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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 www.wvdhhr.org/bccsp). 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 WVBCBCCSP 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 WVBCBCCSP 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 WVBCBCCSP 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 WVBCBCCSP 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 WV BCCSP Screening and/or Referral Providers must retain all records, documents and correspondence relative to the WV BCCSP 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 WV BCCSP 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 WV BCCSP 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 not 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 [www.asccp.org/Consensus2012](http://www.asccp.org/Consensus2012).

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 [www.asccp.org/Consensus2012](http://www.asccp.org/Consensus2012).

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 WV BCCSP.

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 must 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 WV BCCSP 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 Referral for Enrollment 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 WVBCSP patient’s referral and all diagnostic procedures are documented.
SECTION V - REFERRAL PROVIDER QUALIFICATIONS and RESPONSIBILITIES

5.1 Statewide Network of WVBCSP Referral Providers
In addition to a network of Screening Providers, the WVBCSP 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 WVBCSP Screening Provider to a WVBCSP 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 WVBCSP to provide mammography services for WVBCSP 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 WVBCSP 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 WVBCSP office (required for payment);
- Communicate WVBCSP’s reimbursement/invoicing procedures to any outside radiology group (Radiologist cannot balance bill the patient. Invoices must be submitted to the WVBCSP 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 WVBCSP; and
- The mammography provider agrees to accept WVBCSP 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](http://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 WVBCSP (Attach Explanation of Benefits (EOB) to invoice submitted to the WVBCSP).
• The colposcopy provider agrees to accept WVBCSP 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 WVBCSP screening providers.

5.17 Cytology Laboratory Responsibilities
• Accept Pap tests from WVBCSP providers for interpretation;
• Provide hrHPV testing on applicable Pap test specimens utilizing only FDA approved methodology;
• Submit report to screening provider and WVBCSP;
• 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 WVBCSP; and
• The laboratory agrees to accept WVBCSP 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:

**Gender**
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.

**Age**
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.

**Genetics**
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 WVBCSP:

- 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 WVBCSP 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: WVBCSP 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 WVBCSP and not the patient. This also documents the CBE result which initiated the referral.

**WVBCSP 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 WVBCSP 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 WVCCSP approved mammography providers and breast surgeons.
- WVCCSP 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:
- WVCCSP (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 WVCCSP 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 only be performed by WVCCSP 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 WVCCSP 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:
- WVCCSP (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 only be performed by WVCCSP contracted surgeons.
- Either the screening provider or consulting surgeon must make referrals for breast biopsy as necessary.
6.12a Breast Biopsy Referral
When a WV BCCSP 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 WV BCCSP 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:
- WV BCCSP (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: www.asccp.org/Consensus2012

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 should not 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 non-cancerous 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.

- **Cigarette Smoking**
  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.

- **HIV Infection (human immunodeficiency virus)**
  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.

- **Chlamydia Infection**
  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, 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.

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 WVBCSP 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 WVBCSP 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 WVBCSP 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 cervix was not removed** (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 cervix was removed** (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 WVBCSP 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
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 Referral for Enrollment or Referral for Previously Enrolled 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 WVBCSP 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 WVBCSP 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 WVBCSP screening provider or Family Planning provider if referred into the Program for a colposcopy. WVBCSP 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 WVBCSP 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 [www.wvdhhr.org/wvbccsp](http://www.wvdhhr.org/wvbccsp).

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:

www.wvdhhr.org/bccsp

**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 must 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 underinsured 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 WV BCCSP for payment **WITHIN 60 DAYS OF THE DATE OF SERVICE**.
- 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

#### Provider FEIN:

#### Service Month:

#### Service Year:

#### Batch Number:

#### Stamp or Label Provider Name and Address as it Appears on Contract

#### BCCSP:

#### Invoice #:  

#### 2015-2016 BATCH INVOICE FOR THE WEST VIRGINIA BREAST & CERVICAL CANCER SCREENING PROGRAM

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<td>$67.62</td>
<td>20%</td>
<td>54.10</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>10%</td>
<td>$40.57</td>
<td>40%</td>
<td>40.57</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>50%</td>
<td>$33.81</td>
<td>50%</td>
<td>33.81</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Routine Screening *</td>
<td>99214</td>
<td>0%</td>
<td>$100.96</td>
<td>20%</td>
<td>80.77</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>10%</td>
<td>$60.58</td>
<td>40%</td>
<td>60.58</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>50%</td>
<td>$50.48</td>
<td>50%</td>
<td>50.48</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Breast or Cervical</td>
<td>99212</td>
<td>0%</td>
<td>$40.22</td>
<td>20%</td>
<td>53.18</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>10%</td>
<td>$52.13</td>
<td>40%</td>
<td>41.59</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<td>$59.95</td>
<td>50%</td>
<td>56.66</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repeat Pap or CBE</td>
<td>99211</td>
<td>0%</td>
<td>$17.95</td>
<td>20%</td>
<td>14.36</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>10%</td>
<td>$10.77</td>
<td>40%</td>
<td>10.77</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>50%</td>
<td>$8.98</td>
<td>50%</td>
<td>8.98</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referral/Enrollment</td>
<td>NA</td>
<td>$15.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referral/Previously Enrolled</td>
<td>NA</td>
<td>$10.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Total Number of Visits:     | Invoice Total: |  

---

For payment of services under Agreement with the Bureau for Public Health, Office of Maternal, Child and Family Health, Breast and Cervical Cancer Screening Program, I certify that this is an original invoice and payment has not been received.

