Breast Cancer and Cervical Cancer Program

Policies, Guidelines and Recommendations
A woman may be enrolled in the Breast and Cervical Cancer Program (BCCP) to receive federal or state funded breast and/or cervical cancer screening which may include follow-up diagnostic procedures in accordance to policies and guidelines when all of the following eligibility requirements are met:

- The woman is at or below 200% of the Federal poverty level.
- The woman is uninsured.
- The woman is within the age requirements for federal or state funding.
- The client is a biological female.
- The woman is a resident of Georgia.

It is the responsibility of the public health provider or contracted provider and BCCP Coordinator to assess client eligibility and to ensure appropriate BCCP funding is used.
1. PROCEDURE FOR DETERMINATION OF INCOME ELIGIBILITY:

A. Determination of income for BCCP Eligibility

Procedure for Calculating Monthly Family Income

a. Family income shall be defined as annual gross income of the applicant and all immediate family members residing in the household with applicant as defined by the “Georgia BCCP Family Unit Guidelines.” Family income shall include salary or wages if employed plus any unearned income including benefits such as social security, retirement, veteran’s benefits, welfare benefits, worker’s compensation, sick benefits, disability compensation, alimony, child support, stock/certificate dividends, interest, or income from property. Applicant can self-declare income. No proof of income is necessary.

- If the applicant declares that they have no income, the BCCP Provider will ask the applicant to briefly describe how they are meeting their living expenses and document the response in the applicant’s chart.

Calculation of monthly income:

1. If the family income is reported on a biweekly basis, multiply the biweekly amount by 2.16 to determine the monthly income.

2. If the family income is reported on a weekly basis, multiply the weekly amount by 4.33 to determine the monthly income.

3. Multiply monthly income times 12 to determine annual income.

4. Compare monthly or annual income to federal poverty guidelines.

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B. Re-determination of eligibility for participation in BCCP

1. For women being served through the BCCP program, re-determination of BCCP eligibility should occur yearly or when changes in applicant’s circumstances occur that would affect her eligibility to participate in the Breast and Cervical Cancer Program.

2. When re-determining eligibility for BCCP assess the following:
   a. Changes in client’s monthly income and family unit size.
   b. Whether client remains uninsured for screening and diagnostic services as defined by BCCP – See BCCP Manual Section III, page 1.
   c. Whether client remains eligible based on age – See BCCP Manual Section III.
   d. Whether client continues to reside in Georgia. If client has relocated out of state, refer her to her state Breast and Cervical Cancer Program. (See http://apps.nccd.cdc.gov/dcpp_Programs/default.aspx?NPID=1 for contact information for other states.)
C. Calculate the family unit size using the “GEORGIA BCCP FAMILY UNIT GUIDELINES” which follows:

<table>
<thead>
<tr>
<th>IF THE STATUS OF A WOMAN IS ....</th>
<th>AND SHE LIVES WITH ....</th>
<th>THEN INCLUDE THESE PEOPLE IN THE FAMILY UNIT*</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 years old &amp; Single</td>
<td>Parent(s) or other family</td>
<td>Family of the client’s parents by birth or adoption with legal responsibility for financial support and medical bills</td>
</tr>
<tr>
<td>21 years old &amp; Single</td>
<td>Alone</td>
<td>Applicant</td>
</tr>
<tr>
<td>21 years old &amp; Single</td>
<td>Parents &amp; is listed as a dependent on their income tax return (e.g., is disabled or a student)</td>
<td>Parents by birth or adoption, Dependent siblings and/or related adults by blood, marriage, or adoption who are solely dependent for food, clothing, or shelter</td>
</tr>
</tbody>
</table>
| Single Parent or Single Head of Household | Children and/or adults | a. Dependent children < 18 y.o. 

b. Related adults by blood, marriage, or adoption ≥ 18 y.o. who are solely dependent on applicant for food, clothing, or shelter |
| Married, including common law   | Spouse and children      | a. Spouse 

b. Dependent children < 18 y.o. 

c. Related adults by blood, marriage, or adoption ≥ 18 y.o. who are solely dependent on applicant for food, clothing, or shelter |

1. Family size shall be defined as the number of immediate family member related by blood, marriage or adoption to the application and who are residing the same household.

2. Family income shall be defined as annual gross income of the applicant and all immediate family members residing in the household with applicant as defined above.

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D. DETERMINE ELIGIBILITY BASED ON INSURANCE COVERAGE STATUS:

Once the woman is determined to be at or below 200% of Federal poverty level, determine whether she is BCCP eligible based on insurance coverage. Uninsured for screening and diagnostic services as defined by BCCP includes the following categories:

a. Women who do not possess medical benefits offered under a group or individual health plan, Medicare, Medicaid, Armed Forces insurance, or medical coverage offered through a state health risk pool.

