider for further information and follow-up. The patient should be given a specific contact person and time to call. The time period between the receipt of Pap test results and the mailing of the certified letter must not be more than six (6) weeks. The letter should communicate that this will be the last effort made to contact the patient.

When attempts at contacting a patient are terminated, this action must be documented in the patient's medical record; and

The Provider must notify the WVBCCSP if the patient is "Lost to Follow Up" or has "Refused" further recommended diagnostic services. This can be done by using the Case Management Referral form or by contacting the Tracking and Follow up Nurse.

7.14 Pap Test Tracking

7.14a Screening Provider's responsibilities:

- Maintain frequency of screens and to notify the patients as screens become due;
- All Pap test reports must be reviewed and the results entered into the clinic's Pap test log and into each patient's medical record; and
- All patients must be notified of their results within seven (7) days of receipt of results.

The screening provider must maintain the Pap Test Activity Log (Y112) or a tracking log of the provider's choice, as a record of patients receiving Pap tests. The log system must ensure that:

- A report of results has been received from WVBCCSP contracted laboratory;
- The patient was notified; and
- Appropriate treatment/follow-up was scheduled.

7.15 Pap Test Treatment Medications

In West Virginia, only physicians, physician assistants, nurse practitioners and certified nurse midwives may legally prescribe these medications. Registered Nurses who have PHNPAT certification may dispense them only under the written standing orders of one of the above providers.

Medications used for treating inflammation of the cervix or atrophic atypia that are recommended as a result of Pap test findings may be provided to WVBCCSP patients from the medication inventory available through OMCFH Materials Management. The following medications are available to the WVBCCSP clients:

- Metronidazole, 500 mg
- Conjugated Estrogens Vaginal Cream

7.15a Pharmaceutical Dosing, Labeling and Record Keeping

- Medications are packaged in doses as recommended in the CDC's Sexually Transmitted Disease Treatment Guidelines.
- Each vial is labeled with the medication name, strength and general directions for use.
- Providers must write the patient's name and the date medication is dispensed on the clinic label provided and affix on the vial.
- The two peel-off labels contained on the vial are to be used for lot number tracking.
- Place one label in the patient's chart for documentation.

7.15b Ordering Medications

These medications should be ordered by using the WVBCCSP Forms/Supply Request Form (Y504) and mailed to:

Tammy Vickers

OMCFH, Materials Management 900 Bullitt Street Charleston, West Virginia 25301 Or faxed to: (304) 558-1524

Note: If a Pap test is abnormal and requires colposcopy, it is the responsibility of the screening provider to ensure appropriate referral and follow-up.

7.16 Colposcopy

7.16a Colposcopy Referral

When a WVBCCSP patient is referred for colposcopy services, complete a Referral Form (Y202) and distribute copies, as directed on the bottom of the form.

7.16b Gynecologic Consults

The WVBCCSP does not reimburse for gynecologic consults. When the provider performs a colposcopy with biopsy, the follow-up visit to discuss the results of the biopsy and the fee for this visit is included in the cost of the original procedure.

7.16c Colposcopy Reimbursement

The WVBCCSP is limited by federal law from paying an amount for services that exceeds the amount that would be paid under Part B of Medicare.

The WVBCCSP will reimburse for two (2) cervical biopsies and one endocervical curettage per colposcopy.

7.16d Colposcopy Referral

Family Planning Clients 18-24 years of age

When a Family Planning Program patient meets the WVBCCSP protocol for a colposcopy referral (see Section III, Eligibility Guidelines), the patient must be 18–24 years of age with Pap test results in the previous 6 months of ASC-H, AGC, Adenocarcinoma, HSIL or Squamous Cell Carcinoma.

The patient must also be enrolled in the WVBCCSP which includes completion of the following forms:

- Patient Data Form (Y106);
- Mark <u>Referral for Enrollment</u> or <u>Referral for Previously Enrolled</u> in the visit type section;
- Client Enrollment Form (Y104);
- A copy of the Pap test report must be submitted with the Client Enrollment Form (Y104);
- Medical History Form (Y108) or facilities own form; and
- Referral Form (Y202).

Note: Follow-up Pap tests, as recommended by the colposcopy provider, will be performed through the Family Planning Program.

7.16e Colposcopy Tracking and Follow-Up

Follow-up Pap tests after colposcopy must be performed at the referring screening provider site in accordance with 2012 ASCCP Consensus Guidelines.

Maintenance of a colposcopy tracking log is imperative to facilitate appropriate follow-up and tracking of WVBCCSP patients. Screening providers must complete the Colposcopy Activity Log (Y113) or a tracking log of the provider's choice for patients referred for colposcopy screening.

The log system must demonstrate that:

- The patient has kept her referral appointment for colposcopy.
- A report of diagnosis has been received.
- Appropriate follow-up was scheduled.

7.16f Colposcopy Pathology Report

The colposcopy provider must submit a copy of the pathology report to the WVBCCSP and the screening provider.

The Screening provider must contact the colposcopy provider if a result is not received within fourteen (14) days of the appointment date.

7.16g Colposcopy Results

Upon receipt of the patient's colposcopy results, the screening provider must:

- Notify the patient of results.
- Schedule the patient for further management/follow-up, according to the recommendations of the physician. However, reimbursement will only be administered in accordance with the 2012 ASCCP Guidelines.
- Repeat Pap tests, following a colposcopy, must be performed by a WVBCCSP screening provider or Family Planning provider if referred into the Program for a colposcopy. WVBCCSP cannot reimburse the colposcopy provider for follow up Pap tests.
- Assist in referral for treatment to the WV Diagnostic and Treatment Fund, Medicaid Treatment Act or other available resources.
- Screening provider must notify the WVBCCSP if the patient is "Lost to Follow Up" or has "Refused" further recommended diagnostic services. This can be done by using the Case Management Referral form or by contacting the Tracking and Follow-up Nurse.
- The date that the Pap test was obtained and any pertinent comments must be documented in the patient's medical record.
- Documentation is required on the Patient Data Form (Y106) and on the clinic's preferred physical examination document.
- The screening provider must also maintain a Pap test tracking system.

7.17 Annual Rescreening: Introduction

Although one screening test may be useful to identify existing cancerous conditions, screening lowers mortality from breast and cervical cancer most effectively if performed at

regular intervals. Therefore a primary objective of the WVBCCSP is to ensure that women are provided clinical breast exams, mammograms and Pap tests at regular intervals following their initial screening examinations.

WVBCCSP providers are required to follow a rescreening policy to ensure that patients requiring annual rescreening return as recommended. The Program has established screening intervals for Pap tests (2012 ASCCP Pap Guidelines), clinical breast examinations and mammography for program eligible patients.

Providers must follow Program eligibility guidelines as they implement the rescreening policy.

7.18 Rescreening Reminder System

Providers must implement a reminder system for rescreening to facilitate the return of women for their annual rescreening visit. The reminder system should be systematic, comprehensive, capturing both mammography and Pap test screening and applied consistently using acceptable clinical practices and Program policies.

Providers must include one or a combination of the following tools as part of their reminder system:

- Log books documenting specific women who are due for their annual rescreening and indication that they were reminded.
- Tickler file with appointment cards for women who are due for rescreening.
- Computerized reminder programs.
- Chart stickers documenting counseling.

As an aspect of the reminder system, providers must implement the following to comply with the rescreening policy:

- Utilize a rescreening log as part of the reminder system for rescreening and as documentation that a woman was reminded.
- Contact the patient by mail or telephone one (1) to two (2) months prior to their annual rescreening date.
- Determine eligibility for rescreening AND schedule their appointment.
- Provide Pre-Clinic Client Preparation Instructions for Pap Tests if appropriate (See section 7.9 of this manual for Pre-clinic instruction guidelines).

For assistance with designing reminder systems for rescreening, contact the regional Health Information Specialist. Contact information can be found on the WVBCCSP web site at <u>www.wvdhhr.org/wvbccsp</u>.

7.19 Ordering Forms and Lab Supplies

Providers must order all WVBCCSP forms by using the Supply Request Form (Y504). A copy of the form may be printed from the WVBCCSP website at: <u>www.wvdhhr.org/bccsp</u>

Orders should be sent to:

Tammy Vickers OMCFH, Materials Management 900 Bullitt Street Charleston, West Virginia 25301 **Or faxed to**: (304) 558-1524

WVBCCSP providers should contact the laboratory they have contracted to process Pap/HPV testing in order to obtain all supplies necessary for the collection of Pap tests. These supplies include:

- Laboratory forms;
- Shipping supplies; and
- Liquid-based Pap collection materials.

SECTION VIII - SCREENING PROVIDER INVOICING and REIMBURSEMENT

8.1 General Billing Information

Acute care visits are NOT reimbursable.

Cervical office visits are NOT covered.

General anesthesia is not covered; apply for coverage through the WV Diagnostic and Treatment (D&T) Fund prior to biopsy.

- Breast MRI is never covered.
- The only Ultrasound covered is "Ultrasound of Breast".
- Breast Ultrasound is not a stand-alone service and must be done in conjunction with a Mammogram.
- Pre-op procedures/labs/EKG/Chest X-rays are NOT covered.
- Only WVBCCSP approved codes for program eligible women are covered.
- WVBCCSP is always the payor of last resort.
- Participating providers may not balance bill the patient.
- Maximum of two (2) breast surgeon consultations per breast problem per year.
- Bill WVBCCSP within 60 days of the date the service was performed.
- Reimbursement rates as well as CPT codes for all visit types are listed on the "Batch Invoice" form. The Batch Invoice form is for use by Screening Providers only.

The Payment Fee Schedule is updated on an annual basis and the most current version is available on the WVBCCSP web site.

Federal law requires that providers who impose a charge for services must utilize a schedule of charges that is adjusted to reflect the income of the household. The law prohibits providers from charging a fee to any woman with an income less than 150% of the current FPL. Based on state Program guidelines, patients of the WVBCCSP whose income is at or below 150% of the FPL are not charged a fee for services. If the clinic charges a fee for service, WVBCCSP patients whose income and family size place them between 150% and 250% of the income scale are to be charged a fee based on the sliding fee scale. Those patients with income above 250% of the FPL may be considered private pay patients and charged the full cost of services, as determined by the provider.

WVBCCSP funds are to be used as a last resort for payment. A patient may have medical insurance and still qualify as a participant of the Program if her income is below 250% of the FPL. In this instance, third parties must be billed prior to billing WVBCCSP.

Provider must accept the patient's verbal statement of gross monthly or yearly income. Documentation or verification of income is not required. A copy of the results narrative report of radiologic findings of each patient's mammography/breast ultrasound <u>must</u> accompany the invoice submitted to the Program for payment to be made.

8.2 Underinsured Patients

A patient who meets the income guidelines of the Program is considered <u>underinsured</u> and eligible for Program services when she:

- Has private medical insurance which does not cover WVBCCSP services; or
- Has a required deductible or co-payment that represents a deterrent to receipt of breast and cervical cancer screening services.

If a private insurance company provides coverage for WVBCCSP services, the insurance company must be billed *prior to billing WVBCCSP*.

8.3 Batch Invoicing Procedures

Invoice WVBCCSP for screening services for income eligible patients including those who are underinsured.

WVBCCSP reimbursement for Screening Providers is based upon the visit type provided. The visit types are as follows:

- Initial Screening visit;
- Annual Routine visit;
- Annual Breast or Cervical visit;
- Repeat Pap or CBE;
- Referral for Enrollment visit; and
- Referral for Previously Enrolled visit.

8.4 WVBCCSP Billing Forms

8.4a Client Enrollment-Consent (CE) Form

Screening Providers must submit a completed Client Enrollment-Release of Information and Statement of Confidentiality Form (Y104) within one (1) week of the enrollment visit. Patient information is not entered into the payment system until this form is received by the Program. Therefore, no invoice can be processed until WVBCCSP receives this form. No services are to be provided prior to the patient signing the CE form. All data elements must be recorded on all of the Program forms. Provider must complete CE form annually.

8.4b Batch Invoice Form

Screening Providers must bill using a WVBCCSP Batch Invoice form. The Batch Invoice form is updated on an annual basis. The most current version is available on the WVBCCSP web site. The Batch Invoice form is used for billing for screening services for multiple patients. Program reimbursement is dependent upon the visit type. The Batch Invoice must be signed in blue ink and the original must be submitted with Patient Data form to the Program.

8.4c Patient Data form

A Patient Data (PDF) form must be completed and attached to the Batch Invoice form for every visit that the Screening Provider submits for reimbursement. Only one visit type should be marked on the PDF. Do not submit the PDF until the Pap test results are recorded on the form.

- Complete Batch Invoice forms accurately with all required information, dated and signed by the provider or authorized representative including the signee's/providers title.
- Submit original Patient Data form (Y106) with Batch Invoice form (Y502) to the WVBCCSP for payment <u>WITHIN 60 DAYS OF THE DATE OF SERVICE.</u>
- Check for accuracy of the BCCSP Number, the number is listed in the MOU.
- Submit all claims within 60 days of expiration of screening providers MOU.
- Non-compliance from this established policy may result in the claim not being accepted.

NOTE: All invoices for services rendered up to and including June 29th of the fiscal year must be submitted by August 31 of the same year. If the invoices are not received by August 31 of the same year, they will be returned unpaid.

8.4d Batch Invoice Form 2015-2016

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WVDHHR/BPH/PWH/BCCSP/JULY-2015 BCCSP Screening Provider Policies and Procedures Manual

8.4e Payment Fee Schedule 2015-2016

West Virginia Breast and Cervical Cancer Screening Program

FY 2015-2016 PAYMENT FEE SCHEDULE

Effective Date: June 30, 2015

SCREENING PROCEDURES

Service Description/Procedure	<u>CPT</u> <u>Code</u>	Allowable Rate	<u>Medicare</u> <u>Rate</u>
New Patient, Initial Screening (10 min.)	99201	\$40.22	\$40.22
New Patient, Initial Screening (20 min.)	99202	\$69.32	\$69.32
New Patient, Initial Screening (30 min.)	99203	\$101.89	\$101.89
New Patient, Initial Screening*	99204	\$101.89	\$101.89
New Patient, Initial Screening*	99205	\$101.89	\$101.89
Repeat Visit (Pap Test or CBE)	99211	\$17.95	\$17.95
Annual Breast or Cervical Screening	99212	\$40.22	\$40.22
Annual Routine Screening	99213	\$67.62	\$67.62
Annual Routine Screening	99214	\$100.96	\$100.96
Patient Referral/Enrollment	N/A	\$15.00	\$15.00
Patient Referral/Previously Enrolled	N/A	\$10.00	\$10.00

REFERRAL PROCEDURES

Service Description/Procedure	<u>CPT</u> <u>Code</u>	Allowable Rate	<u>Medicare</u> <u>Rate</u>
Mammogram, Screening (Bilateral) (Digital)	G0202	\$117.59	\$117.59
Technical Component		\$83.26	\$83.26
Professional Component		\$34.33	\$34.33
Mammogram, Diagnostic (Unilateral) (Digital)	G0206	\$113.11	\$113.11
Technical Component		\$78.77	\$78.77
Professional Component		\$34.33	\$34.33
Mammogram, Diagnostic (Bilateral) (Digital)	G0204	\$143.26	\$143.26
Technical Component		\$100.29	\$100.29
Professional Component		\$42.96	\$42.96
Radiological Exam, Surgical Specimen	76098	\$15.01	\$15.01
Technical Component		\$7.03	\$7.03
Professional Component		\$7.97	\$7.97
Ultrasound, complete examination of breast			
including axilla, unilateral	76641	\$96.70	\$96.70
Technical Component		\$60.24	\$60.24
Professional Component		\$36.46	\$36.46