---

**Return To: WVBCCSP**

**Name:**

**Date:**

---

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

---

*Original: WVBCCSP*  
*Copy: Screening Provider*  
*OMCP/BCCSP Form #5502 Rev 6/15*
## 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

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

### REFERRAL PROCEDURES

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

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Allowable Rate</th>
<th>Medicare Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>76642</td>
<td>$80.27</td>
<td>$80.27</td>
</tr>
</tbody>
</table>

- **Technical Component**: $46.19
- **Professional Component**: $34.08

### Ultrasound Guided Biopsy

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Allowable Rate</th>
<th>Medicare Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>76942</td>
<td>$55.04</td>
<td>$55.04</td>
</tr>
</tbody>
</table>

- **Technical Component**: $22.88
- **Professional Component**: $32.66

### REFERRAL PROCEDURES

<table>
<thead>
<tr>
<th>Service Description/Procedure</th>
<th>CPT Code</th>
<th>Allowable Rate</th>
<th>Medicare Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Puncture Aspiration of Cyst</td>
<td>19000</td>
<td>$102.63</td>
<td>$102.63</td>
</tr>
<tr>
<td>Each Additional Cyst</td>
<td>19001</td>
<td>$26.28</td>
<td>$26.28</td>
</tr>
<tr>
<td>Biopsy of Breast, Needle Core</td>
<td>19100</td>
<td>$141.06</td>
<td>$141.06</td>
</tr>
<tr>
<td>Breast Biopsy - Incisional</td>
<td>19101</td>
<td>$320.52</td>
<td>$320.52</td>
</tr>
<tr>
<td>Breast Biopsy - Excisional</td>
<td>19120</td>
<td>$476.83</td>
<td>$476.83</td>
</tr>
<tr>
<td>Breast Biopsy - Radiological Marker</td>
<td>19125</td>
<td>$531.78</td>
<td>$531.78</td>
</tr>
<tr>
<td>Each Additional Lesion</td>
<td>19126</td>
<td>$168.23</td>
<td>$168.23</td>
</tr>
<tr>
<td>Breast Biopsy, with placement of localization device and imaging biopsy specimen, percutaneous; stereotactic guidance; first lesion</td>
<td>19081</td>
<td>$588.30</td>
<td>$588.30</td>
</tr>
<tr>
<td>Breast Biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion</td>
<td>19082</td>
<td>$474.34</td>
<td>$474.34</td>
</tr>
<tr>
<td>Breast Biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion</td>
<td>19083</td>
<td>$577.36</td>
<td>$577.36</td>
</tr>
<tr>
<td>Breast Biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion</td>
<td>19084</td>
<td>$456.26</td>
<td>$456.26</td>
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<tr>
<td>Placement of breast localization device, percutaneous; mammographic guidance; first lesion</td>
<td>19281</td>
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<tr>
<td>Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion</td>
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<tr>
<td>Placement of breast localization device, percutaneous; stereotactic guidance; first lesion</td>
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<td>$246.41</td>
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<tr>
<td>Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion</td>
<td>19284</td>
<td>$179.05</td>
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<tr>
<td>Placement of breast localization device, percutaneous; ultrasound guidance; first lesion</td>
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<td>$390.34</td>
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</tr>
<tr>
<td>Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion</td>
<td>19286</td>
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<tr>
<td>Breast Biopsy - Surgical Pathology</td>
<td>88305</td>
<td>$65.69</td>
<td>$65.69</td>
</tr>
<tr>
<td><strong>Technical Component</strong></td>
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<td>$28.56</td>
<td>$28.56</td>
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<tr>
<td><strong>Professional Component</strong></td>
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<td>$37.14</td>
<td>$37.14</td>
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<tr>
<td>Breast Biopsy - Surgical Pathology</td>
<td>88307</td>
<td>$265.83</td>
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<td><strong>Technical Component</strong></td>
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<tr>
<td><strong>Professional Component</strong></td>
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<td>$81.38</td>
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</table>

### REFERRAL PROCEDURES

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

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

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

<table>
<thead>
<tr>
<th>Primary/Secondary Documents</th>
<th>Acceptable Documents</th>
<th>Proof of Identity and U. S. Citizenship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
<td>U.S. Passport</td>
<td></td>
</tr>
<tr>
<td></td>
<td>U.S. Passport card</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Certificate of Citizenship (DHS Forms N-560 or N-570)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Naturalization Certificate (DHS Forms N-560 or N-561)</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Primary/Secondary Documents</th>
<th>Acceptable Documents</th>
<th>Proof of U.S. Citizenship only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secondary</td>
<td>Birth certificate; Certification of Birth Abroad; official military card or draft record; Report of Birth Abroad; adoption finalization papers</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Primary/Secondary Documents</th>
<th>Acceptable Documents</th>
<th>Proof of Identity only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secondary</td>
<td>Picture on a current state driver's license&lt;br&gt;School identification card&lt;br&gt;A Federal, State or Local government identification card</td>
<td></td>
</tr>
</tbody>
</table>

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 WVBCSP 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 WVBCSP examinations to ensure that patient care standards are met and that services are provided in accordance with the WVBCSP 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 WVBCSP 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 WVBCSP 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 WVBCS CSP 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 WVBCS CSP 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 WVBC CSP 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 WVBC CSP 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 WVBC CSP 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 WVBC CSP website at www.wvdhhr.org/bccsp.

12.4 Continuing Education Opportunities
The WVBC CSP 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 WVBC CSP 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 WVBC CSP partners with the other women’s health programs to offer a statewide conference. All WVBC CSP 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 WVBC CSP, 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 WVBC CSP only. 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 www.wvdhhr.org/bccsp or by contacting the regional HIS and asking to be added to the listserv.
### 13.1 WVBCCSP Funding Sources At-A-Glance

<table>
<thead>
<tr>
<th>Purpose:</th>
<th>Purpose:</th>
<th>Purpose:</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 partner with women and older women.</td>
<td>Assist patients who are medically indigent in securing diagnostic services necessary to make a determination whether or not they have breast or cervical cancer.</td>
<td>Provide Medicaid benefits to uninsured women diagnosed with breast and cervical cancer and certain pre-cancerous conditions.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What is covered?</th>
<th>What is covered?</th>
<th>What is covered?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Screening</td>
<td>General Anesthesia for diagnostic breast or cervical procedure;</td>
<td>The Medicaid card covers any and all needed medical services specified as a covered benefit or service by WV Medicaid.</td>
</tr>
<tr>
<td>Clinical Breast Exam; mammography, ultrasound; fine needle aspiration; surgical consultation; and breast biopsy</td>
<td>LEEP or Conization with LEEP;</td>
<td></td>
</tr>
<tr>
<td>Cervical Screening</td>
<td>Biopsy of excision of cervical lesion;</td>
<td></td>
</tr>
<tr>
<td>Pelvic examination, Pap test, some treatment medications, and colposcopy with/without cervical biopsy</td>
<td>Endocervical curettage;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cryoablation of cervix;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Laser surgery of cervix;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Conization of cervix with or without repair; and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dilation and curettage</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Paracervical nerve block</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Eligibility:</th>
<th>Eligibility:</th>
<th>Eligibility:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income at or below 250% of FPL;</td>
<td>Income at or below 250% of federal poverty level;</td>
<td>WVBCSP enrollee;</td>
</tr>
<tr>
<td>Uninsured or underinsured;</td>
<td>Uninsured;</td>
<td>Under age 65;</td>
</tr>
<tr>
<td>25-64 years of age (please note that certain treatment procedures have different age requirements); and</td>
<td>0-64 years of age;</td>
<td>Woman is diagnosed with breast or cervical cancer and/or certain precancerous conditions and in need of medical treatment.</td>
</tr>
<tr>
<td>WV resident &amp; female</td>
<td>WV resident; and</td>
<td>Uninsured or otherwise lacking credible coverage; and</td>
</tr>
<tr>
<td></td>
<td>Do not have to be enrolled in WVBCCSP.</td>
<td>WV resident</td>
</tr>
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</table>
### 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)

