

State of Wyoming



Department of Health

Wyoming Breast and Cervical Cancer Early Detection Program Participating Healthcare Provider Manual

Thomas O. Forslund, Director

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Wyoming
Department
of Health

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State of Wyoming Department of Health

Wyoming Breast and Cervical Cancer Early Detection Program Participating Healthcare Provider Manual

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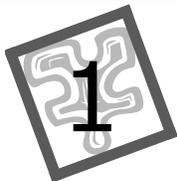
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Program Overview

Congress established the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) in 1991 by enacting the Breast and Cervical Cancer Mortality Prevention Act of 1990 (Public Law 101-354). This act authorized the Centers for Disease Control and Prevention (CDC) to partner with state health departments and territorial and tribal health agencies to provide breast and cervical cancer screening and diagnostic services for underserved, uninsured, low income women. In addition, the Breast and Cervical Cancer Prevention and Treatment Act of 2000 (Public Law 106-354) granted programs permission to provide breast or cervical cancer treatment services for eligible women through their state Medicaid programs.

The Wyoming Department of Health's Public Health Division receives funding from the CDC to implement the Wyoming Breast and Cervical Cancer Early Detection Program (WBCCEDP) also known as Women's Health Source. The program also receives state general funds and Tobacco Settlement funds. The WBCCEDP provides tracking, follow-up, and case management for all enrolled women. Other CDC required program components include professional development, quality assurance, partnerships and coalitions, surveillance, evaluation, and program management.



Purpose of the Provider Manual

The purpose of this document is to provide guidance to WBCCEDP participating healthcare providers regarding program policies and procedures. The most recent version of this manual is available on the WBCCEDP website: www.health.wyo.gov/PHSD/bccedp.

Additionally, participating healthcare providers receive periodic written updates and notification of any new program policy changes, on an as needed basis. Other pertinent information can be found in a copy of the signed provider contract/agreement issued upon completion of application.



*Wyoming Breast & Cervical Cancer
Early Detection Program*

Women's Health Source



Staff Directory

The WBCCEDP team is available to provide assistance from 7:30 a.m. to 5:00 p.m., Monday through Friday (excluding state approved holidays). Contact us by calling 1-800-264-1296, faxing to 307-777-3765, or selecting from the following list:

Team Member	Phone
Enrollment Specialist/Admin. Assistant Sencion Cortez sencion.cortez@wyo.gov	307-777-3699
Clinical Coordinator/Case Manager Carolyn Johnson, B.S.N., R.N. carolyn.johnson@wyo.gov	307-777-7461
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Billing/Records Specialist Nicole Motter nicole.motter@wyo.gov	307-777-8605
Professional Devl./Recruitment Coord. Denise Padilla, M.Ed. denise.padilla@wyo.gov	307-777-3480
Program Manager Carol Peterson, M.S., R.N. carol.peterson@wyo.gov	307-777-6006



Enrollment

Client Eligibility and Enrollment

*In order to be eligible for this program, women must meet the criteria in each of these three categories: (1) *age/symptoms*, (2) *income*, and (3) *insurance*. All women must complete an application form and submit it to WCCEDP for approval. Please use the most recent version of the application form, which can be found on our program web site: www.health.wyo.gov/PHSD/bccedp. Copies can also be obtained by calling the program (1-800-264-1296). Applications may be faxed to expedite the process (fax 307-777-3765).*

CATEGORY 1: AGE / SYMPTOMS

Women Who Are:

- Age 50-64 years: Any woman in this age group (asymptomatic or symptomatic).
- Age 30-49 years: Any woman in this age group that has not had a Pap test in the past five (5) years.
- Age 40-49 years: Any woman in this age group with a previous history of breast cancer.
- Age 65 years or older: Women without Medicare Part B are eligible for screening and diagnostic services through WCCEDP (but not Medicaid coverage for treatment).

