BREAST AND CERVICAL CANCER
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BREAST AND CERVICAL CANCER

The Alabama Department of Public Health (ADPH) Cancer Division implements programs that reduce incidence, morbidity, and mortality related to cancer through prevention, early detection, and surveillance. The Alabama Breast and Cervical Cancer Early Detection Program (ABCCEDP), primarily funded through the Centers for Disease Control and Prevention (CDC) National Breast and Cervical Cancer Early Detection Program, provides a means for screening eligible women for breast and cervical cancer.

ABCCEDP Overview:
On August 10, 1990, Congress amended and passed the Public Health Service Act to establish a program of grants for the detection and control of breast and cervical cancer. This Act, cited as the "Breast and Cervical Cancer Mortality Prevention Act of 1990" (Public Law 101-354), provides grants to states through the direction of the CDC to:

1. Screen eligible women for breast and cervical cancer as a preventive health measure.
2. Provide appropriate referrals for medical treatment of women screened.
3. Develop and disseminate public information and education programs for the detection and control of breast and cervical cancer.
4. Improve the education, training, and skills of health professionals in the detection and control of breast and cervical cancer.
5. Establish mechanisms through which states can monitor the quality of screening procedures for breast and cervical cancer.
6. Evaluate activities conducted.

ABCCEDP Definitions:

1. <u>Adequate Negative Prior Screening Results</u> – Process by which women age 65 must have adequate negative screening results prior to discontinuing screenings.
   This is achieved by either:
   a. Three consecutive negative cytology results; or,
   b. Two consecutive negative Co-test results within the past 5 years.
2. <u>BI-RAD</u> – Breast Imaging-Reporting and Data System. Standardized numerical codes assigned by a radiologist after interpreting a mammogram.
   a. BI-RAD 0 – Radiologic assessment incomplete – need additional imaging
   b. BI-RAD 1 – Negative
   c. BI-RAD 2 – Benign Finding
   d. BI-RAD 3 – Probably Benign – short term follow-up 3-6 months
   e. BI-RAD 4 – Suspicious Abnormality
   f. BI-RAD 5 – Suggestive of Malignancy
3. <u>Breast Abnormality</u> – A thickening or lump felt in a woman's breast that may or may not have the following characteristics: nipple retraction, dimpling, inflammation, palpable axillary or supraclavicular nodes, tenderness, and/or discharge from the nipple.

4. Breast Ultrasound – This is an ultrasonic exam to evaluate a breast mass based on an abnormal clinical breast exam, or as follow-up to a mammogram.
5. Clinical Breast Exam (CBE) – The complete examination of breast and axilla with palpation by a healthcare provider trained to recognize many different types of abnormalities and warning signs.
6. Colposcopy – This is a medical procedure in which the vagina and cervix are examined using a lighted magnifying instrument called a colposcope.
7. Cytology – The branch of biology concerned with the structure and function of plant and animal cells.
8. Cytopathology – The branch of pathology that studies and diagnoses diseases on the cellular level.
9. Diagnostic Mammogram – This is a radiologic exam to evaluate a patient with a breast mass, other signs or symptoms, or an abnormal or questionable screening mammogram.
10. Pap Test – This is a procedure in which cells are scraped from the cervix for examination under a microscope to detect cell changes and screen for cancer.
11. Precancerous – A condition or lesion involving abnormal cells that are associated with an increased risk of developing into cancer.
12. Screening Mammogram – This is a radiologic exam to detect unsuspected breast cancer at an early stage in asymptomatic women.

Clinical Guidelines:
The ABCCEDP clinical guidelines are based on CDC grant requirements, the National Breast and Cervical Cancer Early Detection Program Logic Model and screening guidelines, and recommendations from the ABCCEDP Medical Advisory Committee.

Breast and Cervical Patient Enrollment:
It is **mandatory** that eligible women be enrolled in the ABCCEDP prior to receiving breast or cervical cancer screening. Before entering a woman into the Med-IT database, health department staff must determine whether the woman has ever received services funded by ABCCEDP and has an existing Med-IT ID by conducting a client search. Appropriate patient demographics and qualifying eligibility criteria must be entered or updated in Med-IT prior to a patient-specific tracking number being assigned to the woman. A new tracking number will be assigned to the patient annually. This tracking number must be written on **all** ABCCEDP forms utilized by the program. For instructions on how to enroll a patient into Med-IT go to:
https://www.alabamapublichealth.gov/bandc/assets/2012meditenrollmentInstructions.pdf

NOTE: It is essential to update qualifying eligibility criteria in Med-IT annually and ensure that information matches the demographic and insurance information in the electronic health record (EHR).

ELIGIBILITY GUIDELINES

To qualify for the ABCCEDP, a woman must meet age, income, and insurance criteria.

Priority Population:
Direct efforts should be made to identify, enroll, and screen uninsured and underserved women in Alabama.

Age: See most current ABCCEDP Eligibility Criteria at:
(https://www.alabamapublichealth.gov/bandc/forms.html).