**Age Exception:** Screening mammogram 40-49 years of age if *high risk* for developing breast cancer *must document high-risk factor on Patient Data and Referral forms* (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 30 days after mammogram*;
  (reimbursement for ultrasound only if used in adjunct with mammogram)
- Breast biopsy; and/or
- Colposcopy with or without biopsy.

**Age Exception:** 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

GROSS MONTHLY INCREMENTS – July 2015

<table>
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<tr>
<th>POVERTY LEVEL</th>
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<th>175%</th>
<th>200%</th>
<th>250%</th>
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For each additional family member add:

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<tr>
<td>$520.00</td>
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PATIENT FEES BASED ON INCOME LEVEL

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<td>$50.95</td>
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<td>40%</td>
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<td>------</td>
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<tr>
<td>Patient Referral/Enrollment</td>
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<td>$14.36</td>
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<td>$40.22</td>
<td>$31.18</td>
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<td>99204, 99205</td>
<td>$101.89</td>
<td>$81.51</td>
<td>$61.13</td>
</tr>
</tbody>
</table>

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 last resort 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

West Virginia Breast and Cervical Cancer Screening Program
Reimbursement for Management of Breast Screening

Normal CBE Results
Ages 25 - 34
- Routine Yearly CBE Screening
- Not eligible for Screening mammography. (Diagnostic mammography only with a surgeon's recommendation following an abnormal CBE.)

Normal CBE Results
Ages 35 - 49
- Evaluate Risk Factors
  (ages 40 - 49)
  - If High Risk AND over age 40 screening mammogram
  - If Not High Risk continue yearly CBE Screenings

Normal CBE Results
Ages 50 - 64
- Screening Mammogram Yearly
  - Suspicious or Highly Suggestive
    - Refer to surgeon
  - Assessment Incomplete
    - Routine Screening
  - Negative, Benign or FBF
    - Further Dr WUAs recommended by Radiologist
    - Routine Screening or Follow-up, As Recommended

Suspicious or Highly Suggestive
- Follow-up as Recommended
- Routine Screening

Negative or Benign
- Follow Surgeon's Recommendations
- Abnormal Findings
- Negative or Benign

FNABiopsy
- Abnormal Findings
  - Treatment as Appropriate
  - Return to Routine Screening or Follow-up, As Recommended

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

"High Risk is defined as:
- Previous history of breast cancer
- Family history of breast cancer
- Never had children
- First child born after age 30
- Abnormal biopsy result"

Notes:
1 These guidelines were developed from the NCCDP Policy and Procedure Manual - 2004.
2 WVBCCSP will reimburse for 2 surgical consultations per year for same breast problem.
### 13.5 Normal Clinical Breast Exam Table

<table>
<thead>
<tr>
<th>Normal CBE/Age</th>
<th>Screening Mammogram</th>
<th>Diagnostic Mammogram</th>
<th>WVBCCSP Routine Yearly CBE Screening</th>
<th>WVBCCSP Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>25-39 Years of Age</td>
<td>Not Eligible</td>
<td>N/A</td>
<td>Yes</td>
<td>Continue yearly Clinical Breast Examination (CBE) screenings.</td>
</tr>
<tr>
<td><strong>With High Risk Factors</strong> 40-49 Years of Age</td>
<td>Only eligible if high risk factors are documented</td>
<td>N/A</td>
<td>Yes</td>
<td>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.</td>
</tr>
<tr>
<td>Normal CBE 50-65 Years of Age</td>
<td>Eligible for annual screening mammogram</td>
<td>N/A</td>
<td>Yes</td>
<td>Continue yearly Clinical Breast Examination (CBE) screenings.</td>
</tr>
</tbody>
</table>

### 13.6 Abnormal Clinical Breast Exam Table

<table>
<thead>
<tr>
<th>Abnormal CBE Any age 25-64 years of age</th>
<th>Diagnostic Mammogram</th>
<th>Referral for Surgeon Consultation</th>
<th>WVBCCSP Routine Yearly CBE Screening</th>
<th>WVBCCSP Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes Have patient obtain diagnostic mammogram prior to the visit for surgeon consultation.</td>
<td>Yes Must be referred to a surgeon regardless of the results of the diagnostic mammogram and/or breast ultrasound.</td>
<td>Yes</td>
<td>Screening Provider MUST make a referral for a surgeon consultation. Follow surgeon’s recommendations (repeat CBE diagnostic mammogram, ultrasound, FNA and/or breast biopsy.</td>
<td></td>
</tr>
</tbody>
</table>
13.7 WVBCCSP Algorithm Clinical Breast Exam: Abnormal CBE

**WVBCCSP Reimbursement Guidelines for Management of Abnormal CBE**

**Abnormal CBE Results**
- Bloody/Serous Nipple Discharge
- Discrete Palpable Mass (suspicious of cancer)
- Nipple/Areolar Scaliness
- Skin Dimpling or Retraction

**Any WVBCCSP woman ages 25-64 with an abnormal CBE result MUST be referred to a surgeon regardless of mammography/ultrasound results**

**Diagnostic Mammogram**

**Surgeon Consultation**

**Follow Surgeon’s Recommendations**

**Ultrasound**
* US approved for payment only when used as an adjunct to mammography

**Biopsy/FNA**

**Resolved**
- Return to CBE Screening and if Eligible Yearly Mammogram or Follow-up as Recommended

**Abnormal Findings**
- Refer to Medicaid Treatment Act as Appropriate

**Repeat CBE Benign**

**Follow-up as Recommended**
### 13.8 WVBCCSP PAP-Test Activity Log

<table>
<thead>
<tr>
<th>Name</th>
<th>Social Security Number</th>
<th>Date of Entry</th>
<th>Date of PAP</th>
<th>PAP Result</th>
<th>Satisfactory PAP Result</th>
<th>Follow-up Provider Required</th>
<th>Date Provider Reported PAP Result</th>
<th>Provider Received PAP Result</th>
<th>If Cancer Detected</th>
<th>Treatment Mode</th>
<th>Comments</th>
</tr>
</thead>
</table>