Other Potentially Eligible Women:

- Age 18-64 years: Any woman in this age group with an abnormal breast screening or diagnostic test such as an abnormal clinical breast exam (CBE), mammogram, ultrasound, or other breast cancer diagnostic test *suspicious for cancer*, if the abnormal screening or diagnostic test was completed within the past three (3) months.

Note: If a woman does not meet the criteria, but the healthcare provider considers her to be at high risk for breast cancer due to other reasons, the healthcare provider must send a letter to the program manager indicating the reason(s) they believe an exception should be made. The program will then take the request to a WDH staff physician and/or the Medical Advisory Council for review.

- Age 18-64 years: Any woman in this age group with a breast biopsy positive for breast cancer. Biopsy should be within the past three (3) months. If the biopsy /diagnosis of breast cancer is older than three months, please call the program manager at 307-777-6006.
 - The usual criterion for transition to Medicaid for treatment of breast cancer is a biopsy positive for breast cancer.
- Age 21-64 years: Any woman in this age group with certain abnormal Pap test results (women under the age of 21 no longer qualify):

- Age 21-29 years with a Pap test of HSIL, ASC-H, AGC (due to cervical reasons) or CIS (women with a Pap result of *ASCUS* or *LSIL* with or without + high risk HPV are not eligible if under age 30).
- Age 30 years or older: Any woman in this age group with a Pap test result of ASCUS with + high risk HPV, ASC-H, HSIL, LSIL with + high-risk HPV, LSIL-H*, persistent LSIL (2 or more within the past 12 months), AGC (due to cervical reasons) or CIS.

***LSIL-H is not a designated Bethesda category however some pathologists may use this designation if HSIL can not be completely ruled out.**

- Abnormal Pap results *must* have been obtained within the previous three (3) months.

Note: If a woman does not meet the criteria, but the healthcare provider considers her to be at high risk for cervical cancer due to other reasons, the healthcare provider must send a letter to the program manager indicating the reason(s) they believe an exception should be made. The program will then take the request to a WDH staff physician and/or the Medical Advisory Council for their review.

- Age 21-64 years: Any woman in this age group with a cervical biopsy of CIN II, III, CIS, AGC due to cervical reasons, or cervical cancer if the diagnosis was within the past three months. For women with invasive cervical cancer who have a diagnosis older than three (3) months, please call the program manager at 307-777-6006.
 - The usual criterion for transition to Medicaid for treatment is a cervical biopsy result of CIN II, CIN III, CIS, AGC due to cervical reasons, or cervical cancer.

Note: Documentation of abnormal breast or cervical screening or diagnostic test results *must* be submitted with the application form or forwarded to our program by the healthcare provider. Failure to do so will delay the application process. Abnormal screening or diagnostic test results *must not* be over three (3) months old. Again, for a woman with a breast or cervical biopsy positive for cancer that is older than three (3) months, please call the program manager.

CATEGORY 2: INCOME

In addition to age/symptom criteria, women's gross household income (before taxes) must be at or under 250% of the federal poverty level. Federal poverty level guidelines are updated yearly. The most recent/current Program Income Guideline table is posted on the program web site: www.health.wyo.gov/PHSD/bccedp.

CATEGORY 3: INSURANCE

In addition to the age/symptom and income criteria, potentially eligible women must also be uninsured—meaning they do *NOT* currently have (a) health insurance, (b) Medicare Part B, or (c) Title 19 (Medicaid).

Note Regarding Citizenship: *Women are not required to be U.S. citizens to enroll in and receive screening and diagnostic services through the Wyoming Breast and Cervical Cancer Early Detection Program/Women's Health Source. If a non-citizen is diagnosed with breast or cervical cancer (or high-*

grade cervical pre-cancer) their case will be forwarded to the Office of Health Care Financing for review and final determination concerning the woman's qualification for any Medicaid treatment coverage.