WVDHHR/BPH/PWH/BCCSP/JULY-2015

BCCSP Screening Provider Policies and Procedures Manual

Ultrasound, limited examination of breast			
including axilla, unilateral	76642	\$80.27	\$80.27
Technical Component		\$46.19	\$46.19
Professional Component		\$34.08	\$34.08
Ultrasound Guided Biopsy	76942	\$55.04	\$55.04
Technical Component		\$22.88	\$22.88
Professional Component		\$32.66	\$32.66

REFERRAL PROCEDURES

Service Description/Procedure	<u>CPT</u> <u>Code</u>	Allowable Rate	<u>Medicare</u> Rate
Puncture Aspiration of Cyst	19000	\$102.63	\$102.63
Each Additional Cyst	19001	\$26.28	\$26.28
Biopsy of Breast, Needle Core	19100	\$141.06	\$141.06
Breast Biopsy - Incisional	19101	\$320.52	\$320.52
Breast Biopsy - Excisional	19120	\$476.83	\$476.83
Breast Biopsy - Radiological Marker	19125	\$531.78	\$531.78
Each Additional Lesion	19126	\$168.23	\$168.23
Breast Biopsy, with placement of localization			
device and imaging biopsy specimen,			
percutaneous; stereotactic guidance; first lesion	19081	\$588.30	\$588.30
Breast Biopsy, with placement of localization			
device and imaging of biopsy specimen,			
percutaneous; stereotactic guidance; each		• ·= · · · ·	•
additional lesion	19082	\$474.34	\$474.34
Breast Biopsy, with placement of localization			
device and imaging of biopsy specimen,		• ••	A AA
percutaneous; ultrasound guidance; first lesion	19083	\$577.36	\$577.36
Breast Biopsy, with placement of localization			
device and imaging of biopsy specimen,			
percutaneous; ultrasound guidance; each	40004	¢450.00	Ф 4 Г С О С
additional lesion	19084	\$456.26	\$456.26
Placement of breast localization device,			
percutaneous; mammographic guidance; first lesion	19281	\$218.02	\$218.02
Placement of breast localization device,	19201	φ210.02	φ210.02
percutaneous; mammographic guidance; each			
additional lesion	19282	\$150.06	\$150.06
Placement of breast localization device,	13202	ψ130.00	φ130.00
percutaneous; stereotactic guidance; first lesion	19283	\$246.41	\$246.41
Placement of breast localization device,	10200	Ψ2 10.71	Ψ2 10.41
percutaneous; stereotactic guidance; each			
additional lesion	19284	\$179.05	\$179.05

WVDHHR/BPH/PWH/BCCSP/JULY-2015

BCCSP Screening Provider Policies and Procedures Manual

Placement of breast localization device,			
percutaneous; ultrasound guidance; first lesion	19285	\$390.34	\$390.34
Placement of breast localization device,			
percutaneous; ultrasound guidance; each			
additional lesion	19286	\$327.61	\$327.61
Breast Biopsy - Surgical Pathology	88305	\$65.69	\$65.69
Technical Component		\$28.56	\$28.56
Professional Component		\$37.14	\$37.14
Breast Biopsy - Surgical Pathology	88307	\$265.83	\$265.83
Technical Component		\$184.45	\$184.45
Professional Component		\$81.38	\$81.38

REFERRAL PROCEDURES

Service Description/Procedure	<u>CPT</u> <u>Code</u>	<u>Allowable</u> <u>Rate</u>	<u>Medicare</u> <u>Rate</u>
Fine Needle Aspiration Without Imaging			
Guidance	10021	\$136.76	\$136.76
Fine Needle Aspiration With Imaging Guidance	10022	\$130.00	\$130.00
Evaluation of Fine Needle Aspiration,			
cytopathology; immediate cytohistologic study			
to determine adequacy of specimen(s)	88172	\$51.89	\$51.89
Technical Component		\$16.60	\$16.60
Professional Component		\$35.29	\$35.29
Evaluation of Fine Needle Aspiration,			
cytopathology, interpretation and report	88173	\$135.37	\$135.37
Technical Component		\$66.68	\$66.68
Professional Component		\$68.69	\$68.69
Surgical Consultation, Breast Referral (10 min.)	99201	\$40.22	\$40.22
Surgical Consultation, Breast Referral (20 min.)	99202	\$69.32	\$69.32
Surgical Consultation, Breast Referral (30 min.)	99203	\$101.89	\$101.89
Surgical Consultation, Breast Referral*	99204	\$101.89	\$101.89
Surgical Consultation, Breast Referral*	99205	\$101.89	\$101.89
Colposcopy without Biopsy	57452	\$104.81	\$104.81
Colposcopy with Biopsy	57454	\$148.47	\$148.47
Colposcopy with Biopsy of Cervix	57455	\$137.63	\$137.63
Colposcopy with Endocervical Curettage	57456	\$129.16	\$129.16
Endometrial Biopsy with Colposcopy	58110	\$47.06	\$47.06
Surgical Pathology, Cervical Biopsy (Limit 2			
Specimens)	88305	\$65.69	\$65.69
Technical Component		\$28.56	\$28.56
Professional Component		\$37.14	\$37.14
Pap Test, Liquid Based (Reported in Bethesda	88174	\$12.85	

WVDHHR/BPH/PWH/BCCSP/JULY-2015 BCCSP Screening Provider Policies and Procedures Manual

System) (Contracted Price)			
Human Papillomavirus, high-risk types	87624	\$28.00	
(Contracted Price)			

*The WVBCCSP realizes that physicians may spend more time with patients, but this is the highest rate that we are authorized to reimburse.

SECTION IX - CASE MANAGEMENT & THE MEDICAID TREATMENT ACT

9.1 Purpose of the Medicaid Treatment Act (MTA)

West Virginia was one of the first states to take advantage of the implementation of the Breast and Cervical Cancer Prevention and Treatment Act of 2000 (BCCPTA), Public Law 106-354. This law authorized each State to extend Medicaid eligibility and full Medicaid benefits to otherwise uninsured women under age 65 who are identified through the NBCCEDP Grantee (WVBCCSP) as being in need of treatment for breast or cervical cancer, including pre-cancerous conditions.

West Virginia Medicaid provides full benefit coverage to women diagnosed with breast and/or cervical cancer, including pre-cancerous conditions, who meet the following eligibility guidelines.

9.2 Eligibility Guidelines

- Must be a West Virginia resident.
- Must be under age 65.
- Must be enrolled in the WVBCCSP, but do not have to meet income guidelines.
- There are no income or asset tests for this special population of women to receive Medicaid.
- Must be in need of and receiving active treatment for breast and/or cervical cancer or eligible pre-cancerous conditions (breast or cervix must be primary site of cancer). Refer to Section 9.3, MTA Eligible Diagnoses.
- Must be uninsured or without credible insurance coverage as determined by Medicaid.
- Not eligible for any other type of Medicaid coverage.

9.3 MTA Eligible Diagnoses

- Breast or Cervical Cancer;
- Pre-Cancerous Breast (excisional biopsy);
- Atypical Ductal Hyperplasia; and
- Pre-Cancerous Cervical (based on Colposcopy result, not Pap test)*
 - CIN I, II, III; CIS, LSIL, HSIL
 - Atypical Glandular cells (cervical only endometrial and uterine are not eligible)
 - Squamous cell carcinoma
 - Adenocarcinoma

Note: *Pap test results do not qualify a woman for MTA enrollment.

9.4 Screening Provider Responsibility for MTA Referral

When a West Virginia woman has been diagnosed with breast or cervical cancer, including a pre-cancerous condition as listed above and meets the eligibility guidelines for MTA, the screening provider will:

- Enroll the woman in WVBCCSP, if not previously enrolled.
- Give her a CDC Certificate of Diagnosis form to be completed by the diagnosing physician with an eligible diagnosis.
- Give her the BCC Medicaid Application (OFS-BCC-1).
- Instruct her to take or mail completed CDC Certificate and BCC Medicaid Application to the DHHR office in her county of residence.

Fax or mail to the WVBCCSP Nurse Supervisor:

- Completed Medicaid Application form (DFA-BCC-1); and
- Signed WVBCCSP Certificate of Diagnosis for Medicaid Coverage/Eligibility.

The Case Management Referral form is helpful, but not required.

Note: A woman diagnosed by a provider who does not participate in the WVBCCSP must be referred to a WVBCCSP screening provider for enrollment.

9.5 DHHR Responsibility

DHHR must:

- Verify that the woman has a CDC Certificate of Diagnosis and BCC Medicaid application.
- Verify age is less than 65 years.
- Verify woman has no credible insurance.
- Verify woman is a West Virginia resident.
- Fax completed forms to the WVBCCSP Nurse Supervisor at (304) 558-7164.
- Evaluate for other Mandatory Medicaid categories.

Note: Patient does not have to prove income for WVBCC MTA. Proof of income may be required by DHHR for full Medicaid evaluation.

9.6 MTA Confirmation

Most applicants receive immediate confirmation of their application and are eligible for coverage of their treatment as follows:

- A Medicaid card is sent by mail within seven (7) to ten (10) days.
- Coverage begins the first day of the month in which the diagnosis was made; or
- Coverage begins up to three (3) months retroactively for women who are eligible based on the date of diagnosis.

Coverage continues until active treatment ends as determined by the treating physician(s)/ Medicaid Medical Director.

9.7 Case Management Responsibilities

Once the WVBCCSP receives notification from the DHHR of the woman's enrollment, the WVBCCSP Medicaid Nurse Case Manager will:

- Complete a needs assessment with the patient.
- Obtain pathology reports.
- Confirm active treatment with physician documentation.
- Assist the woman in overcoming barriers to treatment.
- Dis-enroll from MTA after active treatment has been completed with physician verification.
- Encourage the woman to return to the WVBCCSP screening provider.

9.8 Questions Regarding MTA

Questions about patient eligibility or enrollment into the MTA should be directed to: WVBCCSP Nurse Supervisor 350 Capitol Street, Room 427 Charleston, West Virginia 25301-3714 Telephone: (304) 356-4466 or 304-558-5388 Toll Free: 1-800-642-8522

9.9 Medicaid Citizenship and Identity Requirements

Effective July 1, 2006, all Medicaid applicants or recipients must provide proof documents to verify identity and U.S. citizenship before receiving Medicaid benefits.

Below is a table of acceptable Primary level documents for Proof of Identity and U.S. Citizenship. If a patient provides a Primary Document, no other documentation is required to establish U.S. citizenship and patient identity.

Primary/ Secondary Documents	Acceptable Documents	Proof of Identity and U. S. Citizenship			
Primary	U.S. Passport U.S. Passport card Certificate of Citizenship (DHS For Naturalization Certificate (DHS For	,			
If patient does not have any of these documents, they will need two documents, one					

If patient does not have any of these documents, they will need two documents, one to document citizenship and one to document identity.

Below is a table of acceptable secondary level documents for verification of citizenship. Two documents are needed, one to document citizenship and one to document identity.

Primary/ Secondary Documents	Acceptable Documents	Proof of U.S. Citizenship only
Secondary	Birth certificate; Certification of B draft record; Report of Birth Abroa	irth Abroad; official military card or d; adoption finalization papers

Below is a list of secondary documents for verification of identity.

Primary/ Secondary Documents	Acceptable Documents	Proof of Identity only
Secondary	Picture on a current state driver's I School identification card A Federal, State or Local governme	

All applicants and recipients must be given a reasonable opportunity to provide documents to establish U.S. citizenship or nationality and identity. Current recipients continue to receive benefits until determined ineligible. Medicaid is closed only after the recipient is given a reasonable opportunity to present evidence or fails to make a good faith effort to provide proof. Applicants are not approved until the required verification is supplied. For assistance, contact your local DHHR office or call 1-800-642-8589.

SECTION X - QUALITY ASSURANCE

10.1 Introduction

Quality Assurance is essential if the early detection of breast and cervical cancer is to be an effective tool for controlling cancer. Assuring quality requires that all providers of clinical services, laboratories, program staff, advisory boards, partners and educators are committed to following the WVBCCSP policies and procedures.

10.2 What is meant by Quality Assurance?

Quality Assurance is a continuous process of monitoring, assessing and improving defined by the following subcategories:

10.3 Breast

Programs will ensure the quality of any screening procedure for breast cancer and in the case of mammography, will require American College of Radiology (ACR) accreditation. Programs must meet requirements of Public Law 102-539, the Mammography Quality Standards Act of 1992 (MQSA), reauthorized and finalized October 31, 1998.

10.4 Cervical

Programs will ensure the quality of any screening procedure for cervical cancer and in the case of the Pap test, will require Clinical Laboratory Improvement Amendments of 1988.

10.5 Provider Practice

Programs will ensure that quality of screening services by health care providers participating in the program through routine reviews and audits.

10.6 Clinical Services

10.6a Screening Provider

Screening providers must comply with the WVBCCSP protocols for screening, follow-up and reporting. Providers must assure that:

- Clinicians are appropriately qualified refer to Section IV (4.1) Provider Qualifications and Responsibilities, for general qualifications. Refer to Section XII, Professional Development (12.4d), for qualifications on becoming a PHNPAT certified nurse).
- All basic components are included in the screening examination and documented in the patient's medical record.
- Appropriate confidential patient records are maintained.
- Patients are systematically identified and tracked to assure timely follow-up and/or referrals.
- All final results of further diagnostic screenings/procedures are reported to the WVBCCSP.
- Patients are notified when they are due to return for a recommended screening.

10.6b Cytopathology (Pap test) Contracted Laboratory

All WVBCCSP Liquid-based Pap tests must be sent to the current contracted laboratory for cytopathology (Pap test) screening services. The laboratory will provide all supplies and consultation to screening providers regarding the techniques for Pap test collection.

10.7 Monitoring

The screening provider agrees that a program and facility review may be conducted at any reasonable time by State and Federal personnel and other persons duly authorized by the Bureau for Public Health, including the OMCFH Quality Assurance Monitoring Team. Such review may include, but is not limited to:

- Meetings with consumers;
- Review of medical records;
- Review of service policies and procedures;
- Review of staffing ratios and job descriptions; and
- Meetings with any staff directly or indirectly involved in the provision of services.
- Observation of program clinical examination.

10.8 On-Site Reviews

The screening provider agrees to on-site reviews from OMCFH staff of all patient records and Program information as it relates to the terms of the program contract. The OMCFH monitoring team will be given access to all information necessary and permitted to observe WVBCCSP examinations to ensure that patient care standards are met and that services are provided in accordance with the WVBCCSP policies.

10.9 Technical Assistance

All technical assistance needs that are identified as a consequence of the monitoring review will be followed up by Program staff. The WVBCCSP staff is responsible to assist the provider in meeting all expectations of the contract agreement.

10.10 Medical Advisory Committee

Physicians and nurses from a variety of specialties make up the WVBCCSP Medical Advisory Committee. The Medical Advisory Committee is consulted about Program policy changes and/or revisions, as necessary.

SECTION XI – PUBLIC EDUCATION & TARGETED OUTREACH

11.1 Purpose

The purpose of public education and targeted outreach activities is to increase the rate of screening in the priority population while educating the population as a whole. The overall goal is to decrease the mortality and morbidity related to breast and cervical cancer. These activities include:

- Increase women's' knowledge, skills and motivations to seek screening;
- Educate women about screening and follow-up procedures to increase adherence to appropriate screening recommendations;
- Increase the ability of women to identify and access resources that offer screening; and
- Develop and distribute easy-to-read, culturally sensitive and age-appropriate educational materials through traditional media and new communication avenues, like social media.