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

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### 13.9 Colposcopy Activity Log

<table>
<thead>
<tr>
<th>Date</th>
<th>Referrer</th>
<th>Referral Date</th>
<th>Exam Date</th>
<th>Results</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/01/2023</td>
<td>John Doe</td>
<td>01/01/2023</td>
<td>01/01/2023</td>
<td>Normal</td>
<td>Follow-up</td>
</tr>
<tr>
<td>01/02/2023</td>
<td>Jane Smith</td>
<td>01/02/2023</td>
<td>01/02/2023</td>
<td>Abnormal</td>
<td>Biopsy</td>
</tr>
<tr>
<td>01/03/2023</td>
<td>John Doe</td>
<td>01/03/2023</td>
<td>01/03/2023</td>
<td>Normal</td>
<td>Follow-up</td>
</tr>
<tr>
<td>01/04/2023</td>
<td>Jane Smith</td>
<td>01/04/2023</td>
<td>01/04/2023</td>
<td>Normal</td>
<td>Dismiss</td>
</tr>
</tbody>
</table>

- **Follow-up** requires further examination.
- **Biopsy** indicates the need for additional diagnostic procedures.
- **Dismiss** signifies completion of necessary actions.
### 13.10 Table of WVBCCSP Visit Types

<table>
<thead>
<tr>
<th>VISIT TYPES</th>
<th>VISIT DESCRIPTION</th>
<th>SCREENING SERVICES COVERED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INITIAL VISIT</strong></td>
<td><strong>First screening visit with WVBCCSP. Patient can only have “ONE” INITIAL VISIT</strong></td>
<td><strong>50-64 yrs. of age: CBE, annual screening mammogram</strong>&lt;br&gt;<strong>40-49 yrs. of age: Only if woman is HIGH RISK and Risk Factor for Breast Cancer is Documented</strong>&lt;br&gt;Pelvic exam, LBP tests per 2012 ASCCP Consensus Guidelines.</td>
</tr>
<tr>
<td><strong>ANNUAL ROUTINE VISIT</strong></td>
<td><strong>Already enrolled in the WVBCCSP; returning for yearly breast and cervical cancer rescreening</strong></td>
<td><strong>50-64 yrs. of age: CBE, annual screening mammogram.</strong>&lt;br&gt;<strong>40-49 yrs. of age: IF Documented High Risk for Breast Cancer.</strong>&lt;br&gt;Pelvic exam, LBP tests per 2012 ASCCP Consensus Guidelines.</td>
</tr>
<tr>
<td><strong>ANNUAL BREAST VISIT</strong></td>
<td><strong>Already enrolled in WVBCCSP; returning for a yearly breast screening ONLY</strong></td>
<td>CBE, screening mammogram for 50-64 yrs. of age,&lt;br&gt;And for 40-49 yrs. of age IF Documented High Risk for Breast Cancer.&lt;br&gt;Post-hysterectomy for non-cancerous reasons with cervix removed, WVBCCSP never reimburses for screening LBP</td>
</tr>
<tr>
<td>VISIT TYPES</td>
<td>VISIT DESCRIPTION</td>
<td>SCREENING SERVICES COVERED</td>
</tr>
<tr>
<td>-------------</td>
<td>-------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td><strong>FORMS USED</strong></td>
<td>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</td>
<td></td>
</tr>
<tr>
<td><strong>ANNUAL CERVICAL VISIT</strong></td>
<td>Already enrolled in WVBC CSP; returning for yearly cervical screening ONLY. This patient is off cycle with breast and cervical screening, or refuses CBE.</td>
<td>Pelvic examination, LBP tests per 2012 ASCCP Consensus Guidelines. See ASCCP Consensus Guidelines for recommended intervals for specific Pap test results management/reimbursement.</td>
</tr>
<tr>
<td><strong>FORMS USED</strong></td>
<td>Client Enrollment/Informed Consent form, Patient Data form, updated Medical History and a Referral form, as indicated for colposcopy.</td>
<td></td>
</tr>
<tr>
<td><strong>REPEAT PAP TEST or CBE VISIT</strong></td>
<td>Already enrolled in WVBC CSP; returning for a repeat LBP test or CBE according to WVBC CSP protocols and algorithms.</td>
<td>LBP test per ASCCP Consensus Guidelines</td>
</tr>
<tr>
<td><strong>FORMS USED</strong></td>
<td>Patient Data form, updated Medical History, Referral form if indicated for Breast Surgeon, Diagnostic Mammogram/Ultrasound and/or Colposcopy.</td>
<td></td>
</tr>
<tr>
<td><strong>REFERRAL FOR ENROLLMENT VISIT</strong></td>
<td>To enroll a new woman in WVBC CSP for referrals. CBE and LBP test done by a Non-BCCSP screening provider (i.e. Family Planning).</td>
<td>Referrals, which include diagnostic mammogram/Ultrasound or breast surgeon consultation and/or colposcopy referral.</td>
</tr>
<tr>
<td><strong>FORMS USED</strong></td>
<td>Client Enrollment/Informed Consent form, Patient Data form and Referrals for Further diagnostic testing (Ultrasound, diagnostic mammogram, surgeon consult or colposcopy)</td>
<td></td>
</tr>
<tr>
<td>VISIT TYPES</td>
<td>VISIT DESCRIPTION</td>
<td>SCREENING SERVICES COVERED</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>REFERRAL FOR PREVIOUSLY ENROLLED</td>
<td>Already enrolled in WV BCCSP &amp; 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.</td>
<td>Referrals, which include diagnostic mammogram/breast ultrasound or breast surgeon consultation and/or colposcopy referral.</td>
</tr>
</tbody>
</table>

**FORMS USED**

Patient Data form and Referral form for appropriate diagnostic testing.

| REFERRAL MEDICAID TREATMENT ACT (MTA) | Refer a woman into WV BCCSP for BCC Medicaid Treatment Act when she has a diagnosis of breast or cervical cancer or certain pre-cancerous conditions and needs treatment. | 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 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.
13.11 Client Enrollment/Consent Form

WV Breast and Cervical Cancer Screening Program/WISEWOMAN
Client Enrollment Form

Address Update ONLY □

WBCCSP Enrollment Facility: __________________________
WBCCSP #: __________________________
Enrollment Date: _________/_________/_________

Social Security #: __________________________
Date of Birth: _________/_________/_________

Client Name (Last, First, MI): __________________________

Client Address: __________________________
City: __________________________ State: ________ Zip: ________ County: ________
Day Phone: ( ) __________ Night/Alternate Phone: ( ) __________

WISEWOMAN Enrollment (to be completed by clinician ONLY)

Enrolled in WISEWOMAN? □ Yes □ No
If client is NOT being enrolled in WISEWOMAN, please leave blank.