**There are two exceptions: Native Americans who receive healthcare services from the Indian Health Services or from a tribal organization are considered uninsured.

b. Women who are 65 years of age and older who do not have Medicare Part B can be considered uninsured for screening and diagnostic services.

c. Instances in which a woman has exhausted her lifetime limits under her insurance plan.

d. Instances in which a woman has limited scope coverage such as dental, vision, long term care, or coverage for only a specified disease or illness that does not include breast and cervical cancer screening and diagnostic services.

e. Rare instances in which a woman obtains her health insurance coverage from a self-insured company that does not provide coverage for breast and cervical cancer screening or diagnostic services.

   Note: Self-insured firms are companies that voluntarily sponsor the health insurance plan for their employees using employer and employee premiums, e.g. the State Health Benefit Plan for Georgia employees.

In the above instances, the woman is considered uninsured and is eligible for BCCP enrollment provided she meets all other requirements.

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E. PROCEDURE TO DETERMINE UNINSURED STATUS OF A CLIENT:

a. The client must state and sign the Statement of Health Insurance Status, (see next page), that states she is uninsured or falls into one of the categories listed previously.

b. The client must indicate by signature that she has read and understands the following:

- The client is responsible for payment reimbursement to the BCCP provider if she declares uninsured status when in fact she has coverage.
- The BCCP provider has no affirmative duty to verify lack of coverage for breast and cervical cancer screening and diagnostic services.

If coverage is discovered during the normal course of business, the client is responsible as stated above. This step alone does not qualify the client for BCCP funded services but determines which funding source can be used if the woman qualifies for BCCP covered services in Step 3.

<table>
<thead>
<tr>
<th>MEDICARE PART B</th>
<th>PRIVATE INSURANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WITHOUT PART B</strong></td>
<td><strong>WITH PART B</strong></td>
</tr>
<tr>
<td><strong>CDC</strong></td>
<td><strong>STATE</strong></td>
</tr>
<tr>
<td>Encourage to enroll in Part B &amp; Go to Step 3</td>
<td>Encourage to enroll in Part B &amp; Go to Step 3</td>
</tr>
<tr>
<td>Georgia Breast and Cervical Cancer Manual</td>
<td>Revised October 2014</td>
</tr>
</tbody>
</table>
Statement of Health Insurance Status
For the Georgia Breast and Cervical Cancer Program

I ____________________________________________________________________________ declare that I do not have insurance based on one of the following:

_____ I do not possess medical benefits offered under group or individual health plan, Medicare, Medicaid, Armed Forces insurance, or medical coverage offered through state health risk pool.

_____ I am Native American receiving my healthcare services through the Indian Health Service or a tribal.

_____ I am 65 years or older, I have Medicare Part A, and I do not have Medicare Part B.

_____ I am in a period of exclusion under my health insurance plan.

_____ I have exhausted my lifetime limits under my insurance plan.

_____ I have limited scope coverage such as dental, vision, long term care, or coverage for only a specified disease or illness that does not include breast or cervical cancer screening and diagnostic services.

_____ I have health insurance via a self-insured company that does not provide coverage for breast and cervical cancer screening and diagnostic services.

I understand that the Breast and Cervical Cancer Program Provider has no affirmative duty to verify lack of coverage for breast and cervical cancer screening and diagnostic services.

I also understand that if coverage is discovered during the normal course of business, I am responsible for reimbursement of fees to the Breast and Cervical Program Provider.

My signature below indicates that I have read and understand the above regulations, and have had the opportunity to ask questions.

__________________________________________________________________________
Client Signature ___________________________________________________________

__________________________________________________________________________
Printed name of BCCP Provider/Staff _______________________________________

__________________________________________________________________________
BCCP Provider/Staff signature ______________________________________________

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F. DETERMINE CLIENT ELIGIBILITY FOR SCREENING AND/OR DIAGNOSTIC SERVICES FUNDED UNDER BCCP.

A woman who is at or below 200% of Federal poverty level who qualifies for state and/or federal funding meet age requirements to determine which services (if any) the woman qualifies. There are five important points to remember:

a. The priority population for BCCP funded mammography screening is women between the ages of 50-64 years of age.
   - At least 75% of the women who receive mammography screening with CDC funding must be 50-64 years of age.

b. BCCP funding may not be used for women who have Medicare Part B but are unable to pay the deductibles or co-pay.

c. If a woman is age eligible for Medicare Part B but has not applied for Part B, encourage the woman to apply.

d. A woman may be eligible for cervical cancer screening but not breast cancer screening based on age. Additionally, a woman may qualify for diagnostic follow-up but not screening. For this reason breast and cervical cancer are separated in the charts on the next pages.

Use the chart on the following page to determine a woman’s eligibility for services and to determine which funding may be used.