It is the responsibility of the regional Health Information Specialists (HIS) to design and implement community education and outreach programs for their region. Providers are encouraged to work with their regional HIS to develop education and outreach campaigns that are appropriate for their geographical areas.

11.2 Priority Populations

Education and outreach campaigns should educate all women and recruit those in the priority population to receive WVBCCSP screening services. Priority populations include:

- Low-income women, specifically those at or below 250% of the Federal Poverty Level;
- Racial/Ethnic minorities;
- Older women (50-64 years of age);
- Women never or rarely screened for cervical cancer; and
- Underinsured women.

11.3 Screening Provider Responsibilities

11.3a Staff and Agency Training

The Clinical Services Coordinator, with the assistance of the WVBCCSP staff and regional HIS, is available to train providers. Training sessions include:

- Technical Assistance (guidelines, forms completion and billing).
- Referral process and tracking guidelines.
- Review of educational materials available to help inform women about good breast and cervical health.
- Discussion of community outreach strategies.

The WVBCCSP provider will conduct information and orientation sessions for their office staff.

11.3b Patient Education

All providers MUST educate WVBCCSP women about breast and cervical health care at the patient's initial and annual visits. The purpose of education is to inform patients about the importance of screening, help them understand the screening procedures and motivate them to comply with the recommended guidelines for breast and cervical cancer screening. Patient education must be documented in the patient's medical record.

11.3c Public Education and Media Campaigns

All public education messages and media campaigns should be designed in collaboration with regional HIS staff and Outreach Coordinator. These WVBCCSP staff members assist providers with the development of newspaper advertisements, public service announcements, special interest stories and press releases. WVBCCSP will also pay for newspaper advertising for free screening clinics that are special events outside of normal practices. All messages that appear in the media should:

- Promote the benefits of early detection of breast and cervical cancer; and
- Prioritize low income, never or rarely screened, racial/ethnic minorities, and women over the age of 50 and/or under-insured women.

11.3d Community Outreach Plan

Screening providers should develop an outreach plan to disseminate information about breast and cervical cancer screening and the importance of early detection to the women in their community. These plans should emphasize population based screening, as well as recruiting WVBCCSP eligible women. Providers are encouraged to work with the regional HIS to develop and implement a Community Outreach Plan.

11.3e Community Organizations

In order to educate, reach and recruit women for screening, providers should consider partnering with local community organizations. Examples of potential partners include:

- Faith-based organizations, churches, women's/men's groups, youth groups, church associations;
- Food distribution sites-such as pantries, food banks;
- Local Department of Health and Human Resources offices;
- Local YWCA/YMCA/Salvation Army/Goodwill;
- Community Educational Outreach Services (formerly WV Extension Homemakers);
- Optometrists, dentists, primary care physicians;
- Hospitals;
- Local businesses;
- Public housing facilities;
- Senior Centers, senior programs, senior housing facilities;
- Public schools, Head Start parents/grandparents;

- Community Action groups;
- Women's shelters, homeless shelters;
- Quilt guilds;
- General Federation of Women's Clubs;
- WV Medical Alliance Chapters;
- Public libraries;
- Neighborhood post offices, fire departments, volunteer fire departments; and
- Cosmetology schools, hairdressers/barbers, nail technicians.

11.3f Ordering Public Education Materials

The WVBCCSP provides some free public educational materials to screening providers. To order public education materials, complete a WVBCCSP Education Materials Order Form and send it to the address at the bottom of the Form. A copy of this form is located on the WVBCCSP website at www.wvdhhr.org/bccsp.

SECTION XII - PROFESSIONAL DEVELOPMENT

12.1 Purpose

The purpose of professional development is to expand healthcare provider's knowledge of best practices for breast and cervical cancer screening, diagnosis and treatment. The goal is to increase the number of women screened according to the most current guidelines and to provide evidence-based follow-up services.

12.2 Provider Responsibilities

Providers can assist the WVBCCSP staff in tailoring professional education offerings to best meet their needs by communicating topics of interest to the Program.

12.3 Patient and Provider Reminder Materials

Materials are available to assist providers with reminding WVBCCSP patients about their annual screenings. Materials include:

- Chart reminder stickers;
- BSE teaching stickers for progress notes; and
- Rescreening reminder mailers.

These materials are available at no cost to the provider. To order, complete a WVBCCSP Educational Materials Order Form and send it to the address at the bottom of the form.

A copy of this form is located on the WVBCCSP website at <u>www.wvdhhr.org/bccsp</u>.

12.4 Continuing Education Opportunities

The WVBCCSP provides a number of ongoing professional education opportunities. To obtain more information or add your name to the email/mailing list, providers can contact the Program.

12.4a Women's Health Information Programs (WHIPs)

Every other year, the WVBCCSP offers Women's Health Information Programs (WHIPs) for all contracted providers. These regional seminars contain a variety of topics related to women's health and Program updates and are offered in regional locations.

12.4b Statewide Women's Health Conference

In alternating years, the WVBCCSP partners with the other women's health programs to offer a statewide conference. All WVBCCSP providers are invited to attend and topics include the most up-to-date information on breast and cervical cancer screening, as well as other topics of interest related to women's health. Continuing education credits are available for physicians, nurses, radiologic technicians and other health professionals.

12.4c Public Health Nurses Physical Assessment Training (PHNPAT)

To become qualified to perform screening services for the WVBCCSP, a Registered Nurse who is not licensed for advanced practice must first become PHNPAT certified. This certifies the nurse to perform the identified services for the WVBCCSP <u>only</u>. Other

clinicians (physician assistants and advanced practice nurses) may participate in PHNPAT if space allows, but they are not required to do so. Licensed practical nurses (LPNs) may audit the lecture component of PHNPAT when space allows, but are not eligible to participate in the clinical component.

12.4d PHNPAT Course

PHNPAT is a three day comprehensive training program offered in the spring of each year. A refresher course is offered at the same time.

PHNPAT provides didactic and practical instruction in the following areas:

- Anatomy and physiology of the breast and female reproductive organs;
- Pelvic examination and Pap test collection;
- Breast self-examination; and
- How and when to refer women for further diagnostic services and/or treatment.

PHNPAT Certification

In order to become PHNPAT certified, all participants must:

- Be currently licensed as a WV Registered Nurse;
- Attend all mandatory lectures and clinical components to be eligible for preceptorship;
- Perform 50 complete examinations within six (6) months of training. (The examinations must include pelvic exam, Pap tests with adequate cellularity, and clinical breast exams under the supervision of an experienced preceptor. Twenty-five (25) of the exams must be completed on women age 50 or older); and.
- Contract with preceptors (WV licensed physicians or certified practitioners) who agree to accept responsibility for supervision of the required examinations. Preceptors must document significant experience in providing these types of exams and agree to provide documentation of the completed process.

In order to maintain PHNPAT certification, all participants must complete a refresher course at least every five (5) years that includes both a written and clinical exam.

12.5 Professional Education/ Development Newsletter

The WVBCCSP publishes an electronic newsletter several times each year. The *Provider Press* includes Program updates, educational information and announcements. The newsletter may be accessed on the WVBCCSP website at <u>www.wvdhhr.org/bccsp</u> or by contacting the regional HIS and asking to be added to the listserv.

13.1 WVBCCSP Funding Sources At-A-Glance

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Purpose: Provide early detection, screening and referral services for breast and cervical cancers with special emphasis on women of low income, minorities, women with disabilities, women who	Purpose: Assist patients who are medically indigent in securing diagnostic services necessary to make a determination whether or not they have breast or cervical cancer.	Purpose: Provide Medicaid benefits to uninsured women diagnosed with breast and cervical cancer and certain pre-cancerous conditions.
partner with women and older women. <u>What is covered?</u> <u>Breast Screening</u> Clinical Breast Exam; mammography, ultrasound; fine needle aspiration; surgical consultation; and breast biopsy <u>Cervical Screening</u> Pelvic examination, Pap test,	 <u>What is covered?</u> General Anesthesia for diagnostic breast or cervical procedure; LEEP or Conization with LEEP; Biopsy of excision of cervical lesion; Endocervical curettage; Cryocautery of cervix; Laser surgery of cervix; 	<u>What is covered</u> ? The Medicaid card covers any and all needed medical services specified as a covered benefit or service by WV Medicaid.
some treatment medications, and colposcopy with/without cervical biopsy	 Conization of cervix with or without repair; and Dilation and curettage Paracervical nerve block 	Eligibility: • WVBCCSP enrollee; • Under age 65; • Woman is
 Eligibility: Income at or below 250% of FPL; Uninsured or underinsured; 25-64 years of age (please note that certain treatment procedures have different age requirements); and WV resident & female 	 <u>Eligibility:</u> Income at or below 250% of federal poverty level; Uninsured; 0-64 years of age; WV resident; and Do not have to be enrolled in WVBCCSP. 	diagnosed with breast or cervical cancer and/or certain; precancerous conditions and in need of medical treatment. • Uninsured or otherwise lacking credible coverage; and • WV resident

13.2 Eligibility Guidelines

- Female and a West Virginia resident
- 25-64 years of age
- Income is at or below 250% of the current Federal Poverty Level (FPL)
- Uninsured or underinsured
- Not a participant in a program that provides these services.

Screening Services

- Patient education on breast and cervical cancer and tobacco cessation
- Pelvic examination (25-64 years of age) Must be done with Annual Pap and or CBE
- Pap test (25-64 years of age)
- Clinical breast exam-CBE (25-64 years of age)
- Screening mammogram (50-64 years of age)

<u>Age Exception</u>: Screening mammogram 40-49 years of age-if *high risk* for developing breast cancer <u>must document high-risk factor on Patient Data and Referral forms</u> (high-risk factors listed in Policies and Procedures manual).

Services for Further Evaluation

- Diagnostic mammogram; (short-term follow-up mammogram reimbursed at 6-month intervals only)
- Breast surgical consult- required for abnormal CBE or abnormal mammogram;
- Fine needle aspiration (FNA;
- Ultrasound (US) of breast must be done within <u>30 days</u> after mammogram; (reimbursement for ultrasound only if used in adjunct with mammogram)
- Breast biopsy; and/or
- Colposcopy with or without biopsy.

<u>Age Exception</u>: Colposcopy for 18-24 yr. w/ASC-H, H-SIL, AGC, Adenocarcinoma or Squamous Cell Carcinoma Pap result within past six (6) months & who meets FPL – *Referral for Enrollment* visit type on Patient Data form.

All Women screened by the WVBCCSP must receive appropriate and timely follow-up, diagnosis, treatment and case management.

Please note this information is intended to provide an overview of the screening procedures and eligibility guidelines for the WVBCCS Program.

Please consult the WVBCCSP Policies and Procedures manual for more specific information. Additional Diagnostic testing and Treatment may be available through the WV Diagnostic and Treatment Fund or the BCC Medicaid Treatment Act.

13.3 WVBCCSP Sliding Fee Scale/FPL Income Guidelines 2015-2016

SLIDING FEE SCALE – JULY 2015 National Poverty Income Program Guidelines OFFICE OF MATERNAL, CHILD AND FAMILY HEALTH BREAST AND CERVICAL CANCER SCREENING PROGRAM 350 Capitol Street, Room 427 Charleston, WV 25301-3714 Phone: (304) 558-5388 or 1-800-642-8522 Fax: (304) 558-7164

POVERTY LEVEL						
Family Size	150%	175%	200%	250%		
1	\$1,471.25	\$1,716.46	\$1,961.67	\$2,452.08		
2	\$1,991.25	\$2,323.13	\$2,655.00	\$3,318.75		
3	\$2,511.25	\$2,929.79	\$3,348.33	\$4,185.42		
4	\$3,031.25	\$3,536.46	\$4,041.67	\$5,052.08		
5	\$3,551.25	\$4,143.13	\$4,735.00	\$5,918.75		
6	\$4,071.25	\$4,749.79	\$5,428.33	\$6,785.42		
7	\$4,591.25	\$5,356.46	\$6,121.67	\$7,652.08		
8	\$5,111.25	\$5,963.13	\$6,815.00	\$8,518.75		
For each additional family member add:	\$520.00	\$607.00	\$693.00	\$867.00		

GROSS MONTHLY INCREMENTS – July 2015	j
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PATIENT FEES BASED ON INCOME LEVEL					
	СРТ	0%	20%	40%	50%
	Code				
Patient	N/A	0%	N/A	N/A	N/A
Referral/Enrollment					
Repeat Pap or CBE	99211	0%	\$3.59	\$7.18	\$8.98
Annual Breast or	99212	0%	\$8.04	\$16.09	\$20.11
Cervical					
Annual Routine	99213	0%	\$13.52	\$27.05	\$33.81
Screening					
Annual Routine	99214	0%	\$20.19	\$40.38	\$50.48
Screening					
Initial Screening (10	99201	0%	\$8.04	\$16.09	\$20.11
min)					
Initial Screening (20	99202	0%	\$13.86	\$27.73	\$34.66
min)					
Initial Screening (30	99203	0%	\$20.38	\$40.76	\$50.95
min)					
Initial Screening (>30	99204,	0%	\$20.38	\$40.76	\$50.95
min)*	99205				

WVDHHR/BPH/PWH/BCCSP/JULY-2015

BCCSP Screening Provider Policies and Procedures Manual

PROGRAM PAYMENT TO CLINIC					
	CPT Code	0%	20%	40%	50%
Patient Referral/Enrollment	N/A	\$15.00	N/A	N/A	N/A
Repeat Pap or CBE	99211	\$17.95	\$14.36	\$10.77	\$8.98
Annual Breast or Cervical	99212	\$40.22	\$31.18	\$24.13	\$20.11
Annual Routine Screening	99213	\$67.62	\$54.10	\$40.57	\$33.81
Annual Routine Screening	99214	\$100.96	\$80.77	\$60.58	\$50.48
Initial Screening (10 min)	99201	\$40.22	\$31.18	\$24.13	\$20.11
Initial Screening (20 min)	99202	\$69.32	\$55.46	\$41.59	\$34.66
Initial Screening (30 min)	99203	\$101.89	\$81.51	\$61.13	\$50.95
Initial Screening (>30 min)*	99204, 99205	\$101.89	\$81.51	\$61.13	\$50.95

Source: Derived from the Federal Register, Vol. 80, No. 14, January 22, 2015, pp.3236-3237

Patient must be at or below Federal Poverty Level to meet Program income eligibility guidelines. WVBCCSP funds are to be used as a <u>last resort</u> for payment.

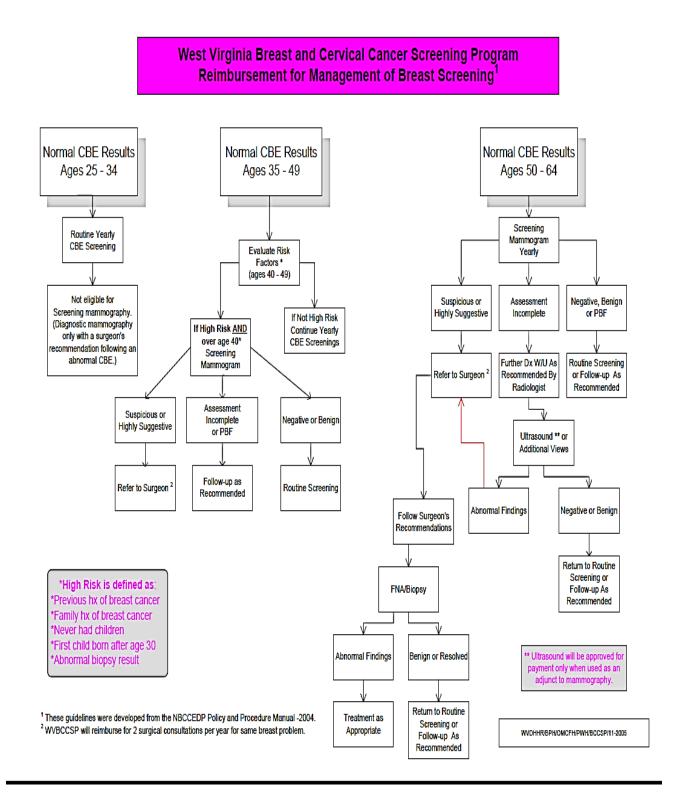
*The WVBCCSP acknowledges that providers may spend more time with patients, but this is the highest rate we are federally authorized to reimburse.