Ethnicity: Are you of Spanish or Hispanic origin, such as Mexican American, Latin American, Puerto Rican, or Cuban?
□ Yes (Hispanic) □ No (Non-Hispanic)

Race(s): What race do you consider yourself? Choose up to 5.
□ White □ Black □ Asian □ American Indian
□ Aleutian Islander □ Native Hawaiian □ Pacific Islander □ Unknown

Education:
□ Less than HS □ Some HS □ HS Graduate □ GED □ Technical School
□ Some College □ College Graduate

Marital Status:
□ Never Married □ Married □ Divorced/Separated □ Partnered □ Widowed

Age at first childbirth: ________

Do you have breast implants? □ Yes □ No
Ever had a sexually transmitted disease (STD), including HPV? □ Yes □ No

How did you hear about our Program?
□ Am. Cancer Society □ Dept. of Human Services □ Newspaper □ Presentation □ TV
□ At Work □ Friend □ Patient in WBCCSP □ Radio □ Senior Center
□ Brochure/Poster □ Health Fair □ Physician/Nurse □ Relative □ Website

Consent for Release of Information and Statement of Confidentiality

I consent to the gathering, use, and disclosure of my information by the West Virginia Breast and Cervical Cancer Screening Program (WBCCSP)/WISEWOMAN. This information is needed for the purpose of providing benefits or services, obtaining payment for my benefits or services, and to conduct normal business operations. By agreeing to take part in the WBCCSP/WISEWOMAN, I give permission to any and all of my healthcare providers, clinics and/or hospitals to provide all information concerning Pap tests, breast exams, mammograms, lab work, and any other related care to the WBCCSP/WISEWOMAN.

Information given to WBCCSP/WISEWOMAN will be confidential, which means information will be used to meet the purpose of the WBCCSP/WISEWOMAN and any published reports will not identify me by name. I understand that notifying me of test results is a very important part of the WBCCSP/WISEWOMAN, and that all available resources may be used to notify me if I have an abnormal test result. I agree to have a Pap test, breast exam, mammogram, and lab work as recommended and I will participate in diagnostic tests (Program funded) and lifestyle interventions determined necessary. I give my consent for the WBCCSP/WISEWOMAN and the West Virginia Medicaid program to coordinate my care and provide case management services as needed.

I understand that knowingly providing false information may result in criminal, civil, or administrative action.

I, __________________________, swear that the information given on this form is true and correct.

Signature: __________________________ Date Signed: _________/_________/_________
Witness: __________________________ Date Signed: _________/_________/_________
### 13.12 WVBCCSP Medical History Form

<table>
<thead>
<tr>
<th>Personal History/Problems</th>
<th>Menstrual History</th>
<th>Contraceptive History</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergies</td>
<td>Age when periods first started</td>
<td>Previous birth control method(s)</td>
</tr>
<tr>
<td>Surgery</td>
<td>Age of Menopause (if applicable)</td>
<td>Current method</td>
</tr>
<tr>
<td>Headaches</td>
<td>How often do you have your periods?</td>
<td></td>
</tr>
<tr>
<td>Ulcers/Varicose</td>
<td>Are your periods: Regular, Irregular</td>
<td></td>
</tr>
<tr>
<td>Mental Illness</td>
<td>Light, Moderate, Heavy</td>
<td></td>
</tr>
<tr>
<td>Thyroid Disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast Problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Circulatory Problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicose Veins</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lung Problems/Tuberculosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liver Disease/Reflux</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney Disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hormone Problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ovarian, Tubal, Uterus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaginal Infections</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexually Transmitted Disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol/Dugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoke</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast implants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multiple sex Partners</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age of First intercourse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signature/Title</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visit Type</td>
<td>Weight</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Height</td>
<td></td>
</tr>
<tr>
<td></td>
<td>E/P</td>
<td></td>
</tr>
<tr>
<td></td>
<td>LMP</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>In the last 48 Hours:</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vulva</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cervix</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uterus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adnexa</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Pregnancy History
- Gravida
- Para
- Age first pregnancy
- Number of children breast fed

### Nurse's Notes
- Date: / / 

### Education/Counseling
- Group
- One-on-one
- Videos
- Literature
- Cancer
- Breast Self-Examination
- Risk Factors

### PAP Results Reported to Patient
- Results: 
- Date: / / 
- Method: 
- Signature/Title:

### Clinician Findings/Clinician Orders
- Date: / / 
- Signature/Title: 

_DHR/H/PF/003/CSP/CSP Form #103 Rev 6/02_
### 13.13 WVBCBSCSP Patient Data Form

**West Virginia Breast and Cervical Cancer Screening Program**

**Patient Data Form**

**WVBCCSP Screening Facility:**

**WVBCCSP #:**

**Visit Date:** / / 

**Social Security #:**

**Date of Birth:** / / 

### CLINICIAN TIME

**Clinician Time:** Minutes *(OILY report time spent with patient)*

### CERVICAL SCREENING DATA

**Prior Pap test?:**
- Yes, Date: / / 
- No

**Estimate or partial dates accepted?**

**Has patient ever had HPV?**
- Yes
- No

**Does patient have a cervix?**
- Yes
- No

**Has patient had a hysterectomy?**
- Yes
- No

**Was hysterectomy due to cervical cancer?**
- Yes
- No

### PELVIC EXAM

- Abnormal: Not Suspicious for Cancer
- Abnormal: Suspicious for Cancer
- Normal Exam