NOTE: Each chart reads left to right beginning with client age, service, and then funding (CDC or State).
# BCCP BREAST CANCER SCREENING AND DIAGNOSTIC SERVICES

<table>
<thead>
<tr>
<th>AGE</th>
<th>SERVICE</th>
<th>Paid with BCCP FUNDS</th>
<th>STATE*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 40 years of age</td>
<td>Diagnostic work-up per policy (#5) for documented findings for breast problems symptoms suspicious for cancer</td>
<td>YES, with BCCP Coordinator approval</td>
<td>YES BCCP Coordinator approval</td>
</tr>
<tr>
<td>40-49 Years of Age</td>
<td>Routine screening and diagnostic work up per policy</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>50-64</td>
<td>Routine screening and diagnostic work up per policy</td>
<td>At least 75% of the women who receive mammograms must be between the ages of 50-64.</td>
<td>Priority is given to older women for mammograms but there is no average required.</td>
</tr>
<tr>
<td>65+</td>
<td>Routine screening and diagnostic work up per policy</td>
<td>YES Only for women without Medicare Part B</td>
<td>YES Only women without Medicare Part B</td>
</tr>
</tbody>
</table>

- Women who have Medicare Part B but have not met the deductible or are unable to pay co-pay, are not eligible for BCCP services.

- For the woman who presents to the BCCP with recent history of abnormal mammogram and/or ultrasound or other diagnostic procedures, admittance into the program will be based on availability of program funds.

- If diagnostic funds are limited or not available, contact the BCCP Program Manager to solicit additional funding if available.

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<table>
<thead>
<tr>
<th>AGE</th>
<th>SERVICE</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>CDC *</td>
</tr>
<tr>
<td></td>
<td></td>
<td>STATE *</td>
</tr>
<tr>
<td>21-49 Years of Age</td>
<td>Routine screening and diagnostic work-up per policy</td>
<td><strong>YES</strong>&lt;br&gt;The priority population is women who are never of rarely screened.&lt;br&gt;(Goal ≥ 20% of women served)</td>
</tr>
<tr>
<td>Not seeking Family Planning or Prenatal Services</td>
<td>Note: Diagnostic follow-up services are available to family planning patients.</td>
<td><strong>YES</strong></td>
</tr>
<tr>
<td>50-64 Years of Age</td>
<td>Routine screening and diagnostic work up per policy.</td>
<td><strong>YES</strong></td>
</tr>
<tr>
<td>65+ Years of Age</td>
<td>Routine screening and diagnostic work up per policy</td>
<td><strong>YES</strong>&lt;br&gt;Only for women without Medicare Part B</td>
</tr>
</tbody>
</table>

- Women who have Medicare Part B but have not met the deductible or are unable to pay co-pay, are not eligible for BCCP Services.

- For the woman who presents to the BCCP with recent history of an abnormal Pap test or other cervical diagnostic procedures, admittance into the program will be based on availability of program funds.

- If diagnostic funds are limited or not available, contact the BCCP Program Manager to solicit additional funding if available.

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• Routine screening for low risk women should end at age 65.
  See Appendix: “Cervical Screening Guidelines”

**Breast and Cervical Cancer Program**

**Clinical Services Section**

**Policy No. 2  History and Physical Policy**

Date Created: 1997   Approved by: BCCP Administration Leadership

Date Revised: July 2014

POLICY

1. Women who are eligible for routine screening under the “BCCP Client Eligibility Policy and Procedure” (Policy No 1) shall be provided an annual history, psychological assessment (see Standard 3, BCCP Program Standards for Service Delivery), and physical examination. This examination will include, at a minimum height, weight, blood pressure, clinical breast exam (CBE), pelvic exam and Pap test (where applicable per policy) and mammogram referral (where applicable per policy).

2. If a woman had been referred to the program due to an abnormal CBE or abnormal mammogram, and is program eligible, she may be enrolled if funding is available. If clinical records documenting her medical history and clinical findings (physical exam and radiology reports) are available, she may be enrolled without a repeat physical CBE. The clinic should ensure that height, weight, BP, tobacco use surveillance and psychosocial assessment has been accomplished and documented.

3. Normal screening test results will be provided the woman within 30 days of the screening date and abnormal results within five (5) working days.
Breast and Cervical Cancer Program

Clinical Services Section

Policy No. 3  Tobacco Screening and Cessation Policy

Date Created: 2010  Approved by: BCCP Administration Leadership
Date Revised: July 2014

POLICY

Tobacco Screening and Cessation Policy

“Scientific evidence reveals that tobacco use is associated with many cancers, chronic diseases and corresponding disease-related complications that impact the health of Georgians. Consistent with CDC chronic disease-related program guidance, grantees are required to adhere to United States Public Health Services (PHS) Clinical Practice Guidelines for Treating Tobacco Use and Dependence by adopting evidence-based strategies involving services provided to patients or clients who use tobacco products.