13.4 WVBCCSP Algorithm Clinical Breast Exam: Normal CBE



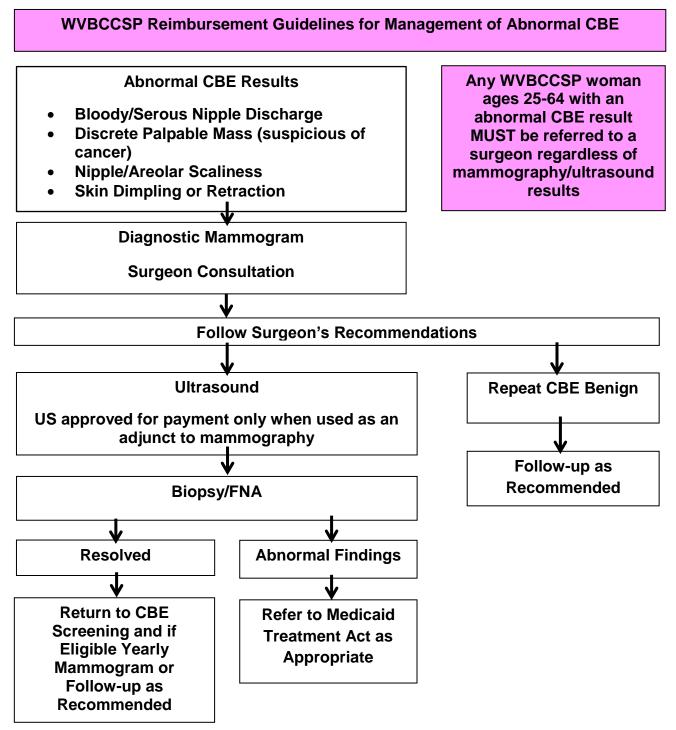
13.5 Normal Clinical Breast Exam Table

Normal CBE/Age	Screening Mammogram	Diagnostic Mammogram	WVBCCSP Routine Yearly CBE Screening	WVBCCSP Follow-up
25-39 Years of Age	Not Eligible	N/A	Yes	Continue yearly Clinical Breast Examination (CBE) screenings.
With High Risk Factors 40-49 Years of Age	Only eligible if high risk factors are documented	N/A	Yes	High risk factors must be documented on the Patient Data (Y106) and Referral (Y202) forms. Without this documentation the mammogram will not be paid by WVBCCSP.
Normal CBE 50-65 Years of Age	Eligible for annual screening mammogram	N/A	Yes	Continue yearly Clinical Breast Examination (CBE) screenings.

13.6 Abnormal Clinical Breast Exam Table

Abnormal CBE Any age 25-64	Diagnostic Mammogram	Referral for Surgeon Consultation	WVBCCSP Routine Yearly CBE Screening	WVBCCSP Follow-up
years of age	Yes Have patient obtain diagnostic mammogram prior to the visit for surgeon consultation.	Yes Must be referred to a surgeon regardless of the results of the diagnostic mammogram and/or breast ultrasound.	Yes	Screening Provider MUST make a referral for a surgeon consultation. Follow surgeon's recommendations (repeat CBE diagnostic mammogram, ultrasound, FNA and/or breast biopsy.

13.7 WVBCCSP Algorithm Clinical Breast Exam: Abnormal CBE



WEST VIRGINIA BREAST AND CERVICAL CANCER SCREENING PROGRAM

PAP TEST ACTIVITY LOG

	Comments			
	lf Cancer- Date Treat- ment Started			
- 1	Follow- up Initiated Y-Yes N-No			
	Date Provider Reported Results to Patient			
	Date Provider Received Results			
	PAP Result			
	Satisfactory Y-Yes N-No			
	Date of PAP			
	Social Security Number			
	Namo			
	Date of Entry			

13.8 WVBCCSP PAP-Test Activity Log

	BREAS	BREAST AND CERVICAL CANCER SCREENING PROGRAM COLPOSCOPY ACTIVITY LOG	ERVIC	SCOP	NCEF	R SCREI	ening P Og	Son and a son a	RA	Σ					COL	COLPOSCOPY
DATE OF	PATRUT'S NAME Laufferte	BOCIAL SECURTY NUMBER	undana 31.140 4144	ARP MERUTE	COLFO DATE MOM	Ashon	REBULTS		RECOMMENDED		HAN BOOM		OAT A CONTRACT		DATE DATE MON	COMMERCIE
						0 Yes U No						-	-			
						0 VIII 0 110		<u> </u>			-	-	-	-		
						D Yes D No						-				
		and a second second				0 M 0 M 0					-	-				
						O Yes C No								_		
						0 Yes 2 No								_		
						0 V= 0 N+										
						C Yes C No										
						0 VIII 0 NII										
						MC =10										
						C) Yes D No										
						D Yes D No										
						0 Yes 0 No										
						0 Ve 0 Me						_				
MONBOOR	MoleBoose Ferre arabs (5,01,63)															

13.9 Colposcopy Activity Log

13.10 Table of WVBCCSP Visit Types

VISIT TYPES	VISIT DESCRIPTION	SCREENING SERVICES COVERED
INITIAL VISIT	First screening visit with WVBCCSP. Patient can only have "ONE" INITIAL VISIT	 50-64 yrs. of age: CBE, annual screening mammogram 40-49 yrs. of age: Only if woman is HIGH RISK and Risk Factor for Breast Cancer is Documented Pelvic exam, LBP tests per 2012 ASCCP Consensus Guidelines.
FORMS USED Client Enrollmer indicated	nt/Informed Consent, Patient Data f	orm, Medical History, Referral form if
ANNUAL ROUTINE VISIT	Already enrolled in the <u>WVBCCSP</u> ; returning for yearly breast and cervical cancer rescreening	 50-64 yrs. of age: CBE, annual screening mammogram. 40-49 yrs. of age: <u>IF</u> Documented High Risk for Breast Cancer. Pelvic exam, LBP tests per 2012 ASCCP Consensus Guidelines
Referral form if a	nt/Informed Consent form, Patient I appropriate with referral for screen agnostic mammogram and/or colpo	
ANNUAL BREAST VISIT	Already enrolled in WVBCCSP; returning for a yearly breast screening ONLY	CBE, screening mammogram for 50-64 yrs. of age, And for 40-49 yrs. of age <u>IF</u> Documented High Risk for Breast Cancer. Post-hysterectomy for non-cancerous reasons with cervix removed, WVBCCSP never reimburses for screening LBP

VISIT	TYPES

FORMS USED

Client Enrollment/Informed Consent form, Patient Data form, updated Medical History form and Referral form as indicated for screening or diagnostic mammogram and/or breast ultrasound/surgeon consult

ANNUAL CERVICAL VISIT	Already enrolled in WVBCCSP; returning for yearly cervical screening ONLY. This patient is off cycle with breast and cervical screening, or refuses CBE.	Pelvic examination, LBP tests per 2012 ASCCP Consensus Guidelines. See ASCCP Consensus Guidelines for recommended intervals for specific Pap test results management/reimbursement.
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FORMS USED

Client Enrollment/Informed Consent form, Patient Data form, updated Medical History and a Referral form, as indicated for colposcopy.

REPEAT PAP TEST or CBE VISIT	Already enrolled in WVBCCSP; returning for a repeat LBP test or CBE according to WVBCCSP protocols and algorithms.	LBP test per ASCCP Consensus Guidelines
------------------------------------	---	--

FORMS USED

Patient Data form, updated Medical History, Referral form if indicated for Breast Surgeon, Diagnostic Mammogram/Ultrasound and/or Colposcopy.

REFERRAL FOR ENROLLMENT VISIT	To enroll a new woman in WVBCCSP for referrals. CBE and LBP test done by a Non-BCCSP screening provider (i.e. Family Planning).	Referrals, which include diagnostic mammogram/Ultrasound or breast surgeon consultation and/or colposcopy referral.
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FORMS USED

Client Enrollment/Informed Consent form, Patient Data form and Referrals for Further diagnostic testing (Ultrasound, diagnostic mammogram, surgeon consult or colposcopy)

VISIT TYPES	VISIT DESCRIPTION	SCREENING SERVICES COVERED
REFERRAL FOR PREVIOUSLY ENROLLED	Already enrolled in WVBCCSP & returning from an outside provider (Family Planning). Received previous referral for diagnostic services and is returning again for BCCSP colposcopy, diagnostic mammogram or breast surgeon consultation.	Referrals, which include diagnostic mammogram/breast ultrasound or breast surgeon consultation and/or colposcopy referral.

FORMS USED

Patient Data form and Referral form for appropriate diagnostic testing.

REFERRAL MEDICAID TREATMENT ACT (MTA)	Refer a woman into WVBCCSP for BCC Medicaid Treatment Act when she has a diagnosis of breast or cervical cancer or certain pre-cancerous	Referral for BCC Medicaid Treatment Act (MTA) due to a diagnosis of a breast or cervical or certain pre-cancerous diagnosis. Women will remain eligible for BCC Medicaid as long as she is in active treatment for a covered
	conditions and needs treatment.	diagnosis, is under age 65 with no other health insurance and remains a WV resident.

FORMS USED

Consent/Client Enrollment form, Patient Data form, BCC Medicaid Application, signed CDC Certificate of Diagnosis and proof of residency.

To enroll in MTA the woman must take the BCC MTA application and CDC Certificate of Diagnosis and proof of WV residency to the DHHR in county of her residence.

13.11Client Enrollment/Consent Form

		West Vir	inia Department of Health Office of Materna	and Human Resources al, Child & Family Health
	east and Cervical C	ancer Screening P Client Enrollment I		
Address Update ONLY				
WVBCCSP Enrollment Fac	ility:			
WVBCCSP #:		Enrollment Date	e:/	/
Social Security #:	<u>-</u>	Date of	Birth:	II
	II):			
City:	State:	Zip:	County	/:
Day Phone: ()		Night/Alternate		
	WISEWOMAN Enro	liment (to be completed by c	linician ONLY)	
Enrolled in WISEWOMAN?	u Yes			
	If client is NOT being	enrolled in WISEWOMAN, ple	ase leave blank.	
Ethnicity: Are you of Spanis	sh or Hispanic origin, such as I	Mexican American. Latin Amer	can, Puerto Rican	or Cuban?
	on-Hispanic)			
Race(s): What race do you White Aleutian Islander	consider yourself? Choose up □ Black □ Native Hawaiian	to 5. • Asian • Pacific Islander	 American India Unknown 	in
Education: Less than HS Some	HS DI HS Graduate	GED Dechnical School	l 🛛 Some Colle	ege 🛛 College Graduate
Marital Status: • Never Married • Married	d Divorced/Separated	d 🛛 🗠 Partnered	Widowed	
Age at first childbirth:	_			
Do you have breast implar	nts: 🛛 Yes 🗖 No 🛛 Eve	r had a sexually transmitted	disease (STD), inc	luding HPV? 🛛 Yes 🗆 No
How did you hear about o	ur Program?			
Am. Cancer Society	Dept. of Human Services	□ Newspaper	Presentation	□ TV
At Work	Friend	Patient in WVBCCSP	Radio	Senior Center
Brochure/Poster	Health Fair	Physician/Nurse	Relative	□ Website
	onsent for Release of I	formation and Statem	ant of Confider	ntiality
I consent to the Program (WVBCCSP)/WISt my benefits or services, ar permission to any and all of mammograms, lab work, an Information given the WVBCCSP/WISEWOM/ important part of the WVBC I agree to have a (Program funded) and lifes Virginia Medicaid program to	gathering, use, and disclosur, EWOMAN. This information is d to conduct normal busines f my healthcare providers, clin d any other related care to the to WVBCCSP/WISEWOMAN AN and any published reports CSP/WISEWOMAN, and that a Pap test, breast exam, man	e of my information by the W s needed for the purpose of p is operations. By agreeing to ics and/or hospitals to provide WVBCCSP/WISEWOMAN. will be confidential, which me will not identify me by name. I all available resources may be mogram, and lab work as rec necessary. I give my conse ide case management service:	est Virginia Breast roviding benefits of take part in the V all information com- ans information will understand that no used to notify me if commended and I v for the WVBCc. as needed.	and Cervical Cancer Screening r services, obtaining payment for VVBCCSP/WISEWOMAN, I give cerning Pap tests, breast exams, be used to meet the purpose of tifying me of test results is a very I have an abnormal test result. will participate in diagnostic tests SP/WISEWOMAN and the West
			,	
I, Signature:	, sv	-		and correct. /
				 /
I understand that my particip		WOMAN is voluntary and that		withdraw my consent to release

13.12 WVBCCSP Medical History Form

	est Virginia Department of F Office of Maternal, Ch Medical I	ild & Family H		
Name:	5	Social Security N	lumber:	
Telephone:	Marital Status: S N	Date of	Birth: / /	Age:
Family Physician:	5 8	1 1 1 1	Date of Last Visit:	
Medications:				
Current Illness (if any):			-	
Personal History/Problems		ory	Contraceptive	History
Allergies	es No Age when periods first s	tarted		
Surgery	Age of Menopause (if a			
Headaches	How often do you have			
Epilepsy/Seizures				
Mental Illness	Are your periods			
Thyroid Disease		. Moderate		
Breast Problems Heart Problems	Do you miss periods?			
High Blood Pressure	Severe Cramping?			Yes N
Circulatory Problems	First Day of last period		Breast Cancer	
Varicose Veins	Pain/bleeding with inter		Ovarian Cancer	
Lung Problems/Tuberculosis	Hysterectomy		Other Cancers	
Liver Disease/Hepatitis	Tubal Ligation		Did Your Mother	1 1
Kidney Disease	Have you ever had a Pa			
Diabetes				
Hormone Problems		Was it normal or abnormal?		
Ovaries, Tubes, Uterus Vaginal Infections			Heart Disease Hypertension	
Sexually Transmitted Disease	Was it normal or abnorm	nal?		l
Cancer				
Alcohol/Drugs	Pregnancy Hist	orv'	Nurse's Notes	
Smoke	Ministrate - Antionant & Constrained		26 Mildheichidwilkelikerhebenden	
Breast Implants	Gravida Pa	Gravida Para		
Multiple Sex Partners	Age first pregnancy			
Age of First Intercourse	Number of children brea	st fed		
Signature/Title			Date/	/
Visit Type:	Weight:	leight:	B/P: LN	ИР:
In the Past 48 Hours: Dr	nuche Tampons	Intercourse	THE REAL PROPERTY AND ADDRESS OF THE REAL PROPERTY ADDR	ginal Cream
Female:	Rt L	Educatio	m/Counseling	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Vagina	`		One:One Videos -	Literature
Uterus				
	\@	- Cancer	Breast Self-Examination	Risk Facto
Adnexa Breast		sector of the little of the sec		
Breast	<u> </u>	PAP Re	sults Reported to Patier	it
Mammography Results Re	ported to Patient	Results: Date:	Method:	
Results:		Clinicia	n Findings/Clinician O	rders
Date: Method:				
Signature/Title		Date:		