**Date Performed:** / / 

**Paid for by WVBCCSP?**
- Yes
- No

### PAP TEST

**Date Performed:** / / 

**Specimen Adequacy:**
- Satisfactory
- Unsatisfactory

**Specimen Type:**
- Conventional
- Liquid Based

**Check ONLY one (1) result:**
- Adenocarcinoma
- Endocervical Adenocarcinoma in Situ (AIS)
- Atypical glandular cells (ASC)^
- Atypical squamous cells, cannot exclude HSIL (ASC-H)
- Atypical squamous cells of undetermined significance (ASC-US)
- High-grade SIL (HSIL)^
- Low-grade SIL (LSIL)
- Negative for intraepithelial lesion or malignancy
- CIN specify%
- Result unknown, presumed abnormal, non-program%
- Squamous cell carcinoma%

**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

**HPV Test Result:**
- Negative
- Positive
- Unknown

**Date Performed:** / / 

**Paid for by WVBCCSP?**
- Yes
- No

### REQUIRED SIGNATURES

**Exam performed by:**

**Clinician’s Signature**

**Are you PHN PAT certified?**
- Yes
- No

**Date:** / / 

---

* Indicates Diagnostic Work-up Required
### 13.15 WVBCCSP Referral Form

**West Virginia Breast and Cervical Cancer Screening Program**

**Referral Form**

All results plus the Radiology or Cervical Diagnostic Reports must be mailed to the screening provider and a copy must be forwarded with the invoice to the WVBCCSP. See bottom of form for the WVBCCSP’s address.

<table>
<thead>
<tr>
<th>Screening Facility:</th>
<th>WVBCCSP #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening Clinician:</td>
<td></td>
</tr>
<tr>
<td>Telephone: ( )</td>
<td></td>
</tr>
<tr>
<td>Referral Date:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Client Name (Last, First, Mi):</th>
<th>Social Security #:</th>
<th>Date of Birth:</th>
</tr>
</thead>
</table>

**PROVIDER TO WHOM REFERRED**

<table>
<thead>
<tr>
<th>Referral Provider:</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
<th>Phone: ( )</th>
<th>Date of Appointment:</th>
<th>Time of Appointment:</th>
</tr>
</thead>
</table>

**BREAST REFERRAL FOR:**

- Screening mammogram
- Screening mammogram—unilateral
- Diagnostic mammogram—bilateral
- Diagnostic mammogram—unilateral
- Breast biopsy
- Fine needle aspiration

Reimbursement rendered for approved CPT codes ONLY.

<table>
<thead>
<tr>
<th>Date Performed:</th>
<th>Benign findings</th>
<th>Bloody/Serous Nipple Discharge</th>
<th>Dense Palp Mass (Dx Benign)</th>
<th>Dense Palp Mass (Susp for Cancer)</th>
<th>Nipple/Areolar Scaling</th>
<th>Normal Exam</th>
<th>Not Done/Normal CEE in Past 12 Months</th>
<th>Not Done-Other/Unknown Reason</th>
<th>Refused</th>
<th>Skin dimpling or retraction</th>
<th>Paid for by WVBCCSP?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**CBE RESULTS**  **MOST RECENT PAP TEST**  **INDICATIONS FOR COLOPOSCOPY**

- Facility That Performed Pap Test: 
- Date of Pap Test: 
- Paid for by WVBCCSP? | Yes | No

**REMINDER:** A copy of the Pap test report must be attached to this form.

**NOTICE TO PATIENT**

I understand that I have met eligibility guidelines for the West Virginia Breast and Cervical Cancer Screening Program (WVBCCSP). I may have health insurance coverage and still be eligible for this referral to be paid for fully or partially by the WVBCCSP. My insurance will be billed first. I also understand that the Program will not cover pre-operative testing and certain other procedures that may be ordered. I will take this referral form to the physician or facility named above when I go to my appointment.

Patient Signature: __________________________ Date: ____________ / ____________ / ____________

Original: Physician  Print: WVBCCSP  Yellow: Screening Provider  Goldwater: Patient  OMHP/WVBCCSP Form #P22 Rev. 07/06

WVDHHR/BPH/PWH/BCCSP/JULY-2015

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## SCREENING PROCEDURES

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

## REFERRAL PROCEDURES

<table>
<thead>
<tr>
<th>Service Description/Procedure</th>
<th>CPT Code</th>
<th>Allowable Rate</th>
<th>Medicare Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mammogram, Screening (Bilateral) (Digital)</td>
<td>G0202</td>
<td>$117.59</td>
<td>$117.59</td>
</tr>
<tr>
<td>Technical Component</td>
<td></td>
<td>$83.26</td>
<td>$83.26</td>
</tr>
<tr>
<td>Professional Component</td>
<td></td>
<td>$34.33</td>
<td>$34.33</td>
</tr>
<tr>
<td>Mammogram, Diagnostic (Unilateral) (Digital)</td>
<td>G0206</td>
<td>$113.11</td>
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**REFERRAL PROCEDURES**

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*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 MEASURES 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 preventive health measure;
"(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 program-monitoring activities.

"(b) Grant and Contract Authority of States.—A State receiving a grant under subsection (a) may expend the grant to carry out
the purpose described in such subsection through grants to, and contracts with, public or nonprofit private entities.

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 Contribution.—

"(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.

"(c) Inclusion of Relevant Non-Federal Contributions for Medicaid.—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).

SEC. 1503. REQUIREMENTS WITH RESPECT TO TYPE AND QUALITY OF SERVICES.

"(a) Requirement of Provision of All Services by Date Certain.—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;
“(3) to ensure that, by the end of any second fiscal year of payments pursuant to the grant, each of the services or activities 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 paragraphs (3) 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 provide that—

“(1) the equipment used to perform the mammography will be specifically designed for mammography and will meet appropriate radiologic standards for mammography;

“(2) the mammography will be performed by an individual who—

“(A) is licensed by a State to perform radiological procedures; or

“(B) is certified as qualified to perform radiological procedures 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 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 performed on a woman for which payment is made pursuant to section 1501(a), there are satisfactory assurances that the results 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 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 individual 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;

"(6) requirements that all cytological screening be done on the premise 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 (3) of subsection (d).

"(2) Applicability With Respect to Grantees.—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).

"(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.