Income: Must be at or below 250% of the Federal Poverty Income Guidelines.
Patient declaration is acceptable. Verification is not required.
Income Eligibility Guidelines can be found at:
(https://www.alabamapublichealth.gov/bandc/forms.html).

Insurance:
Client is uninsured.

Treatment – ABCCEDP cannot provide reimbursement for any treatment related services. However, clients who are diagnosed with breast, cervical, or pre-cervical (CIN ll or lll) cancer **may** be eligible to apply for the Alabama Medicaid Breast and Cervical Cancer Treatment Program. **Contact your ABCCEDP Regional Coordinator regarding any client diagnosed with breast or cervical cancer.** A Regional Coordinator Contact List can be found at:
(https://www.alabamapublichealth.gov/bandc/forms.html).

LGBTQ Population:
Screening services are provided to all eligible ABCCEDP individuals. These individuals may include:

- Transgender women who are currently taking or have taken hormones.
- Transgender men who have not had a bilateral mastectomy or total hysterectomy.
- Individuals who may not identify as a woman, but may still need to be screened, or may identify as a woman, but may not need to be screened. As a general rule, if an individual has breasts and/or a cervix and otherwise meets ABCCEDP criteria for screening based on risk factors or symptoms, screening should proceed regardless of hormone use.

IMPORTANT NOTE:
If a patient is not due for any services reimbursed by ABCCEDP, **do not** enroll the patient in the Med-IT system. If ABCCEDP services are not being provided, no tracking number is needed. Family Planning patient services are not reimbursable by the ABCCEDP (i.e. ABCCEDP cannot pay for the screening breast exam, Pap test, or HPV test on a family planning visit. ABCCEDP can pay for a screening or diagnostic mammogram and some follow-up on Family Planning patients). Consult your Nurse Practitioner or ABCCEDP Regional Coordinator as needed.

For problems with a Med-IT password, please contact your ABCCEDP Regional Coordinator. A Regional Coordinator Contact list can be found at: (https://www.alabamapublichealth.gov/bandc/forms.html).

Breast Cancer Screening Guidelines, Management, and Reimbursement

Screening Guidelines - Breast:
The most current ABCCEDP Eligibility Criteria can be found at: (https://www.alabamapublichealth.gov/bandc/forms.html). .

For mammograms reimbursed by ABCCEDP or *Joy to Life Foundation*, patients **must be** referred to an ABCCEDP contracted provider.

All women receiving breast cancer screening through the ABCCEDP are required to have a Breast Cancer Risk Assessment completed and documented. **ANY** Breast Cancer Risk Assessment Tool can be used, for example: (www.cancer.gov/bcrisktool, https://ibis-risk-calculator.magview.com).

The following should be assessed and documented for all ABCCEDP patients:

- Personal history of breast cancer (Must have documentation)
- Patient has genetic mutation such as BRCA 1 or 2 (Must have documentation of genetic mutation)
- Patient has a 1st degree relative (mother, sister, daughter) with pre-menopausal breast cancer or with a known genetic mutation such as BRCA 1 or BRCA 2 (Must have documentation of genetic mutation)
- History of radiation treatment to the chest area before the age of 30 (typically for Hodgkin's Lymphoma)
- Greater than 20% lifetime risk of breast cancer based on risk assessment models largely dependent on family history (Must document in the patient's medical record). (www.cancer.gov/bcrisktool, https://ibis-risk-calculator.magview.com)

Additionally, ABCCEDP patients should be screened for smoking status and provided education as well as smoking cessation counseling. If interested, a referral form through Alabama's Quitline should be completed through the Web portal or faxed by Health Department staff. Access to the Web portal and downloadable forms can be found at: (http://quitnowalabama.com/for-providers).

Management - Breast:

A patient with an abnormal breast screening result should receive timely and appropriate follow-up as defined by the clinical guidelines endorsed by the Commission on Cancer of the American College of Surgeons, the American College of Obstetrics and Gynecology, and the National Cancer Institute.

Breast Abnormality Suspicious for Cancer:

See **Abnormal Findings Section, in the "Family Planning Protocol" - "Breast Abnormalities"** later in this manual.

Reimbursement - Breast:

Annual Visits – Either the family planning or cancer detection programs recommend having a clinical breast exam visit each 12-month period (visits must be greater than 10 months apart) for average risk/non-symptomatic women 40 to 64 years of age or women 65 or older with Medicare Part A only. If an abnormal finding is noted, additional testing may be covered by the ABCCEDP. (Check with your Regional Coordinator for coverage eligibility)

Breast Screening for High-Risk Women – The ABCCEDP will reimburse for annual visits for high-risk women 40 to 64 years of age or women 65 or older who have no insurance or Medicare Part A only. High-Risk Women **must** have one of the following:

- Personal history of breast cancer (Must have documentation)
- Patient has genetic mutation such as BRCA 1 or 2 (Must have documentation of genetic mutation)
- Patient has a 1st degree relative (mother, sister, daughter) with pre-menopausal breast cancer or with a known genetic mutation such as BRCA 1 or BRCA 2 (Must have documentation of genetic mutation)
- History of radiation treatment to the chest area before the age of 30 (typically for Hodgkin's Lymphoma)
- Greater than 20% lifetime risk of breast cancer based on risk assessment models largely dependent on family history (Must document in the patient's medical record). (www.cancer.gov/bcrisktool, https://ibis-risk-calculator.magview.com)

Breast Complaint for High-Risk Women – The ABCCEDP will reimburse for an office visit for symptomatic women between the ages of 40 to 64 or those 65 or older who have no insurance or Medicare Part A only. High-risk women must have **one** of the following to be eligible:

- Breast mass noted by a healthcare provider during a clinical breast exam.
- Bloody nipple discharge noted by a health care provider during a clinical breast exam.
- Dimpling noted by a healthcare provider during a clinical breast exam.
- First degree relative with breast cancer (mother, father, sister). (Every attempt to provide documentation should be made. If unable to provide, the healthcare provider should make a note in the patient's medical record.)

Follow-Up Visits – The ABCCEDP will reimburse a maximum of three (3) follow-up visits. If additional visits are needed, written justification must be provided by a healthcare provider and approval must be granted from an ABCCEDP staff person. Copies of medical records may be needed to support justification of the follow-up visit.

Screening Mammogram – The ABCCEDP will reimburse one screening mammogram during a 12-month period for women meeting age requirements. Referrals for routine screening mammograms should be one (1) year apart, but in no case less than 10 months apart.

Diagnostic Mammogram – The ABCCEDP will not reimburse more than three (3) mammograms per patient during a 12-month period.

Ultrasound – The ABCCEDP will reimburse for an ultrasound when clinically indicated.

Breast MRI (for high-risk women ages 40-64 or those 65 and older with no insurance or Medicare Part A only) **(Prior Authorization and Approval Documentation is required)**. Complete the MRI Prior Authorization Form and send it to your Regional Coordinator for authorization/approval along with the required documentation for the patient. The patient must have one of the following and the required documentation in order to be eligible for the MRI:

- Patient has genetic mutation such as BRCA 1 or 2 (Must have documentation of genetic mutation)
- Patient has a 1st degree relative (mother, sister, daughter) with a known genetic mutation such as BRCA 1 or BRCA 2 (Must have documentation of genetic mutation)
- History of radiation treatment to the chest area before the age of 30
- Personal history of lobular carcinoma in situ (Must have documentation of lobular carcinoma in situ)
- Patient has findings/risk factors that the provider deems necessary for further consideration from the Medical Advisory Committee (Must supply adequate reports for review by the Medical Advisory Committee)

*Any of the above reasons constitutes a >20% breast risk assessment score, which is considered high risk (e.g. breast risk assessment tools www.cancer.gov/bcrisktool or https://ibis-risk-calculator.magview.com).

NOTE: There is currently not enough evidence for recommending an MRI for women solely with a history of breast cancer. Women with a previous history of breast cancer along with other risk factors may qualify for a screening MRI.

Additional follow-up for this group of high-risk women:

- If the mammogram results are normal, an MRI will need to be done 6 months after the mammogram to ensure women who are high risk of breast cancer are receiving some type of imaging every 6 months.
- The ABCCEDP will reimburse for one mammogram annually and one MRI annually for women who meet the high-risk eligibility as outlined above. The mammogram and MRI are to be alternated every 6 months (example: mammogram performed in July, an MRI will be due in January).

- The MRI must be ordered by the primary provider conducting the risk assessment or by a surgeon.
- The MRI must be completed at a facility with dedicated breast MRI equipment and have the skills and ability to perform MRI guided breast biopsies.

Abnormal Clinical Breast Exam with Normal Diagnostic Mammogram – A diagnostic mammogram alone is not adequate follow-up for an abnormal CBE. CDC **requires** that a patient with an abnormal CBE but normal diagnostic mammogram **must** have at least one of the following:

- Breast Ultrasound
- Surgeon Referral/Consult
- Repeat CBE

NOTE: If a patient refuses or declines follow-up testing and/or referral, utilize the escalating attempts as outlined in the **Family Planning Follow-Up Chapter "Program Specific Requirements for Breast and Cervical Abnormalities"** later in this manual and document it in the patient's EHR under "referrals."

Surgeon Referral/Consultation Visits – The ABCCEDP will reimburse for a surgeon referral/consult for high-risk women ages 40 to 64 and women 65 years of age or older with no insurance or those with Medicare Part A only when at least one of the following requirements are met:

- An abnormal CBE suspicious for cancer (regardless of mammographic findings) to include:
  - Palpable mass.
  - Bloody or serous discharge – no green, black, or white discharge.
  - Nipple or areolar scaliness, retraction, or skin dimpling.
- An abnormal mammogram with result of BI-RAD 4 or 5.
- An abnormal ultrasound suspicious for cancer.