13.13 WVBCCSP Patient Data Form



West Virginia Department of Health and Human Resources Office of Maternal, Child & Family Health

West Virginia Breast and Cervical Cancer Screening Program Patient Data Form

WVBCCSP Screening Facility: WVBCCSP #:	Visit Date: / /			
Client Name (Last, First, MI):				
Social Security #:	////			
VISIT TYPE	CLINICIAN TIME			
□ Initial □ Annual cervical □ Ref. Prev. Enroll □ Annual Routine □ Repeat Pap/CBE □ Ref. MTA	Clinician Time: Minutes (*ONLY report time spent with patient)			
Annual Breast Ref. for Enrollment	SMOKING STATUS/TOBACCO REFERRALS			
CERVICAL SCREENING DATA	Smoking History: □ Current Smoker □ Former Smoker □ Never Smoked			
Prior Pap test? • Yes, Date: / • No (estimated or partial dates accepted)	Referred to a tobacco quit line? Yes No			
Has patient ever had HPV? Yes No	Referred to other tobacco cessation service? Yes No			
Does patient have a cervix? Yes No	BREAST SCREENING DATA			
Has patient had a hysterectomy? Yes No Was hysterectomy due to cervical cancer? Yes No	Prior Mammogram? Yes, Date: / No			
PELVIC EXAM	Breast Symptoms? Yes No Previous History of Breast Cancer? Yes No			
Abnormal: Not Suspicious for Cancer Abnormal:Suspicious for Cancer Normal Exam	Women 40-49 ONLY: High Risk for Breast Cancer? Explain High Risk:			
Date Performed:/	CLINICAL BREAST EXAM			
Paid for by WVBCCSP?	Date Performed://			
	Check ONLY one (1) result:			
PAP TEST	Benign finding			
Date Performed://	Bloody/serous nipple discharge*			
Specimen Adequacy: Satisfactory Unsatisfactory Specimen Type: Conventional Liquid Based	 Discrete palpable mass (Dx benign) 			
Check ONLY one (1) result:	 Discrete palpable mass (Suspicious of cancer)* 			
	□ Nipple/areolar scaliness*			
 □ Adenocarcinoma* □ Endocervical Adenocarcinoma In Situ (AIS)* □ Atypical glandular cells (AGC)* □ Atypical squamous cells, cannot exclude HSIL (ASC-H)* 	□ Normal exam □ Not done//Normal CBE in past 12 months □ Not done/unknov/n □ Refused			
Atypical squamous cells of undetermined significance (ASC-US)	 Skin dimpling or retraction* 			
□ High-grade SIL (HSIL)* □ Low-grade SIL (LSIL)*	Paid for by WVBCCSP? Pais No Diagnostic Work-up: Planned Not Planned			
Negative for intraepithelial lesion or malignancy Other-specify:	Referred for Mammogram? □ Yes, Date:// No Mammogram Referral Location:			
 Result unknown, presumed abnormal, non-program* Squamous cell carcinoma* 	GENERAL COMMENTS			
Date of Findings: // Date Patient Notified: //				
Paid for by WVBCCSP? Yes No Diagnostic Work-up: Planned Not Planned				
Date eligible for next Pap test://				
HPV	REQUIRED SIGNATURES			
	Exam performed by:			
HPV Test Result: Negative Positive* Unknown	Clinician's Signature			
Date Performed://	Are you PHNPAT certified? Yes No			
Paid for by WVBCCSP? • Yes • No	Date://			
* Indicates Diagnostic Work-up Required				

13.14 WV Tobacco QUITLINE FAX

Weet Wrythe TOBACCO OUITINE HERE CONTACTO Referral	
FAX BACK #: () Referred By: Organization: Address: City:Zip: Phone: ()	Check appropriate organization: Right From The Start Wellness Council BCCSP Tobacco Free Pregnancy Initiative WISEWOMAN Rainbow (LGBT) Head Start Other:
Participant Consent and Person I understand that the WV Tobacco Quitline will be conta referrals and/or counseling. My participation is voluntary. I und confidential. I give The WV Tobacco Quitline and/or the referrin	acting me with quit tobacco information, community derstand that any information I provide will be kept
Participant Name (please print): Participant or Guardian Signature: Verbal Consent Received (if no signature Person Obtaining Verbal Consent (sign a	e above) Best Time to Call:
Date of Birth:/ County of Residence: Insurance Carrier: If Medicaid, ID#:	 5pm to 8:30 pm Specific: May We Leave a Message?: Yes No
QUITLINE USE ONLY Participant Enrolled Unable to Reach Part	English Speaker

For additional info or questions, please contact The WV Tobacco Quitline at **1-877-966-8784** 109 Capitol St., First Floor, Charleston, WV 25302

WVDHHR/BPH/PWH/BCCSP/JULY-2015

Date:

BCCSP Screening Provider Policies and Procedures Manual

West Virginia Department of Health and Human Resource Office of Matemal, Child & Family Healt West Virginia Breast and Cervical Cancer Screening Program Referral Form		
All results plus the Radiology or Cervi forwarded <u>with the invo</u>	ical Diagnostic Reports must be mailed to the i <u>ce</u> to the WVBCCSP. See bottom of form for t	screening provider and a copy must be he WVBCCSP's address.
Screening Facility:	wv	BCCSP #:
Screening Clinician:	R	leferral Date: / /
Telephone: ()		
Client Name (Last, First, MI):		
Social Security #:		II
	PROVIDER TO WHOM REFERRED	
Referral Provider :		
Address:		
City: State		Phone: ()
Date of Appointment: /		ime of Appointment:
	BREAST REFERRAL FOR:	
Screening mammogram	Puncture aspiration of cyst	
Screening mammogram—unilateral	Surgical consultation	
 Diagnostic mammogram—bilateral 	Ultrasound: Reimbursement only	y when performed <u>within one month of mam</u>
Diagnostic mammogram-unilateral	Date of mammogram:/	/
Breast biopsy		
Fine needle aspiration		
Reii	nbursement rendered for approved CPT codes O	NLY.
CBE RESULTS	MOST RECENT PAP TEST	INDICATIONS FOR COLPOSCOPY
Date Performed: / /	Facility That Performed Pap Test:	Visualized cervical lesion
Benign findings		(even in absence of an abnormal Pap test)
Bloody/Serous Nipple Discharge		Pap test result of:
Discrete Palp Mass (Dx Benign)	Date of Pap Test: /	Adenocarcinoma
 Discrete Palp Mass (Susp for Cancer) 	Paid for by WVBCCSP? DYes DNo	AIS
Nipple/Areolar Scaliness		AGC
Normal Exam		ASC-H
Not Done/Normal CBE in Past 12 Months	REMINDER: A copy of the Pap test report must be attached to this form	□ ASC-US (with a +, high-risk HPV test)
Not Done-Other/Unknown Reason	must be attached to this form.	HSIL
Refused		n LSIL
Skin dimpling or retraction		Squamous cell carcinoma
Paid for by WVBCCSP? Paid Yes No		
	NOTICE TO PATIENT	
	nes for the West Virginia Breast and Cervical Ca	
-	eligible for this referral to be paid for fully or part	
-	m will not cover pre-operative testing and certain ty named above when I go to my appointment.	i outer procedures that may be ordered. I will
Patient Signature:		Date://
Original: Physician Pink: WVBCCSP Yellow: Scree	ening Provider Goldenrod: Patient	OMCFH/WVBCCSP Form #Y202 Rev. 07/08

13.16 WVBCCSP Payment Fee Schedule 2015-16

West Virginia Breast and Cervical Cancer Screening Program FY 2015-2016 PAYMENT FEE SCHEDULE

Effective Date: June 30, 2015

SCREENING PROCEDURES

	CPT	Allowable	Medicare
Service Description/Procedure		Rate	Rate
New Patient, Initial Screening (10 min.)	99201	\$40.22	\$40.22
New Patient, Initial Screening (20 min.)	99202	\$69.32	\$69.32
New Patient, Initial Screening (30 min.)	99203	\$101.89	\$101.89
New Patient, Initial Screening*	99204	\$101.89	\$101.89
New Patient, Initial Screening*	99205	\$101.89	\$101.89
Repeat Visit (Pap Test or CBE)	99211	\$17.95	\$17.95
Annual Breast or Cervical Screening	99212	\$40.22	\$40.22
Annual Routine Screening	99213	\$67.62	\$67.62
Annual Routine Screening	99214	\$100.96	\$100.96
Patient Referral/Enrollment	N/A	\$15.00	\$15.00
Patient Referral/Previously Enrolled	N/A	\$10.00	\$10.00

REFERRAL PROCEDURES

	CPT	Allowable	Medicare
Service Description/Procedure		Rate	Rate
Mammogram, Screening (Bilateral) (Digital)	G0202	\$117.59	\$117.59
Technical Component		\$83.26	\$83.26
Professional Component		\$34.33	\$34.33
Mammogram, Diagnostic (Unilateral) (Digital)	G0206	\$113.11	\$113.11
Technical Component		\$78.77	\$78.77
Professional Component		\$34.33	\$34.33
Mammogram, Diagnostic (Bilateral) (Digital)	G0204	\$143.26	\$143.26
Technical Component		\$100.29	\$100.29
Professional Component		\$42.96	\$42.96
Radiological Exam, Surgical Specimen	76098	\$15.01	\$15.01
Technical Component		\$7.03	\$7.03
Professional Component		\$7.97	\$7.97
Ultrasound, complete examination of breast			
including axilla, unilateral	76641	\$96.70	\$96.70
Technical Component		\$60.24	\$60.24
Professional Component		\$36.46	\$36.46
Ultrasound, limited examination of breast			
including axilla, unilateral	76642	\$80.27	\$80.27
Technical Component		\$46.19	\$46.19
Professional Component		\$34.08	\$34.08

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BCCSP Screening Provider Policies and Procedures Manual

Ultrasound Guided Biopsy	76942	\$55.04	\$55.04
Technical Component		\$22.88	\$22.88
Professional Component		\$32.66	\$32.66

REFERRAL PROCEDURES

	<u>CPT</u>	Allowable Bata	Medicare Bata
Service Description/Procedure Puncture Aspiration of Cyst	<u>Code</u> 19000	Rate \$102.63	Rate \$102.63
Each Additional Cyst	19000	\$26.28	\$26.28
Biopsy of Breast, Needle Core	19100	\$141.06	\$141.06
Breast Biopsy - Incisional	19100	\$320.52	\$320.52
Breast Biopsy - Excisional	19120	\$476.83	\$476.83
	19120	\$531.78	\$531.78
Breast Biopsy - Radiological Marker Each Additional Lesion			
	19126	\$168.23	\$168.23
Breast Biopsy, with placement of localization			
device and imaging biopsy specimen,	19081	¢500.00	¢500.00
percutaneous; stereotactic guidance; first lesion	19001	\$588.30	\$588.30
Breast Biopsy, with placement of localization			
device and imaging of biopsy specimen,			
percutaneous; stereotactic guidance; each	10000	¢474.04	¢474.04
additional lesion	19082	\$474.34	\$474.34
Breast Biopsy, with placement of localization			
device and imaging of biopsy specimen,	40000		ФГ77 ОС
percutaneous; ultrasound guidance; first lesion	19083	\$577.36	\$577.36
Breast Biopsy, with placement of localization			
device and imaging of biopsy specimen,			
percutaneous; ultrasound guidance; each	40004	¢450.00	¢450.00
additional lesion	19084	\$456.26	\$456.26
Placement of breast localization device,			
percutaneous; mammographic guidance; first	40004	¢040.00	¢040.00
lesion	19281	\$218.02	\$218.02
Placement of breast localization device,			
percutaneous; mammographic guidance; each	40000	\$450.00	¢450.00
additional lesion	19282	\$150.06	\$150.06
Placement of breast localization device,	40000	© 040.44	COAC 44
percutaneous; stereotactic guidance; first lesion	19283	\$246.41	\$246.41
Placement of breast localization device,			
percutaneous; stereotactic guidance; each	40004	¢470.05	¢470.05
additional lesion	19284	\$179.05	\$179.05
Placement of breast localization device,	10005	¢000.04	¢000.04
percutaneous; ultrasound guidance; first lesion	19285	\$390.34	\$390.34
Placement of breast localization device,			
percutaneous; ultrasound guidance; each	40000	#007.04	\$007.04
additional lesion	19286	\$327.61	\$327.61

WVDHHR/BPH/PWH/BCCSP/JULY-2015

BCCSP Screening Provider Policies and Procedures Manual

Breast Biopsy - Surgical Pathology		\$65.69	\$65.69
Technical Component		\$28.56	\$28.56
Professional Component		\$37.14	\$37.14
Breast Biopsy - Surgical Pathology	88307	\$265.83	\$265.83
Technical Component		\$184.45	\$184.45
Professional Component		\$81.38	\$81.38

REFERRAL PROCEDURES

	CPT	Allowable	Medicare
Service Description/Procedure		Rate	Rate
Fine Needle Aspiration Without Imaging			
Guidance		\$136.76	\$136.76
Fine Needle Aspiration With Imaging Guidance	10022	\$130.00	\$130.00
Evaluation of Fine Needle Aspiration,			
cytopathology; immediate cytohistologic study			
to determine adequacy of specimen(s)	88172	\$51.89	\$51.89
Technical Component		\$16.60	\$16.60
Professional Component		\$35.29	\$35.29
Evaluation of Fine Needle Aspiration,			
cytopathology, interpretation and report	88173	\$135.37	\$135.37
Technical Component		\$66.68	\$66.68
Professional Component		\$68.69	\$68.69
Surgical Consultation, Breast Referral (10 min.)	99201	\$40.22	\$40.22
Surgical Consultation, Breast Referral (20 min.)	99202	\$69.32	\$69.32
Surgical Consultation, Breast Referral (30 min.)	99203	\$101.89	\$101.89
Surgical Consultation, Breast Referral*	99204	\$101.89	\$101.89
Surgical Consultation, Breast Referral*	99205	\$101.89	\$101.89
Colposcopy without Biopsy	57452	\$104.81	\$104.81
Colposcopy with Biopsy	57454	\$148.47	\$148.47
Colposcopy with Biopsy of Cervix	57455	\$137.63	\$137.63
Colposcopy with Endocervical Curettage	57456	\$129.16	\$129.16
Endometrial Biopsy with Colposcopy	58110	\$47.06	\$47.06
Surgical Pathology, Cervical Biopsy (Limit 2			
Specimens)	88305	\$65.69	\$65.69
Technical Component		\$28.56	\$28.56
Professional Component		\$37.14	\$37.14
Pap Test, Liquid Based (Reported in Bethesda	88174	\$12.85	
System) (Contracted Price)			
Human Papillomavirus, high-risk types	87624	\$28.00	
(Contracted Price)			

*The WVBCCSP realizes that physicians may spend more time with patients, but this is the highest rate that we are authorized to reimburse.

Appendix 1

Public Law 101-354

Public Law 101–354 101st Congress

An Act

To amend the Public Health Service Act to establish a program of grants for the detection and control of breast and cervical cancer.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Breast and Cervical Cancer Mortality Prevention Act of 1990".

SEC. 2. ESTABLISHMENT OF PROGRAM OF GRANTS TO STATES FOR PREVENTION AND CONTROL OF BREAST AND CERVICAL CANCER.

The Public Health Service Act (42 U.S.C. 201 et seq.) is amended by inserting after title XIV the following new title:

"TITLE XV—PREVENTIVE HEALTH MEAS-URES WITH RESPECT TO BREAST AND CERVICAL CANCERS

"SEC. 1501. ESTABLISHMENT OF PROGRAM OF GRANTS TO STATES.