SEC. 1604. 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 Programs.—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 disbursement 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 Supplies 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.
Appendix 2

West Virginia Breast and Cervical Cancer Screening

Acronym List & Glossary of Terms
<table>
<thead>
<tr>
<th>ACRONYM</th>
<th>Definition</th>
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<tbody>
<tr>
<td>ACOG</td>
<td>American College of Obstetricians and Gynecologists</td>
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<tr>
<td>ACR</td>
<td>American College of Radiology</td>
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<tr>
<td>ACS</td>
<td>American Cancer Society</td>
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<tr>
<td>AGC</td>
<td>Atypical Glandular Cells</td>
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<td>AHCPR</td>
<td>Agency for Health Care Policy and Research</td>
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<td>AHRQ</td>
<td>Agency for Healthcare Research and Quality</td>
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<tr>
<td>ASCCP</td>
<td>American Society for Colposcopy and Cervical Pathology</td>
</tr>
<tr>
<td>ASC-US</td>
<td>Atypical Squamous Cells of Undetermined Significance</td>
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<tr>
<td>BI-RADS</td>
<td>Breast Imaging Reporting and Data System</td>
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<tr>
<td>BSE</td>
<td>Breast Self-Examination</td>
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<tr>
<td>CAD</td>
<td>Computer-Aided Detection</td>
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<tr>
<td>CaST</td>
<td>Cancer Screening and Tracking System</td>
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<tr>
<td>CBE</td>
<td>Clinical Breast Examination</td>
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<tr>
<td>CBO</td>
<td>Community-Based Organization</td>
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<td>CCC</td>
<td>Comprehensive Cancer Control</td>
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<td>CCW</td>
<td>Clinical Cost Worksheet</td>
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<tr>
<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
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<tr>
<td>CFR</td>
<td>Code of Federal Regulations</td>
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<tr>
<td>CIN</td>
<td>Cervical Intraepithelial Neoplasia</td>
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<tr>
<td>CIS</td>
<td>Cancer Information Service</td>
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<tr>
<td>CLIA</td>
<td>Clinical Laboratory Improvements Amendments</td>
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<td>CMS</td>
<td>Centers for Medicare and Medicaid Services</td>
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<td>CPT</td>
<td>Current Procedural Terminology</td>
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<td>CQI</td>
<td>Continuous Quality Improvement</td>
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<tr>
<td>CT</td>
<td>Computerized Tomography</td>
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<tr>
<td>DCPC</td>
<td>Division of Cancer Prevention and Control</td>
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<tr>
<td>DNA</td>
<td>Deoxyribonucleic Acid</td>
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<tr>
<td>EMB</td>
<td>Endometrial Biopsy</td>
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<tr>
<td>FDA</td>
<td>Food and Drug Administration</td>
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<td>FNA</td>
<td>Fine Needle Aspiration</td>
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<tr>
<td>FOIA</td>
<td>Freedom of Information Act</td>
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<tr>
<td>FPL</td>
<td>Federal Poverty Level</td>
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<tr>
<td>FSR</td>
<td>Financial Status Report</td>
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<tr>
<td>GMO</td>
<td>Grants Management Office</td>
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<tr>
<td>GPRA</td>
<td>Government Performance and Results Act</td>
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<tr>
<td>HCFA</td>
<td>Health Care Financing Administration</td>
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<tr>
<td>HIPAA</td>
<td>Health Insurance Portability and Accountability Act</td>
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<tr>
<td>HPV</td>
<td>Human Papillomavirus</td>
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<tr>
<td>HSIL</td>
<td>High-Grade Squamous Intraepithelial Lesion</td>
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<tr>
<td>IHS</td>
<td>Indian Health Service</td>
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<tr>
<td>IOM</td>
<td>Institute of Medicine</td>
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<tr>
<td>Abbreviation</td>
<td>Full Form</td>
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<tr>
<td>IPR</td>
<td>Interim Progress Report</td>
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<tr>
<td>IRB</td>
<td>Institutional Review Board</td>
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<tr>
<td>LBC</td>
<td>Liquid-Based Cytology</td>
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<tr>
<td>LCNB</td>
<td>Large-core Needle Biopsy</td>
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<tr>
<td>LEEP</td>
<td>Loop Electrode Excision Procedure</td>
</tr>
<tr>
<td>LSIL</td>
<td>Low-Grade Squamous Intraepithelial Lesion</td>
</tr>
<tr>
<td>MDE</td>
<td>Minimum Data Element</td>
</tr>
<tr>
<td>MLO</td>
<td>Mediolateral Oblique</td>
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<tr>
<td>MOU</td>
<td>Memorandum of Understanding</td>
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<tr>
<td>MRI</td>
<td>Magnetic Resonance Imaging</td>
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<tr>
<td>MQSA</td>
<td>Mammography Quality Standards Act</td>
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<tr>
<td>NBCCEDP</td>
<td>National Breast and Cervical Cancer Early Detection Program</td>
</tr>
<tr>
<td>NBCCPTA</td>
<td>National Breast and Cervical Cancer Prevention and Treatment Act</td>
</tr>
<tr>
<td>NCA</td>
<td>Notice of Cooperative Agreement</td>
</tr>
<tr>
<td>NCBC</td>
<td>National Consortium of Breast Centers</td>
</tr>
<tr>
<td>NCQA</td>
<td>National Committee for Quality Assurance</td>
</tr>
<tr>
<td>NGA</td>
<td>Notice of Grant Award</td>
</tr>
<tr>
<td>OMB</td>
<td>Office of Management and Budget</td>
</tr>
<tr>
<td>OMCFH</td>
<td>Office of Maternal Child &amp; Family Health</td>
</tr>
<tr>
<td>PCP</td>
<td>Primary Care Provider</td>
</tr>
<tr>
<td>PDSA</td>
<td>Plan-Do-Study-Act</td>
</tr>
<tr>
<td>PGO</td>
<td>Procurement and Grants Office</td>
</tr>
<tr>
<td>PSA</td>
<td>Public Service Announcement</td>
</tr>
<tr>
<td>STD</td>
<td>Sexually Transmitted Disease</td>
</tr>
<tr>
<td>USPSTF</td>
<td>United States Preventive Services Task Force</td>
</tr>
<tr>
<td>WISEWOMAN</td>
<td>Well-Integrated Screening and Evaluation for Women Across the Nation</td>
</tr>
</tbody>
</table>
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.

**Bethesda System**
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.

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

- **Conventional surgical biopsy**
  Removal of a palpable lump or thickening by a surgeon.

- **Core needle biopsy**
  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.

- **Needle-localization biopsy**
  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.

- **Stereotactic needle biopsy**
  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.