For every client served by federal funds, these strategies include: assessing tobacco use status during each visit and referring clients who use any form of tobacco for additional support to the Georgia Tobacco Quit Line at 1-877-270-STOP (7867) which provides free and confidential tobacco cessation counseling services (telephone and web-based). The tobacco use assessment and referral to the Georgia Tobacco Quit Line and other forms of cessation support (e.g. face to face counseling, support groups) should be documented in the clinical record. Clinical record documentation should also include follow-up interventions such as cessation education or counseling conducted by telephone or face-to face with patients or clients.”
Clinical Services Section

Policy No. 4  Case Management & Client Navigation Policy

Date Created: 2001  Approved by: BCCP Administration Leadership
Date Revised: July 2014

POLICY

The District/PPCP BCCP Coordinators, program support staff, and clinical staff will be familiar with the BCCP Manual sections on Case Management and Client Navigation and will integrate the concepts found in these sections into their breast and cervical cancer program. These concepts will include but are not limited to:

- Psychosocial assessment, education, counseling and follow-up for all BCCP eligible women to identify and address actual or potential barriers to completing the screening process annually.

- All BCCP eligible women with abnormal screening results will be provided Case Management to ensure diagnostic and treatment services (where applicable) are obtained in a timely manner. (See Section 4 “Case Management”)

- When a woman concludes her cancer treatment, has been released by her treating physician to return to a schedule to routine screening, and continues to meet NBCCEDP eligibility requires, she may return to the program and receive all its services.
Breast Cancer Screening Policy

Women who are eligible for routine breast cancer screening, in accordance with the "BCCP Client Eligibility Policy and Procedure" (Policy No. 1), will be provided with:

- An annual or biennial (for low risk 40-49 years old) screening mammogram (either conventional or digital) within three months of the clinical breast examination.
- Breast cancer screening services in compliance with the flow chart titled ‘Management of Common Breast Problems” found on the next page and in the Breast Procedure Manual.
- Education and counseling regarding self-examination techniques and the need for regular screening so as to “know your beast” should be accomplished with each CBE.
- Follow-up of abnormal CBE and/or mammogram according to protocols and standards (see Standard # 6, Breast Biopsy Recommendations).
- Diagnostic follow-up in accordance with policy.

Women eligible for BCCP diagnostic services in accordance with “BCCP Client Eligibility Policy and Procedure” will be provided diagnostic mammography and referred for surgical consultation in accordance with the “Referral for Abnormal CBE or Mammogram Policy and Procedure”, Policy 6, where clinical signs are suspicious for breast cancer.
Clinical Services Section

Policy No. 6  Referral for Abnormal Clinical Breast Exam or Mammography Policy and Procedures

Date Created: 1995  Approved by: BCCP Administration Leadership
Date Revised: July 2014

Policy

BCCP eligible women shall be referred for surgical consultation when the clinical breast exam (CBE) and/or mammography screening result are suspicious for breast cancer. Referral for surgical consultation and work up will be based on documented clinical and/or radiological findings. Diagnostic services will be offered and paid for by BCCP funding in accordance with BCCP policy and where listed as a covered diagnostic service.

PROCEDURE:

1. CBE will be performed by a PH nurse trained in providing the Vertical strip method (California Model) for a thorough clinical breast examination. However, if a client is referred to the BCCP for follow up of an abnormal CBE or mammogram by an outside provider and presents with clinical records of the CBE, and if performed, the mammogram report, she does not need a repeat CBE for enrollment into the program.

2. Where the clinician is unsure if the CBE findings are abnormal and suspicious of cancer (equivocal), another health department clinician (e.g., nurse practitioner), who is also trained in the Vertical Strip (California Model) method, should be requested to repeat the clinical breast examination to corroborate the finding.

3. Once the clinically suspicious findings are confirmed, the findings will be documented in the chart using the appropriate language noted below. The woman would then be referred for a diagnostic mammogram and/or surgical/breast specialist consultation.
a. For a finding of a discrete palpable mass, the documentation should include the size in centimeters; mobility, firmness, depth, and using the clock face to approximate the location of the mass.

b. For nipple discharge, the documentation should include: which breast, the color of the nipple discharge and a description of whether or not the discharge was spontaneous or expressed.

c. For skin changes the documentation should describe the type of skin change (e.g., nipple retraction, skin dimpling, peau d’orange or nipple scaling).

d. Following a diagnostic imaging, which may include diagnostic mammogram and/or ultrasound, the clinician needs to determine what additional follow up needs to be done. If the Radiologist Breast Specialist confirms the suspicious finding, they may perform the biopsy if indicated.