"(a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control, may make grants to States on the basis of an established competitive review process for the purpose of carrying out programs— "(1) to screen women for breast and cervical cancer as a

"(1) to screen women for breast and cervical cancer as a preventive health measure; "(2) to provide appropriate referrals for medical treatment of

"(2) to provide appropriate referrals for medical treatment of women screened pursuant to paragraph (1) and to ensure, to the extent practicable, the provision of appropriate follow-up services;

"(3) to develop and disseminate public information and education programs for the detection and control of breast and cervical cancer;

"(4) to improve the education, training, and skills of health professionals (including allied health professionals) in the detection and control of breast and cervical cancer;

"(5) to establish mechanisms through which the States can monitor the quality of screening procedures for breast and cervical cancer, including the interpretation of such procedures; and

"(6) to evaluate activities conducted under paragraphs (1) through (5) through appropriate surveillance or programmonitoring activities.

"(b) GRANT AND CONTRACT AUTHORITY OF STATES.—A State receiving a grant under subsection (a) may expend the grant to carry out

[H.R. 4790] Breast and

Aug. 10, 1990

Cervical Cancer Mortality Prevention Act of 1990. 42 USC 201 note.

42 USC 300k.



the purpose described in such subsection through grants to, and contracts with, public or nonprofit private entities.

42 USC 3001.

"SEC. 1502. REQUIREMENT OF MATCHING FUNDS.

"(a) IN GENERAL.—The Secretary may not make a grant under section 1501 unless the State involved agrees, with respect to the costs to be incurred by the State in carrying out the purpose described in such section, to make available non-Federal contributions (in cash or in kind under subsection (b)) toward such costs in an amount equal to not less than \$1 for each \$3 of Federal funds provided in the grant. Such contributions may be made directly or through donations from public or private entities.

"(b) DETERMINATION OF AMOUNT OF NON-FEDERAL CONTRIBU-

"(1) IN GENERAL.—Non-Federal contributions required in subsection (a) may be in cash or in kind, fairly evaluated, including equipment or services (and excluding indirect or overhead costs). Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such non-Federal contributions.

"(2) MAINTENANCE OF EFFORT.—In making a determination of the amount of non-Federal contributions for purposes of subsection (a), the Secretary may include only non-Federal contributions in excess of the average amount of non-Federal contributions made by the State involved toward the purpose described in section 1501 for the 2-year period preceding the first fiscal year for which the State is applying to receive a grant under such section.

"(3) INCLUSION OF RELEVANT NON-PEDERAL CONTRIBUTIONS FOR MEDICALD.—In making a determination of the amount of non-Federal contributions for purposes of subsection (a), the Secretary shall, subject to paragraphs (1) and (2) of this subsection, include any non-Federal amounts expended pursuant to title XIX of the Social Security Act by the State involved toward the purpose described in paragraphs (1) and (2) of section 1501(a).

42 USC 800m.

"SEC. 1603. REQUIREMENTS WITH RESPECT TO TYPE AND QUALITY OF SERVICES.

"(a) REQUIREMENT OF PROVISION OF ALL SERVICES BY DATE CER-TAIN.—The Secretary may not make a grant under section 1501 unless the State involved agrees—

"(1) to ensure that, initially and throughout the period during which amounts are received pursuant to the grant, not less than 60 percent of the grant is expended to provide each of the services or activities described in paragraphs (1) and (2) of section 1501(a), including making available screening procedures for both breast and cervical cancers;

"(2) subject to subsection (b), to ensure that-

"(A) in the case of breast cancer, both a physical examination of the breasts and the screening procedure known as a mammography are conducted; and

"(B) in the case of cervical cancer, both a pelvic examination and the screening procedure known as a pap smear are conducted;

Records.

"(3) to ensure that, by the end of any second fiscal year of payments pursuant to the grant, each of the services or activi-ties described in section 1501(a) is provided; and "(4) to ensure that not more than 40 percent of the grant is expended to provide the services or activities described in para-

graphs (8) through (6) of such section.

"(b) USE OF IMPROVED SCREENING PROCEDURES.—The Secretary may not make a grant under section 1501 unless the State involved agrees that, if any screening procedure superior to a procedure described in subsection (a)(2) becomes commonly available and is recommended for use, any entity providing screening procedures pursuant to the grant will utilize the superior procedure rather than the procedure described in such subsection.

(c) QUALITY ASSURANCE REGARDING SCREENING FOR BREAST CANCER.—The Secretary may not make a grant under section 1501 unless the State involved agrees that the State will assure the quality of any screening procedure for breast cancer conducted pursuant to such section and, in the case of mammography, will

pursuant to such according to perform the mammography will be "(1) the equipment used to perform the mammography will be specifically designed for mammography and will meet appro-priate radiologic standards for mammography; "(2) the mammography will be performed by an individual

"(A) is licensed by a State to perform radiological proce-

dures; or "(B) is certified as qualified to perform radiological proce-dures by an appropriate organization; "(3) the results of the mammography will be interpreted by a physician who-

"(A) is certified as qualified to interpret radiological

(R) is certified as qualified to interpret radiological procedures by an appropriate board; or "(B) is certified as qualified to interpret screening mammography procedures by an appropriate program for assuring the qualifications of the individual with respect to

such interpretations; and "(4) with respect to the first screening mammography per-formed on a woman for which payment is made pursuant to section 1501(a), there are satisfactory assurances that the re-

sults of the mammography will be placed in permanent medical records maintained with respect to the woman. "(d) QUALITY ASSURANCE REGARDING SCREENING FOR CERVICAL CANCER.—The Secretary may not make a grant under section 1501 unless the State involved agrees that the State will assure the unless the scate involved agreed that the State will assure the quality of any screening procedure for cervical cancer conducted pursuant to such section and, in the case of the pap smear (or other cytological screening procedure replacing the pap smear pursuant to subsection (b)), will provide-

"(1) the maximum number of cytology slides that any individ-ual may screen in a 24-hour period; "(2) requirements that a clinical laboratory maintain a record

of---

"(A) the number of cytology slides screened during each 24-hour period by each individual who examines cytology slides for the laboratory; and

(B) the number of hours devoted during each 24-hour period to screening cytology slides by such individual;

"(3) criteria for requiring rescreening of cytological preparations, such as—

"(A) random rescreening of cytology specimens determined to be in the benign category;

"(B) focused rescreening of such preparations in high risk groups; and

"(C) for each abnormal cytological result, rescreening of all prior cytological specimens for the patient, if available;

"(4) periodic confirmation and evaluation of the proficiency of individuals involved in screening or interpreting cytological preparations, including announced and unannounced on-site proficiency testing of such individuals, with such testing to take place, to the extent practicable, under normal working conditions;

"(5) procedures for detecting inadequately prepared slides, for assuring that no cytological diagnosis is rendered on such slides, and for notifying referring physicians of such slides;

and for notifying referring physicians of such slides; "(6) requirements that all cytological screening be done on the premises of an appropriately qualified laboratory;

"(7) requirements for the retention of cytology slides by laboratories for appropriate periods of time; and

"(8) requirements of periodic inspection of cytology services by persons capable of evaluating the quality of cytology services. "(e) ISSUANCE BY SECRETARY OF GUIDELINES WITH RESPECT TO QUALITY OF MAMMOGRAPHY AND CYTOLOGICAL SERVICES.—

"(1) IN GENERAL.—The Secretary shall establish guidelines for assuring the quality of any mammography and cytological screening procedure conducted pursuant to section 1501(a). Such guidelines with respect to mammography shall include the provisions of paragraphs (1) through (4) of subsection (c), and such guidelines with respect to cytological screening procedures shall include the provisions of paragraphs (1) through (8) of subsection (d).

"(2) APPLICABILITY WITH RESPECT TO GRANTS.—The Secretary may not make a grant under section 1501 unless the State involved agrees that the State will, with respect to any mammography or cytological screening procedure conducted pursuant to such section, ensure that the procedure is conducted in accordance with the guidelines issued by the Secretary under paragraph (1).

retary under paragraph (1). "(3) RESPONSIBILITY OF STATES IN ABSENCE OF GUIDELINES.— With respect to circumstances in which a State receives a grant under section 1501 before the issuance of guidelines under paragraph (1), this subsection may not be construed to affect in such circumstances the obligation of the State pursuant to subsection (a)(1) to provide for screening procedures and referrals or the obligations under subsections (c) and (d) with respect to providing for quality in the screening procedures.

42 USC 800n.

"SEC. 1504. ADDITIONAL REQUIRED AGREEMENTS.

"(a) PRIORITY FOR LOW-INCOME WOMEN.—The Secretary may not make a grant under section 1501 unless the State involved agrees that low-income women will be given priority in the provision of services and activities pursuant to paragraphs (1) and (2) of section 1501(a).

"(b) LIMITATION ON IMPOSITION OF FEES FOR SERVICES.—The Secretary may not make a grant under section 1501 unless the State involved agrees that, if a charge is imposed for the provision of services or activities under the grant, such charge-

"(1) will be made according to a schedule of charges that is made available to the public;

"(2) will be adjusted to reflect the income of the woman involved: and

"(3) will not be imposed on any woman with an income of less than 100 percent of the official poverty line, as established by the Director of the Office of Management and Budget and revised by the Secretary in accordance with section 673(2) of the Omnibus Budget Reconciliation Act of 1981. "(c) STATEWIDE PROVISION OF SERVICES.—

"(1) IN GENERAL.—The Secretary may not make a grant under section 1501 unless the State involved agrees that services and activities under the grant will be made available throughout the State, including availability to members of any Indian tribe or tribal organization (as such terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act).

"(2) WAIVER.—The Secretary may waive the requirement established in paragraph (1) for a State if the Secretary determines that compliance by the State with the requirement would result in an inefficient allocation of resources with respect to carrying out the purpose described in section 1501(a).

"(d) RELATIONSHIP TO ITEMS AND SERVICES UNDER OTHER PRO-GRAMS.—The Secretary may not make a grant under section 1501 unless the State involved agrees that the grant will not be expended to make payment for any item or service to the extent that payment has been made, or can reasonably be expected to be made, with respect to such item or service-

"(1) under any State compensation program, under an insurance policy, or under any Federal or State health benefits program; or

"(2) by an entity that provides health services on a prepaid basis.

"(e) COORDINATION WITH OTHER BREAST AND CERVICAL CANCER PROGRAMS.-The Secretary may not make a grant under section 1501 unless the State involved agrees that the services and activities funded through the grant shall be coordinated with other Federal, State, and local breast and cervical cancer programs.

"(f) LIMITATION ON ADMINISTRATIVE EXPENSES.—The Secretary may not make a grant under section 1501 unless the State involved agrees that not more than 10 percent of the grant will be expended for administrative expenses with respect to the grant.

"(g) RESTRICTIONS ON USE OF GRANT.—The Secretary may not make a grant under section 1501 unless the State involved agrees that the grant will not be expended to provide inpatient hospital services for any individual.

"(h) RECORDS AND AUDITS .- The Secretary may not make a grant under section 1501 unless the State involved agrees that-

"(1) the State will establish such fiscal control and fund accounting procedures as may be necessary to ensure the proper disbursal of, and accounting for, amounts received by the State under such section; and

"(2) upon request, the State will provide records maintained pursuant to paragraph (1) to the Secretary or the Comptroller of the United States for purposes of auditing the expenditures by the State of the grant.

"(i) REPORTS TO SECRETARY.—The Secretary may not make a grant under section 1501 unless the State involved agrees to submit to the Secretary such reports as the Secretary may require with respect to the grant.

42 USC 300n-1.

"SEC. 1505. DESCRIPTION OF INTENDED USES OF GRANT.

"The Secretary may not make a grant under section 1501 unless— "(1) the State involved submits to the Secretary a description

of the purposes for which the State intends to expend the grant; "(2) the description identifies the populations, areas, and localities in the State with a need for the services or activities described in section 1501(a);

"(3) the description provides information relating to the services and activities to be provided, including a description of the manner in which the services and activities will be coordinated with any similar services or activities of public or nonprivate entities; and

"(4) the description provides assurances that the grant funds be used in the most cost-effective manner.

42 USC 300n-2.

"SEC. 1506. REQUIREMENT OF SUBMISSION OF APPLICATION.

"The Secretary may not make a grant under section 1501 unless an application for the grant is submitted to the Secretary, the application contains the description of intended uses required in section 1505, and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this title.

42 USC 300n-3.

"SEC. 1507. TECHNICAL ASSISTANCE AND PROVISION OF SUPPLIES AND SERVICES IN LIEU OF GRANT FUNDS.

"(a) TECHNICAL ASSISTANCE.—The Secretary may provide training and technical assistance with respect to the planning, development, and operation of any program or service carried out pursuant to section 1501. The Secretary may provide such technical assistance directly or through grants to, or contracts with, public and private entities.

"(b) Provision of Supplies and Services in Lieu of Grant Funds.—

"(1) IN GENERAL.—Upon the request of a State receiving a grant under section 1501, the Secretary may, subject to paragraph (2), provide supplies, equipment, and services for the purpose of aiding the State in carrying out such section and, for such purpose, may detail to the State any officer or employee of the Department of Health and Human Services.

"(2) CORRESPONDING REDUCTION IN PAYMENTS.—With respect to a request described in paragraph (1), the Secretary shall reduce the amount of payments under the grant under section 1501 to the State involved by an amount equal to the costs of

"SEC, 1508. EVALUATIONS AND REPORTS.

"(a) EVALUATIONS.—The Secretary shall, directly or through contracts with public or private entities, provide for annual evaluations of programs carried out pursuant to section 1501.

"(b) **REPORT** TO CONGRESS.—The Secretary shall, not later than 1 year after the date on which amounts are first appropriated pursuant to section 1509(a), and annually thereafter, submit to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, a report summarizing evaluations carried out pursuant to subsection (a) during the preceding fiscal year and making such recommendations for administrative and legislative initiatives with respect to this title as the Secretary determines to be appropriate.

"SEC. 1509. FUNDING.

"(a) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this title, there are authorized to be appropriated \$50,000,000 for fiscal year 1991, and such sums as may be necessary for each of the fiscal years 1992 and 1993.

"(b) SET-ASIDE FOR TECHNICAL ASSISTANCE AND PROVISION OF SUF-PLIES AND SERVICES.—Of the amounts appropriated under subsection (a) for a fiscal year, the Secretary shall reserve not more than 20 percent for carrying out section 1507.".

Approved August 10, 1990.