CRITERIA FOR BREAST OR CERVICAL CANCER TREATMENT: Women who are not already enrolled in our program *might* qualify for enrollment and be *immediately* transitioned to Medicaid for cancer treatment *if* they are under the age of 65, uninsured, low income (<250% of the federal poverty level), *and* have a pathology report positive for breast cancer or cervical cancer. ***Don't delay - please call us if you have any questions concerning this policy!***

New Enrollee Information: WBCCEDP mails all newly enrolled women a laminated ID card along with a New Lady packet that explains what services are and are not covered by the program, as well as a list of participating providers in their area. All newly enrolled women who indicate they are current smokers at the time of enrollment are also mailed information about the Wyoming Quit Tobacco Program (WQTP) (1-800-QUIT-NOW or wy.quitnet.com).

Client Enrollment by Provider

Participating healthcare providers may assist women and expedite the application process completing an application form in their office or clinic. Application forms and postage-paid envelopes can be obtained by calling the WBCCEDP office. Applications are also available on the WBCCEDP web site: www.health.wyo.gov/PHSD/bccedp. Please use the most current version of this form, which is on the web site.

If the application is being completed in the provider's office, enrollment can be expedited by faxing the signed, completed form to the WBCCEDP office (fax # 307-777-3765) during regular business hours.

If a woman is in need of immediate enrollment due to a diagnosis of breast or cervical cancer, please have the woman complete the enrollment form, fax it to us along with documentation of cancer (biopsy report) and then call us at 1-800-264-1296 and alert us to the situation.

Provider Enrollment

Healthcare providers are enrolled into the WBCCEDP through a contractual process. This contract/agreement outlines special provisions in regards to the terms and conditions for participating healthcare providers, including payment for services.

CDC requires that all program participating healthcare providers refer program enrolled women who are current smokers to the Wyoming Quit Tobacco Program (WQTP) (1-800-QUIT-NOW or wy.quitnet.com).

A current list of WBCCEDP-enrolled healthcare providers can be printed from our web site www.health.wyo.gov/PHSD/bccedp or can be requested by calling 1-800-264-1296.



Covered and Non-Covered Services

Covered Services

Current Procedural Terminology (CPT) Code Sets: The WBCCEDP reimburses for a limited number of medical services in accordance with CDC policies. A listing of reimbursable CPT codes, including allowable modifiers and the current rate of reimbursement, is updated annually and is available on the WBCCEDP web site: www.health.wyo.gov/PHSD/bccedp. Please use the most recent CPT code list.

The WBCCEDP defines consultation as a service provided by a physician whose opinion or advice regarding evaluation and/or management of a specific problem is requested by another enrolled healthcare provider.

Pre-Notification of Breast Biopsies: In order to assist us to better manage our funds, we are asking all healthcare providers to please notify us in advance that a breast biopsy is being scheduled for any women enrolled in this program and the type of biopsy that will be performed (if known).

Short Term and Follow-up Tests:

- Repeat Pap tests, mammograms, breast ultrasound and clinical breast exams (CBE) are approved for short term follow-up at intervals less than one (1) year.
- A repeat Pap test when specimen adequacy is deemed “unsatisfactory” is also covered.
- Follow-up surgical consultation after breast biopsy is a covered service.
- Follow-up consultation after a colposcopy, if treatment is needed, is covered.

HPV Testing: This is a covered service for women 30 years and older following an ASCUS Pap result. **It is also a covered service for women ages 30-64 if used as co-testing along with cytology every five (5) years as an option for routine screening per US Preventive Services Task Force guidelines.**

WBCCEDP can only pay for a vaginal smear if the woman previously had a hysterectomy due to cervical cancer.

Providers are reminded that, per the signed contract, they are prohibited from making additional charge(s) to the client, any member of the client’s family, or other sources of supplementation for those services covered by the WBCCEDP. The provider has the expressed right to bill clients enrolled in WBCCEDP for any services not covered by the WBCCEDP.

Refer to WBCCEDP’s *Algorithm for Cervical Screening/Pap Abnormalities* and the *Algorithm for Screening Mammogram Results According to BIRADS* for additional information regarding the standards of care for women enrolled in this program (see Appendix A).