However, if the Radiologist is not a breast specialist or the diagnostic imaging does not confirm the findings of the CBE or confirms a benign finding such as a Simple Cyst, the client will be referred to a breast surgeon for further evaluation and possible biopsy. If the biopsy done by the Breast Specialist is benign, no further diagnostics or referrals are needed.

**See following algorithms for "New Palpable Mass and Spontaneous Unilateral Nipple Discharge (non lactating)"

4. When the BCCP Eligible woman’s screening mammogram results in an assessment incomplete or suspicious or highly suggestive for cancer, refer the woman for further radiological evaluation as directed by the radiologist, as many equivocal mammographic abnormalities may be resolved with additional radiological work up.

5. When indicated by the radiological, refer the client for surgical/breast specialist consultation.

6. Where the BCCP eligible woman’s Initial screening mammogram results in a BI RADS 3, “Probably Benign”, additional diagnostic studies should be performed. The radiologist may recommend further imaging studies or physician consult.

7. Where clinically suspicious findings are found on CBE and/or mammogram (assessment incomplete or suspicious/highly suggestive for cancer), educate the client about the necessity of complying with recommendations for close follow-up or surgical evaluation, document the education and client’s understanding.

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in the client record and provide case management to promote follow-up compliance.

8. Where the woman presents to the BCCP with recent history of abnormal mammogram and/or ultrasound or other diagnostic procedures, admittance into the program will be based on availability of program funds.
Spontaneous Unilateral Nipple Discharge (Non-Lactating)

CBE & HX

History of Spontaneous Nipple Discharge

- Palpable Mass
  - YES → Breast Mass
  - NO → Discharge present on exam OR reported as bloody

- Discharge present on exam OR reported as bloody
  - YES → Diagnostic Imaging Evaluation
  - NO → Pt. returns w/o Discharge

- Pt. returns w/o Discharge
  - NO → Routine Screening

Diagnostic Imaging Evaluation

- Negative: 1
- Benign: 2
- Probably Benign: 3
- Suspicious: 4
- Highly Suggestive of Malignancy: 5

- Refer to Specialist
- Refer for Biopsy
Clinical Services Section

Policy No. 7  Breast Biopsy Recommendations

Date Created: 2002  Approved by: Medical Advisory Committee
Date Revised: July 2014

RECOMMENDATIONS

Based on a literature review and consultation with the Medical Advisory Committee, the following are the recommendations for managing diagnostic expenditures for BCCP:

a. Radiologist recommendations for diagnostic work up must be consistent with the American College of Radiology (ACR) guidelines for assessment categories. With rare exceptions, all mammograms with a category 4 or 5 interpretation should lead to a tissue biopsy. A radiologist’s report that recommends biopsy for a category 1, 2, or 3 should be discussed with the radiologist by a BCCP nurse or physician to determine the single correct category.

b. BCCP will pay for percutaneous biopsy as the first surgical diagnostic procedure. This would include a core needle biopsy (needle or mammatome) using either ultrasound guidance or stereotactic localization for needle placement, or an incisional biopsy.

3. An excisional biopsy will be paid for only after a suggestive or positive percutaneous biopsy, a previous percutaneous biopsy that was non-diagnostic, or an atypical ductal hyperplasia or radial scar. The total maximum reimbursement per breast biopsy, including surgical procedure, pathology and facility charges will not exceed $2,500.00 and will be reimbursed based on availability of district funds.
4. Excisional biopsy as the first diagnostic procedure will be paid for only if:

   a. The client presents with clinical and/or radiological signs suspicious for breast cancer and the primary surgeon describes the reason for proceeding directly to excisional biopsy and receives approval from the BCCP Coordinator, or

   b. A statement is obtained from a radiologist or surgeon qualified in percutaneous biopsy, working at a primary site that has such capability, stating that the lesion is no amendable to stereotactic or ultrasound guided biopsy or is not advised for that type lesion (i.e. radial scar).
Breast and Cervical Cancer Program

Clinical Services Section

Policy No. 8 Certification of Participating Radiology Facilities Policy and Procedure

Date Created: 1995    Approved by: BCCP Administration Leadership
Date Revised: July 2014

Certification of Participating Radiology Facilities Policy and Procedure

1. The District/Participating Primary Providers (PPCP) will ensure that all radiology facilities, providing screening and diagnostic mammography for women enrolled in their respective Breast and Cervical Cancer Program, meet the requirement for mammography quality assurance developed by the Food and Drug Administration (FDA). Radiology facilities are certified annually by the American College of Radiology and every 3 years by the FDA.