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

**Cervix**
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.

- **Atypia** Correlates with ASCUS.
- **CIN I** Mild dysplasia and correlates with LGSIL.
- **CIN II** Moderate dysplasia and correlates with HGSIL.
- **CINIII** Severe dysplasia and correlates with HGSIL.

- **Carcinoma in-situ** 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.

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

**Colposcopy**
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.

**Cryosurgery**
Destruction of tissue by application of extreme cold.

**Cytobrush**
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.

**Cytology**
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.

**Dysplasia**
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.

**Endometrium**
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.

**Grade**
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.

**Histology**
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.

**In Situ**
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.

**Laser**
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.

**Mammogram**
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.

**Mastitis**
Inflammation of the mammary gland or breast.
**Metaplasia**
The transformation and or change of cells from a normal state to an abnormal state.

**Metastasis**
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.

**Neoplasia**
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 WV BCCSP 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).

**Prevalence**
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**
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.

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

**Radiology**
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” breast 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 co-payment 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
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: WVBC CSP 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 WVBC CSP 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 WVBC CSP 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 WVBC CSP 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 copy 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 WVBC CSP 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 Frichard, Director – Quality Assurance Monitoring

OFFICE OF MATERNAL, CHILD AND FAMILY HEALTH
Bureau for Public Health
330 Capitol Street, Room 437
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
Program updates

The WV BCCSP 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 updates 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.
**WVBCCSP Medicaid Treatment Act At-A-Glance**

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)
  - CIN I, II, III: CIS, LSIL, AGC, ASC-H
  - Squamous cell carcinoma
  - Adenocarcinoma

*Note: 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.

*Note: 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 treated: Please check one

Breast:

- Atypical ductal hyperplasia
  (Diagnosis made by excisional biopsy)
- Invasive ductal breast cancer
- Invasive lobular breast cancer
- Ductal carcinoma in situ (DCIS)
- Lobular carcinoma in situ (LCIS)
- Metastatic Breast Cancer
- Adenocarcinoma

Cervical:

- CIN I/mild dysplasia
- CIN II/moderate dysplasia
- CIN III/severe dysplasia
- Carcinoma in situ (CIS)
- Squamous cell carcinoma
- 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: _______________________________ Date: ________________

Signature required

Physician name: ___________________________ Print name

Physician phone: ___________________________ Fax: _______________________

Y600 Rev. 12/07

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

- 106 -
WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
MEDICAID APPLICATION FOR BCCSP PARTICIPANTS

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.

Name: ___________________________ Last First Middle Initial ___________________________ Social Security Number: _______ - _______ - _________

Address: ___________________________ Box / Route / Street ___________________________ Apt. # ___________________________ Home Phone: ( ) ________

Address: ___________________________ City / Town ___________________________ State Zip ___________________________ Work Phone: ( ) ________

(If you may receive calls at work.) Contact person with whom a message may be left: ___________________________ Phone Number: ___________________________ Phone Number: ___________________________

In case of emergency, please contact: ___________________________ Phone Number: ___________________________

Contact person with whom a message may be left: ___________________________ Phone Number: ___________________________

ADDITIONAL INFORMATION

Do you have medical insurance? ☐ Yes ☐ No

If yes, what type? ☐ Medical ☐ Hospital ☐ No Cancer ☐ Other

Company Name: ___________________________ Policy Number: ___________________________

Address: ___________________________

* Do you have children under age 19? ☐ Yes ☐ No

* What is your monthly gross income? ___________________________

* Do you have assets (excluding your home) that total more than $2,000? ☐ Yes ☐ No

* 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.

1. 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.

2. 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.

3. 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.

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 may also be prosecuted for fraud and I understand that any information given is subject to verification by an authorized representative of the Department.

5. 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.

Applicant Signature: ___________________________ Date: ___________________________

Witness, if signed by mark ___________________________ Signature of Person helping to complete the form ___________________________

DFA-BCC-1  (Rev. 1/07)
Appendix 5
West Virginia Diagnostic and Treatment Fund
### WV Diagnostic & Treatment Fund At-A-Glance

#### 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

##### Breast
- 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 “last resort” 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 **prior to performing the procedure**.
- 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, before performing the procedure**.

**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 **NOT covered** 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 **not** covered.
## WV D&T Fund Application

**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, FMO or Out-of-State residents are not eligible.

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<th>Patient Information</th>
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<th>First Name:</th>
<th>Middle Initial:</th>
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**WV Resident?**  
Yes: ___  No: ___  (If no, stop, the patient is not eligible)

**Family Income and Insurance Information: (Must be completed)**

- Total number of family members: ___  
- Total gross annual income: ___

- Is the patient covered by Medicaid?  
  Yes: ___  No: ___  (If yes, stop, the patient is not eligible)

- Is the patient covered by health insurance or an enrollee of an HMO?  
  Yes: ___  No: ___  (If yes, stop, the patient is not eligible)

**ONLY THE PROCEDURES LISTED BELOW ARE COVERED. TELEPHONE APPROVALS CAN NOT BE ACCEPTED.**

### BREAST REQUEST

- (00400) General anesthesia Dx breast procedure

### CERVICAL REQUEST (Please attach pathology report)

- Must have a positive cervical biopsy indicating need for further treatment.
- (57460 OR 57461) Loop electrode excision procedure (LEEP)
- (57500) Biopsy of excision of lesion
- (57700) Endocervical curetteage
- (57711) Cervicectomy of cervix
- (57513) Laser surgery of cervix
- (57520) 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

**Physician submitting application: (fax number required)**

- Name: ____________________________
- FEIN: _____________________________
- Address: __________________________
- Phone: ___________________________  Fax: ______________
- Date submitted: ____________________
- Data procedure scheduled: __________
- Person submitting application: ________________
- Approval/denial to be faxed to: __________

**THIS APPLICATION FOR SERVICES HAS BEEN:**

- □ Approved *
- □ Denied (see comments)

**SUBJECT TO AVAILABILITY OF FUNDS**

**By Financial Officer:**

- Signature: __________________
- Title: _____________________
- Date: _____________________

**Comments:**

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**Return to:**  
Diagnostic and Treatment Fund  
Breast & Cervical Cancer Screening Program  
350 Capitol Street, Room 427  
Charleston, WV 25301-3714  
Phone: 1-800-642-8222 or (304) 558-5300  
Fax: (304) 558-7164

**Information contained in this application is confidential.**

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