Non-Covered Services

Services not covered by the WBCCEDP include, but are not limited to:

- Telephone consultation
- A second office visit, which is made to complete a pelvic examination, Pap test, and CBE (all of these procedures should be completed in one (1) office visit)
- Inpatient hospital services
- Excision of benign breast cyst/lesion (*must be suspicious for cancer*)
- Evaluation of vaginal or vulvar lesions
- Removal of polyps
- Blood work
- Urine analysis
- Chest x-ray
- EKG
- Pelvic ultrasound
- CAD (Computer Aided Detection)
- Bone scan
- Colposcopy as part of a LEEP
- Repeat Pap test performed simultaneously with colposcopy or colposcopy with biopsy (unless more than four (4) months have passed since the initial Pap test was performed)
- Endometrial biopsy (reimbursement allowed only after an AGUS Pap result)
- Uterine biopsy
- D & C
- Nuclear studies
- MRI (occasionally approved by Breast and Cervical Medical Advisory Council if meets very narrow diagnostic criteria – contact program for more information)
- Prescriptions
- Anything related to other cancers (including the uterus, vagina, vulva, ovaries, etc.)
- Treatment for breast, cervical, and pre-cervical cancer (see note below)

Note: Although the WBCCEDP does not reimburse for breast cancer, cervical cancer, or cervical pre-cancer treatment program staff do facilitate WBCCEDP enrolled women's applications to Medicaid for cancer treatment (see pages 7-9).

Missed appointments may be billed to the patient.



Breast, Cervical Pre-Cancer, & Cervical Cancer Treatment

Medicaid Cancer Treatment Benefits

Women who are enrolled in WBCCEDP and who receive diagnostic tests indicating they are in need of breast or cervical cancer treatment will have their cases referred to the Office of Health Care Financing for determination of benefits. Additionally, WBCCEDP may enroll and immediately transition to Medicaid, women who have had a recent diagnosis of breast or cervical cancer (see page 9). Full Medicaid coverage is available for most women who qualify for and are enrolled in the WBCCEDP. All applicants' cases are forwarded to the Office of Health Care Financing and they make the final determination concerning if non-citizens qualify for any services.

Eligibility for Cancer Treatment Benefits:

- Women ages 18 -64 who are United States citizens.
- Resident aliens may be eligible if they meet certain Medicaid criteria.
- Non-citizens who are not deemed eligible for full Medicaid coverage may qualify for some limited emergency treatment. Medicaid makes the determination in these cases.

Eligibility Period:

- Coverage extends for the duration of the breast, cervical, and cervical pre-cancer treatment as long as the woman is under age 65 and does not have other health insurance coverage.
- Once the course of treatment is complete, the woman will be dis-enrolled from Medicaid.
- A woman is not limited to one period of Medicaid eligibility. Once released from Medicaid, a woman may reapply to the WBCCEDP and be considered for reenrollment. Should there be a recurrence of the breast or cervical cancer, she may be transitioned to Medicaid again for further cancer treatment.

Case Management Services While Enrolled with Medicaid:

- Case management services are provided by a Medicaid contractor while women are receiving Medicaid benefits for breast cancer, cervical pre-cancer or cervical cancer.



Communication and Clinical Documentation Requirements

Healthcare Provider Communication with WBCCEDP Participants

The WBCCEDP recognizes that the primary channel of communication regarding healthcare issues is between the healthcare provider and the patient. It is the responsibility of the healthcare provider to conduct follow-up and to notify enrolled patients of test results, the need to reschedule missed appointments, and the need for further evaluation due to suspicious or abnormal test results.

The WBCCEDP cannot cover program-enrolled patients' healthcare costs beyond those listed on the CPT code list available on the program web site www.health.wyo.gov/PHSD/bccedp.

