ABCCEDP Contracted Provider Manual

Breast & Cervical CANCER EARLY DETECTION Program of Alabama
Alabama Department of Public Health

ALABAMA CANCER PREVENTION & CONTROL

ALABAMA PUBLIC HEALTH

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FORWARD

The Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP) was created in response to the *Breast and Cervical Cancer Mortality Prevention Act* (Public Law 101-354) passed by Congress in 1990. The NBCCEDP is both the first and the only national cancer screening program in the United States. The NBCCEDP is a comprehensive public health program that helps uninsured and underserved participants gain access to screening services for the early detection of breast and cervical cancer.

The Alabama Breast and Cervical Cancer Early Detection Program (ABCCEDP) provides funding for breast and cervical cancer screening services. Screening services are contracted through more than 400 providers and include clinical breast examinations, mammograms, pelvic examinations, and Pap and HPV tests for eligible participants, as well as diagnostic testing for participants whose screening outcome is abnormal. Qualifying participants needing treatment are referred to the Alabama Breast and Cervical Cancer Medicaid Treatment Program (ABCCMTP) for treatment coverage.

The target population for ABCCEDP breast cancer screening services is non-pregnant women between the ages of 40 and 64 who are low-income (below 250 percent of the federal poverty level), who have not been screened for more than one year, and who have no other source of healthcare reimbursement that covers screening services such as insurance or Medicaid. The target population for ABCCEDP cervical cancer screening services is women between the ages of 21 and 64 who are not eligible for family planning services or are high risk and who have no other source of healthcare reimbursement that covers screening services such as insurance or Medicaid.

Policies and protocols of ABCCEDP are not intended to direct clinical practice management, limit patient care, or interfere with practice policies of individual providers. However, ABCCEDP policies and protocols must be adhered to in order to ensure appropriate use of program funding for ABCCEDP enrolled participants. Provider discretion may be used to provide services beyond the established policies and protocols, but ABCCEDP will not reimburse for those services. Providers may not bill ABCCEDP enrolled participants for the difference between what the program pays and what the provider would normally charge. ABCCEDP policies and protocols are in accordance with recommendations and best practices from the CDC, the NBCCEDP, and the American Society for Colposcopy and Cervical Pathology (ASCCP).

INTRODUCTION

ABCCEDP is a statewide program of the Alabama Department of Public Health (ADPH) housed in the Bureau of Family Health Services (FHS). The goal of the program is to provide breast and cervical cancer screening and diagnostic services to women who meet specific age, income, and insurance coverage guidelines. ABCCEDP clinical guidelines are based on a combination of federal and state law, grant requirements, and recommendations from the ABCCEDP Medical Advisory Committee.

Increasing cancer screening rates among at risk individuals may reduce the number of deaths from breast and cervical cancers. Deaths from these diseases occur disproportionately among individuals who receive limited or no healthcare, who have no insurance, or who have insurance that does not cover preventative screening services. Even with insurance coverage, many individuals still face substantial barriers to obtaining breast and cervical cancer screening such as geographic isolation, healthcare deserts, limited reading and health literacy, lack of provider recommendation or reminders, inconvenient times to access services, and language barriers. Research has shown that the earlier cancer is detected, and treatment is initiated, then the better the outcome will be. With routine screening and early diagnosis, nearly all cervical cancer deaths and more than 30 percent of breast cancer deaths could be prevented.

Target Population

The target population for ABCCEDP breast cancer screening services is women between the ages of 40 and 64 who are low-income (below 250 percent of the federal poverty level), who have not been screened for more than one year, and who have no other source of healthcare reimbursement that covers screening services. The target population for ABCCEDP cervical cancer screening services is women between the ages of 21 and 64 who are not eligible for family planning services or are high risk and who have no other source of healthcare reimbursement that covers screening services.

Provider Manual Purpose

This step-by-step provider manual is an instruction manual to provide standardized policies and protocols for breast and cervical cancer screening services for eligible ABCCEDP participants. To provide services for the ABCCEDP a signed contract must be in place. Each screening provider must designate a staff member who is responsible for receiving ABCCEDP correspondence and distributing the correspondence to appropriate staff, leadership, and management. It is further recommended that screening providers utilize this staff member to recruit, enroll, track and provide patient navigation, follow-up, and case management to participating individuals.

Changes in the ABCCEDP policies and protocols may be made without advance notice. Healthcare providers, facilities, staff, and participants will receive pertinent program updates through mail, email, phone calls, fact sheets, or other methods as appropriate. Form changes, eligibility guidelines, and other resources will be available on the program's website at: www.alabamapublichealth.gov/cancer. Each contracted provider must allow in-service training to staff as needed and to all new employees as a means to assure program compliance.

Confidentiality

The ABCCEDP endorses the health care standards of patient confidentiality. These standards apply to all individuals and agencies representing or working in any capacity with ABCCEDP. All information gathered on program participants must be made available to the ADPH as requested for conducting program activities and services.

All contractors and their staff must uphold confidentiality practices. Participant records and information must be secured in a manner accessible only to appropriate staff and representatives of the ABCCEDP. This measure includes, but is not limited to, locking files and electronic devices, private areas for verbally communicating with participants, and securing participant information at a staff member's workstation.

An informed consent documenting the woman's consent to receive breast and cervical cancer screening and diagnostic services must be signed prior to her receiving any ABCCEDP services. The consent form must be signed by the patient without coercion or bribe. The signed form must be kept in the woman's permanent medical record. This form can be printed from the program's web page at: www.alabamapublichealth.gov/cancer under forms.

Program Management

The purpose of program management is to maximize available resources to implement and maintain ABCCEDP components according to ABCCEDP policies and protocols. Contractors are required to coordinate and administer program activities with supportive management systems. Each contracted provider has a Regional Coordinator available to serve as a program expert and liaison between the provider and staff at the state level. An ABCCEDP Regional Coordinator map can be found at: www.alabamapublichealth.gov/cancer.

Contracted Provider Participation

Each contracted provider is required to follow the program's policies and protocols addressing the following elements:

- Recruitment of eligible participants.
- Verification of eligibility requirements (reassess and update annually).
- Enrollment.
- Follow-up and tracking.
- Patient navigation.
- Case management of participants with abnormal screening results.
- Recall of participants for screening at appropriate intervals.
- Submission of all claims with required documentation to the Regional Coordinator by the 15th of each month so that reimbursement for services rendered may be processed and paid in a timely manner.
- Contract completion.
- Professional development training and education of staff related to the program.

ABCCEDP contracted providers may include, but are not limited to, primary care providers, radiologists, surgeons, anesthesiologists, pathologists, gynecologist, oncologists, federally qualified health centers, hospitals, and county health departments.

Contracted providers agree to accept individuals referred to them from diverse cultural backgrounds, provide clinical services consistent with current nationally recognized standards of care, report test findings to the appropriate referring entity in a timely manner, submit billing for reimbursement in a timely manner, and accept ABCCEDP rate of payment as payment in full.

State Office Responsibilities

The major state office management responsibilities for the ABCCEDP include:

- Completing annual work plan after final CDC award and submitting reports to CDC on time.
- Executing all contracts.
- Ensuring the expenditure of funds and meeting 100 percent of the match requirements.
- Providing Regional Coordinators for each geographic region to assist providers with training, technical assistance, and billing.
- Performing utilization review of ABCCEDP services provided, ensuring quality services and appropriate use of funding.
- Training staff on program components and core performance indicators.
- Updating and disseminating an ABCCEDP Contractor Guidance Manual.
- Entering and processing submitted invoices for reimbursement.
- Analyzing data for program planning, quality assurance, and evaluation.
- Providing training and technical assistance to contractors.
- Ensuring participants receive quality services and care.
- Maintaining a central data system for tracking and reporting required data to CDC.

ACRONYMS/ABBREVIATIONS

ABCCEDP – Alabama Breast and Cervical Cancer Early Detection Program

ABCCMTP – Alabama Breast and Cervical Cancer Medicaid Treatment Program

ACES – Automated Contract Entry System

ACOG – American College of Obstetricians and Gynecologists

ACS – American Cancer Society

ADPH – Alabama Department of Public Health

ASCCP – American Society for Colposcopy and Cervical Pathology

ASCUS – Atypical Squamous Cells of Undetermined Significance

BRCA 1 or 2 – Breast Cancer Gene

CBE – Clinical Breast Exam

CDC – Centers for Disease Control and Prevention

ECC – Endocervical Curettage

FEIN – Federal Tax Identification Number

FHS – Family Health Services

HCFA – Health Insurance Claim Form

HIPAA – Health Insurance Portability and Accountability Act

HPV – Human Papillomavirus

LEEP – Loop Electrosurgical Excision Procedure

LSIL – Low Grade Squamous Intraepithelial Lesion

MAC – Medical Advisory Committee

MOU – Memorandum of Understanding

MQSA – Mammography Quality Standards Act

MRI – Magnetic resonance imaging

NBCCEDP – National Breast and Cervical Cancer Early Detection Program

USPSTG – United States Preventive Services Task Force

MEDICAL ADVISORY COMMITTEE

The Medical Advisory Committee (MAC) strengthens the program's activities in the state of Alabama through professional and policy development, public and clinical education, private partnerships, and coalition building. Responsibilities of the MAC include:

- Advise on ABCCEDP issues.
- Assist ABCCEDP in enhancing breast and cervical cancer knowledge and skills of Alabama's health care professionals.
- Assist ABCCEDP in identifying appropriate breast and cervical cancer control legislation.
- Assist ABCCEDP in addressing and/or developing cancer control policies, such as breast and cervical cancer screening policies, diagnostic guidelines, and issues that may arise affecting the program.
- Assist ABCCEDP in identifying potential partners who will extend and enhance the work of the ABCCEDP.

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PROGRAM ELIGIBILITY

In order to qualify for the ABCCEDP, each participant must meet eligible age, income guidelines, and be uninsured or underinsured. **For the most up-to-date eligibility guidelines go to:** www.alabamapublichealth.gov/cancer.

All ABCCEDP services must be provided by an eligible contracted provider. It is the responsibility of the contracted provider/agency to verify credentials of any and all sub-contracted providers/persons.

All ADPH county health department clinics throughout the state are eligible participating providers. ABCCEDP contracts with over 400 primary care providers, oncologists, gynecologists, surgeons, anesthesiologists, radiologists, hospitals, federally qualified health centers, and others to provide screening and diagnostic services. A list of contracted providers can be found on the ABCCEDP website at: https://www.alabamapublichealth.gov/bandc/assets/abccedpprimaryscreeningproviders.pdf

Direct efforts should be made to identify and screen uninsured, underinsured, and underserved individuals between the ages of 40 and 64 years.

An informed consent documenting the woman's consent to receive breast and cervical cancer screening services must be signed prior to her receiving any ABCCEDP services. The consent form must be signed by the patient. The signed form must be kept in the woman's permanent medical record. This form can be printed from the program website: https://www.alabamapublichealth.gov/bandc/assets/informedconsent.pdf.

CRITERIA

Age

Breast

- Women age 40-64.
- Women age 40-64 who are high risk (see Eligibility Guidelines for what constitutes high risk).
- Women age 65 or older with no insurance or Medicare Part A only.

Cervical

- Women 40-64 who do not qualify for family planning services.
- Women age 21-39 who do not qualify for family planning services because they have had a tubal ligation or partial hysterectomy with cervix remaining, who need diagnostic follow-up for an abnormal cervical screening, or who are high risk.
- Women age 65 or older with no insurance or Medicare Part A only (must meet ASCCP guidelines for cervical cancer screening).

Transgender

- A transwoman who has taken or is taking hormones.
- A transman who has not had a bilateral mastectomy or total hysterectomy.
- Some individuals 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 rule, if an individual has a certain body part (breast and/or cervix) and otherwise meets criteria for screening based on risk factors or symptoms, screening should proceed regardless of hormone use.

Men are not eligible for ABCCEDP or any NBCCEDP according to the established Act. It is recognized that while men are at some risk of developing breast cancer, the percentage is less than one percent.

Income

Net household income must be at or below 250 percent of the federal poverty level based on household size. Income guidelines are updated annually by the Department of Health and Human Services. Household income is defined as all sources of income for ALL household members including disability and child support payments regardless of whether the household members are related. Proof of income is not required. The participant's declaration statement is sufficient. For the most up-to-date household income guidelines go to: www.alabamapublichealth.gov/cancer

Insurance

Uninsured

- Have no health insurance coverage.

For program eligibility questions, contact your ABCCEDP Regional Coordinator. An ABCCEDP Regional Coordinator map can be found at: www.alabamapublichealth.gov/cancer.

PROVIDER CONTRACT REQUIREMENTS

ALL PROVIDERS MUST EXECUTE AN APPROVED PUBLIC HEALTH CONTRACT DOCUMENT PRIOR TO THE PROVISION OF SERVICES. Contracts are for 2-year periods of time, expiring during odd numbered years on June 29th.

All of the following provider contract requirements must be met. Required contract documents must be completed, processed by ADPH's ACES contract system, and approved by ADPH's legal department prior to contract being completed and reimbursable services being covered. Required documents include:

- Fully signed and executed contract between provider/facility and ADPH.
- Contract Document Checklist.
- Disclosure Statement.
    - A Disclosure Statement must be completed in its entirety, with the address and agency/facility name matching E-Verify exactly. The Disclosure Statement must be signed and notarized.
- Certificate of Compliance.
    - A Certificate of Compliance must be completed in its entirety, with the address and agency/facility name matching E-Verify exactly. The Certificate of Compliance must be signed and witnessed.
- E-Verify Information.
    - All providers must enroll in the U.S. Department of Homeland Security's E-Verify Program at www.dhs.gov/e-verify. You will receive a Memorandum of Understanding (MOU) which is generated when you enroll in the E-Verify Program, bearing the number assigned to that MOU by the U.S. Department of Homeland Security. **A complete copy of the MOU must be submitted.**
- State of Alabama Accounting and Resource System (STAARS) Vendor Self Service Information. www.alabamapublichealth.gov/bandc/assets/staarsinfosheet.pdf
- ABCCEDP Provider Checklist.
    - Ensure that you answer all appropriate questions, such as:
      1 – Are patients billed separately for lab procedures?
      2 – Are services and facilities accessible to the disabled?
      3 – Are your services billed as global, technical, or professional fees, or a mixture?
- ABCCEDP Sub-Contractor Form.
    - As a provider, include your facility(s)/agency(s) names and information regardless as to whether or not you have sub-contractors that work with or for you.
- Copy of current fee schedule on practice letterhead.
- Copies of current licenses for any physicians, RNs, Nurse Practitioners, etc. that provide services to our patients.
- W-9 form.

It is ESSENTIAL that facility/agency name and address match exactly on all forms submitted. Not doing so will delay processing of the contract and reimbursement of services to the facility/agency. All forms can be viewed and downloaded at: www.alabamapublichealth.gov/bandc/forms.html.

Providers **MUST** notify the program's administrative assistant when any of the following takes place:

- The federal tax identification number (FEIN#) changes.
- Changes in practice name, physical or mailing address, phone, email, or fax numbers.
- If billing methodologies change from global, technical, or professional, or when billing methodologies are different for selected procedures.
- When the mailing address for the receipt of payments changes.
- When physicians leave or join a practice to include a copy of their current license.
- When any license for a facility, physician, or licensed healthcare professional expires or is updated/renewed. A copy of the renewed/updated license should be sent to the program's administrative assistant. NOTE: All physician licenses in Alabama expire each December 31. Registered nurse licenses expire every other year on December 31 (even years). Mammogram facility certifications expire on different schedules.