Ductograms – The ABCCEDP will reimburse for a ductogram when the patient meets the following criteria:

- Must have spontaneous bloody nipple discharge.
- Must have had a mammogram and ultrasound in which nothing abnormal was found.
- Must be ordered by a surgeon.

NOTE: The interval between abnormal breast cancer screening results and final diagnosis should be **60 days or less** per CDC protocol for the ABCCEDP.

The interval between diagnosis of invasive breast cancer and initiation of treatment should be **60 days or less.**

Non-Reimbursable Services – Breast:

Breast Cytology – The ABCCEDP will not reimburse for cytology testing of a breast discharge.

Breast Implants – The ABCCEDP will not pay for any procedures related to breast implants other than those related to routine breast cancer screening or diagnostic services related to abnormal findings suspicious for breast cancer.

Counseling/Referral Only Visit – The ABCCEDP will only reimburse when a CBE and/or Pap test are indicated and performed.

Gamma Imaging – The ABCCEDP will not reimburse for these procedures.

Cervical Cancer Screening Guidelines, Management, and Reimbursement

The cervical cancer priority population includes women who have never been screened or their last screening was outside standard protocol recommendations.

Cervical cancer screening is primarily performed using the Pap test and/or HPV test. The ABCCEDP utilizes the USPSTF, American Society for Colposcopy and Cervical Pathology (ASCCP), and ACOG cervical cancer screening recommendations.

For referrals and procedures to be reimbursed by ABCCEDP patients **must be** referred to an ABCCEDP contracted provider.

Screening Guidelines-Cervical:

A. The most current ABCCEDP Eligibility Guidelines can be found at: https://www.alabamapublichealth.gov/bandc/forms.html

   In order to meet CDC grant requirements, the following must be assessed and documented for all ABCCEDP patients:
   1) Assessment of cervical health history.
   2) Pelvic exam.
   3) Pap test and/or HPV (if clinically indicated).
   4) Client education.
   5) Smoking status and refer to the Alabama Quitline (if indicated) (http://quitnowalabama.com/for-providers).

B. Routine Cervical Screening Tests
   1. Average Risk Women – (includes women who have had a bilateral tubal ligation or partial hysterectomy with the cervix remaining)
      - Ages 21-24: Pap test only every 3 years
      - Ages 25-29: Pap test with reflex HPV testing when cytology reveals atypical squamous cells of undetermined significance
      - (ASCUS)
      - Ages 30-64: Co-test every 5 years or Pap test every 3 years

   2. High Risk Women – (included women who are not eligible for Family Planning Services). Women with the following documented risk factors will receive more frequent cervical cancer screening:
      - Infection with Human Immunodeficiency Virus (HIV)
        - Ages 21-29: Annual Pap test
        - Ages 30-64: Co-test every 3 years

- Immuno-suppressed/Immuno-compromised
- Diethylstilbestrol (DES) exposure in utero
- Diagnosed with cervical cancer

Women previously treated for CIN ll or CIN lll – Co-test at 12 and 24 months. If all results are negative, go to age and risk-based screening every three (3) years. Patient will need to continue screening for at least 25 years after the initial post-treatment surveillance period, even if it requires screening past age 65.

C. Hysterectomy
   1. If the cervix is present, follow regimen above for routine tests.
   2. If the cervix is not present following a hysterectomy performed secondary to a CIN II, CIN III, or invasive cervical cancer diagnosis, perform co-testing annually for 3 consecutive years. For long-term surveillance perform HPV-based testing at three (3) year intervals for 25 years.
   3. In the event that a woman does not know if she has a cervix following a hysterectomy performed for benign reasons, ABCCEDP will reimburse for one initial **exam** to determine if a cervix is present. If a cervix is not present, a Pap test will not be reimbursed

Special circumstances may warrant alterations in screening intervals as determined by a clinician. Special circumstances must be documented in the patient's medical record.

Management – Cervical:

Cervical Abnormality suspicious for cancer

See **Follow-up Chapter – "Pap Smear Protocol"** for clinical management in the "Family Planning Chapter" later in this manual.

Reimbursement – Cervical:

Office visit – The ABCCEDP will reimburse for an office visit if Pap test and/or HPV are collected using the ABCCEDP Cervical Cancer Screening Guidelines. If cervical cancer screening services only are provided (no clinical breast exam), ABCCEDP will reimburse for a partial office visit. If a woman is eligible and receiving services covered by Initial or Annual Family Planning visits (i.e. clinical breast exam, Pap test and/or HPV) then ABCCEDP cannot be billed.

Pap test – The ABCCEDP will reimburse for the following:

- Pap test and HPV every 3 to 5 years based on ASCCP guidelines.
- No more than three (3) repeat Pap visits will be paid during a 12-month period.
- Repeat Pap tests need to be two (2) to four (4) months apart.
- Repeat Pap tests for “quantity not sufficient” (QNS) are to be conducted as soon as possible.
- HPV testing when used for screening with Pap test (Co-testing).
- HPV testing for follow-up of abnormal Pap test results as per the ASCCP algorithms.