All women are provided a list of services that are and are not covered by the WBCCEDP when they first enroll; however, the healthcare provider's staff will need to clarify this for women. *It is the responsibility of the primary healthcare provider to notify WBCCEDP participants of procedures that they are recommending which are not covered by the WBCCEDP and that the patient will be financially responsible for.*

The time from screening/diagnosis to notification of the patient must be done in a timely manner. *If highly suspicious of malignancy, every attempt must be made to notify the patient as soon as possible.* If the healthcare provider is having difficulty locating the patient or getting a timely response from the patient, please contact the WBCCEDP for assistance.

Healthcare Provider Communication with Other Enrolled Providers

In order for services to be covered, *enrolled healthcare providers must only refer WBCCEDP participants to other WBCCEDP-enrolled providers and only send pathology specimens to WBCCEDP-enrolled laboratories.* A list of currently enrolled healthcare providers is furnished to all providers upon their enrollment and *is updated at least annually.* Please see program web site for most recent provider listing: www.health.wyo.gov/PHSD/bccedp. Please call the WBCCEDP if a healthcare provider's status in this program is unclear.

Note: It is permissible to forward a copy of a woman's application enrollment form containing the "consent/release of information" authorization language to other program enrolled providers to facilitate this exchange of information.

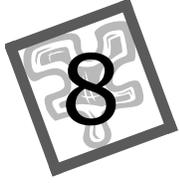
Clinical Documentation Requirements

Reports of the Healthcare Provider Findings and Recommendations: As part of the provider services contract/agreement, participating healthcare providers agree to provide the following:

- Screening Form
 - The completed Screening Form must include the results of the pelvic examination, Pap test and clinical breast examination (CBE).
 - Receipt of the completed Screening Form is required to be submitted along with the bill for the office visit.
 - If a Screening Form, laboratory report, or radiology report is not attached to the bill the bill will be returned.
 - Submission of abnormal screening results (indicated on the Screening and/or Diagnostic Form) as soon as possible expedites any follow-up services needed.
 - *Until the appropriate screening form or clinical documentation is completed and received by the WBCCEDP, no claims for screening services or diagnostic work-ups can be paid to the healthcare provider.*

- Diagnostic Forms: Breast and Cervical
 - A completed Breast Diagnostic Form or Cervical Diagnostic Form, laboratory/pathology report, or radiology report must be submitted to WBCCEDP in order for payment to be made.
 - If the appropriate Diagnostic Form, laboratory/pathology report, or radiology report is not attached to the bill the bill will be returned.
 - The completed Breast Diagnostic Form or Cervical Diagnostic Form provides important information to WBCCEDP so that we can provide appropriate follow-up services.
 - **When any breast and/or cervical cancer-screening test yields a result that is suspicious for cancer, the time from screening to the final diagnosis must be no more than sixty (60) days.** This is a program performance requirement of CDC. (Refer to Section 9, Quality Management and Utilization Review.)

Ordering Forms: Samples of clinical screening and diagnostic forms are provided to healthcare providers upon enrollment (Appendix B). Additional forms may be ordered from the WBCCEDP by calling 1-800-264-1296 or forms can be downloaded from the WBCCEDP web site: www.health.wyo.gov/PHSD/bccedp.



Billing Instructions

Which Form to Use

The WBCCEDP uses two different billing forms based on provider type:

- Hospitals: Uniform Billing (UB)-92
- All Other Providers: Centers of Medicare and Medicaid Services (CMS)-1500 (previously the HCFA-1500)

For guidance in completing the UB-92 and the CMS-1500, consult the Medicaid General Provider manual by Affiliated Computer Systems (ACS). The WBCCEDP *does not* supply UB-92 or CMS-1500 forms.

The WBCCEDP contracts with ACS for claims processing. Please continue to contact the WBCCEDP with billing or claims questions. **PLEASE do not send claims directly to ACS.**

Reimbursement Policy

All claims are reviewed by WBCCEDP staff members for missing information and necessary attachments. Radiologists and laboratories are required to attach the report to the bill.