Any changes or updates should be emailed to: Misty Price at Misty.Price@adph.state.al.us.

ALL OF THE FOLLOWING PROVIDER CONTRACT REQUIREMENTS MUST BE MET.

Recruit Clients

Recruit clients by the following activities:

- Utilize public education resources provided by NBCCEDP, CDC, and ADPH to recruit eligible women.
- Collaborate with American Cancer Society, National Cancer Institute, American Heart Association, local cancer control coalitions, and local partners.
- Display recruitment and educational information in waiting areas and examination rooms.
- Provide materials on screening services to all eligible women attending clinics in the facility.
- Coordinate recruitment activities with ADPH and the Regional Coordinators.
- Schedule women for annual screenings at a minimum of 10-month intervals following initial or annual screening and send reminders for follow-up.

Request and Attend Training

- Attend any and all provided training.
- New providers of ABCCEDP service contracts must participate in an on-site training session by ABCCEDP staff prior to providing services.
- Ensure staff is well trained in program protocols prior to delivering services. Require at least one staff member to participate in an orientation training delivered by ABCCEDP staff upon initial contract application.
- For staff members responsible for submission of clinical forms, billing forms, and data forms, facilitate attendance at and participation in annual trainings that provide policy and procedure review and updates.
- Request ABCCEDP training sessions when new staff are hired.

Register Clients for Services

- Obtain client signature of consent to receive breast and cervical cancer screening services.
- Annually provide clients with a copy of patient privacy rights statement in accordance with Health Insurance Portability and Accountability Act (HIPAA) regulations prior to receiving services.

Comply with HIPAA Regulations

- Comply with current HIPAA regulations in delivering services. Current regulations can be found at: https://aspe.hhs.gov/report/health-insurance-portability-and-accountability-act-1996.

License of Medical Staff

- Provision of services is dependent upon current license or certification with the State of Alabama.
- Utilize medical doctors, doctors of osteopathy, nurse practitioners, certified nurse midwives, clinical nurse specialists, certified physician assistants, and registered nurses with valid and current licenses to perform within the scope of their practice in conducting services for the ABCCEDP.

Laboratories

Utilize only laboratories that adhere to all applicable standards established under the Clinical Laboratory Improvement Amendments (CLIA) of 1988 or are CLIA waived. Laboratories must report Pap test findings using the Bethesda System 2001.

MQSA

Comply with Mammography Quality Standards Act (MQSA).

On-Site Quality Assurance Reviews

Agree to on-site record reviews by ABCCEDP Regional Coordinators and collaborate to complete action plans if applicable.

Notify Clients

Notify clients of non-program-covered services. Notify the client in writing of any services not covered by the program prior to providing any non-program-covered services.

Billing Clients

Ensure clients receive no bills (invoices) for services covered by the ABCCEDP.

Forms

- Submit all claims with required documentation to the Regional Coordinator by the 15th of each month so that reimbursement for services rendered may be processed and paid in a timely manner.

Recording and Maintaining Documentation

Complete and maintain documentation on all client eligibility, screening, and case management services outlined in this manual. Maintain client records for at least seven years. All ABCCEDP enrolled clients with an abnormal screening result must be assessed for their need of case management services and provided with such services accordingly. Examples of screening results which would require a case management assessment would be BIRADS 3, 4, 5 for mammograms; and Atypical Squamous Cells of Undetermined Significance (ASCUS), Low-grade Squamous Intraepithelial Lesion (LSIL), and high-grade lesions for Pap tests. Case management services conclude when a client initiates treatment, refuses treatment, or is no longer eligible for the ABCCEDP. When a woman concludes her cancer treatment and is released by her treating physician to return to a schedule of routine screening, she may return to the program and receive services if she meets eligibility requirements.

Assure Follow-up

Assure all clients identified on screenings that have suspicious, abnormal, or alert test results receive appropriate follow-up services, including case management, rescreening, diagnostic evaluation, treatment referral, and/or education services according to program protocols. These services may be provided directly by the contracted provider or by an established referral sub-contractor that meets ABCCEDP requirements. All test results shall be maintained in the client's medical records for monitoring purposes.

Refer Tobacco Users

Ensure that ABCCEDP clients who use tobacco products are referred to the Alabama Quitline at www.QuitNowAlabama.com or 1-800-QuitNow for free counseling. The Alabama Tobacco Quitline is available free of charge to all ABCCEDP participants. Be sure to have the client complete a referral form and send the form into the state.

Collaborate

Collaborate with ADPH's Cancer Control and Prevention Division regarding clients diagnosed with breast and/or cervical cancer. These clients may be eligible for treatment through the ABCCEDP Medicaid Treatment Act.

PROVIDERS WHO TERMINATE ABCCEDP PARTICIPATION

Submit a Letter

Submit a letter to ABCCEDP 30 days before the date of anticipated termination of services. The letter must include the date of termination of ABCCEDP services. Submit the letter to:

ABCCEDP
201 Monroe Street
Suite 1350
Montgomery, Alabama 36104

Continue to Report

Continue to report all diagnostic and/or treatment information after termination on the appropriate ABCCEDP forms so that all outstanding follow-up on cases is complete. To accomplish this task a provider should work closely with the ABCCEDP Regional Coordinator in their area.

Collaborate for On-going Care

Work with ABCCEDP Regional Coordinator and Program Management to inform clients where they may obtain ABCCEDP services in their area once the provider terminates participation.

ABCCEDP SCREENING REQUIREMENTS

Routine screening and early detection are vital to improving the quality of life for all individuals and for reducing morbidity and mortality from breast and cervical cancer. Regular clinical breast exams, mammography, pelvic exams, and Pap tests are the best screening methods available for breast and cervical cancers and pre-cancerous conditions.

Provider Responsibilities

- Schedule annual breast and cervical cancer screenings appropriately for clients meeting guidelines.
- Notify clients in advance of recommended screening dates. If the client does not schedule an appointment after the first notification, a total of three attempts should be made and documented.

Initial Screening

The initial screening is:

- The **first** screening performed on a woman by an ABCCEDP provider.

Annual Screening

The annual screening is:

- The process of returning for an annual screening test at a predetermined interval. ABCCEDP defines an annual screening to be 10 months or greater from the initial screening or previous annual screening.

Rescreening

Rescreening is:

- An additional screening visit resulting from an abnormal initial or abnormal annual screening that is less than 10 months from an initial or annual screen.

NOTE: If there is a delay in the rescreening visit for 10 months or more from the date of the annual/initial visit, reimbursement occurs only after the rescreen meets breast/cervical criteria for an annual screening.

CLINICAL REQUIREMENTS FOR ABCCEDP SERVICES

The screening services outlined in the following pages are clinical requirements and shall be completed by the provider of ABCCEDP services in order to be considered for reimbursement. Age restrictions and income guidelines always apply. Providers must have the capability to provide or offer access to the following services.

Comprehensive Breast and Cervical Screening:

- Clinical Breast Exam (CBE) provided annually for all woman.
- Assessment of **High Risk** for breast and cervical cancer.
- Client education on the importance of obtaining screenings for breast and cervical cancer according to the appropriate screening schedules.
- Routine screening mammogram offered annually or every other year per clinician and client determination, beginning at age 40 and over.
- Special circumstances include:
    - Genetic mutation such as BRCA 1 or 2.
    - First degree relative with known genetic mutation such as BRCA 1 or 2.
    - History of radiation treatment to the chest area before the age of 30 years.
    - Greater than 20% lifetime risk of breast cancer based on risk assessment models largely dependent on family history. (For women 35+: www.cancer.gov/bcrisktool/, https://ibis-risk-calculator.magview.com/
- Complete visual and manual pelvic examination.
- Pap and HPV tests, conventional or liquid-based, at appropriate intervals.
- Documentation of providing screening examination results to clients per verbal report or in writing.
- Appropriate and timely case management for all clients with suspicious or abnormal results, including rescreening, diagnostic procedures and/or treatment.

Breast Cancer Screening

Annual Screening Protocol

Age restrictions and income guidelines always apply to a client's eligibility for the services described below. The most current ABCCEDP Eligibility Guidelines can be found at: www.alabamapublichealth.gov/bandc/assets/abccedpeligibility.pdf.

- A CBE is required by ABCCEDP for a complete screening. Coordination of a full screening with health care providers is expected.
- A CBE is not required for reimbursement of a mammogram, but strongly recommended. A CBE should be performed annually on all women, especially if they have had previous breast cancer. **(A CBE must be performed to be reimbursed for a breast office visit.)**
- ABCCEDP will reimburse for an annual breast cancer screening after ten (10) months has lapsed from the previous annual breast cancer screening.
- ABCCEDP will reimburse for an annual CBE for all ABCCEDP women who meet eligibility guidelines.
- Mammogram funding for the purpose of screening women under 40 years of age with a breast complaint may be available through ABCCEDP partnerships or outside funding. Funding and eligibility are dependent on availability of limited funds and partnerships.

NOTE: It is recommended that a client's risk assessment score for breast cancer is assessed and recorded on the Screening Form for every woman enrolled in ABCCEDP. Women found to have a greater than 20 percent lifetime risk of breast cancer (Genetic mutation such as BRCA 1 or 2, first degree relative with known genetic mutation such as BRCA 1 or 2, or history of radiation treatment to chest area before the age of 30) are considered high risk and should be followed appropriately.

ANY Breast Risk Assessment Model can be used. Some examples of these can be found by going to:
www.cancer.gov/bcrisktool/ or **https://ibis-risk-calculator.magview.com/**

ANNUAL BREAST SCREENING	RECOMMENDATIONS FOR WOMEN
(Average Risk) Women 40-64	CBE and Mammogram every year
(High Risk) Women 40-64	CBE with noted breast mass **AND** one of the following: • Bloody nipple discharge expressed by the provider during the CBE • Dimpling noted by the provider during the CBE • First degree relative with documented breast cancer (mother, sister, father)
(High Risk) Women 40-64 CBE, Mammogram, and MRI conducted annually with Mammogram and MRI being alternated every six (6) months. Example: CBE and mammogram performed in January with MRI to be conducted in July of that year.	CBE with **ONE** of the following regardless of noted breast mass or not: • Genetic mutation such as BRCA 1 or 2 (Must have documentation of genetic mutation) • 1st degree relative with known genetic mutation such as BRCA 1 or 2 (Must have documentation of genetic mutation) • History of radiation treatment to 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). (For women 35+: www.cancer.gov/bcrisktool/, https://ibis-risk-calculator.magview.com/ (Lifetime risk must be documented in patient record)
Women age 65 or older with no insurance or Medicare Part A only	• CBE and Mammogram every year

Magnetic Resonance Imaging (MRI)

Breast MRI requires prior authorization and approval documentation before being ordered and completed. Complete the MRI Prior Authorization Form found at: www.alabamapublichealth.gov/bandc/assets/abccedp_mri_authorization.pdf and send it to your Regional Coordinator along with the required documentation for the client. The client must have one of the following and the required documentation in order to be eligible for the MRI:

- Personal history of known genetic mutation such as BRCA 1 or 2 (documentation required).
- First degree relative with known genetic mutation such as BRCA 1 or 2 (documentation required).
- History of radiation treatment to chest area before the age of 30 (typically for Hodgkin's Lymphoma).
- Personal history of lobular carcinoma in situ (documentation required).
- Patient has unusual circumstances that need to be approved by the Medical Advisory Board (must supply adequate reports for review by the Medical Advisory Committee).

  NOTE: Greater than 20 percent lifetime risk of breast cancer based on risk assessment models largely dependent on family history (must document the risk assessment score in the client's medical record and on the Screening Form). ANY risk assessment tool may be used. Some examples can be found by going to: (e.g. www.cancer/gov/bcrisktool/ , https://ibis-risk-calculator.magview.com/ for women 35 years of age or greater)

- Additional follow-up for this group of high-risk women:
  - If the mammogram results are normal, a MRI will need to be done six (6) months after the mammogram to ensure women who are high risk for breast cancer are receiving some type of imaging every six (6) months. If the screening mammogram is abnormal, the patient will be in follow-up and not be eligible for a screening MRI until 6 months after a normal mammogram.
  - 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 six (6) months. Example: Mammogram performed in January; MRI will be due in July.
  - 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 abilities to perform MRI guided breast biopsies.
  - MRIs should **NEVER** be done alone as a breast cancer screening tool. A screening MRI will be reimbursed for high-risk women 6 months after a mammogram. The ABCCEDP Program will only reimburse a screening MRI for high-risk women once a year.
  - Breast MRI cannot be reimbursed to assess the extent of disease in clients who have already been diagnosed with breast cancer.
  - To be most effective, it is critical to complete MRIs at facilities equipped with breast MRI equipment and perform MRI guided breast biopsies.

PROVIDER ASSURANCES-BREAST

Providers Must Ensure the Following

Suspicious or Abnormal Breast Results

Clients with suspicious or abnormal breast results will receive the necessary case management as determined by the clinician based on current standards of practice for rescreening, diagnosis, and/or appropriate treatment. Clinicians will report data to ABCCEDP.

CDC Standard

- **60 days** or less from result of suspicious for cancer screening to diagnosis.
- **60 days** or less from time of cancer diagnosis to start of treatment.

Determination of Screening Results

Suspicious screening results will be determined as normal or abnormal through short-term rescreen or diagnostic procedures.

- Notify and explain to the client with abnormal findings the need for any additional diagnostic service(s).
- ABCCEDP requires a total of three documented attempts for client follow-up, if necessary/needed.
    - Direct telephone communication has been shown to be the most effective contact.
    - If unable to reach client by telephone, a letter should be sent indicating there is need for additional diagnostic testing or treatment. Followed by a second letter indicating the need for the client to contact the provider for additional follow-up needs. For legal purposes, providers are encouraged to use a certified letter if a second letter attempt is required.
    - If no response is received after the third attempt or the client refuses further diagnostic follow-up and/or treatment, notify your ABCCEDP Regional Coordinator.

Pending Abnormal Screening Results

If abnormal screening results are pending for ten (10) months or longer, client eligibility must be verified again and a new annual screening test must be performed prior to the initiation of further diagnostic studies. ABCCEDP will only reimburse for additional diagnostic services if the client continues to meet ABCCEDP eligibility guidelines.

For a client diagnosed with breast cancer, ABCCEDP providers **MUST** contact the ABCCEDP Medicaid Nurse Coordinator and provide the following information to ABCCEDP:

- Pathology Report with a breast cancer diagnosis
- Date treatment started
- Type of treatment initiated
- Name of the facility where treatment is occurring/occurred

The Medicaid Treatment Program "Treatment Referral Form" can be found at:
www.alabamapublichealth.gov/bandc/assets/abccedptreatmentreferralform.pdf.

OR

contact:
Kelli Hardy
Kelli.Hardy@adph.state.al.us
334-206-2976 (work phone)
334-206-3738 (work fax)

RESCREEN AND FOLLOW-UP PROTOCOL - BREAST

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 ABCCEDP staff. Copies of medical records may be needed to support justification of the follow-up visit.