Colposcopy – The ABCCEDP pays for up to two colposcopies per year if warranted based on the abnormal Pap test or HPV results.

Cervical biopsy – The ABCCEDP pays for a biopsy, after an abnormal Pap test, if it is indicated to be appropriate by the healthcare provider.

Referral/Consultation visit – The ABCCEDP will reimburse for follow up of abnormal cervical results when the consult is performed by healthcare providers with specialized training in the management of cervical disease, including skills performing invasive diagnostic procedures.

NOTE: The interval between abnormal cervical cancer screening results and final diagnosis should be **60 days or less** per CDC protocol for the ABCCEDP.

The interval between diagnosis of cervical cancer and initiation of treatment should be **60 days or less**.

The interval between diagnosis of CIN II or III and initiation of treatment should be **60 days or less**.

Non-Reimbursable Services-Cervical:
Pelvic Ultrasound – The ABCCEDP will not reimburse for a pelvic ultrasound.

A counseling/referral only visit – The ABCCEDP will only reimburse when a Pap test is indicated and performed.

Resource Documents:

NBCCEDP Program Guidance Manual – Revised July 2022

Consensus Guidelines for Managing Abnormal and Cervical Pathology (ASCCP); 2012 Updated Consensus Guidelines for Managing Abnormal Cervical Cancer Screening Tests and Cancer Precursors; Algorithms, reprinted April 2013.

Evaluation of Common Breast Problems: Guidance For Primary Care Providers, CA CANCER J CLIN 1998: 48: 49-63.

The Center of Excellence for Transgender Health; General Approach to Cancer Screening in Transgender People; https://transcare.ucsf.edu/guidelines/cancerscreening

Follow-up and Clinical Significance of Unsatisfactory Liquid-based Pap Test, Cancer Cytopathology 2015: 123(1): 59-65.

ABCCEDP VISIT STANDARDS - INITIAL/ANNUAL

The purpose of this visit is to provide cancer screening services to a patient enrolled in the ABCCEDP. This visit captures screening visits for eligible new or established ABCCEDP patients.

Patient Declaration Form: Complete form to determine and document eligibility based on age, income, and insurance status.

Authorization for Services and Billing: Make sure consent for services is reviewed and signed.

Obtain Vital Signs: Obtain and document height, weight, blood pressure, and BMI.

Health Assessment: *(Must include Breast Cancer Risk Assessment for women seeking breast cancer screening through ABCCEDP) and document the percentage.

Provide Counseling to Address:

1. Patient concerns.
2. Domestic Violence and/or Human Trafficking.
3. Tobacco exposure (smoking and/or second-hand smoke) and refer to Alabama Quitline as appropriate.
4. Provider identified patient counseling needs (based on assessment).
   a. Instruction on technique and reinforcement of the importance of monthly BSE, CBE, mammogram, and MRI depending on results of Breast Cancer Risk Assessment for women age 40 and older, and age-appropriate cervical cancer screening.
   b. Counsel the patient that it is out of the scope of ADPH to manage existing or suspected medical problems unrelated to breast and cervical screening (such as hypertension, diabetes, etc.). Referral would be indicated to address these medical needs.
   c. Counsel patient on importance of follow-up if abnormal screening results are reported and that the ABCCEDP will pay for indicated referral and diagnostic testing based upon suspicion for breast and cervical cancer.

Perform a Physical Exam:
General appearance (head to toe), breast (CBE), genito-urinary (it is ADPH policy that <u>all</u> patients should receive a pelvic exam consisting of speculum exam and bimanual exam, regardless of history of hysterectomy), and rectal exam. A complete physical exam is not required, but may be performed.

Perform Pap test and/or HPV test:
See Screening Guidelines, previous page.

Referral

Breast:

Refer for screening mammography based on ABCCEDP guidelines. For those mammograms reimbursed by ABCCEDP or *Joy to Life Foundation,* refer patient to ABCCEDP contracted providers only.

See Abnormal Findings Section, in the "Family Planning Protocol" - "Breast Abnormalities," in the "Family Planning Chapter" later in this manual.

Cervical:

See Follow-up Chapter, Pap test protocol, in the "Family Planning Chapter" later in this manual.

Surgeon Referral/Consult – For a surgeon referral to be reimbursed, one of the following requirements must be fulfilled:

- An abnormal CBE, suspicious of cancer (to include palpable mass, bloody or serous discharge, nipple or areolar scaliness or retraction, or skin dimpling),
- regardless of mammographic findings.
- An abnormal mammogram with result of BI-RAD 4 or 5.
- An abnormal ultrasound suspicious for cancer.
- Gross cervical lesion suspicious for cancer noted upon exam.
- Abnormal Pap test result.