Most claims are processed electronically through ACS. Claims and checks are processed weekly in accordance with policies set by the State Auditor's Office. An "Explanation of Medical Benefits" (EOMB) accompanies reimbursement checks or denials. It explains what has happened to the claims submitted for payment, if they are denied, and reason for denial. Each EOMB lists all claims denied or pending.

If you receive a denial, please call us first. Do not send the bill to the patient.

The WBCCEDP reimbursement amount is considered *payment in full* as noted in the contract/agreement between the WBCCEDP and the provider. An explanation of when a provider may bill a program-enrolled patient is also outlined. The WBCCEDP also adheres to the timely filing requirements outlined in the same reference contract.

Please submit bills to the WBCCEDP in a timely manner:

- Submit an original, correctly completed claim form for all services provided to WBCCEDP clients no later than three (3) months following date of service.
- Submit all claims to the WBCCEDP no later than thirty (30) days after the close of the fiscal

year in which they occurred. The fiscal year extends from July 1st through June 30th.

- The client cannot be held responsible for payment if the Contractor fails to submit the bill in a timely manner.

The Wyoming Department of Health WBCCEDP is a HIPAA covered entity. A covered entity may, without the individual's authorization, use or disclose protected health information for its own treatment, payment, and healthcare operations activities. For example:

- A healthcare provider may disclose protected health information about an individual as part of a claim for payment to a health plan.
- A healthcare provider may send a copy of an individual's medical record to a specialist who needs the information to treat the individual.
- A covered entity may disclose protected health information for clinical/treatment activities conducted by any healthcare provider (including providers not covered by the Privacy Rule).



Quality Assurance

Provider Credentials

Participating physicians, physician assistants, and nurse practitioners are required to:

- Hold a current license to practice.
- *Utilize WBCCEDP enrolled laboratories, radiology facilities and specialist consultants as needed for further diagnostic or treatment services. Check our web site for the most recent version of the Enrolled Provider List: www.health.wyo.gov/PHSD/bccedp.*
- Physician Assistants (PAs) must receive medical supervision from a licensed Wyoming physician whose defined scope of practice includes breast and cervical cancer screening and diagnostic services.
- Nurse Practitioners (APN or NP) must have a cooperative referral agreement with a licensed Wyoming physician whose defined scope of practice includes breast and cervical cancer screening and diagnostic services.

Participating radiology facilities are required to:

- Be accredited by the American College of Radiology (ACR); and

- Be certified by the Food and Drug Administration (FDA) under the Mammography Quality Standards Act of 1992.

Participating laboratories are required to:

- Meet all requirements of the Clinical Laboratories Improvement Act (CLIA) of 1988.

Note: All participating healthcare providers/facilities are required to also be enrolled with Wyoming Medicaid to ensure that up-to-date practice credentials are always on file.

Quality Management and Utilization Review

WBCCEDP policies are established in accordance with guidelines from the CDC concerning adequacy and timeliness of care. CDC's evaluation of our program's compliance with their performance criteria is based on the information provided to us, by you, on the clinical documentation (screening and diagnostic) forms and through the copies of clinical reports that you provide to us.

Repeated time intervals in excess of CDC's guidelines negatively affect our program's future CDC funding levels and thus the amount of money we have available for reimbursement for services. Therefore, we request your cooperation in providing this information to us in a timely manner.

Healthcare provider vigilance in maintaining compliance is vital for the women being served as well as for the health of this program. Your assistance is *greatly* appreciated!

The WBCCEDP's clinical policies and procedures, breast and cervical clinical algorithms, and clinical documentation forms are all reviewed and approved by the program's Medical Advisory Council (MAC). The MAC is comprised of volunteers who are participating healthcare providers in the WBCCEDP. The MAC meets a minimum of once a year. The Department of Health's Medicaid staff physician also serves as the program's Medical Advisor and reviews complicated cases in need of physician review.

Please visit our web site periodically for program updates: www.health.wyo.gov/PHSD/bccedp

Please call us if you have questions or if we can be of assistance in any way!
1-800-264-1296

Thank you for participating in this program and thank you for all you do for Wyoming women!