ABCCEDP will reimburse one screening mammogram during a twelve (12) month period for women meeting eligibility requirements. Referrals for routine screening mammograms should be one (1) to two (2) years apart based on age and risk but in no case less than ten (10) months apart.

ABCCEDP will NOT reimburse more than three (3) mammograms per patient during a twelve (12) month period.

A diagnostic mammogram alone is not adequate follow-up for an abnormal CBE. CDC requires that a client, 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 client refuses or declines follow-up testing and/or referral utilize the escalating attempts as outlined under "Determination of Screening Results" on page 21 and document in the client's record.

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

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

LIMITATIONS FOR DIAGNOSTIC SERVICES
Breast Cancer
• Diagnostic mammogram (Digital or Conventional) • Breast ultrasound • Fine Needle Aspiration (FNA) without pathology • FNA clinical procedure plus pathology • FNA deep tissue under guidance plus Pathology • Core needle biopsy • Stereotactic biopsy • Incisional biopsy • Excisional biopsy • Specialist consultation • Facility fees • General anesthesia*

*Only one (1) anesthesia fee reimbursement paid for when performing multiple biopsies during the same operation.

Guidelines for Breast Diagnostic Services

CBE Suspicious for Cancer

- Completely evaluate and appropriately refer women with a clinically suspicious lesion.

Non-palpable Mammography Abnormality

- Mammography results reported by a radiologist with reference to American Cancer Society (ACS), the National Cancer Institute, and the Commission on Cancer of the American College of Surgeons categories “Suspicious abnormality” (Category 4) or “Highly suggestive of malignancy” (Category 5) should be referred to a surgeon.
- “Additional Imaging Pending” (Category 0) should be followed by additional views, comparison of films and/or ultrasound within **60 days**. If comparison of previous films is needed, only the final result of the comparison study should be reported. Providers who have already submitted reporting forms with the “Additional Imaging Pending” (Category 0) should enter results on the Mammogram Voucher.

Ultrasound

- Ultrasound may be recommended when the CBE is suspicious for breast cancer and mammogram is not appropriate.
- Abnormal ultrasound requires additional diagnostic imaging.

Breast Biopsies:

Fine Needle Aspiration, Core Needle, Stereotactic, Incisional, or Excisional

- The CBE and/or imaging mammogram/ultrasound must be suspicious for breast cancer and information submitted to ABCCEDP before the program will reimburse for breast biopsies.

Non-reimbursable Services for the Breast

Breast Cytology – ABCCEDP will **NOT** reimburse for cytology testing of a breast discharge.
Breast Implants – 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 – ABCCEDP will only reimburse when a CBE and/or Pap test are indicated and performed.
Gamma Imaging – ABCCEDP will **NOT** reimburse for these procedures.

ABCCEDP Provider Follow-Up Responsibilities-Breast

ABCCEDP Breast Providers Shall:

- Implement some form of internal tracking and reminder system to ensure that ABCCEDP clients who have abnormal breast test results suspicious for breast cancer receive further medical evaluation and treatment **within 60 days**. This practice assures scheduling follow-up visits and procedures are completed in a timely manner. In addition, client attendance for appropriate follow-up needs to be monitored. If there is a missed appointment, reschedule the appointment and assist with removing barriers such as transportation difficulties.
- ABCCEDP requires a minimum of three (3) attempts for client follow-up.
    - Direct telephone communication has been shown to be the most effective contact.
    - If unable to reach a client by telephone, a letter should be sent indicating there is need for additional diagnostic testing or treatment, followed by a second letter indicating the need for the client to contact the provider for additional follow-up requirements. For legal purposes, providers are encouraged to use a certified letter if a second letter attempt is required.
    - If no response is received after the third attempt or the client refuses further diagnostic follow-up and/or treatment, notify your ABCCEDP Regional Coordinator.
    - Utilize a tracking system to ensure that clients show up for scheduled visits and receive the appropriate diagnostic or treatment services.
    - If clients do not keep follow-up appointments, implement attempts to reach the client for rescheduling the appointment by telephone or by mail within **30 days**.
    - If the client is no longer reachable or attempts to contact the client fail, please inform the Regional Coordinator for the provider area within **30 days**.

Cervical Cancer Screening

Annual Screening Protocol

Age restrictions and income guidelines always apply to a client's eligibility for the services described below. The most current ABCCEDP Eligibility Guidelines can be found at: www.alabamapublichealth.gov/bandc/assets/abccedpeligibility.pdf.

In order to meet CDC grant requirements, the following must be assessed and documented for all ABCCEDP patients.

- Assessment of cervical health history
- Pelvic exam
- Pap test and/or HPV (as clinically indicated)
  - ABCCEDP will reimburse for HPV self-collection in the health care setting. CPT codes 87624 or 87625 should be used for reimbursement. BD *Onclarity* and Roche *Cobas* are the only HPV self-collection kits currently approved for reimbursement and are FDA approved. HPV self-collection is to be repeated every 3 years for asymptomatic, average-risk patients. HPV self-collection is not recommended for those who are high-risk or for surveillance after specific diagnoses. If HPV results are negative, repeat every 3 years. If HPV results are positive, follow current ASCCP guidelines. Again, ABCCEDP will reimburse for HPV self-collection in the clinical setting only.
- Client education
- Smoking status and refer to the Alabama Quitline (if indicated) at: www.alabamapublichealth.gov/tobacco/quitline.html

CERVICAL SCREENING	RECOMMENDATIONS FOR WOMEN
(Average Risk) Women 21-39 (Who had a tubal ligation or partial hysterectomy with the cervix remaining)	Ages 21-29: Pap test only every 3 years Ages 30-39: Co-test every 5 years or Pap test every 3 years
(Average Risk) Women 40-64 (Includes only those women that are NOT eligible for Family Planning services)	Ages 40-64: Co-test every 5 years or Pap test every 3 years
(High Risk) Women 21-64	Who need diagnostic follow-up for abnormal cervical cancer screening results (Follow the most up-to-date ASCCP guidelines regarding appropriate cervical cancer diagnostics and follow-up)
(High Risk) Women 21-64 with ONE of the following: • Diethylstilbestrol (DES) exposure in utero • Immuno-compromised due to health condition(s) • Organ transplantation • Human Immunodeficiency Virus (HIV) (Includes only those women that are NOT eligible for Family Planning services)	Ages 21-29: Annual Pap test Ages 30-64: Co-test every three (3) years or annual Pap test
(High Risk) Women of any age	With a past personal history (biopsy) of CIN II, CIN III, or invasive cervical cancer (Follow the most up-to-date ASCCP guidelines for surveillance after treatment and follow-up; for at least 20 years post treatment)
Women age 65 or older with no insurance or Medicare Part A only	Follow the most up-to-date ASCCP guidelines for screening and surveillance

PROVIDER ASSURANCES-CERVICAL

Providers Must Ensure the Following

Suspicious or Abnormal Cervical Results

Clients with suspicious or abnormal cervical results will receive the necessary case management as determined by the clinician based on current standards of practice for rescreening, diagnosis, and/or appropriate treatment. Clinicians will report data to ABCCEDP.

CDC Standard

- **60 days** or less from result of suspicious for cancer screening to diagnosis.
- **60 days** or less from time of CIN II or CIN 3 or invasive cervical cancer diagnosis to start of treatment.

Determination of Screening Results

Suspicious screening results will be determined as normal or abnormal through short-term rescreen or diagnostic procedures.

- Notify and explain to the client with abnormal findings the need for any additional diagnostic service(s).
- ABCCEDP requires a total of three (3) documented attempts for client follow-up, if necessary/needed.
    - Direct telephone communication has been shown to be the most effective contact.
    - If unable to reach client by telephone, a letter should be sent indicating there is need for additional diagnostic testing or treatment. If no response from the first letter, a second letter indicated the need for the client to contact the provider for additional follow-up needs shall be sent. For legal purposes, providers are encouraged to use a certified letter if a second letter attempt is required.
    - If no response is received after the third attempt or the client refuses further diagnostic follow-up and/or treatment, notify your ABCCEDP Regional Coordinator.

Pending Abnormal Screening Results

If abnormal screening results are pending for ten (10) months or longer, client eligibility must be verified again and a new annual screening test must be performed prior to the initiation of further diagnostic studies. ABCCEDP will only reimburse for additional diagnostic services if the client continues to meet ABCCEDP eligibility guidelines.
For a client diagnosed with cervical cancer, ABCCEDP providers **MUST** contact the ABCCEDP Medicaid Nurse Coordinator and provide the following information to ABCCEDP:

- Pathology report indicating CIN II or greater
- Date treatment started.
- Type of treatment initiated.
- Name of the facility where treatment is occurring/occurred.

The Medicaid Treatment Program "Treatment Referral Form" can be found at: www.alabamapublichealth.gov/bandc/assets/abccedptreatmentreferralform.pdf.

OR contact:

Kelli Hardy
Kelli.Hardy@adph.state.al.us
334-206-2976 (work phone)
334-206-3738 (work fax)

RESCREEN AND FOLLOW-UP PROTOCOL-CERVICAL

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

Cervical cancer screening is primarily performed using the Pap test and/or HPV test. ABCCEDP utilizes the USPSTF, ASCCP, and ACOG cervical cancer screening recommendations.

For referrals and procedures to be reimbursed by ABCCEDP, patients **MUST BE** referred and seen by an ABCCEDP contracted provider.

Women previously treated for CIN I or CIN II shall be co-tested 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.

If a repeat Pap test is more than ten (10) months from the previous Pap test, then the Pap test should be part of a complete annual screening.

Women who had a Hysterectomy:

- If the cervix is present, follow the regimen above for routine tests.
- 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.
- In the event 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.

NOTE: If a client refuses or declines follow-up testing and/or referral utilize the escalating attempts as outlined under "Determination of Screening Results" on page 27 and document in the client's record.

LIMITATIONS FOR DIAGNOSTIC SERVICES CERVICAL CANCER
• Colposcopy without biopsy • Colposcopy with cervical biopsy • Colposcopy with endocervical curettage (ECC) • Cervical biopsy (polypectomy) • Endocervical Curettage (ECC) • Endometrial biopsy NOTE: Colposcopy with endometrial biopsy can be reimbursed only if cervical and/or endocervical biopsies are performed during the colposcopy • LEEP will only be reimbursed if being performed for continued diagnostic work-up • Specialist consultations
The frequency and type of services is at the discretion of the clinician based on current standards of practice and on the protocols included from ASCCP algorithms. www.asccp.org/asccp-guidelines

Guidelines for Cervical Diagnostic Services

ABCCEDP will reimburse for an office visit Pap test and/or HPV when one or both are collected using the ABCCEDP Cervical Cancer Screening guidelines. If cervical cancer screening services only are provided (no clinical breast exam) then ABCCEDP will reimburse for a "partial office visit."

ABCCEDP will reimburse for the following cervical diagnostic services:

- Pap test and HPV every three (3) to five (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 for "unsatisfactory" results should be conducted two (2) to four (4) months apart.
- Repeat Pap tests for "quantity not sufficient" (QNS) results are to be conducted as soon as possible.
- HPV testing when used for screening with Pap test (Co-testing).
- HPV self-collection testing when performed in the health care setting every (3) years based on ASCCP guidelines.
  (BD *Onclarity* and Roche *Cobas* test kits only)
- HPV testing for follow-up abnormal Pap test results is per the American Society for Colposcopy and Cervical Pathology (ASCCP) algorithms.

ABCCEDP will not reimburse for routine/annual pelvic exams. Pap test and/or HPV test must be performed in order for ABCCEDP to reimburse for cervical cancer screening visits.

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

ABCCEDP pays for up to two (2) colposcopies per year if warranted based on the abnormal Pap test and/or HPV results. ABCCEDP will pay up to a maximum of three (3) biopsies per colposcopy.

ABCCEDP pays for a diagnostic LEEP, if it is indicated to be diagnostic by the Provider.

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.

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

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

High-Risk Human Papillomavirus (HPV) Testing

- If the HPV is positive, refer to the ASCCP guidelines.

ASCCP Mobile App, with Updated Consensus Guidelines, is available for download with Android, iPhone, or iPad.

ASCCP Algorithms are available online in PDF format in English and Spanish: www.asccp.org/asccp-guidelines

The 2019 Update Consensus Guidelines for the Management of Abnormal Cervical Cancer Screening Tests and Cancer Precursors are available online at: www.asccp.org/asccp-guidelines. This link is an additional reference tool when the ASCCP algorithms direct to “Manage per ASCCP Guidelines.”

Non-reimbursable Cervical Services

Pelvic Ultrasound – ABCCEDP will **NOT** reimburse for a pelvic ultrasound.

Cervical Conization - Cold knife conization, is usually considered to be treatment and is not covered by ABCCEDP.

ABCCEDP Provider Follow-up Responsibilities-Cervical

ABCCEDP Cervical Providers Shall:

- Implement some form of internal tracking and reminder system to ensure that ABCCEDP clients who have abnormal cervical test results suspicious for cervical cancer receive further medical evaluation and treatment **within 60 days**. This practice assures scheduling follow-up visits and procedures are completed in a timely manner. In addition, client attendance for appropriate follow-up needs to be monitored. If there is a missed appointment, reschedule the appointment and assist with removing barriers such as transportation difficulties.

- ABCCEDP requires a minimum of three (3) attempts for client follow-up.
    - Direct telephone communication has been shown to be the most effective contact.
    - If unable to reach a client by telephone, a letter should be sent indicating there is need for additional diagnostic testing or treatment, followed by a second letter indicating the need for the client to contact the provider for additional follow-up requirements. For legal purposes, providers are encouraged to use a certified letter if a second letter attempt is required.
    - If no response is received after the third attempt or the client refuses further diagnostic follow-up and/or treatment, notify your ABCCEDP Regional Coordinator.
    - Utilize a tracking system to ensure that clients show up for scheduled visits and receive the appropriate diagnostic or treatment services.
    - If clients do not keep follow-up appointments, implement attempts to reach the client for rescheduling the appointment by telephone or by mail within **30 days**.
    - If the client is no longer reachable or attempts to contact the client fail, please inform the Regional Coordinator for the provider area within **30 days**.

ALABAMA BREAST AND CERVICAL MEDICAID TREATMENT ACT

In October 2000, federal legislation was signed allowing funded programs in the NBCCEDP to participate in the Breast and Cervical Treatment Act. In October 2001, legislation was signed in Alabama which allowed ABCCEDP to collaborate with Alabama Medicaid to form the Alabama Breast and Cervical Cancer Medicaid Treatment Program (ABCCMTP).

Most women, who receive ABCCEDP paid screening and/or diagnostic services and who are found to need treatment for breast and/or cervical cancer or a precancerous condition, may be eligible for ABCCMTP.

Once a client is enrolled and approved, they are qualified for full Alabama Medicaid benefits, as well as medical services for cancer care. All participants must meet eligibility criteria for enrollment.

Those who are eligible for the ABCCMTP must have a breast and/or cervical cancer diagnosis and meet the following criteria:

- Have no insurance or be under-insured.
- Be a resident of Alabama.
- Be a female.
- Be under the age of 65.
- Have a valid Social Security Number.
- Be a U.S. citizen or legal U.S. resident for at least five (5) years.
- Be at or below 250 percent of the federal poverty level.
- Have a breast and/or cervical cancer or cervical precancerous condition diagnosis.
- Need treatment for breast and/or cervical cancers or precancerous conditions as listed below.
- Submit a completed and signed ABCCMTP application.