42 USC 300n-4.

104 STAT, 415

42 USC 300n-5.

Appendix 2

West Virginia Breast and Cervical Cancer Screening

Acronym List & Glossary of Terms

ACRONYM LIST

ACOG	American College of Obstetricians and Gynecologists
ACR	American College of Radiology
ACS	American Cancer Society
AGC	Atypical Glandular Cells
AHCPR	Agency for Health Care Policy and Research
AHRQ	Agency for Healthcare Research and Quality
ASCCP	American Society for Colposcopy and Cervical Pathology
ASC-US	Atypical Squamous Cells of Undetermined Significance
BI-RADS	Breast Imaging Reporting and Data System
BSE	Breast Self-Examination
CAD	Computer-Aided Detection
CaST	Cancer Screening and Tracking System
CBE	Clinical Breast Examination
СВО	Community-Based Organization
000	Comprehensive Cancer Control
CCW	Clinical Cost Worksheet
CDC	Centers for Disease Control and Prevention
CFR	Code of Federal Regulations
CIN	Cervical Intraepithelial Neoplasia
CIS	Cancer Information Service
CLIA	Clinical Laboratory Improvements Amendments
CMS	Centers for Medicare and Medicaid Services
CPT	Current Procedural Terminology
CQI	Continuous Quality Improvement
СТ	Computerized Tomography
DCPC	Division of Cancer Prevention and Control
DNA	Deoxyribonucleic Acid
EMB	Endometrial Biopsy
FDA	Food and Drug Administration
FNA	Fine Needle Aspiration
FOIA	Freedom of Information Act
FPL	Federal Poverty Level
FSR	Financial Status Report
GMO	Grants Management Office
GPRA	Government Performance and Results Act
HCFA	Health Care Financing Administration
HIPAA	Health Insurance Portability and Accountability Act
HPV	Human Papillomavirus
HSIL	High-Grade Squamous Intraepithelial Lesion
IHS	Indian Health Service
IOM	Institute of Medicine

IPR	Interim Progress Report
IRB	Institutional Review Board
LBC	Liquid-Based Cytology
LCNB	Large-core Needle Biopsy
LEEP	Loop Electrode Excision Procedure
LSIL	Low-Grade Squamous Intraepithelial Lesion
MDE	Minimum Data Element
MLO	Mediolateral Oblique
MOU	Memorandum of Understanding
MRI	Magnetic Resonance Imaging
MQSA	Mammography Quality Standards Act
NBCCEDP	National Breast and Cervical Cancer Early Detection Program
NBCCPTA	National Breast and Cervical Cancer Prevention and Treatment Act
NCA	Notice of Cooperative Agreement
NCBC	National Consortium of Breast Centers
NCQA	National Committee for Quality Assurance
NGA	Notice of Grant Award
OMB	Office of Management and Budget
OMCFH	Office of Maternal Child & Family Health
PCP	Primary Care Provider
PDSA	Plan-Do-Study-Act
PGO	Procurement and Grants Office
PSA	Public Service Announcement
STD	Sexually Transmitted Disease
USPSTF	United States Preventive Services Task Force
WISEWOMAN	Well-Integrated Screening and Evaluation for Women Across the Nation

Glossary of Terms Adenocarcinoma

Cancer which develops from the glandular epithelium.

American College of Radiology Accreditation

A voluntary mammography accreditation program which has become one of the standards for quality assurance.

Aspiration Biopsy

A procedure in which the specimen for biopsy is removed by aspirating it through an appropriate needle that pierces the skin and penetrates into the underlying tissue to be examined.

<u>Bethesda System</u>

A method for reporting and classification of Pap test specimens, developed in 1988. The Clinical Laboratory Improvement Act (CLIA) regulations mandate the use of the Bethesda System for laboratory reporting and proficiency testing.

BI-RAD System

A uniform reporting system for mammography results.

<u>Biopsy</u>

The removal and microscopic examination of a piece of tissue to diagnose a problem.

<u>Conventional surgical biopsy</u>

Removal of a palpable lump or thickening by a surgeon.

- <u>Core needle biopsy</u>

Use of a large bore needle through the skin to obtain a tiny plug (core) of tissue to examine under a microscope for cancer.

- Excisional biopsy

A biopsy which removes (excises) all of the questionable tissue.

- Incisional biopsy

A procedure in which the surgeon cuts into (incises) a suspicious area and removes a small sample.

- <u>Needle-localization biopsy</u>

A special biopsy technique used when the breast abnormality cannot be felt with the fingers and appears on the mammogram; Before biopsy, the radiologist marks the suspicious area with a needle and/or dye; the surgeon then locates and removes the marked area of tissue, and the biopsy specimen is X-rayed to be sure all the suspicious area has been removed.

- <u>Stereotactic needle biopsy</u>

The abnormality is localized and the needle placed by computer and the tissue is withdrawn through the needle.

BRCA1/BRCA2

Two genes which affect cell division; an altered (mutated) form of one of the genes can be inherited, putting the person at increased risk for breast and/or ovarian cancer; a blood test can be taken to determine if the person carries the mutated gene.

Bethesda System to Stage Cervical Dysplasia

- Developed by CDC and NIH in order to have a comprehensive and standardized method of classifying Pap test results.
- Uses the term squamous intraepithelial lesion (SIL) to describe abnormal changes in the cells on the surface of the cervix.
- The changes are classified as high grade or low grade.

Breast Self-Examination (BSE)

A procedure practiced by a woman to examine the breast to detect any changes or suspicious lumps; BSE should be done once a month.

<u>Carcinoma</u>

A malignant tumor of epithelial origin, epithelial cells are those which cover the surfaces of tissues.

<u>Cervix</u>

The narrow outer end of the uterus that opens into the vagina.

CIN Grading System for Cervical Dysplasia

Cervical Intraepithelial Neoplasia (CIN) refers to new abnormal cell growth; intraepithelial refers to the surface layer of cells; the CIN system grades the degree of cell abnormality numerically; CIN I is the lowest and CIN III is the highest.

- <u>Atypia</u> Correlates with ASCUS.
- <u>**CIN I**</u> Mild dysplasia and correlates with LGSIL.
- **<u>CIN II</u>** Moderate dysplasia and correlates with HGSIL.

- <u>**CINIII</u>** Severe dysplasia and correlates with HGSIL.</u>
- **<u>Carcinoma in-situ</u>** A characteristic of malignancies whereby they are confined to the lining where they originate. This is in contrast to invasive tumors that are not confined and have the ability to invade surrounding tissue and possibly metastasize to distant sites.

Clinical Breast Exam

A physical examination of the breasts performed by a physician, nurse or physician assistant.

Coalition Building

The process of organizing individuals, groups or organizations for the purpose of furthering a common goal or ideal.

<u>Colposcope</u>

A magnifying, lighted optical instrument which allows for direct observation and study of vaginal and cervical cells.

<u>Colposcopy</u>

Diagnostic procedure performed with a colposcope which examines the cervix following an abnormal Pap test result. Cervical biopsies are usually done under colposcopic examination.

Colposcopy Provider

A physician who has been approved by the Program to accept referrals for colposcopy or colposcopy directed biopsy and has signed a Letter of Agreement with the Program.

Comprehensive Cancer Control Program

A state-wide strategic plan which includes the interaction of a cancer surveillance system, public and professional education and a screening and follow-up system.

Cone Biopsy

The removal of a cone shaped piece of tissue from the cervix. This is used when abnormal cells extend up into the cervical os or through the tissue. It is also used to treat and usually cure, in-situ disease and dysplasia.

Conization

The removal of a cone of tissue, as in partial excision of the cervix, Cold Conization is done with a cold knife, as opposed to electrocautery, to better preserve the histologic elements.

Consensus Statements

Recommendations for the management of a disease or health problem which are formulated by a group of experts based upon scientific and clinical information.

<u>Cryosurgery</u>

Destruction of tissue by application of extreme cold.

<u>Cytobrush</u>

A devise used to obtain a cervical specimen for a Pap test.

Cytopathology

The study of cells in disease.

Cytotechnology

A specialty in medical technology concerned with the identification of cells and cellular abnormalities.

<u>Cytology</u>

A branch of biology dealing with the structure, function, multiplication, pathology and life history of cells.

Diagnostic Mammogram

Defined by the American College of Radiology as "mammography performed on women who, by virtue of symptoms or physical findings, are considered to have a substantial likelihood of having breast disease.

Dissemination

In health education, the dispersal of information, products or services to a population.

<u>Dysplasia</u>

Abnormality of development; in pathology, alteration in size, shape and organization of adult cells.

Endocervical Curettage

The surgical scraping of the lining of the uterine cervix.

<u>Endometrium</u>

Membrane lining the uterus.

Fybrocystic Condition

Presence of a single or multiple benign cysts in the breast.

Fine Needle Aspiration

A method of obtaining cell samples from internal body sites through the use of a long needle and syringe; this procedure does not require an incision using a scalpel.

Federal Poverty Level (FPL)

These income levels are updated annually based upon the last calendar years increase in prices as measured by the Consumer Price Index and are reflected in the Programs' Sliding Fee Schedule; a woman is financially eligible for the WVBCCSP if her income is at or below 250% of the FPL.

Frozen Section

Method in surgical pathology in which is specimen is rapidly frozen and examined for malignancy; it is used to obtain a preliminary pathology diagnosis while patient is still in the operating room.

<u>Grade</u>

The classification of the severity of a disease (see Bethesda and/or CIN grading systems for additional information).

Health Education

Any combination of learning experiences designed to facilitate voluntary adaptations of behavior conducive to health.

<u>Histology</u>

A branch of anatomy that deals with the minute structure, composition and function of tissues.

Human Papillomavirus (HPV)

A species of virus which has been associated with the development of cervical cancer; certain other forms cause common skin warts.

Hyperplasia

An abnormal growth of cells that is benign; small increases in the number of cells lining the breast ducts are not associated with an increased risk of cancer.

Hysterectomy

Surgical removal of the uterus and/or the cervix.

Inframammary Ridge

A ridge of firm tissue located at the base of the breasts along the underwire area of a bra.

Inflammation

A local response to cellular injury that is marked by capillary dilation, redness, heat, pain and infiltration by cells of the immune system.

<u>In Situ</u>

In place, localized and confined to one area.

Intervention

Part of a strategy, incorporating methods and techniques, that actually interacts with a patient or population.

Invasive Cervical Carcinoma

Infiltration of cancer cells into the tissue beyond the epithelium of the cervix. This term indicates that a malignant growth extends deeper than 3mm into the stroma.

<u>Laser</u>

A device which transforms light of various frequencies to an extremely intense, small, nearly non-divergent beam; a laser is capable of mobilizing immense heat and power when focused at close range; it is used as a tool in surgical procedures, in diagnosis and in Physiologic studies; this can be used for treatment of abnormal cervical cells and is usually done with the aid of a colposcope.

Lumpectomy

Removal of a breast lump plus a margin or normal tissue around it.

<u>Mammogram</u>

An x-ray of the breast.

Mammography Facility

An entity that has met Program requirements to become an approved provider of mammography and has signed a Letter of Agreement with the Program.

Mastectomy

Surgical removal of the breast.

Modified Radical Mastectomy

Removal of the breast and underarm lymph nodes and the lining over the chest muscles; sometimes the smaller of the two chest muscles is also removed; this procedure is also called a total mastectomy with axillary or underarm resection.

<u>Mastitis</u>

Inflammation of the mammary gland or breast.

<u>Metaplasia</u>

The transformation and or change of cells from a normal state to an abnormal state.

<u>Metastasis</u>

Transfer of a cancer cell from an original site of disease to another part of the body with the development of a similar cancer in the new location.

Micro calcifications

Tiny white specks of calcium salt which can sometimes be seen on mammograms. In clusters, they can be the only sign of a duct carcinoma in-situ or early invasive cancer, or can be associated with benign breast changes.

MSQA-Mammography Quality Standards Act of 1992

Comprehensive regulations that require every facility in the U.S. which offers mammograms to meet strict standards for the training and experience of the technicians and radiologists, the amount and type of radiation from the machine, quality control and records of care, and follow-up of abnormal mammograms. Each facility must also provide the women with a written result in easy-to-understand language within 30 days as well as sending a report to her health provider.

<u>Neoplasia</u>

The pathologic process that results in the formation and growth of a neoplasm; this neoplasm is a new growth or tumor which may be benign or malignant.

Never Screened

A woman who has never had a prior Pap test upon her first WVBCCSP funded cervical screening.

Papanicolaou Test (Pap test)

A screening test of the cells of the cervix used to detect early signs of cancer.

Papanicolaou Stain (Pap test)

A multi-chromatic staining process which is used primarily on gynecological specimens.

Pelvic Examination

An internal physical examination used to detect a variety of gynecological disorders; it is performed by a physician, nurse or physicians' assistant; it includes a visual inspection of the vagina and cervix as well as palpation of the uterus and ovaries.

Public Health Nurses Physical Assessment Training (PHNPAT)

A 3 day comprehensive training offered in the spring of each year.

Physical Breast Exam

A physical examination of the breasts performed by a physician, nurse or physicians' assistant (see CBE).

<u>Prevalence</u>

Measure of existing disease at a designated point in time, regardless of when the disease began or was diagnosed.

Prevention

Refers to activities that seek to promote health, preserve health, or restore health when it is impaired and to minimize suffering and distress.

Primary Prevention

Those activities designed to improve the health and well-being of an already healthy person or group.

Secondary Prevention

Those activities that allow for the early detection and treatment of disease.

Tertiary Prevention

Those activities designed to minimize the consequences of a disease in order to prevent further complications or occurrence.

Preventive Services

Programs or products which are developed and provided for the purpose of health promotion and maintenance.

Program 1997

West Virginia Breast and Cervical Cancer Screening Program or WVBCCSP, the functional entity created within the Bureau of Public Health Office of Maternal, Child and Family Health to implement and manage all components of the grant.

Quality Assurance

The overall process of testing and maintaining the highest quality in the acquisition and interpretation of results.

Radiation Therapy

The use of radiation for the treatment of cancer.

Radiologist Technologist

An individual who performs x-ray studies.

<u>Radiologist</u>

A physician with special training in interpretation of x-ray studies as well as other techniques for diagnostic imaging.

<u>Radiology</u>

A branch of medicine concerned with the use a radiant energy in the diagnosis and treatment of disease.

Rarely Screened

A woman, who, upon receiving her first WVBCCSP funded cervical screening, has had a Pap test but it was 5 or more years ago.

Screening Guidelines

Recommendations for the application of screening procedures which are formulated by professional and governmental agencies.

Screening Mammogram

American College of Radiology defines a Screening Mammogram as an "x-ray" beast examination of asymptomatic women in an attempt to detect breast cancer when it is small, non-palpable and confined to the breast.

Screening Provider (s) or Provider (s)

Refers to health departments, primary care facilities, and/or any other entities under contract with the West Virginia Bureau for Public Health to provide breast and cervical cancer screening services.

Screening Services

Refers to clinical breast examination, Pap test, pelvic examination, mammography, colposcopy, colposcopy directed biopsy, fine needle aspiration, instruction in breast self-examination and informational and educational services relating to breast and cervical cancer screening and prevention.

Shall/Must/Should

Reference to the words "shall" and "must" indicate mandatory Program policy; "Should" indicates recommended Program policy relating to program management and patient care that the Provider is urged to follow.

Underinsured

A patient is considered underinsured if she has medical insurance that does not cover WVBCCSP screening services or if she has an unmet deductible or required copayment for services covered by WVBCCSP.

Underserved

Groups of individuals who chronically lack access to health care for a variety of reasons.

Appendix 3

West Virginia Breast and Cervical Cancer Screening Program

Program Updates

Health, Human Resources	INFORMATION UPDATE
TO:	WV BCCSP Screening Providers
FROM:	GeorgeAnn Grubb, Program Director WV Breast and Cervical Cancer Screening Program
	Dee Ann Price, Clinical Services Coordinator WV Breast and Cervical Cancer Screening Program/WISEWOMAN
DATE:	June 15, 2011
RE:	WVBCCSP Tobacco Cessation Referral Policy & Sliding Fee Scale
EFFECTIVE DATE:	June 30, 2011

Thank you for providing breast and cervical cancer screening services for eligible West Virginia women by participating in the WV Breast and Cervical Cancer Screening Program (WVBCCSP). Recently, the Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP) sent out a policy to grantees regarding tobacco screening and cessation. The policy requires all WVBCCSP providers to assess the smoking status of every woman screened in the Program and refer those women who smoke to tobacco quit lines or tobacco cessation programs.

As stated by the CDC regarding this policy:

It is well known that tobacco use is associated with many cancers and chronic diseases that impact the health of our nation. As a chronic disease prevention priority, our public health cancer screening programs can promote the health of our patients by providing this great service while taking little effort. CDC wants to encourage providers to assess all women as a standard of practice, whether or not they are NBCCEDP-paid women.