2. The District/PPCP office will notify the State office immediately of any changes in current facility certification status and/or when new facilities are added or facilities that are no longer providing services to their BCCP clients.
Breast and Cervical Cancer Program

Clinical Services Section

Policy No. 9  Mobile Mammography Quality of Service Policy

Date Created: 1993       Approved by: BCCP Administration Leadership
Date Revised: July 2014

The BCCP quality of service policy for use of a mobile mammography unit includes the following:

1. The mobile mammography-screening unit is FDA approved.

2. The partner providing the mobile mammography-screening unit agrees to accept BCCP reimbursement rate as total payment for its services.

3. The partner providing the mobile unit agrees to look to BCCP as the payer of last resort.

4. The BCCP is marketed as a “no or low cost service for BCCP eligible women”.

5. Eligibility screening of women is provided in a private, confidential area.

6. Each client receives a clinical breast exam prior to a mammogram.
   a. If cervical cancer screening cannot be provided at the time of breast screening services, the client must be offered an appointment for such screening with a provider or health department that participates in the program.

7. Each client receives notification of normal mammography screening results within 30 days of the screening and abnormal results within five (5) working days.

8. BCCP forms are accurately completed for each BCCP client in order to receive reimbursement from BCCP funds.

9. Follow-up of abnormal findings (i.e., referral for diagnostic services) is provided.

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10. The client is educated on recommendations for maintaining breast health.

**Breast and Cervical Cancer Program**

**Clinical Services Section**

**Policy No. 10** Guidelines for Planning the Use of Mobile Mammography at a Health Fair

Date Created: 1992   Approved by: BCCP Administration Leadership

Date Revised: July 2014

**GUIDELINES**

The BCCP guidelines for use of a mobile mammography unit at a health fair include the following:

a. Ensure the mobile mammography unit is in compliance with the "Mobile Mammography Unit Quality of Service Policy".

b. Include critical screening partners in the planning process such as:
   
a. The BCCP Coordinator from each district/PPCP and/or clinic that serves the target population.

b. A representative from each participating mobile screening unit

c. A representative from all other sponsoring/participating agencies

d. Representatives from other community agencies who serve the target population

e. Any other facility or partner who will be providing any part of the health screening and/or education

3. Establish a work plan that includes activities to be completed, completion dates and responsible person(s). The work plan should include meeting dates and

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method for meeting (e.g., telephone conference, in person, etc.) as well as the meeting site.

4. Establish and implement a marketing plan well in advance of the proposed date. This marketing plan will include but is not limited to:
   a. The names of participating health districts(s) or county health departments or PPCPs are partners in providing the services;
   b. Who will be specifically responsible for each component of the marketing plan;
   c. The date the marketing plan will be implemented;
   d. A “low or no cost service for eligible women’ message;
   e. Strategies for reaching target populations.

5. Establish a plan for the provision of screening to assure compliance with the “Mobile Mammography Unit Quality of Service Policy” ensuring:
   a. Training for mammography workers and any other to ensure trained workers complete all forms, data collection requirements, eligibility guidelines, and services provided by the program.
   b. A smooth flow of clients to various screening and educational sites.
   c. Accommodation for special needs clients such as physically impaired or non-English speaking clients.
   d. Method for assuring client receives her screening results within designated timeframe. This would include who conducts the notification and by what mechanism (mail, phone call, etc.).
   e. Method for implementation of Case Management where abnormal results are identified.
   f. Method for educating women on breast self-exam (e.g., one-on-one or group). This will include the identification of:
      1. Who will provide the education?
2. What educational materials will be needed, who will be responsible for obtaining them, and how will the materials be paid?

g. Method for assuring that the women receives or is scheduled for cervical cancer screening in accordance with the Cervical Cancer Screening Policy.
Breast and Cervical Cancer Program

Clinical Services Section

Policy No. 11  Cervical Cancer Screening & Referral for Abnormal Results Policy & Procedure

Date Created: 1999  Approved by: BCCP Administration Leadership

Date Revised: July 2014

POLICY

1. The cervical cancer screening policy for providing Pap tests and clinical pelvic exams to BCCP eligible women with an intact cervix and in accordance with the “BCCP Eligibility Policy and Procedure” (Policy No. 1) is as follows:

   a. 20% of the women screened should not have had a Pap test in the past five (5) years and therefore qualify as “never/rarely” screened

   b. Screening Interval: Women ages 21-29 years with an intact cervix should have a Pap test every three years.

   c. Screening Interval: Women ages 30-64 may be screened with a Pap test every 3 years or HPV co-testing with a Pap test every 5 years. The patient must be given an option to choose the screening interval. The HPV co-testing with cytology is the preferred screening method per USPSTF/CDC recommendations.

   d. Women who are considered high risk for cervical cancer should have annual screening. This includes those women who have a history of in-utero DES (Diethylstilbestrol) exposure, are immunocompromised such as HIV infected, or have a history of invasive cervical cancer.