To remain eligible for ABCCMTP, a woman must meet the following criteria:

- Under active breast and/or cervical cancer treatment with at least one of the following:
    - Surgery related to the diagnosis of breast and/or cervical cancer.
    - Chemotherapy.
    - Radiation therapy.
    - Treatment with long term hormone therapy for breast cancer with medications such as Femara or Tamoxifen.
    - Breast reconstruction (MUST be done within two (2) years of mastectomy).
    - Active treatment must be confirmed by a treating physician.
- Be under age 65.
- Live in Alabama.
- Not have become eligible for other insurance that would pay for cancer treatment (i.e.: Medicare or SSI Medicaid).

A woman is eligible to re-apply for ABCCMTP if:

- She has a recurrence or metastasis or breast and/or cervical cancer.
- She was terminated from the Program because she became eligible for SSI Medicaid benefits and is later terminated from that program and is still in active treatment or on long term hormonal therapy.

BREAST CANCER DIAGNOSIS
Requires a tissue biopsy diagnosed by a pathologist with one of the following:
• Ultrasound result of "suspicious abnormality" (BI-RADS category 4) or "highly suggestive of malignancy" (BI-RADS category 5) • Carcinoma in situ • Invasive breast cancer

CERVICAL CANCER DIAGNOSIS
Requires a tissue biopsy diagnosed by a pathologist with one of the following:
• CIN II/moderate dysplasia • CIN III/severe dysplasia • CIS or AIS • Invasive cancer

It is important for providers to assist clients in completing and faxing or emailing the ABCCMTP application for medical assistance as soon as possible. The forms are to be submitted to:

Kelli Hardy
ABCCEDP Medicaid Nurse Coordinator
Kelli.Hardy@adph.state.al.us
Phone: (334) 206-2976
Fax: (334) 206-3738
201 Monroe Street
Suite 1350
Montgomery, AL 36104

The ABCCEDP provider must mail, email, or fax the following information to the ABCCEDP Medicaid Nurse Coordinator:

- A copy of the positive pathology biopsy report.
- The woman's demographic information.
- A statement as to whether the woman knows her diagnosis.
- The planned treatment schedule and date.

APPLICATION PROCESS

After the ABCCEDP Medicaid Nurse Coordinator receives the required information from the provider:

- The client/patient is mailed, emailed, or faxed the Medicaid application with instructions to complete and return the original back to the ABCCEDP Medicaid Nurse Coordinator. It can be received back by mail, email, or fax.
- The completed and signed application will be forwarded to Alabama Medicaid for processing.
- Retro-active coverage is available for up to three (3) months if requested and can be awarded beginning the first day of the month of diagnosis.
- The length of time from the moment the application is sent to Alabama Medicaid to receive an award date is usually no more than two (2) weeks.
- The Alabama Medicaid Nurse Coordinator checks the Alabama Medicaid system daily and notifies the patient/client when Alabama Medicaid has made a decision regarding eligibility.
- Alabama Medicaid will notify the woman by letter when she has been approved or denied and if approved her Medicaid card will be mailed to the address on the application.
- The Alabama Medicaid Nurse Coordinator notifies the Regional Coordinator regarding the approval or denial of the patient/client.

Application related questions can be addressed by calling Kelli Hardy at (334) 206-2976. Upon review of the application, and if the client is determined eligible for the Program, full Alabama Medicaid benefits will continue until the treating physician determines treatment for the breast and/or cervical cancer is complete.

NOTE: Routine monitoring by a physician does not qualify as treatment.

ABCCMTP COVERS

- Cervical cold knife conization.
- LEEP or cold knife conization – if a client received a Pap test diagnosis of HSIL or worse or a colposcopy test diagnosis of moderate dysplasia or worse.
- Incisional and/or excisional breast biopsy – if biopsy result is malignant.
- Breast Cancer Treatment is indicated including chemotherapy, surgery, radiation, and breast reconstruction.
- All other Alabama Medicaid Program benefits and covered medical services, including services not related to the breast and/or cervical cancer.

ABCCMTP PROVIDER RESPONSIBILITIES

- Notify client of diagnosis and recommendations for follow-up and treatment.
- Explain the ABCCEDP and ABCCMTP application processes to the client.
- Determine if the client meets criteria for enrollment into the Program.
- Provide the application and assist the client in completing and signing the application.
- Notify by email or fax the ABCCEDP Medicaid Nurse Coordinator about clients who are eligible and applying for ABCCMTP.

ABCCEDP PERFORMANCE INDICATORS

The CDC evaluates the ABCCEDP's ability to meet established core program performance indicators. Performance indicators are evaluated from the Minimum Data Elements (MDEs) submitted by ADPH. MDEs are standardized data elements that provided consistent information on patient demographics, screening results, education, diagnostic procedures, and treatment information. MDEs are collected on women screened and/or diagnosed with program funds. The ABCCEDP Research Analyst obtains MDE data from the history, assessment, screening, and diagnostic reports entered into Med-IT.

1. Percentage of women aged 30 and over receiving their first cervical cancer screening through the program who have never been screened or not screened within the last 10 years.
   (Goal = $\geq$ 35%)
2. Percentage of cervical cancer screening records with planned and completed diagnostic follow-up.
   (Goal = $\geq$ 90%)
3. Percentage of cervical cancer screening records with planned and completed diagnostic follow-up and time between screening and final diagnosis $\leq$ 60 days.
   (Goal = $\geq$ 75%)
4. Percentage of cervical cancer records with a final diagnosis of HSIL, CIN II, CIN III/CIS, or invasive cervical cancer that have treatment started.
   (Goal = $\geq$ 90%)
5. Percentage of cervical cancer records with a final diagnosis of HSIL, CIN II, or CIN III/CIS, or invasive cervical cancer with the time between final diagnosis and treatment $\leq$ 60 days.
   (Goal = $\geq$ 80%)
6. Percentage of mammogram screening records with abnormal results and completed diagnostic follow-up.
   (Goal = $\geq$ 90%)
7. Percentage of mammogram screening records with completed follow-up and time between abnormal screening and final diagnosis $\leq$ 60 days.
   (Goal = $\geq$ 75%)
8. Percentage of breast cancer records with a final diagnosis of 'CIS, other', DCIS, or invasive breast cancer that have treatment started.
   (Goal = $\geq$ 90%)

9. Percentage of breast cancer records with a final diagnosis of ‘CIS, other’, DCIS, or invasive breast cancer with time between final diagnosis and treatment ≤ 60 days.
   (Goal = ≥ 80%)

QUALITY ASSURANCE

The goal of the Quality Assurance (QA) component is to assure that appropriate services are provided to each client and that program funds are utilized as required by program protocols. QA activities ensure high-quality medical standards of care are provided to women receiving ABCCEDP screenings, diagnostic, and education services, as well as referrals for treatment when appropriate.

ABCCEDP monitors and evaluates the quality and appropriateness of client care using the following QA activities:

- Incorporating data edits in the Med-IT database.
- Reviewing submitted client service reports for compliance to standards of care prior to approval for reimbursement.
- Tracking alert values (abnormal testing results) to assure clients receive appropriate diagnostic services and access to treatment, if needed.
- Performing on-site QA monitoring annually.
- Providing training and technical assistance to providers to improve quality of care based on results of QA monitoring.

QUALITY ASSURANCE FOLLOW-UP

At the time of the provider’s review, technical assistance is provided by the Regional Coordinator to clarify or demonstrate any points of confusion. The review is followed by a post-review letter describing any areas needing improvement. Follow-up may be conducted to review success in instituting the recommended improvements. If the Regional Coordinator determines a provider has consistently not met the program clinical standards, the provider is asked to complete a corrective action plan. The Regional Coordinator conducts another review in six (6) months to ensure implementation of the corrective action plan and to verify that the provider is working to resolve the problem.

PROVIDER/CLINIC MANAGEMENT RESPONSIBILITIES

- Staff are trained and familiar with provider guidelines.
- Policy and procedures are in place for billing and filing forms.
- Procedures are in place to track amount of program funds.
- Professionally licensed and/or certified staff are maintained to perform program activities.
- Regional Coordinators are promptly notified of staffing changes so that Med-IT database access and training are obtained and completed.

- Track clients who receive screening and diagnostic results to provide complete case management from the initiation of care to the end of the plan of care.
- Make a minimum of three (3) attempts to contact a client to reschedule missed appointments before considering them a loss to follow-up or refusal for treatment.
- Notify the Regional Coordinator about any patient that is lost to follow-up or refuses recommended treatment.
- Have a clean facility with appropriate space for screening.
- There is an in-house plan for quality checks at regular intervals.

MED-IT DATA AND BILLING SYSTEM

Before entering a woman into the Med-IT database, contracted providers must determine whether the woman has ever received services funded by ABCCEDP and if she has an existing Med-IT ID (a unique number assigned to each ABCCEDP client) that needs to be updated. This process can be completed by entering patient identifiers, which may include name, date of birth, and/or social security number. To prevent creating duplicate accounts in Med-IT, patients must be searched by:

- DOB – first,
- SSN – if available, then by
- Name

The above search should be done by at least two of the patient's identifiers. **If the SSN is unknown, leave the entry space blank.**

Med-IT users must have access to the database and ABCCEDP service providers must be listed in the database. New users must request access by contacting their ABCCEDP Regional Coordinator. (See Map and List of Regional Coordinators in Appendix)

To access the Med-IT website, go to: www.med-itweb.com

Med-IT Enrollment Instructions can be found by going to:
www.alabamapublichealth.gov/bandc/assets/2012meditenrollmentInstructions.pdf

HOW TO CHANGE PATIENT/CLIENT INFORMATION

If there are changes in patient/client information after it has been submitted, notify the Regional Coordinator by email or in writing of the change to be made. Include the following so that the correct record is changed:

- Name that is currently in ABCCEDP records
- New or correct name as it should appear
- Social Security number
- Date of birth
- Medical record number
- CBE or Pap test date

BILLING GUIDELINES

ATTENTION:
Providers are responsible for tracking their funding amounts. When 80 percent of the provider total for ABCCEDP funds is expended, contact the ADPH Central Office to request an amendment to increase funding:
Phone: 334-206-2795
Email: Misty.Price@adph.state.al.us

PROVIDER REIMBURSEMENT GUIDELINES

The guidelines for provider reimbursement are in accordance with the Breast and Cervical Cancer Mortality Prevention Act of 1990, Public Law 101-354. Congress amended the NBCCEDP Public Law 10-354 in 1993. The conditions and requirements are:

- ABCCEDP is the payer of last resort.
- ABCCEDP reimbursements are considered payment in full.
- Service providers and their subcontractors shall not charge the client for any screening or diagnostic services reimbursable by ABCCEDP.
- ABCCEDP clients shall not be charged any administrative fees.
- When services other than the breast and cervical cancer screenings or diagnostics are performed documentation shall be provided that verifies the client was notified in advance of these services and their cost.
- ABCCEDP will cover only outpatient services.

Providers will not receive reimbursement under the following circumstances:

- Services are provided to ineligible women.
- Standards outlined in the Provider Manual as stated are not met.
- Breast and/or cervical screening services are incomplete.
- The end of the ABCCEDP grant year is June 29th. The grace period to submit outstanding billing is June 30th to August 10th. If billing and information for billing is submitted after the closing date for that grant year, August 10th, it cannot be reimbursed by ABCCEDP or billed to the client.
- If there is no legal contract in place. It is essential to know the grant year AND when the provider and/or clinic completed the grant agreement between the two agencies. These dates could be different.

DATA COLLECTION

ABCCEDP has mandatory reporting requirements for the federal funds received and data elements that are required by the CDC. CDC will use the data from all states receiving screening money and report to Congress that the money is being properly used. The data collected from ABCCEDP forms provides evidence to the funding agencies (the state legislature and the federal government) that the money they are allocating is serving clients who are eligible and in need of the program. The data elements are collected to:

- Ensure women receive breast and cervical cancer screening tests at appropriate intervals.
- Ensure women are referred for timely follow-up and are provided diagnostic and treatment services, if necessary.
- Ensure the ABCCEDP is reaching the "in-need" segment of the population.
- Report race, ethnic origin, marital status, education, referral source, and how the client heard about the program.
- Ensure women are provided screening reminders.
- Evaluate the effectiveness of the ABCCEDP.

ABCCEDP FORMS

Make sure a consent for services is reviewed, signed, and placed in the patient's chart yearly.

ABCCEDP FORMS AND HCFA 1500

The purpose of the screening form and HCFA are to:

- Provide documentation of the screening and diagnostic work up plan.
- Initiate program services by the primary provider at the time of the breast and/or cervical screening.
- Keep track of all services rendered on women receiving a partial, complete, or re-screening.
- Serve as the monthly data report on provider activity and the documentation for billing.

Complete and submit form(s) to the ABCCEDP Regional Coordinator **(see pages 51 – 53 for examples).**

NOTE: For ABCCEDP reimbursement, referral for diagnostic services must be made to ABCCEDP contracted providers and facilities **ONLY.**

Forms are on the ABCCEDP and MED-IT system website. **All** forms **must** have the patient specific Med-IT number on them.

- Mammography Voucher – complete if indicated; give original to client after making mammogram appointment; keep copy in charts and follow-up tickler file.
- Screening Form – complete form at each patient visit; submit original to the ABCCEDP Regional Coordinator; keep a copy in the client's chart.

- ABCCEDP 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 of pathology/procedure reports, if indicated, with billing forms to ABCCEDP Regional Coordinator.
- 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 and send the original with the appropriate ABCCEDP forms to the ABCCEDP Regional Coordinators.

SUBMISSION FOR PAYMENT

Original screening form, HCFA, and diagnostic follow-up forms:

- Should be submitted with required documentation and mailed to the Regional Coordinator by the 15th of each.
- All forms can be printed from the ABCCEDP website. The original forms will be sent to the Regional Coordinator.
- The original mammography voucher is given to the patient, who in turn, delivers it to the mammography facility at the time of her visit.
- Copies of all forms must be kept in the patient's medical record/file.
- The consent must be signed, and the original signed document is maintained in the patient's medical record/file.

SCREENING FORM

The screening form has questions that trigger a referral or follow-up form be generated if any of the following are marked:

Cervical Screening: Pap test/HPV results: If any results other than negative/benign, patient should be referred per ASCCP guidelines.
Cervical Screening Disposition: Response of further diagnostic test necessary.

Breast Screening: CBE findings: If any results other than negative/benign, patient should be referred for further evaluation.
Mammogram results: If any results other than negative/benign, patient should be referred for further evaluation.
Breast Screening Disposition: Response of further diagnostic test necessary.

- Follow-up forms submitted without one of the triggers on the screening form will be questioned and reimbursement for the diagnostic procedures will not be made unless approved.
- The results of screening tests should be carefully recorded so that women receive adequate follow-up and providers receive proper payment.
- If the result of the breast and/or cervical screening recommends a repeat exam in the near future, such as three (3) to six (6) months later, **DO NOT** complete a follow-up form. At the time the woman returns for her repeat exam, a new screening form should be initiated.
- The follow-up is for cases where immediate diagnostic tests/procedures are necessary to determine cancer status.