ABCCEDP Forms:

Complete and submit the following form(s) to the ABCEDP Regional Coordinator:
Refer to the ABCCEDP Provider Manual on the ABCCEDP website at: www.alabamapublichealth.gov/bandc for detailed instructions, if needed. Forms are on the ADPH Breast and Cervical website and the ABCCEDP Enrollment System website. **All** forms **must** have the patient specific Med-IT number on them.

- **Mammography Voucher** - complete if indicated, give original to patient after making mammogram appointment, keep copy in chart and follow-up/tickler file.
- **Screening Form** - complete form at each patient visit; submit original to the ABCCEDP Regional Coordinator; keep copy in chart. (See page 20 for billing examples)

Breast Diagnostic Follow-Up Form and/or Cervical Diagnostic Follow-Up Form – complete if indicated; give original to patient after making the appointment; keep copy in record; send copy with Screening/Billing Form to ABCCEDP Regional Coordinator. (See page 20 for billing examples.)

MRI Prior Authorization Form – Complete this form for high-risk women meeting criteria for an MRI, and send to ABCCEDP Regional Coordinator for **prior** authorization.

HCFA 1500 Billing Form – Complete the form after results of lab work have returned (Pap test, HPV). Send original to ABCCEDP Regional Coordinator. (See page 20 for billing examples.)

Note: For ABCCEDP reimbursement, referral for diagnostic services must be made to ABCCEDP contracted physicians and facilities **only.**

CLINICAL INDICATORS:

1. Case Management - Case Management (CM) services may be initiated by the patient if requested, or by the provider if indicated, to assist the patient with accessing care for screening or diagnostic services. The CM process may also be initiated by the ABCCEDP Regional Coordinator following abnormal high-risk results such as a CBE suspicious for cancer; mammography results of a BI-RAD Category 0, 4, or 5; or Pap results of ASC-H or worse. The ABCCEDP Regional Coordinator should be contacted to initiate CM services.
2. Utilize STD protocol for STD-related problems.
3. Refer to the Abnormal Findings Section, in the "Family Planning Chapter" later in this manual, for Abnormal Uterine Bleeding, if applicable.
4. Refer to Abnormal Findings Section, in the "Family Planning Chapter" later in this manual for "Urinary Tract Infection-UTI," for urinary complaints and prescription from Nurse Practitioner, if indicated.
5. Colorectal screening/Fecal Immunochemical testing (FIT Test):

Not reimbursable by ABCCEDP but a recommended preventive cancer screening

- Routine Annual Colon Screening:
  - Women 45 years of age and older
  - African American women beginning at age 45
- Colonoscopy referral is recommended for patients with the following risk factors for colorectal cancer:
  - A strong family history of colorectal cancer or polyps [cancer or polyps in a first degree relative (parent, sibling, or child) younger than 60 years of age, or in two (2) first degree relatives of any age]
  - A known family history of hereditary colorectal cancer syndromes such as familial adenomatous polyposis (FAP) or hereditary non-polyposis colon cancer (HNPCC)
  - A personal history of colorectal cancer of adenomatous polyps
  - A personal history of inflammatory bowel disease (Crohn's disease or ulcerative colitis)
- Refer patients with positive FIT results to provider for evaluation.

Note: Only in a case where the high-risk patient refuses referral for colonoscopy will ADPH offer the FIT test with counseling and documentation that colonoscopy is the standard of care.

Reference: ACOG; Committee Opinion, Number 482, Colonoscopy and Colorectal Cancer Screening Strategies, March 2011; American College of Gastroenterology Guidelines for Colorectal Cancer Screening 2008;

Am J Gastroenterology 2009; 104:739-750; doi: 10.1038/aja.2009.104 published online 24 February 2009; and the American Cancer Society.

ABCCEDP VISIT STANDARDS – REVISIT

This is a problem-focused visit for the following patients:

An established ABCCEDP patient - This visit may be indicated for reasons such as follow-up assessment of an abnormal finding from a previous visit, assessment of a new breast complaint, or for performing a repeat Pap test (generally post colposcopy).

Patient Declaration Form: Update and document eligibility based on age, insurance, and income status.
Authorization for Services and Billing: Make sure consent for services is reviewed and signed.
Obtain Vital Signs: Obtain and document height and weight, check blood pressure, and document BMI.
Health Assessment **Provide counseling and health assessment to address the purpose of the revisit**: Document purpose of visit. Provide problem-focused assessment. Provide problem-focused counseling. Note: ABCCEDP reimbursement is based on eligibility guidelines. Perform/Refer – if indicated per ABCCEDP guidelines. 1. Repeat Pap test 2. CBE 3. Diagnostic mammography 4. Breast Ultrasound 5. Surgeon referral/consultation Note: For ABCCEDP reimbursement, referral for diagnostic services **must** be made to ABCCEDP contracted physicians and facilities **only**.

ABCCEDP VISIT STANDARDS – REVISIT
(Continued)

ABCCEDP Forms:
Complete and submit the following form(s) to the Regional Coordinator: Refer to the ABCCEDP Provider Manual on the ABCCEDP website at: www.alabamapublichealth.gov/bandc for detailed instructions, if needed.
Forms are on the ADPH Breast and Cervical website and the ABCCEDP Enrollment System website. **All** forms **must** have the patient specific Med-IT number on them.