In order to comply with this CDC directive, the WVBCCSP has revised the Patient Data Form (PDF) to allow providers to assess smoking status on a yearly basis and document referrals to a tobacco cessation program or Quit Line as applicable. The WV Tobacco Quitline has also revised their enrollment form to include WVBCCSP as a referral source. The tobacco usage questions have also been removed from the Client Enrollment Form (CE). Providers are to begin using the new PDF and CE forms on June 30, 2011. A pad of each form is being sent to all providers with this Information Update. Additional forms may be downloaded from the Program's website or ordered from the warehouse.

It is important that this information be shared with clinic staff that provides breast and cervical cancer education at the clinic. Women who smoke should be referred to the WV TOBACCO QUITLINE at 1-877-968-8784 or to a local tobacco cessation program.

Please contact the WVBCCSP if there are questions regarding this policy.

cc: Anne Williams, Director – Office of Maternal, Child and Family Health Denise Smith, Director – Division of Perinatal and Women's Health Mialee Prichard, Director – Quality Assurance Monitoring

OFFICE OF MATERNAL, CHILD AND FAMILY HEALTH Bureau for Public Health 350 Capitol Street, Room 427 Charleston, West Virginia 25301-3714 Phone: (304) 558-5388 Toll-Free (In WV): 1-800-642-8522 or 1-800-642-9704 Fax: (304) 558-7164

WVDHHR/BPH/PWH/BCCSP/JULY-2015 BCCSP Screening Provider Policies and Procedures Manual

Program updates

The WVBCCSP provides updates to all participating Program providers as needed. Updates include but are not limited to the following:

- The WVBCCSP Payment Fee Schedule (is updated annually).
- The Sliding Fee Scale (is updated annually).
- The Screening Provider *Batch Invoice* (is updated annually).
- Program updates are also posted to the WVBCCSP web site.
- The Program will provide updates as needed to advise Providers of pertinent changes in Program staff.
- Changes in Program eligibility, reimbursement, forms and/or policy changes.
- Program up-dates are also posted on the WVBCCSP web site.
- It is the responsibility of the Provider to ensure that the information contained in the Program updates is integrated into their copy of this manual (in this section).
- The Provider is also responsible for ensuring that their staff who work with the WVBCCSP are given the information in the Program updates.

Appendix 4

West Virginia Breast and Cervical

Medicaid Treatment Act

West Virginia Medicaid Treatment Act Application

Application Information:

- Woman must enroll in BCCSP.
- Woman must apply at county DHHR office in county of residence.
- Woman must take required completed forms as well as verification of citizenship and residency to the DHHR to apply for MTA.
- Woman must reapply yearly in the month prior to anniversary date of application.
- Acceptance to MTA is not based on patient's assets or income.
- Woman must be under the age of 65 years.
- Woman is given a full Medicaid card.

MTA Diagnosis Related Information

- Pap test results Do Not Qualify a woman for Medicaid Treatment Act (MTA).
- Repeat Pap tests or colposcopies are not considered active treatment.
- Only breast or cervical primary diagnoses are eligible.
- If endometrium is the primary cancer site, woman is not eligible for MTA.

Required Forms

- Certificate of Diagnosis for Medicaid Coverage/Credibility completed and signed by physician.
- Most recent WVDHHR Medicaid Application for BCCSP Participants, completed and signed by patient & the WVBCCSP Screening Provider.
- Four regional RN BCC MTA Case Managers
 - Contact woman after enrollment confirmed;
 - Provide educational materials;
 - Monitor treatment status; and
 - Monitor annual renewals.

Nurse Case Manager will Dis-enroll with DHHR when women are no longer eligible for the WVMTA.

WV Medicaid provides full benefit coverage to women diagnosed with breast and/or cervical cancer, including pre-cancerous cervical conditions and early stage cancer, who meet the following criteria:

ELIGIBILITY GUIDELINES

- Must be female & a WV resident
- Must be under age 65
- Must be enrolled in the WVBCCSP, but does not have to meet income guidelines
- Must be in need of breast and/or cervical cancer treatment; and
- Must be uninsured or without credible insurance coverage.

ELIGIBLE DIAGNOSES

- Breast or Cervical Cancer
- Pre-Cancerous Breast excisional biopsy of Atypical Ductal Hyperplasia; and
- Pre-Cancerous Cervical-(based on Colposcopy result, not Pap Test)
 - o CIN I, II, III: CIS, LSIL, AGC, ASC-H
 - Squamous cell carcinoma
 - o Adenocarcinoma

<u>Note</u>: Pap test results do not qualify a woman for MTA enrollment.

REFERRAL PROVIDER'S RESPONSIBILITY FOR MTA ENROLLMENT

- Refer woman to a WVBCCSP screening provider with a copy of a completed CDC Certificate of Diagnosis. A biopsy/pathology report will be requested by the Case Manager.
- Instruct woman to obtain and complete a CDC Certificate of Medical Diagnosis if not previously provided by physician and a BCC Medicaid Application (OFS-BCC-1) at the screening provider site.
- Remind woman that she will be responsible to apply for Medicaid at her local DHHR office, providing them with copies of the CDC Certificate of Medical Diagnosis and BCC Medicaid Application.

<u>Note</u>: Additional questions regarding MTA eligibility or application process may be referred to the WVBCCSP Nurse Supervisor at (304) 356-4466 OR Nurse Case Manager at (800)642-8522.

WVBCCSP Certificate of Medical Diagnosis

West Virginia Breast and Cervical Cancer Screening Program Certificate of Diagnosis for Medicaid Coverage/Eligibility Replaces form Y600 Rev: 7/02

Client Name:	SSN:	
BCCSP Screening Clinic:		
Diagnosis date:		
Breast or Cervical Diagnosis that is being	g treated: <u>Please check one</u>	
Breast:	Cervical: (Colposcopy biopsy results)	
Atypical ductal hyperplasia (Diagnosis made by excisional biopsy)	CIN I/mild dysplasia	
Invasive ductal breast cancer	CIN II/moderate dysplasia	
Invasive lobular breast cancer	CIN III/severe dysplasia	
Ductal carcinoma in situ (DCIS)	Carcinoma in situ (CIS)	
Lobular carcinoma in situ (LCIS)	Squamous cell carcinoma	
Metastatic Breast Cancer	Adenocarcinoma	
Adenocarcinoma	Atypical glandular cells/AGUS (cervical only, endometrial/uterine not eligible)	
By signing, I certify that this patient is in treatment for the condition indicated above. (Repeat Pap tests, mammograms, etc are not considered active treatment.)		

Physician's signature:	Signature required	Date:	
Physician name:	Print name		
Physician phone: Y600 Rev: 12/07		Fax:	
CDC		Health Mealth Human Resources	Breast & Cervical

WVDHHR/BPH/PWH/BCCSP/JULY-2015 BCCSP Screening Provider Policies and Procedures Manual

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WES	WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES	ALTH AND HUMAN	I RESOURCES	MEDICAID APPLICATI	MEDICAID APPLICATION FOR BCCSP PARTICIPANTS
	Please answer all quest the BCCSP Case	ions as completely Managers are ava	<i>y</i> and accurately as ilable to assist by c	Please answer all questions as completely and accurately as you can. If you do not understand a question, the BCCSP Case Managers are available to assist by calling (304) 558-5388 or 1-800-642-8522.	understand a question, 1-800-642-8522.
Na	Name:			Social Security Number:	nber:
	Last	First	Middle Initial		
Ag	Address:				Home Phone: ()
A	Address:	Box / Route / Street		Apt. #	Work Phone: ()
	City / Town	own	State	Zip	(If you may receive calls at work.)
Ag	Age: Date	Date of Birth:			
Ц	In case of emergency, please contact:				Phone Number:
ŏ	Contact person with whom a message may be left :	may be left :			Phone Number:
			ADDITIONAL INFORMATION	FORMATION	
۲ آر)	Do you have medical insurance? If yes, what type?	Hospital		Other	
ö	Company Name:		l		Jer:
Ad	Address:				
*	Do you have children under age 19?	? 🗌 Yes 🛛	°Z	* What is your monthly gross income?	ly gross income?
*	Do you have assets (excluding your home) that total more than \$2,000?	r home) that total m	ore than \$2,000?	T Yes	No No
*	These questions are being asked to evaluate your potential eligibility for other Medicaid affect your eligibility under the Breast and Cervical Cancer Prevention and Treatment Act.	d to evaluate your reast and Cervical	r potential eligibility Cancer Prevention	 for other Medicaid cov and Treatment Act. 	These questions are being asked to evaluate your potential eligibility for other Medicaid coverage, but your answers will not affect your eligibility under the Breast and Cervical Cancer Prevention and Treatment Act.
,		have been read to m	ne and I understand the	e questions. I certify that all	I certify that all statements on this form have been read to me and I understand the questions. I certify that all the information I have given is true and correct.
сi		al institution, governn artment which would h	nent agency or deparinave to do with my rece	tment, doctor, hospital, bus siving medical benefits.	I give my permission for any financial institution, government agency or department, doctor, hospital, business concern, or person to give any information to an employee of the Department which would have to do with my receiving medical benefits.
ю.	I know that no person may be denied Medicaid benefits on the grounds of race, color, sex, age, disability, religion, national origin or political belief.	Aedicaid benefits on th	he grounds of race, col	or, sex, age, disability, religio	on, national origin or political belief.
4.	I understand, if I give incorrect of false information or if I fail to report changes, then I may be required to repay any benefits I receive. I m prosecuted for fraud and I understand that any information given is subject to verification by an authorized representative of the Department.	information or if I fail that any information g	I to report changes, the liven is subject to verific	en I may be required to reparation by an authorized repre	give incorrect of false information or if I fail to report changes, then I may be required to repay any benefits I receive. I may also be aud and I understand that any information given is subject to verification by an authorized representative of the Department.
5.		sistance under the BC nedical and/or hospita	CCSP option I agree to I bills for which the Mee	give back to the State any dicaid Program has made or	I understand by accepting medical assistance under the BCCSP option I agree to give back to the State any and all money that is received from an insurance company for repayment of medical and/or hospital bills for which the Medicaid Program has made or will make payment.
Ap	Applicant Signature:			Date:	
		-			
	Witness, if signed by mark	ned by mark		Signature of Perso	Signature of Person helping to complete the form
DFA-BC(DFA-BCC-1 (Rev. 1/07)				

WVBCCSP Medicaid Treatment Act Application

WVDHHR/BPH/PWH/BCCSP/JULY-2015 BCCSP Screening Provider Policies and Procedures Manual Appendix 5

West Virginia Diagnostic and Treatment Fund

WVDHHR/BPH/PWH/

WV Diagnostic & Treatment Fund At-A-Glance

At-A-Glance WV Diagnostic and Treatment Fund

Eligibility

- WV Resident
- Female
- Income at or below 250% of the Federal Poverty Level (FPL)
- No Health Insurance, Medicare, Medicaid or HMO
- Have a condition strongly suspicious of breast or cervical cancer requiring further diagnostic or treatment services
- Age up through 64 year old who meets the eligibility Guidelines

Procedures Covered

<u>Breast</u>

0400.....General anesthesia (diagnostic breast procedure)

Cervical

57460 or 57461...Loop electrode excision procedure (LEEP)

57500.....Biopsy of excision of lesion

- 57505.....Endocervical curettage
- 57511.....Cryocautery of cervix
- 57513.....Laser surgery of cervix
- **57520**.....Conization of cervix (with or without repair)
- **58120**.....Dilation and curettage (diagnostic and/or therapeutic)
- **00940**......General anesthesia (diagnostic cervical procedure)

64435.....Paracervical nerve block

Application for reimbursement through WV Diagnostic and Treatment Fund must be made at least 2 weeks prior to the procedure(s) by faxing the D&T Fund application to the WVBCCSP at 304-558-7164. Applications will be reviewed for eligibility and returned by Fax to the requesting physician/surgeon. All approvals are subject to availability of funds as determined by the financial office.

Patient does *not* need to be enrolled in WVBCCSP or go to a WVBCCSP Provider to access the WV Diagnostic and Treatment Fund.

- Patient must meet all eligibility guidelines (see At-A-Glance).
- Diagnostic & Treatment Fund is to be used as a <u>"last resort"</u> for payment.
- Providers agree to accept the payment from the D&T Fund as payment in full and will not balance bill the patient.
- The D&T Fund Application must be completed by the referring provider/physician/surgeon and submitted to the BCCSP for approval <u>prior to</u> <u>performing the procedure.</u>
- Provider must complete the most current D&T Fund application (10/2011) and attach a copy of the cervical pathology.
- Diagnostic and Treatment Fund application is available on the program website.
- Approval for Diagnostic and Treatment Fund is valid for 60 days.
- Patient and Provider are notified of approval.

To ensure reimbursement, please wait until the application has been faxed back, marked *Approved*, <u>before performing the procedure</u>.

Eligible Codes: See WV Diagnostic and Treatment Fund "At- A-Glance" for Eligible CPT Codes/Procedures Covered.

Procedures NOT Covered

- Advise patients that *pre-operative procedures* are <u>NOT covered</u> through the D&T Fund (i.e.: chest x-rays, EKG and lab work).
- Encourage patients to speak with a financial counselor regarding assistance with payment if other procedures are necessary which are not covered through the D&T Fund.
- Colposcopies are <u>not</u> covered.

West Virginia Department of Health and Human Resources West Virginia Bureau for Public Health Office of Maternal, Child and Family Health West Virginia Diagnostic and Treatment Fund Application				
Patients who have Insurance, Medicare, Medicaid, HMO	or Out-of State residents are not eligible.			
Patient Information Last Name:Fi	irst Name: Middle Initial:			
Street Address: City/Town:	State: Zip:			
SSN: DOB: Telephone N	Number: Sex: M F			
WV Resident?YesNo (If no, stop, the patient is not eligible)				
Family Income and Insurance Information: (Must be completed) Total number of family members:				
ONLY THE PROCEDURES LISTED BELOW ARE COVERED. TELEPHONE APPROVALS CAN NOT BE ACCEPTED.				
BREAST REQUEST (00400) General anesthesia Dx breast procedure	THIS APPLICATION FOR SERVICES HAS BEEN:			
(00400) General anestnesia Dx oreast procedure	Approved * Denied (see comments)			
<u>CERVICAL REQUEST (Please attach pathology report)</u> Must have a positive cervical biopsy indicating need for further treatment. (57460 OR 57461) Loop electrode excision procedure (LEEP)	*SUBJECT TO AVAILABILITY OF FUNDS By Financial Office:			
(57500) Biopsy of excision of lesion (57505) Endocervical curettage (57511) Cryocautery of cervix (57513) Laser surgery of cervix (57520) Conization of cervix with or without repair (57522) Conization of cervix with or without repair (57522) Conization with LEEP (58120) Dilation & curettage-diagnostic and/or therapeutic (00940) General anesthesia Dx cervical procedure (64435) Paracervical Nerve Block	Signature Title Date Comments:			
Physician submitting application: (fax number required) Name:				
FEIN:				
Address: Phone: Fax:	Return to: Diagnostic and Treatment Fund Breast & Cervical Cancer Screening Program			
Date submitted: Date procedure scheduled:	350 Capitol Street, Room 427 Charleston, WV 25301-3714 Phone: 1-800-642-8522 or (304) 558-5388 Fax: (304) 558-7164			
Person submitting application: Approval/denial to be faxed to:	Information contained in this application is confidential.			

WVDHHR/BPH/OMCFH/PWH/BCCSP/OCTOBER-2011