MAMMOGRAPHY VOUCHER

The purpose of the mammography voucher is to:

- Show verification of payment by the program to the mammography facility.
- Provide any identifying or pertinent exam information to the mammography facility.
- Document that the mammogram has been performed on the correct patient.

The mammography voucher **must** be completed by the primary provider and the original must be sent with the patient to the mammography facility. A copy is kept in the patient's chart. The mammography facility **must** forward this form, a HCFA 1500, with the patient's mammography report to the Regional Coordinator when the facility bills for services.

BREAST AND CERVICAL DIAGNOSTIC FOLLOW-UP FORMS

The Breast or Cervical Diagnostic Follow-up form is utilized when a breast or cervical related diagnostic follow-up is required. The purpose of the form(s) is:

- To provide a mechanism for ABCCEDP patients to be referred for further diagnostic testing.
- To provide documentation of the tests performed and track information needed for follow-up.
- To provide information to the referring physician.
- For the screening provider to send to the referral physician at the time of the appointment. (Send to referral physician and place a copy in the patient's medical record/file.)
- For the physician to complete the remainder of the form pertinent to the tests that are performed; forward the original form and HCFA to the Regional Coordinator with the bill and documentation of the visit.
- So that the physician the client was referred to can provide the primary provider with a copy of the test results, final diagnosis, tumor size, and treatment, if necessary.
- So the Regional Coordinator can receive back the completed follow-up form, HCFA 1500, physician notes (if a GYN or surgeon) along with any biopsy, ultrasound, or surgeon reports.

BREAST MRI AUTHORIZATION FORM

The Breast MRI Authorization Form is utilized when a patient is eligible for a screening MRI in alternating every 6 months with a normal mammogram.

- Must have **prior** authorization by Regional Coordinator.
- Identifies high-risk factors regarding the breast for women.

CASE MANAGEMENT

DIAGNOSTIC SERVICES AND TREATMENT COORDINATION

A mandatory component as a provider of the ABCCEDP is the responsibility for providing clinical case management of abnormal findings as well as reporting the abnormal findings and the outcomes to the ABCCEDP on a timely basis.

The clinician, using current standards of practice and the established ABCCEDP breast cancer screening protocols, determines the type and frequency of case management.

The goal of case management for the ABCCEDP is to ensure that women who are enrolled in the program receive timely and appropriate rescreening, diagnostic, and treatment services. The need for case management initiation will be determined at initial enrollment into ABCCEDP or upon receipt of abnormal screening results or a diagnosis of cancer.

The NBCCEDP policy states that "women with an abnormal screening result or with a diagnosis of cancer are the priority population to receive case management services."

PATIENT/CLIENT CASE MANAGEMENT PROCESS

The following circumstances would initiate ABCCEDP case management services:

- A provider requests that a specific woman receive case management services.
  - If at any time the provider is doing in-house case management and needs assistance, the ABCCEDP Regional Coordinator should be contacted for help. The Regional Coordinator will contact the Case Management Coordinator if needed. Providers will be encouraged to refer problem patients as soon as possible.
- A woman requests case management.
  - Providers will be responsible for informing women of the availability of case management services when they are enrolled or when abnormal results are received. The informed consent will address case management and the possibility of referral if abnormal screening results occur. The woman may at any time self-refer if the provider does not initiate the process.
- A woman is identified as needing case management by the ABCCEDP staff.
  - The Regional Coordinator will contact the Primary Care Provider (PCP) if there is evidence there is a woman with an abnormal result without completed follow-up. Quarterly overdue reports, information from the screening form, and monthly review of the minimum data elements (MDEs) will alert the Regional Coordinator of potential patients.

Referral for Treatment - **A definitive diagnosis of cancer** would also require immediate assessment and, in addition, require notification of the ABCCEDP Medicaid Nurse Coordinator. Case management services conclude when a client initiates treatment or is no longer eligible for services. A client may return to a schedule of routine screening in the ABCCEDP and receive all its services following her completion of treatment.

Because of the number of individuals that may be involved in the case management process it is imperative that the professionals involved remain in communication with each other. This communication would involve the faxing, mailing, or phoning of all information and documentation that is available. All efforts and activities of the case management process must be **DOCUMENTED** and placed in the patient's chart.

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APPENDICES

RESOURCES

Breast and Cervical Acts and Educational Brochures

- Breast and Cervical Cancer Mortality Prevention Act of 1990
  https://ftp.cdc.gov/pub/publications/cancer/nbccedp/legislation/law.htm

- 2009 Breast and Cervical Cancer Prevention and Treatment Act Fact Sheet
  https://www.alabamapublichealth.gov/alphtn/assets/061209factsheet.pdf

- Breast Cancer Education Act of 2013 (Act 2013-284)
  https://www.alabamapublichealth.gov/bandc/assets/act20130284.pdf

  - Breast Cancer Treatment Education Brochure (Full Page)
    https://www.alabamapublichealth.gov/bandc/assets/brochuretreatmentoptions.pdf
  - Breast Cancer Treatment Education Brochure (4 – panel brochure)
    https://www.alabamapublichealth.gov/bandc/assets/brochuretxoptionssmall.pdf

General Program Information

- Eligibility Guidelines
  https://www.alabamapublichealth.gov/bandc/assets/abccedpeligibility.pdf

- Income Eligibility Guidelines
  https://www.alabamapublichealth.gov/bandc/assets/incomeeligibilityguidelines.pdf

- Contracted Provider Locations
  https://www.alabamapublichealth.gov/bandc/assets/abccedpprimaryscreeningproviders.pdf

- Online ABCCEDP Referral Form
  https://forms.office.com/pages/responsepage.aspx?id=e6Vco5nU9EG2JKeIdlCTvP_OUbrJZh9Ij3d2QYxxsTRUNEgxWUNDMTNMSk5OWVA3SE5OQlc0UlRaRS4u

- Med-It Website Enrollment Instructions
  https://www.alabamapublichealth.gov/bandc/assets/2012meditenrollmentInstructions.pdf
- ABCCEDP Online Med-It System
  https://www.med-itweb.com/index.php?login=true

- Regional Coordinator Contact List
  https://www.alabamapublichealth.gov/bandc/assets/abcregcoordlist.pdf

- Regional Coordinator Map
  https://www.alabamapublichealth.gov/bandc/assets/abccedp.coordinatormap.pdf

- Alabama 2-1-1 Flyer
  https://www.alabamapublichealth.gov/bandc/assets/211flyer.pdf

- ABCCEDP Contracted Provider Manual
  https://www.alabamapublichealth.gov/bandc/assets/abccedp-provider-manual.pdf

Medicaid Treatment Program Referral Form
https://www.alabamapublichealth.gov/bandc/assets/abccedptreatmentreferralform.pdf

Contractual Information for Providers

- Provider Contract Under $15,000
  https://www.alabamapublichealth.gov/bandc/assets/bcblanketcontractwithoutanti-boycott.pdf

- Provider Contract $15,000 & Over
  https://www.alabamapublichealth.gov/bandc/assets/bcblanketcontractwithanti-boycott.pdf

- Contract Document Checklist
  https://www.alabamapublichealth.gov/bandc/assets/contractchecklistforprovider.pdf

- Disclosure Statement
  https://www.alabamapublichealth.gov/bandc/assets/disclosurestatement.pdf

- Certificate of Compliance
  https://www.alabamapublichealth.gov/bandc/assets/certofcomp.pdf

- E-Verify Information
  https://www.alabamapublichealth.gov/bandc/assets/e-verifydescription.pdf

- STAARS Vendor Self Service Information
  https://www.alabamapublichealth.gov/bandc/assets/staarsinfosheet.pdf

- Important Vendor Information Regarding Alabama Buys
  https://www.alabamapublichealth.gov/bandc/assets/importantvendorinformation.pdf

- ABCCEDP Provider Checklist
  https://www.alabamapublichealth.gov/bandc/assets/abccedpproviderchecklist.pdf

- ABCCEDP Sub-Contractor Form
  https://www.alabamapublichealth.gov/bandc/assets/abccedpsubcontractorform.pdf

Data and Billing Forms

- Mammography Voucher
  https://www.alabamapublichealth.gov/bandc/assets/abccedpmammvou.pdf

- Screening Form
  https://www.alabamapublichealth.gov/bandc/assets/abccedp.screeningform.pdf

- Cervical Diagnostic Follow-Up Form
  https://www.alabamapublichealth.gov/bandc/assets/abccedpcervicalfollowup.pdf

- Breast Diagnostic Follow-Up Form
  https://www.alabamapublichealth.gov/bandc/assets/abccedpbreastfollowup15.pdf

- Informed Consent Form – English
  https://www.alabamapublichealth.gov/bandc/assets/informedconsent.pdf

- Informed Consent Form – Spanish (Formulario de Autorización)
  https://www.alabamapublichealth.gov/bandc/assets/informedconsentspanish.pdf

- Health Insurance Claim Form
  https://www.alabamapublichealth.gov/bandc/assets/health_insurance_claim.pdf.pdf

- Breast MRI Authorization Form
  https://www.alabamapublichealth.gov/bandc/assets/abccedp_mri_authorization.pdf

Alabama Tobacco Quitline Form
https://www.alabamapublichealth.gov/tobacco/assets/faxreferralform.pdf

ASCCP Risk-Based Management Consensus Guidelines
https://www.asccp.org/guidelines

ASCCP Risk-Based Management Consensus Guidelines App & Web Application
https://www.asccp.org/mobile-app

Alabama Breast and Cervical Cancer Early Detection Program Regional Coordinators

Dana Padgett
Winston Co. Health Dept.
110 Legion Road
Double Springs, AL 35553
205-489-3633
Fax: 205-489-5518

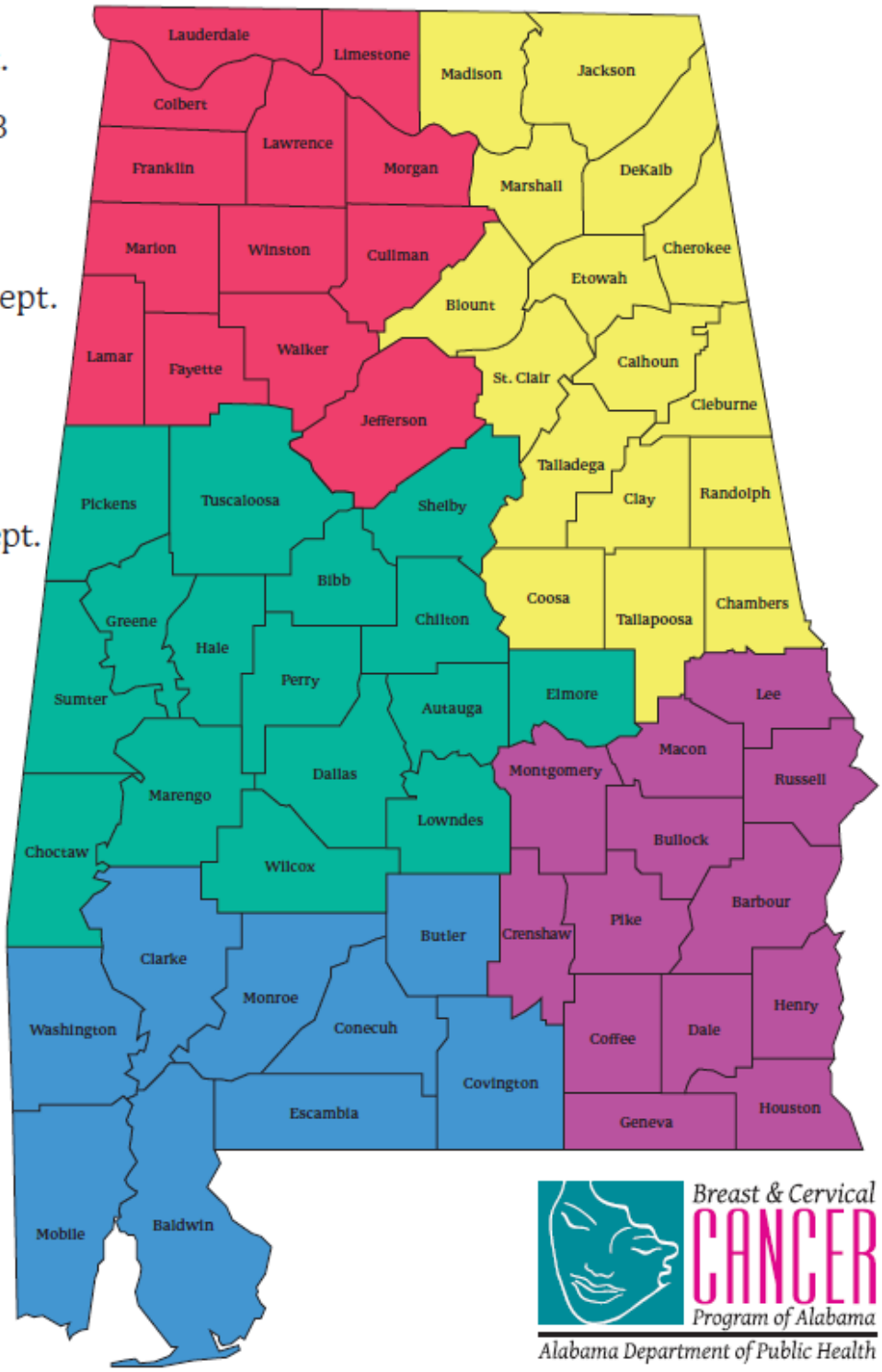
Colleen Green
Etowah County Health Dept.
709 East Broad Street
Gadsden, AL 35903
256-549-7633
Fax: 659-208-7673

Amy Ikner
Monroe County Health Dept.
416 Agricultural Drive
Monroeville, AL 36460
251-575-8873 or
251-575-3109
Fax: 251-575-7935

Hazel Cunningham
Wilcox Co. Health Dept.
107 Union Street
Camden, AL 36726
334-675-0112
Fax: 334-682-4796

Bobbie Roland
Coffee Co. Health Dept.
2841 Neal Metcalf Road
Enterprise, AL 36330
334-393-5568
Fax: 334-347-0823

Cancer Screening Toll Free Hotline:
1-877-252-3324



Breast & Cervical CANCER Program of Alabama
Alabama Department of Public Health

Alabama Breast and Cervical Cancer Early Detection Program
Regional Coordinators
Cancer Screening Toll Free Hotline: 1-877-252-3324

County	Regional Coordinator
Autauga	Hazel Cunningham
Baldwin	Amy Ikner
Barbour	Bobbie Roland
Bibb	Hazel Cunningham
Blount	Colleen Green
Bullock	Bobbie Roland
Butler	Amy Ikner
Calhoun	Colleen Green
Chambers	Colleen Green
Cherokee	Colleen Green
Chilton	Hazel Cunningham
Choctaw	Hazel Cunningham
Clarke	Amy Ikner
Clay	Colleen Green
Cleburne	Colleen Green
Coffee	Bobbie Roland
Colbert	Dana Padgett
Conecuh	Amy Ikner
Coosa	Colleen Green
Covington	Amy Ikner
Crenshaw	Bobbie Roland
Cullman	Dana Padgett
Dale	Bobbie Roland
Dallas	Hazel Cunningham
DeKalb	Colleen Green
Elmore	Hazel Cunningham
Escambia	Amy Ikner
Etowah	Colleen Green
Fayette	Dana Padgett
Franklin	Dana Padgett
Geneva	Bobbie Roland
Greene	Hazel Cunningham
Hale	Hazel Cunningham
Henry	Bobbie Roland
Houston	Bobbie Roland
Jackson	Colleen Green
Jefferson	Amy I. & Dana Padgett
Lamar	Dana Padgett
Lauderdale	Dana Padgett
Lawrence	Dana Padgett
Lee	Bobbie Roland
Limestone	Dana Padgett
Lowndes	Hazel Cunningham