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Note: For ABCCEDP reimbursement, referral for diagnostic services **must** be made to ABCCEDP contracted physicians and facilities **only.**

CLINICAL INDICATORS:

1. Case Management - Case Management (CM) services may be initiated by the patient if requested, or by the provider if indicated to assist the patient with accessing care for screening or diagnostic services. The CM process may also be initiated by the ABCCEDP Regional Coordinator following abnormal high-risk results such as a CBE suspicious for cancer; mammography results of a BI-RAD category 0, 4, or 5; or Pap results of ASC-H or worse. Contact the Regional Coordinator to initiate CM services.
2. Utilize STD protocol for STD-related problems.
3. Refer to the Abnormal Findings Chapter, in the “Family Planning Chapter” later in this manual for Abnormal Uterine Bleeding, if applicable.
4. Refer to Abnormal Findings Chapter, in the “Family Planning Chapter” later in this manual for “Urinary Tract Infection – UTI,” for urinary complaints and prescription from Nurse Practitioner, if indicated.

OTHER PROTOCOL

The following are additional program guidelines. See ABCCEDP Contracted Provider Manual on the ABCCEDP website at: www.alabamapublichealth.gov/bandc for additional information.

CHARGING FEES

- ABCCEDP Reimbursable services are free to eligible patients. The patient cannot be charged any fees for Reimbursable program services at any time.
- The patient needs to be informed that ABCCEDP non-reimbursable services will not be covered.

TREATMENT

ABCCEDP **cannot** provide reimbursement for any treatment related services. Clients who are diagnosed with breast, cervical, or pre-cervical cancer (CIN ll or lll) **may** be eligible to apply for the Alabama Medicaid Breast and Cervical Cancer Treatment Program. Contact your ABCCEDP Regional Coordinator regarding any client diagnosed with breast or cervical cancer.

FOLLOW-UP/TRACKING PROTOCOL

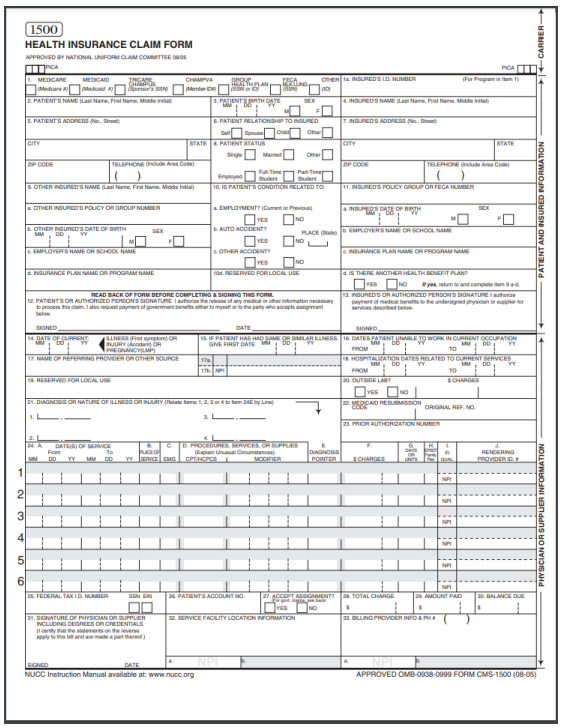
ABCCEDP uses the follow-up and tracking protocol outlined in the Abnormal Findings and Follow-up Chapters in the “Family Planning Chapter” later in this manual. This policy includes management for mammography results as well as Pap test protocol. The Pap test protocol describes the Bethesda reporting system, Pap test nomenclature, management of abnormal results, and follow-up requirements.

QUALITY ASSURANCE

ABCCEDP Regional Coordinators will complete annual performance review visits during the first 6 months of every year. The results of the Quality Indicator Report will be shared with the Health Department staff. If all quality indicators are satisfactory, a visit will be planned for the following year. If the Quality Indicator Report shows areas that are not satisfactory, then a corrective plan of action will be completed and a 6 months follow-up visit or phone call will be conducted.

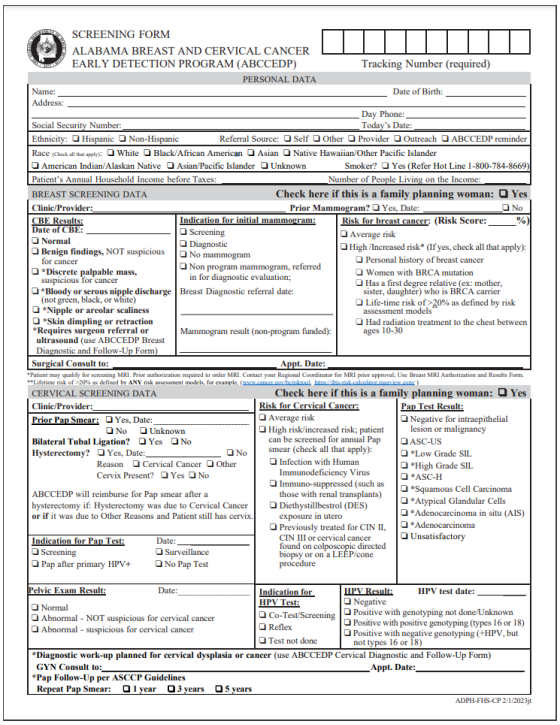
Billing Forms to Submit for Primary Screeners