   e. Where the BCCP eligible woman’s Pap test result is not classified as “Negative for Intraepithelial Lesion or Malignancy” (i.e., ASC-US, ASC-H, LSIL, HSIL, Squamous Cell Cancer, AGUS, or other malignant neoplasm) repeat screening or diagnostic follow-up should be in compliance with the 2013 Consensus Guidelines for the Management of Women with Cytological Abnormalities.
If diagnostic follow-up is indicated, refer the woman to a gynecologist or certified Colposcopist. Appendix A

Cervical Cancer Screening & Referral for Abnormal Results Policy & Procedure continues

f. Clients who have completed recommend follow up diagnostic, treatment, and/or cytology testing according to the 2013 Consensus Guidelines should remain routine cervical screening in accordance with their age specific guidelines.

g. The BCCP will not reimburse for screening for cervical cancer with HPV testing alone.

h. Cervical Cancer screening among women older than 65 who have had adequate screening and are not at high risk should not be done.

2. The cervical cancer screening policy for providing Pap tests and clinical pelvic exams to eligible women post hysterectomy and in accordance with the “BCCP Eligibility Policy and Procedure” is:

- If the client is new, conduct a physical including pelvic exam to determine presence of a cervix. CDC or State funded will pay for the examination one time to determine the presence of a cervical stump

- If the client is new or returning and a cervical stump is present provide a Pap tests and pelvic examination according to previously described screening interval. This screening may be paid for with CDC or State funds

- The BCCP recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and who do not have a history of a high-grade precancerous lesion (CIN 2 or 3) or cervical cancer. Cervical screening for these women cannot be paid for with CDC or State funds.

- Women who have had a hysterectomy for CIN disease should undergo cervical cancer screening for 20 years even if it goes past the age of 65. Women who have had invasive cervical cancer should continue annual screening indefinitely as long as they are in reasonable health.
• If the BCCP eligible woman receives a Pap test and the result is suspicious of cancer (i.e., high grade SIL, squamous cell cancer, AGUS, other malignant neoplasm) or a second consecutive ASCUS or low grade SIL, refer the woman according to the ASCCP 2013 Consensus Guidelines to a gynecologist or certified colposcopist for diagnostic follow-up.

3. HPV Testing

1. HPV DNA testing is a reimbursable procedure if used in the follow-up of an ASC-US result from the screening Pap test ("reflux text), for screening as a co-test with a Pap test for women age 30-65, or as follow-up surveillance according to the ASCCP 2012-13 Consensus Guidelines.

• High-risk HPV DNA panel only, CPT code 87621 is the only HPV test that is reimbursable with CDC or State funds.

• The BCCP will not reimburse for Genotyping for HPV 16 or 18. The only HPV testing covered by the BCCP are Hybrid Capture II from Digene-HPV test (High Risk Typing only) or Cervista HPV HR.
Breast and Cervical Cancer Program

Clinical Services Section

Policy No. 12  Pelvic and Adnexal Exam

Date Created: 2011  Approved by: BCCP Administration Leadership
Date Revised: July 2014

POLICY

It is noted that the pelvic exam is the primary mechanism in screening for ovarian cancer and other pelvic tumors. Therefore, the following recommendations have been developed to insure that health services provided for women through the Department of Public Health will meet current, accepted standards of care, but also will continue to improve the health of our clients.

1. The non-hysterectomy client with negative Pap tests should have both a speculum exam and pelvic/adnexal exam performed at least every other year omitting the Pap test to every 3 years or 5 years intervals as opted by the patient. If a woman is 26 years of age or less, the Chlamydia and Gonorrhea screening should be collected either by cervical swabbing or urine test.

2. The client who presents with a history of a complete or partial hysterectomy secondary to either cervical dysplasia or cervical cancer, a Pap test of the vagina and a pelvic exam should be accomplished according to the BCCP Cervical Screening Guidelines.

3. The client who presents with a history of a complete or partial hysterectomy secondary to non-cancer reasons, (i.e.: uterine fibroids), should have an initial vaginal exam to determine the presence or absence of a cervical stump. If the cervix has been removed, no further Pap testing should be performed. If no operative note is available to document that an oophorectomy was performed, a pelvic exam should continue annually.

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4. For the client who presents with a documented (op note on chart) hysterectomy with bilateral oophorectomy and salpingectomy, (BS&O), ACOG and the BCCP Medical Advisory Committee recommend a pelvic exam every other year to insure no masses are palpated in the adnexal area and to inspect the integrity of the vagina.

5. It is also a standard of care that all women be offered an annual rectal exam especially for women 40 years of age or greater. The rectal exam is also encouraged by the National Ovarian Cancer Coalition as the “best practice” method in evaluating the ovaries and pelvic masses.