County	Regional Coordinator
Macon	Bobbie Roland
Madison	Colleen Green
Marengo	Hazel Cunningham
Marion	Dana Padgett
Marshall	Colleen Green
Mobile	Amy Ikner
Monroe	Amy Ikner
Montgomery	Bobbie Roland
Morgan	Dana Padgett
Perry	Hazel Cunningham
Pickens	Hazel Cunningham
Pike	Bobbie Roland
Randolph	Colleen Green
Russell	Bobbie Roland
Shelby	Hazel Cunningham
St. Clair	Colleen Green
Sumter	Hazel Cunningham
Talladega	Colleen Green
Tallapoosa	Colleen Green
Tuscaloosa	Hazel Cunningham
Walker	Dana Padgett
Washington	Amy Ikner
Wilcox	Hazel Cunningham
Winston	Dana Padgett

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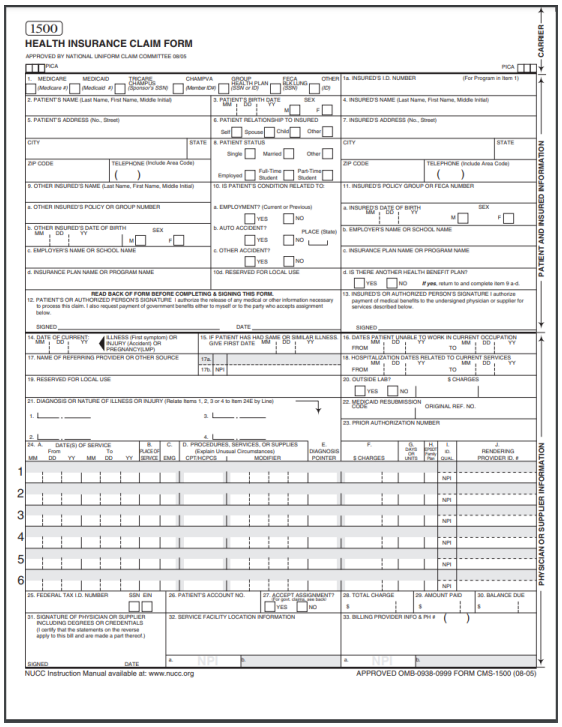
Monroeville, AL 36460
251-575-8873 or 251-575-3109
Fax: 251-575-7935

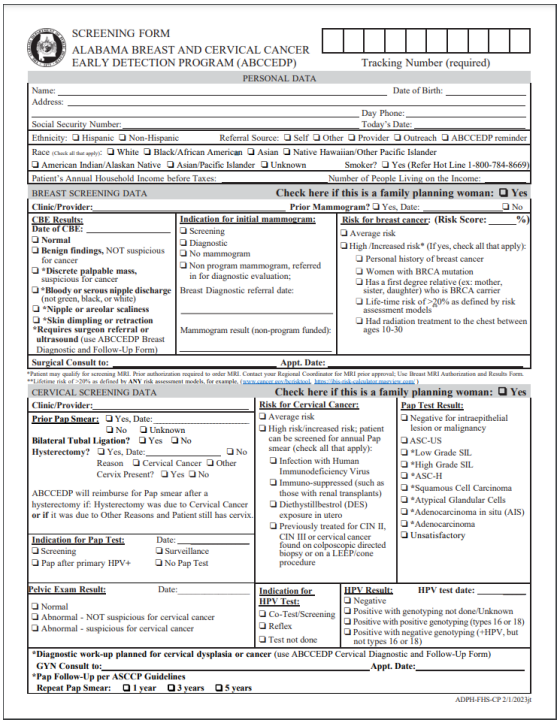
Breast & Cervical CANCER EARLY DETECTION Program of Alabama

Billing Forms to Submit for Primary Screeners

Please submit claims for screening visits with the following:

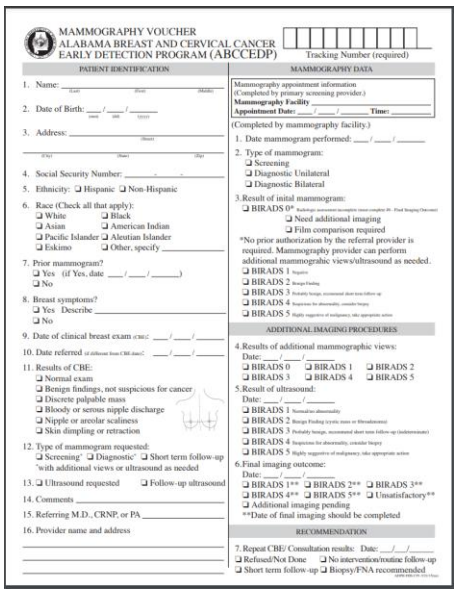


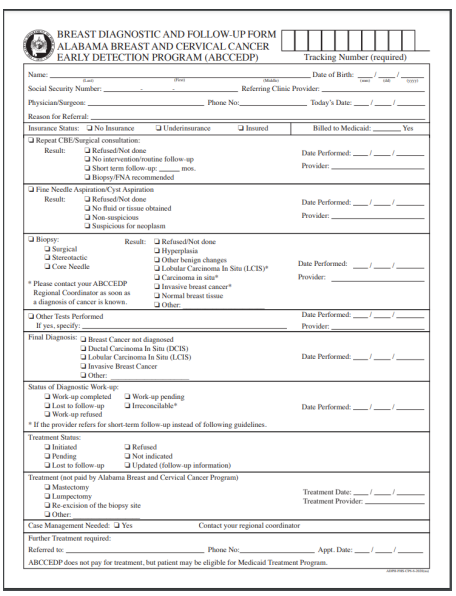
Claim Form

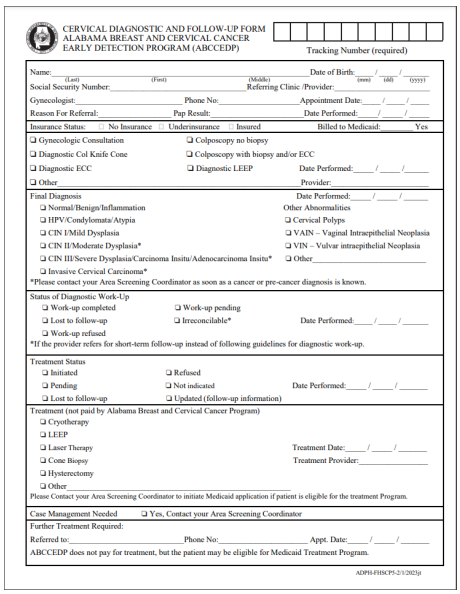


Completed Screening Form

For REFERRALS:







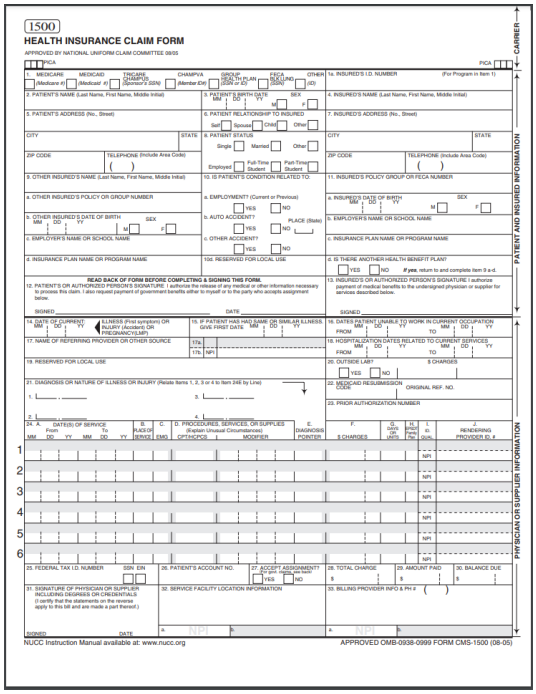
Mammogram- Complete the left side of the voucher and enter the mammogram appointment in the box at top of the right side of the voucher. Give the form to the patient to take to hospital.

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

Billing Forms to submit for Hospitals/Mammography Facilities

Please submit with claims for mammograms/ultrasounds:



1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA

1. MEDICARE (Medicare #) MEDICAID (Medicaid #) TRICARE CHAMPUS (Sponsor's SSN) CHAMPVA (Member ID#) GROUP HEALTH PLAN (SSN or ID) FECA BLK LUNG (SSN) OTHER (ID)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. PATIENT STATUS Single Married Other Employed Full-Time Student Part-Time Student

CITY STATE

ZIP CODE TELEPHONE (Include Area Code) ( )

ZIP CODE TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. AUTO ACCIDENT? YES NO PLACE (State)

b. EMPLOYER'S NAME OR SCHOOL NAME

c. EMPLOYER'S NAME OR SCHOOL NAME

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. RESERVED FOR LOCAL USE

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO If yes, return to and complete item 9 a-d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE: I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE: I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED DATE SIGNED

14. DATE OF CURRENT: MM DD YY ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. 17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM MM DD YY TO

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)

22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATES OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Fam. Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1											NPI
2											NPI
3											NPI
4											NPI
5											NPI
6											NPI

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. BALANCE DUE $

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION a. NPI b.

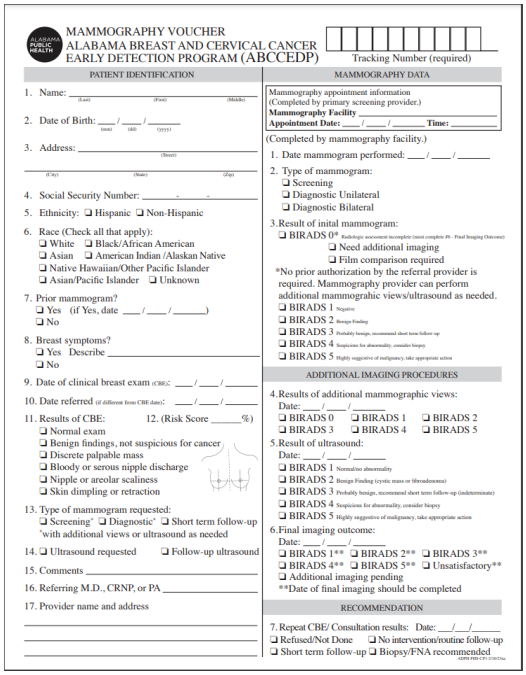
33. BILLING PROVIDER INFO & PH # ( ) a. NPI b.

NUCC Instruction Manual available at: www.nucc.org

APPROVED OMB-0938-0999 FORM CMS-1500 (08-05)

CARRIER — PATIENT AND INSURED INFORMATION — PHYSICIAN OR SUPPLIER INFORMATION

Claim Form



ALABAMA PUBLIC HEALTH

MAMMOGRAPHY VOUCHER
ALABAMA BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM (ABCCEDP)

Tracking Number (required)

PATIENT IDENTIFICATION

1. Name: (Last) (First) (Middle)
2. Date of Birth: ___ / ___ / _____ (mm) (dd) (yyyy)
3. Address: (Street) (City) (State) (Zip)
4. Social Security Number: _____-_____-_____
5. Ethnicity: ❑ Hispanic ❑ Non-Hispanic
6. Race (Check all that apply):
   ❑ White ❑ Black/African American
   ❑ Asian ❑ American Indian /Alaskan Native
   ❑ Native Hawaiian/Other Pacific Islander
   ❑ Asian/Pacific Islander ❑ Unknown
7. Prior mammogram?
   ❑ Yes (if Yes, date ___ / ___ / _____)
   ❑ No
8. Breast symptoms?
   ❑ Yes Describe _____
   ❑ No
9. Date of clinical breast exam (CBE): ___ / ___ / _____
10. Date referred (if different from CBE date): ___ / ___ / _____
11. Results of CBE: 12. (Risk Score _____%)
   ❑ Normal exam
   ❑ Benign findings, not suspicious for cancer
   ❑ Discrete palpable mass
   ❑ Bloody or serous nipple discharge
   ❑ Nipple or areolar scaliness
   ❑ Skin dimpling or retraction
13. Type of mammogram requested:
   ❑ Screening* ❑ Diagnostic* ❑ Short term follow-up
   *with additional views or ultrasound as needed
14. ❑ Ultrasound requested ❑ Follow-up ultrasound
15. Comments _____
16. Referring M.D., CRNP, or PA _____
17. Provider name and address
_____
_____
_____

MAMMOGRAPHY DATA

Mammography appointment information
(Completed by primary screening provider.)
Mammography Facility _____
Appointment Date: ___ / ___ / _____ **Time:** _____

(Completed by mammography facility.)