Please submit claims for screening visits with the following:



1500
HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

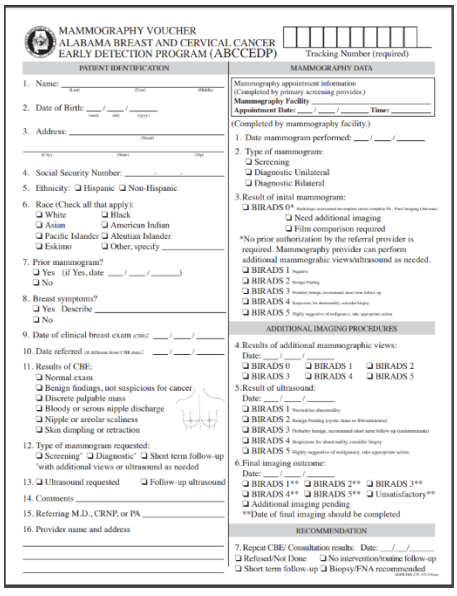
Claim Form



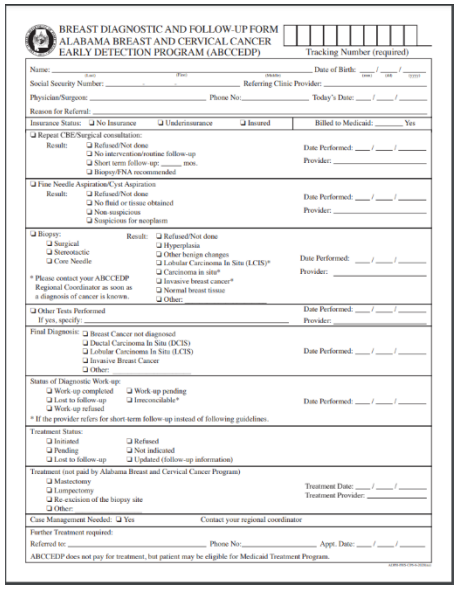
SCREENING FORM
ALABAMA BREAST AND CERVICAL CANCER
EARLY DETECTION PROGRAM (ABCCEDP)
Tracking Number (required)
PERSONAL DATA
BREAST SCREENING DATA
CERVICAL SCREENING DATA

Completed Screening Form

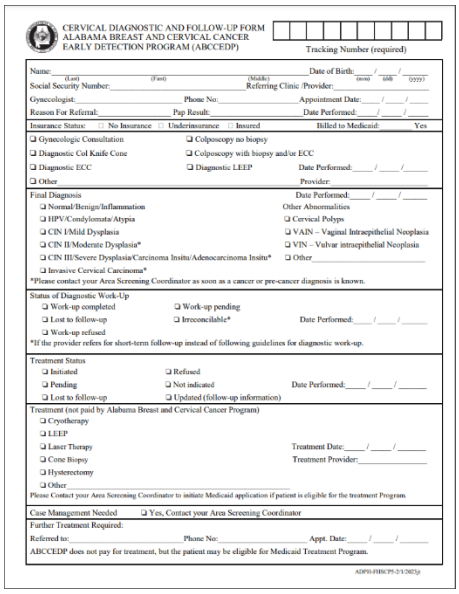
For REFERRALS:



MAMMOGRAPHY VOUCHER
ALABAMA BREAST AND CERVICAL CANCER
EARLY DETECTION PROGRAM (ABCCEDP)
Tracking Number (required)
PATIENT IDENTIFICATION
MAMMOGRAPHY DATA
ADDITIONAL IMAGING PROCEDURES
RECOMMENDATION



BREAST DIAGNOSTIC AND FOLLOW-UP FORM
ALABAMA BREAST AND CERVICAL CANCER
EARLY DETECTION PROGRAM (ABCCEDP)
Tracking Number (required)



CERVICAL DIAGNOSTIC AND FOLLOW-UP FORM
ALABAMA BREAST AND CERVICAL CANCER
EARLY DETECTION PROGRAM (ABCCEDP)
Tracking Number (required)

Mammogram - Complete the left side of the voucher and enter the mammogram appointment in the box at top of the right side of the voucher. Give the form to the patient to take to hospital.

Breast OR Cervical Referral - Complete the top portion of the Breast *or* Cervical Diagnostic and Follow Up Form and give to the patient to take to the provider.

**All forms, reimbursement rate table, eligibility guidelines, etc. are available at: www.alabamapublichealth.gov/bandc/forms.html