6. If the client is seen in a "Breast Only" clinic, the pelvic exam could be deferred however, the patient should be encouraged to return for the pelvic exam and Pap test if indicated.
Breast and Cervical Cancer Program

Clinical Services Section

Policy No. 13   Payment for Office Visit Policy and Procedure

Date Created: 1995   Approved by: BCCP Administration Leadership
Date Revised: July 2014

POLICY

BCCP funding may only be used for office visits when BCCP eligible women are provided breast and/or cervical cancer screening or follow-up diagnostic services by approved BCCP providers in compliance with policy and when the claim is coded with BCCP payable CPT codes. Payment may be negotiated up to maximum allowable rate but may not exceed allowance for the designated CPT code.

PROCEDURE:

1. Upon receipt of the claim, ensure the client was eligible for BCCP funded services at the time of the visit.

2. Check each claim to ensure breast and/or cervical cancer screening or follow-up diagnostic services were provided at the time of the visit and were provided in compliance with BCCP policy.

3. Pay only those claims that meet 1 and 2 above and only the CPT codes and reimbursement rates approved through the BCCP.

4. Recommendation: negotiate the best rate with providers. Have verbal or written agreements that include payment only after receipt of needed data.
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Clinical Services Section

Policy No. 14  Reimbursement for Breast or Cervical Cancer Diagnostic Procedures Policy and Procedure

Date Created: 1995       Approved by: BCCP Administration Leadership
Date Revised: July 2014

POLICY

Reimbursement for diagnostic procedures may be made using BCCP funding when:

- The woman is eligible for BCCP funding as defined in the “Client Eligibility policy and Procedure”.
- The woman qualifies for the designated diagnostic procedure based on BCCP policy, guidelines and the availability of funds.
- The diagnostic procedure is recommended based on the clinical and/or imagining findings.
- The CPT code of the procedure is listed as a reimbursable diagnostic procedure on the BCCP Reimbursement Fee Schedules.
- The allowable reimbursement rate for the diagnostic procedure is not exceeded. The current reimbursable procedures and corresponding rates are on the website: http://www.gamedicaid.com (enter current year)/Locality 1.

PROCEDURE:

1. Upon receipt of the claim, ensure the client was eligible for BCCP funded services at the time of the visit.

2. Reimburse the diagnostic procedure at the allowable rate when the diagnostic procedure is an approved CPT code payable with BCCP funding and the woman qualifies for the procedure under BCCP policies and guidelines.
3. Ensure reimbursement fields are completed on the appropriate BCCP form (see data section of the BCCP manual for further clarification). These fields include:
   - The type of visit (i.e., partial, complete, or mammography referral)
   - Enrollment status (i.e., new or returning client)
   - CPT codes for procedures
   - Funding sources

4. Recommendation: negotiate the best rate with providers. Have verbal and written agreements (MOU that include payment after receipt of required data.)
Breast and Cervical Cancer Program

Clinical Services Section

Policy No. 15  Vaginal Cancer Screening Policy

Date Created: 2001  Approved by: BCCP Administration Leadership
Date Revised: July 2014

POLICY

Vaginal cancer population-based screening is **not** recommended.

Vaginal cancer screening for high-risk women:

- The Georgia Clinical Services Section Medical Advisory Committee defines the appropriate use of vaginal screening if the woman has one of the potential risk factors for vaginal intraepithelial neoplasia (VIN):
  - Prior history of cervical or vaginal neoplasia or a new suspicious vaginal lesion.
  - Maternal use of DES during client’s gestation.
  - HIV, AIDS, vaginal radiation

- Vaginal screening for HIV positive or immunocompromised women who have had a hysterectomy for non-cancer reason cannot be paid with CDC or State funds.

- Payment sources:
  - State funds may be used to pay for a vaginal Pap to screen for vaginal cancer if the reason for doing so is documented in the client record. Mark the payment field on the Pap form (3150) as State Screening.
  - CDC funds may **NOT** be used to pay for screening for vaginal cancer
Breast and Cervical Cancer Program

Clinical Services Section

Policy No. 16  Minimum Recall Policy

Date Created: 2000  Approved by: BCCP Administration Leadership
Date Revised: June 2014

POLICY

BCCP standards require that a woman is recalled to participate in the BCCP based on the screening guidelines. The policy states that each district must have a system for recall in place that includes, at a minimum, the following components:

- Educate the client on her initial visit regarding the importance of regular breast and cervical screening based on screening guidelines.
- Notify clients of mammogram and pap results within 30 days of their screening appointments and remind them of their next visit.
- Contact clients by mail or telephone one to two months prior to the next service due date.
- Contact clients again who are 60 days past the service due date by mail or telephone.
- Document all client contacts and attempts to contact.
- Maintain clients in database, active and inactive.