1. Date mammogram performed: ___ / ___ / _____
2. Type of mammogram:
   ❑ Screening
   ❑ Diagnostic Unilateral
   ❑ Diagnostic Bilateral
3. Result of inital mammogram:
   ❑ BIRADS 0* Radiologic assessment incomplete (must complete #9 - Final Imaging Outcome)
      ❑ Need additional imaging
      ❑ Film comparison required
   *No prior authorization by the referral provider is required. Mammography provider can perform additional mammograhic views/ultrasound as needed.
   ❑ BIRADS 1 Negative
   ❑ BIRADS 2 Benign Finding
   ❑ BIRADS 3 Probably benign, recommend short term follow up
   ❑ BIRADS 4 Suspicious for abnormality, consider biopsy
   ❑ BIRADS 5 Highly suggestive of malignancy, take appropriate action

ADDITIONAL IMAGING PROCEDURES

4. Results of additional mammographic views:
   Date: ___ / ___ / _____
   ❑ BIRADS 0 ❑ BIRADS 1 ❑ BIRADS 2
   ❑ BIRADS 3 ❑ BIRADS 4 ❑ BIRADS 5
5. Result of ultrasound:
   Date: ___ / ___ / _____
   ❑ BIRADS 1 Normal/no abnormality
   ❑ BIRADS 2 Benign Finding (cystic mass or fibroadenoma)
   ❑ BIRADS 3 Probably benign, recommend short term follow-up (indeterminate)
   ❑ BIRADS 4 Suspicious for abnormality, consider biopsy
   ❑ BIRADS 5 Highly suggestive of malignancy, take appropriate action
6. Final imaging outcome:
   Date: ___ / ___ / _____
   ❑ BIRADS 1** ❑ BIRADS 2** ❑ BIRADS 3**
   ❑ BIRADS 4** ❑ BIRADS 5** ❑ Unsatisfactory**
   ❑ Additional imaging pending
   **Date of final imaging should be completed

RECOMMENDATION

7. Repeat CBE/ Consultation results: Date: ___/___/_____
   ❑ Refused/Not Done ❑ No intervention/routine follow-up
   ❑ Short term follow-up ❑ Biopsy/FNA recommended

ADPH-PBH-FT-2102.Doc

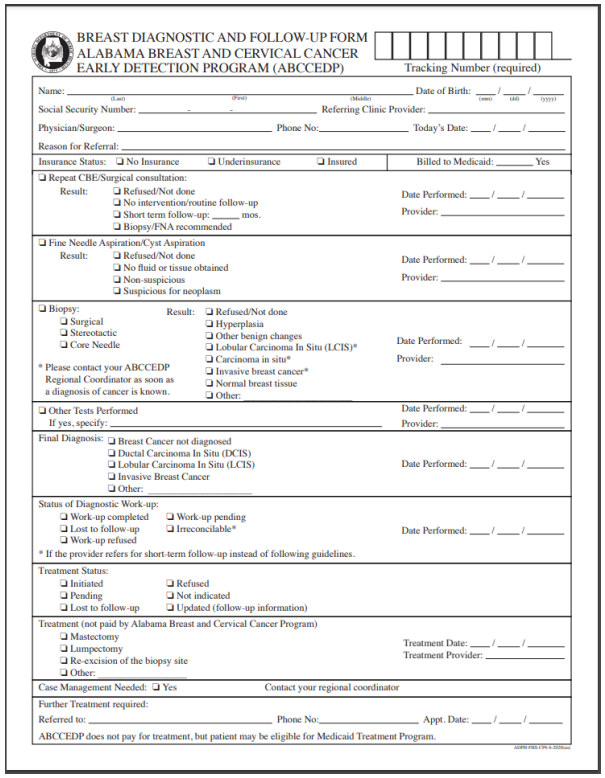
Completed Mammogram Voucher

MAMMOGRAM /US REPORT

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

Forms to Submit for Surgeons or GYNs

Please submit claims with the following:



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

Tracking Number (required)

Name: _____ (Last) (First) (Middle) Date of Birth: ___ / ___ / ___ (mm) (dd) (yyyy)

Social Security Number: _____ - _____ - _____ Referring Clinic Provider: _____

Physician/Surgeon: _____ Phone No: _____ Today's Date: ___ / ___ / ___

Reason for Referral: _____

Insurance Status: ❑ No Insurance ❑ Underinsurance ❑ Insured | Billed to Medicaid: _____ Yes

❑ Repeat CBE/Surgical consultation:
Result: ❑ Refused/Not done
❑ No intervention/routine follow-up
❑ Short term follow-up: _____ mos.
❑ Biopsy/FNA recommended
Date Performed: ___ / ___ / ___
Provider: _____

❑ Fine Needle Aspiration/Cyst Aspiration
Result: ❑ Refused/Not done
❑ No fluid or tissue obtained
❑ Non-suspicious
❑ Suspicious for neoplasm
Date Performed: ___ / ___ / ___
Provider: _____

❑ Biopsy:
❑ Surgical
❑ Stereotactic
❑ Core Needle
Result: ❑ Refused/Not done
❑ Hyperplasia
❑ Other benign changes
❑ Lobular Carcinoma In Situ (LCIS)*
❑ Carcinoma in situ*
❑ Invasive breast cancer*
❑ Normal breast tissue
❑ Other: _____
Date Performed: ___ / ___ / ___
Provider: _____

* Please contact your ABCCEDP Regional Coordinator as soon as a diagnosis of cancer is known.

❑ Other Tests Performed
If yes, specify: _____
Date Performed: ___ / ___ / ___
Provider: _____

Final Diagnosis: ❑ Breast Cancer not diagnosed
❑ Ductal Carcinoma In Situ (DCIS)
❑ Lobular Carcinoma In Situ (LCIS)
❑ Invasive Breast Cancer
❑ Other: _____
Date Performed: ___ / ___ / ___

Status of Diagnostic Work-up:
❑ Work-up completed ❑ Work-up pending
❑ Lost to follow-up ❑ Irreconcilable*
❑ Work-up refused
Date Performed: ___ / ___ / ___
* If the provider refers for short-term follow-up instead of following guidelines.

Treatment Status:
❑ Initiated ❑ Refused
❑ Pending ❑ Not indicated
❑ Lost to follow-up ❑ Updated (follow-up information)

Treatment (not paid by Alabama Breast and Cervical Cancer Program)
❑ Mastectomy
❑ Lumpectomy
❑ Re-excision of the biopsy site
❑ Other: _____
Treatment Date: ___ / ___ / ___
Treatment Provider: _____

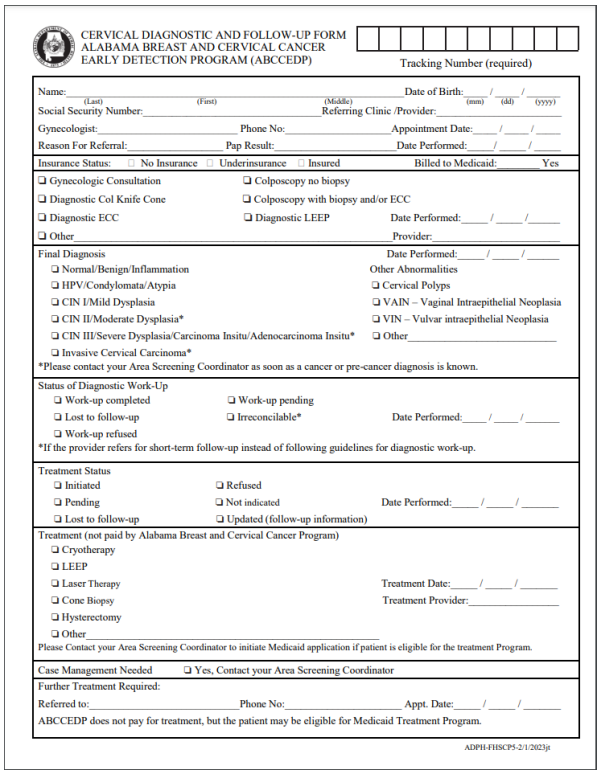
Case Management Needed: ❑ Yes Contact your regional coordinator

Further Treatment required:
Referred to: _____ Phone No: _____ Appt. Date: ___ / ___ / ___
ABCCEDP does not pay for treatment, but patient may be eligible for Medicaid Treatment Program.

ADPH-FHS-CPI-6-2020xxx

Completed **Breast** Diagnostic Form

OR



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

Tracking Number (required)

Name: _____ (Last) (First) (Middle) Date of Birth: ___ / ___ / ___ (mm) (dd) (yyyy)

Social Security Number: _____ Referring Clinic /Provider: _____

Gynecologist: _____ Phone No: _____ Appointment Date: ___ / ___ / ___

Reason For Referral: _____ Pap Result: _____ Date Performed: ___ / ___ / ___

Insurance Status: ☐ No Insurance ☐ Underinsurance ☐ Insured Billed to Medicaid: _____ Yes

❑ Gynecologic Consultation ❑ Colposcopy no biopsy
❑ Diagnostic Col Knife Cone ❑ Colposcopy with biopsy and/or ECC
❑ Diagnostic ECC ❑ Diagnostic LEEP Date Performed: ___ / ___ / ___
❑ Other _____ Provider: _____

Final Diagnosis Date Performed: ___ / ___ / ___
❑ Normal/Benign/Inflammation
❑ HPV/Condylomata/Atypia
❑ CIN I/Mild Dysplasia
❑ CIN II/Moderate Dysplasia*
❑ CIN III/Severe Dysplasia/Carcinoma Insitu/Adenocarcinoma Insitu*
❑ Invasive Cervical Carcinoma*
Other Abnormalities
❑ Cervical Polyps
❑ VAIN – Vaginal Intraepithelial Neoplasia
❑ VIN – Vulvar intraepithelial Neoplasia
❑ Other _____
*Please contact your Area Screening Coordinator as soon as a cancer or pre-cancer diagnosis is known.

Status of Diagnostic Work-Up
❑ Work-up completed ❑ Work-up pending
❑ Lost to follow-up ❑ Irreconcilable* Date Performed: ___ / ___ / ___
❑ Work-up refused
*If the provider refers for short-term follow-up instead of following guidelines for diagnostic work-up.

Treatment Status
❑ Initiated ❑ Refused
❑ Pending ❑ Not indicated Date Performed: ___ / ___ / ___
❑ Lost to follow-up ❑ Updated (follow-up information)

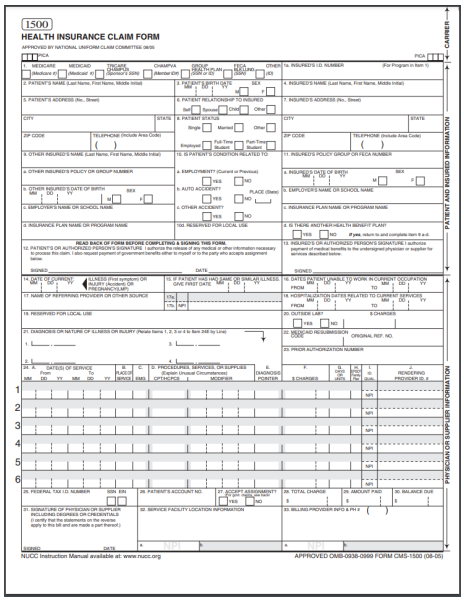
Treatment (not paid by Alabama Breast and Cervical Cancer Program)
❑ Cryotherapy
❑ LEEP
❑ Laser Therapy Treatment Date: ___ / ___ / ___
❑ Cone Biopsy Treatment Provider: _____
❑ Hysterectomy
❑ Other _____
Please Contact your Area Screening Coordinator to initiate Medicaid application if patient is eligible for the treatment Program.

Case Management Needed ❑ Yes, Contact your Area Screening Coordinator

Further Treatment Required:
Referred to: _____ Phone No: _____ Appt. Date: ___ / ___ / ___
ABCCEDP does not pay for treatment, but the patient may be eligible for Medicaid Treatment Program.

ADPH-FHSCP5-2/1/2023jt

Completed **Cervical** Diagnostic Form



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

PICA

1. MEDICARE (Medicare #) MEDICAID (Medicaid #) TRICARE CHAMPUS (Sponsor's SSN) CHAMPVA (Member ID#) GROUP HEALTH PLAN (SSN or ID) FECA BLK LUNG (SSN) OTHER (ID)
1a. INSURED'S I.D. NUMBER (For Program in Item 1)
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)
3. PATIENT'S BIRTH DATE MM DD YY SEX M F
4. INSURED'S NAME (Last Name, First Name, Middle Initial)
5. PATIENT'S ADDRESS (No., Street)
6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other
7. INSURED'S ADDRESS (No., Street)
CITY STATE
8. PATIENT STATUS Single Married Other
Employed Full-Time Student Part-Time Student
ZIP CODE TELEPHONE (Include Area Code)
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)
10. IS PATIENT'S CONDITION RELATED TO:
11. INSURED'S POLICY GROUP OR FECA NUMBER
a. OTHER INSURED'S POLICY OR GROUP NUMBER
b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M F
c. EMPLOYER'S NAME OR SCHOOL NAME
d. INSURANCE PLAN NAME OR PROGRAM NAME
10d. RESERVED FOR LOCAL USE
e. EMPLOYER'S NAME OR SCHOOL NAME
f. INSURANCE PLAN NAME OR PROGRAM NAME
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.
14. DATE OF CURRENT: MM DD YY ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)
15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE
17a.
17b. NPI
18. RESERVED FOR LOCAL USE
19. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY
20. OUTSIDE LAB? YES NO $ CHARGES
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)
22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.
23. PRIOR AUTHORIZATION NUMBER

24. A. DATES OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1								NPI	
2								NPI	
3								NPI	
4								NPI	
5								NPI	
6								NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN
26. PATIENT'S ACCOUNT NO.
27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO
28. TOTAL CHARGE $
29. AMOUNT PAID $
30. BALANCE DUE $
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)
32. SERVICE FACILITY LOCATION INFORMATION
33. BILLING PROVIDER INFO & PH # ( )
SIGNED DATE

NUCC Instruction Manual available at: www.nucc.org
APPROVED OMB-0938-0999 FORM CMS-1500 (08-05)

CARRIER — PATIENT AND INSURED INFORMATION — PHYSICIAN OR SUPPLIER INFORMATION

Claim Form

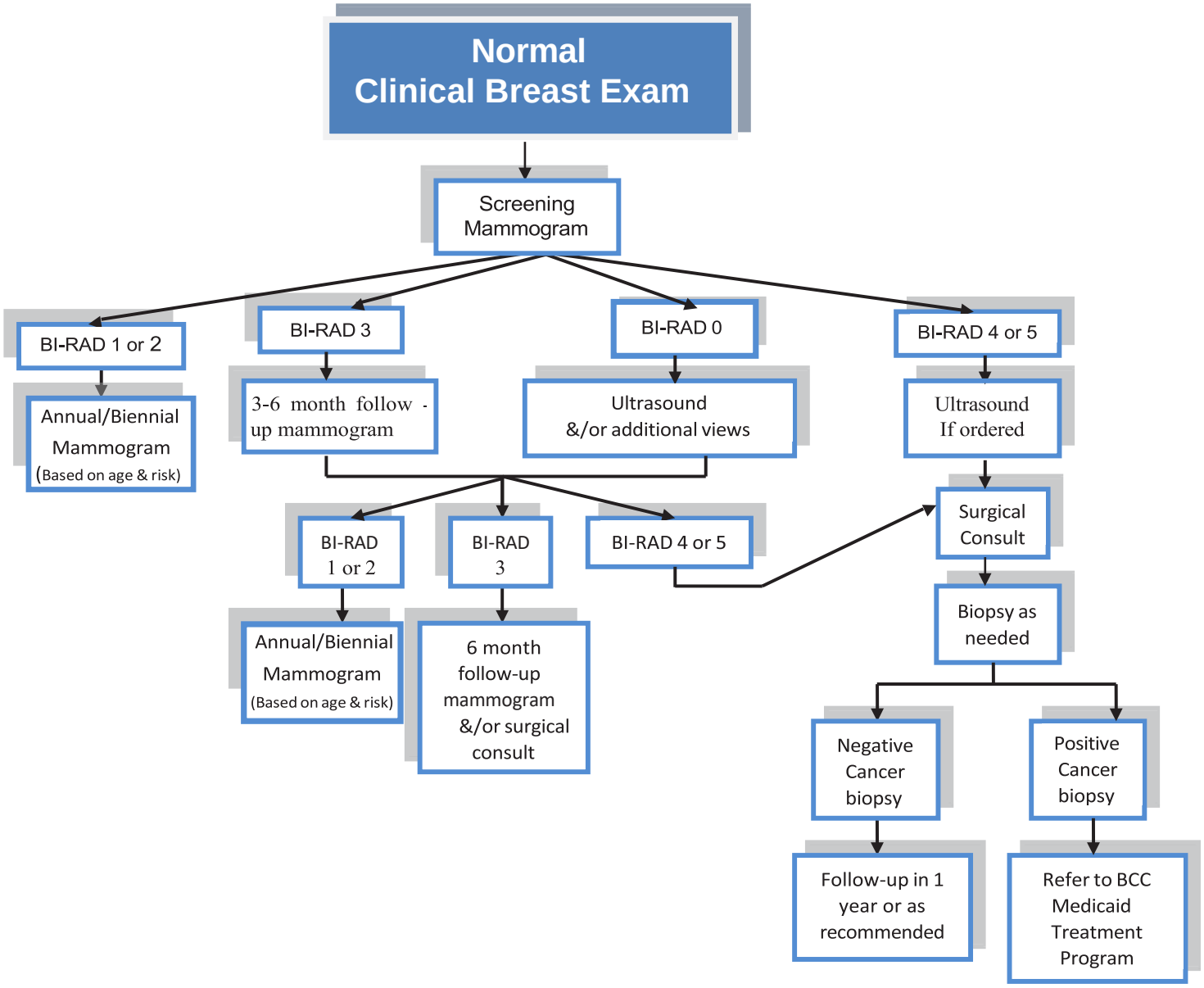
OFFICE NOTE

Office Notes

PATHOLOGY if applicable

Pathology Report

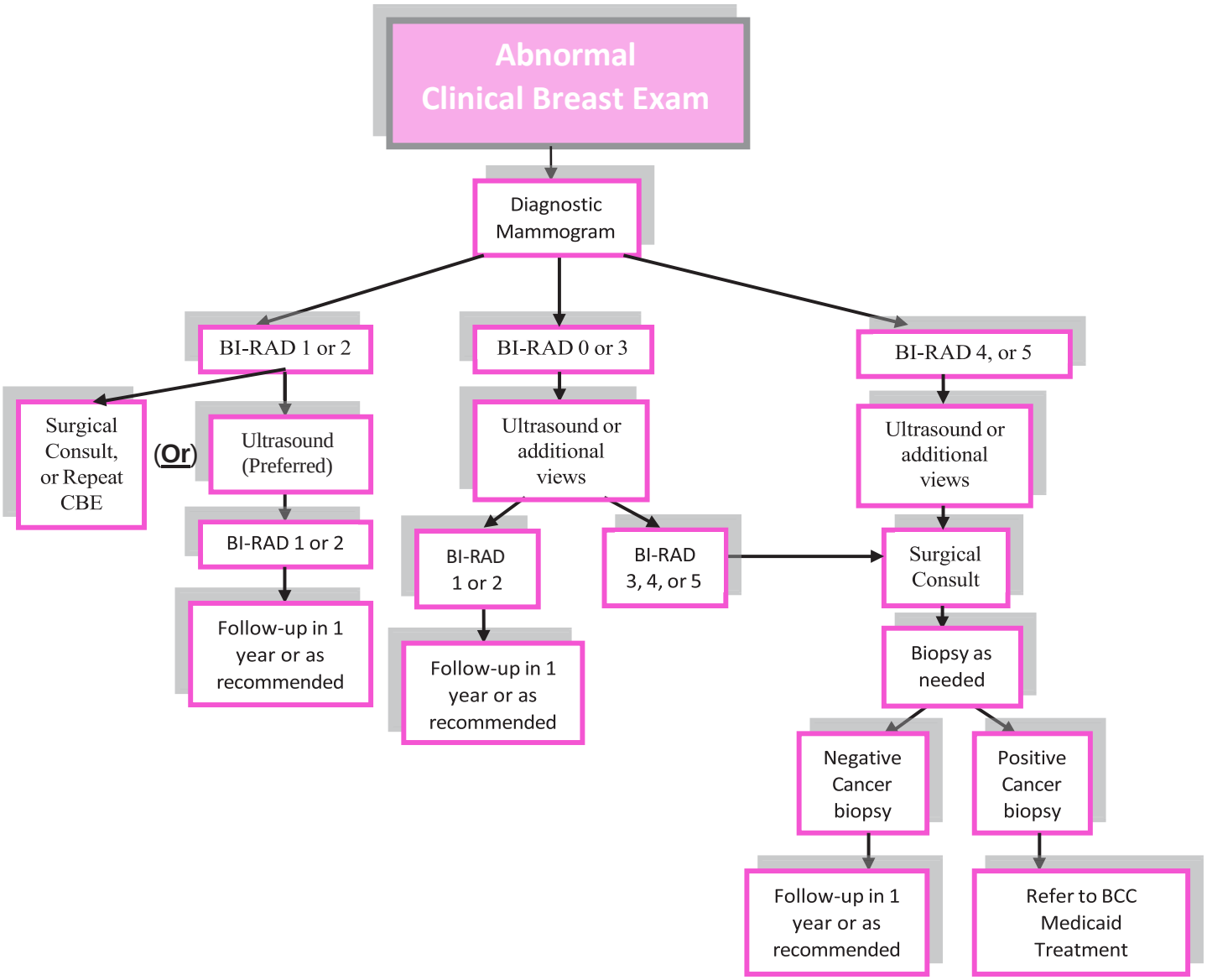
*****All forms, reimbursement rate table, eligibility guidelines etc. are available at:
alabamapublichealth.gov/bandc/forms.html



Disclaimer: This algorithm is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care.

Note: This algorithm is not intended for women with a personal history of breast cancer. Women should be counseled about the benefits, risks, and limitations of screening mammography.

Women found to have a greater than 20 percent lifetime risk of breast cancer (Genetic mutation such as BRCA 1 or 2, first degree relative with known genetic mutation such as BRCA 1 or 2, or history of radiation treatment to chest area before the age of 30), are considered high risk and should have an MRI annually. The mammogram and MRI should be alternated every six months.



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GLOSSARY OF TERMS

Adenocarcinoma – A cancer that develops from the glandular epithelium.

Adequate negative prior screening results – Process by which women age 65 must have adequate negative screening results prior to discontinuing screenings.

Adequate negative screening results are achieved by either:

a. Three consecutive negative cytology results; or,
b. Two consecutive negative Co-test results within the past five (5) years.

Anesthesia – A state characterized by loss of sensation, caused by a drug or gas. General anesthesia causes loss of consciousness. Local anesthesia is numbness in only a specified area.

Benign – Not malignant, not recurrent, favorable for recovery, not cancerous. The main types of benign breast problems are fibroadenoma, fibrocystic changes, and cysts.

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

Bilateral – Affecting both sides of the body, for example bilateral breast cancer is cancer occurring in both breasts at the same time (synchronous) or at different times (metachronous).

Biopsy – The removal and examination (by a pathologist) of tissue samples, cells or fluids, from a living body. An examination of the appearance of the tissue under a microscope is done to find out if cancer or other abnormal cells are present. Complete the biopsy with a needle or by surgery.

BI-RAD – 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 in 3-6 months.
e. BI-RAD 4 – Suspicious abnormality.
f. BI-RAD 5 – Suggestive of malignancy.

Breast abnormality – 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.

Breast augmentation – Surgery to increase the size of the breast (also known as breast implants).

Breast cancer – Cancer that begins in the breast. The main types of breast cancer are ductal carcinoma in situ, infiltrating ductal carcinoma, lobular carcinoma in situ, medullary carcinoma, and Paget's disease of the nipple.

Breast self-examination – A technique of checking your own breasts for lumps or suspicious changes.

Breast ultrasound – An ultrasonic exam to evaluate a breast mass based on an abnormal clinical breast exam or as a follow-up to a mammogram.

Cancer – A general term for more than 100 diseases in which abnormal or malignant cells develop. Some exist quietly within the body for years without causing a problem. Others are aggressive, rapidly forming tumors that may invade and destroy surrounding tissue. If cancer spreads, it usually travels through the lymph system or bloodstream to distant areas of the body.

Carcinoma – A malignant tumor that begins in the lining (epithelial) cells of organs. Epithelial cells are those that cover the surfaces of tissue. It can occur in any part of the body. Eighty percent or more of cancers and all breast cancers receive carcinoma classification.

Carcinoma in situ (CIS) – An early stage of cancer in which the cancer is still only in the structures of the organ where it developed and the disease has not invaded other parts of the organ or spread; cancer in situ or pre-invasive. Most cancers with this classification are highly curable.

Case manager – A member of the medical care team who acts as a liaison. This person coordinates all of the services needed by the client throughout diagnosis, treatment, and recovery.

Clinical breast exam (CBE) – A physical examination of the breasts performed by a physician, registered or advanced practice nurse or physician's assistant.

Cervical intraepithelial neoplasia (CIN) – A cellular change to the mouth of the cervix that may include sever dysplasia and CIS. CIN 3 is the most severe of the three-category classification system.

Cervical precancerous lesions – Cervical tissue biopsy results of CIN (CIN 1, 2, or 3) and AIS lesions are considered precancerous lesions. Many CIN 1 and 2 lesions are treated with simple excisional procedures. However, CIN 3 or AIS may require a hysterectomy.

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

Coalition building – The process of organizing individuals, groups, or organization for the purpose of furthering a common goal or idea.

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

Colposcopy – Diagnostic procedure performed with a colposcope. Cervical biopsies are usually conducted by colposcopic examination.

Cone biopsy – The removal of a cone-shaped piece of tissue from the cervix. This procedure is more definitive than a cervical biopsy. It is used when abnormal
cells extend up into the cervical opening or through the tissue. This process is also used to treat and cure carcinoma in situ and dysplasia.

Conization – The process of removing a cone of tissue, as in partial excision of the cervix uteri. To better preserve the histologic elements cold conization is performed with a cold knife.

Cyst – A fluid-filled mass that is usually benign. The fluid can be removed for analysis.

Cytology – Comes from "cyte" which means cell, the study or examination of cells, their origin, structure, function, and pathology. The study determines whether cells are cancerous or benign.

Cytopathology – The branch of pathology that studies and diagnoses diseases on the cellular level.

Detection – The finding of a case of a disease. Early detection means that the disease is found at an early stage, before it has grown large or spread to other sites. Mammography and Pap tests are the principal ways to detect breast and cervical cancer early.

Diagnosis – Identifying a disease by its signs, symptoms, and laboratory findings. The earlier a cancer is diagnosed, then the better chance for a cure.

Diagnostic mammogram – A radiologic exam to evaluate a patient with a breast mass, other signs or symptoms, or an abnormal or questionable screening mammogram.

Ductal carcinoma in situ – Cancer cells that started in the milk ducts and have not penetrated the duct walls into the surrounding tissue. Surgery is the treatment option for this highly curable form of breast cancer.

Dysplasia – An abnormality in size, appearance, and organization of adult cells requiring a biopsy for diagnosis.

Ectocervix – The outside, visible portion of the cervix.

Endocervical curettage (ECC) – The surgical scraping of the lining of the uterine cervix.

Federal poverty level (FPL) - A measure of income determined annually by the U.S. Census Bureau based on the last calendar year's increase in process as measured by the Consumer Price Index. It is used to determine a person's eligibility for certain programs. A woman is eligible for ABCCEDP if her income is at or below 250 percent of the FPL.

Genetic – Something related to the genes.

Grade – The classification of the severity of a disease.

Gynecological consultation – A referral to a gynecologist for an abnormal screening examination follow-up.

High-grade squamous intraepithelial lesion (HSIL) – The Bethesda System classification for a Pap test result that includes cellular changes of moderate to severe dysplasia (CIN 2 and 3).

Human papillomavirus (HPV) – A sexually transmitted virus implicated in the pathogenesis of cervical cancer and its precursor lesions. HPV infections of the genital tract are thought to be the most common sexually transmitted viral disease. The manifestations of HPV are variable, ranging from occult infection to overt disease in which there is clinical and pathological evidence of HPV infection. Of the approximately 70 types of HPV, 20 types are detectable in the female genital tract and 15 types have been found in the majority of invasive carcinomas.

Loop electrosurgical excision procedure (LEEP) – A surgical procedure used on the cervix by which an electrical current generates a radio frequency which is passed through a wire loop, which is then drawn around the cervical opening to excise the tissue. The procedure can usually be performed in an outpatient setting with the use of local anesthesia. Depending on the size of the loop and of the lesion, either the transformation zone or a cone-like specimen can be obtained. LEEP and large loop excision of transformation zone are terms used for this procedure.

Low-grade squamous intraepithelial neoplasia (LSIL) – The Bethesda System classification for a Pap test result, which includes cellular changes of HPV, mild dysplasia (CIN 1) or koilocytotic atypia.

Magnetic Resonance Imaging (MRI) – is a non-invasive imaging technology that produces three dimensional detailed anatomical images. It is often used for disease detection, diagnosis, and treatment monitoring.

Mammogram – An x-ray of the breast.

Mammography Quality Standards Act of 1992 (MQSA) – The national accreditation of mammography units through the FDA.

Minimum data elements (MDE) – Clinical data items submitted to the CDC twice annually.

Nolvadex – Trade name for Tamoxifen, an anti-estrogen drug commonly used in breast cancer therapy.

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

Pathologist – A physician who specializes in the identification of abnormalities and disease by examining body tissue under a microscope. The pathologist determines whether a lump is benign or cancerous.

Pathology – A study of disease through examination of body tissues and organs under a microscope for evidence of disease. Diagnosis of any tumor though to be cancer by examination under a microscope.

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

Precancerous – A condition or lesion involving abnormal cells that are associated with an increased risk of developing into cancer.

Quality assurance – The overall process of assessing and maintaining the highest possible quality in the acquisition and interpretation of results.

Radiologist – A physician who has taken additional years of training to produce and read x-rays and other types of images for the purpose of diagnosing abnormalities.

Regional Coordinator – ABCCEDP staff persons located in several regions of the state who assist with referrals for diagnosis and treatment and provide service coordination/case management services for women enrolled in ABCCEDP.

Risk factor – Anything that increases a person's chance of getting a disease such as cancer. The known risk factors for breast cancer are: Being a woman over the age of 50; family history of the disease, especially in one's mother or sister; beginning menstrual periods at a young age (before age 12); obesity; never having completed a pregnancy; first pregnancy after age 30.

Screening – The search for disease, such as cancer, in people without symptoms. Screening may refer to coordinated programs in large populations. The principal screening measure for breast cancer is mammography.

Screening provider(s) – Health departments, primary care facilities, and any other entities under contract with ABCCEDP to provide breast and cervical cancer screening services.

Stereotactic biopsy – A diagnostic procedure that combines the technology of radiological imaging with surgical biopsy. In a stereotactic biopsy, images of the area surrounding a lesion are taken from different angles and a computer precisely calculates the location of the lesion. An automatic biopsy needle obtains samples of the tissue at the exact spot calculated by the computer.
Target population – The desired or intended audience, in this case for ABCCEDP interventions.

Tomosynthesis – An optional method of performing a high-resolution mammogram with three-dimensional images of the breast.

Ultrasonography (ultrasound) – An imaging method in which high-frequency sound waves are used to outline a part of the body. High-frequency sound waves are transmitted through the area of the body being studied. The sound wave echoes are picked up and displayed on a television screen. This painless method is used mainly to find out if a structure is solid or liquid. It is useful in detecting breast cysts in young women with firm, fibrous breasts. No radiation exposure occurs.

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

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

X-rays – One form of radiation that can, at low levels, produce an image of cancer on film and that, at high levels, can destroy cancer cells.

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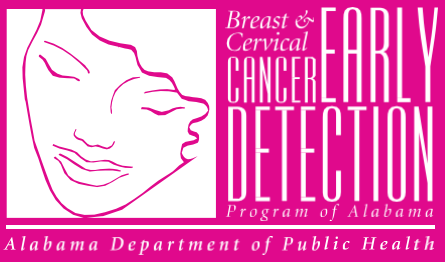
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