Clinical Policy Objectives

- Screening Services
- Diagnostic Services
- Cervical Dysplasia
- Medicaid for Breast and Cervical Cancer (MBCC)
FISCAL YEAR 2016

POLICY and PROCEDURE MANUAL

for Breast and Cervical Cancer Services
Clinical Policy Overview

SCREENING & DIAGNOSTICS

CERVICAL DYSPLASIA TREATMENT & SURVEILLANCE

ACCESS TO BREAST AND CERVICAL CANCER TREATMENT (MBCC)
BCCS Clinical Eligibility

**Breast Services**
- Program priority is women ages 50-64
- Women ages 40-49 may receive screening and diagnostics
- Women under 40 years may receive diagnostics if suspicion of cancer

**Cervical Services**
- Women 21-64 may receive screening
- Women 18-64 may receive diagnostics
Breast Cancer Screening
United States Preventive Services Task Force Guidelines

Released January 2016

Breast Cancer Screening

<table>
<thead>
<tr>
<th>Population</th>
<th>Recommendation</th>
<th>Grade (What’s This?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women aged 50 to 74 years</td>
<td>The USPSTF recommends biennial screening mammography for women aged 50 to 74 years.</td>
<td>B</td>
</tr>
<tr>
<td>Women aged 40 to 49 years</td>
<td>The decision to start screening mammography in women prior to age 50 years should be an individual one. Women who place a higher value on the potential benefit than the potential harms may choose to begin biennial screening between the ages of 40 and 49 years. • For women who are at average risk for breast cancer, most of the benefit of mammography results from biennial screening during ages 50 to 74 years. Of all of the age groups, women aged 60 to 69 years are most likely to avoid breast cancer death through mammography screening. While screening mammography in women aged 40 to 49 years may reduce the risk for breast cancer death, the number of deaths averted is smaller than that in older women and the number of false-positive results and unnecessary biopsies is larger. The balance of benefits and harms is likely to improve as women move from their early to late 40s.</td>
<td>C</td>
</tr>
</tbody>
</table>

http://www.uspreventiveservicestaskforce.org
Eligibility

- **Women ages 50 and older**
  May be screened annually

- **Women ages 40-49**
  May be screened every two years
  May be screened annually if high risk per established breast cancer risk assessment tool (e.g., BRCAPRO, Gail Model)

- **Women under 40**
  Cannot receive breast screening
Breast Cancer Screening

Eligibility

• Transgender women (male-to-female) may be eligible. Transwomen, past or current hormone use: Breast screening mammography in patients over age 50 with additional risk factors (e.g., estrogen and progestin use > 5 years, positive family history, BMI > 35)
Breast Cancer Screening

Components of Breast Cancer Screening

1) Breast health history
2) CBE (clinical breast exam)
3) Mammogram/MRI
4) Client Education
Breast Cancer Screening

Components
Breast health history

- Date and time intervals of previous mammograms
- Date and results of the last CBE
- Date and results of any previous breast surgery
- Date of last menstrual period
- Medication history, including current or previous use of hormones (hormone replacement therapy, oral contraceptive, etc.)
Breast Cancer Screening

Components
CBE (clinical breast exam)

- Must be performed by a physician, physician’s assistant, nurse practitioner, certified nurse midwife, or additionally a qualified registered nurse with specialized training as required under standing delegation orders

- A second CBE is not required for women referred to a BCCS contractor after an abnormal CBE or screening
Breast Cancer Screening

Components
Mammogram

-Diagnostic mammograms can be used to screen women with cosmetic or reconstructive breast implants and/or women with a history of breast cancer and lumpectomy (partial mastectomy)

-Computer Aided Detection (CAD) not reimbursable
Breast Cancer Screening

Components
MRI

May be reimbursed for clients with:
- A BRCA mutation or first-degree relative who is a BRCA carrier
- A lifetime risk of 20-25% or greater as defined by risk assessment models
- Radiation therapy to the chest when they were between the ages of 10 and 30 years
- Li-Fraumeni syndrome, Cowden syndrome or Bannayan-Riley-Ruvalcaba syndrome, or have first-degree relatives with one of these syndromes
Breast Cancer Screening

**Components**

**MRI**

- Must never be performed alone as a breast cancer screening tool
- Cannot be reimbursed to assess the extent of disease in women already diagnosed with breast cancer
- All breast MRI procedures require pre-authorization
- Pre-authorization form must be received a minimum of three (3) business days prior to the anticipated procedure date
- Must be performed in facilities with dedicated breast MRI equipment able to perform MRI-guided breast biopsies
# Breast Cancer Screening

## MRI Preauthorization Form

![MRI Preauthorization Form](image)

### CONTRACTOR INFORMATION

<table>
<thead>
<tr>
<th>Agency Name:</th>
<th>Region #:</th>
<th>Clinic Name:</th>
</tr>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Case Manager/Contact Name:</th>
<th>Phone Number:</th>
<th>Email Address:</th>
</tr>
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<tr>
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</table>

### CLIENT INFORMATION

Name (Last, First, MD):  

Date of Birth:  

Med ID #:  

**History and Physical Information**

- **BRCA Mutation**
  - [ ] 1st-degree relative BRCA carrier
  - [ ] Lifetime breast cancer risk ≥ 20-25%
  - [ ] Chest radiation therapy between 10 and 30 years
  - [ ] Li-Fraumeni syndrome, Cowden syndrome, or Bannayan-Riley-Ruvalcaba syndrome, or family members with syndrome

- **History of breast cancer**
  - [ ] Mastectomy  
  - [ ] Lumpectomy  
  - [ ] Right  
  - [ ] Left  
  - [ ] Treatment Completed  
  - [ ] Yes – Date (MM/DD/YYYY):  
  - [ ] No

- **Symptomatic**
  - [ ] Yes  
  - [ ] Right  
  - [ ] Left  
  - [ ] No  
  - [ ] Lump/Mass  
  - [ ] Pain  
  - [ ] Nipple Discharge  
  - [ ] Edema  
  - [ ] Skin changes  
  - [ ] Nipple Inversion  
  - [ ] Other:

**Recent Screening/Diagnostic Procedures**

Received through BCCS or prior to being referred to BCCS for an MRI procedure. Check all that apply.

- [ ] Mammogram  
  - [ ] Screening Date:  
  - [ ] Screening Result:  
  - [ ] Diagnostic Date:  
  - [ ] Diagnostic Result:

- [ ] Ultrasound  
  - [ ] Ultrasound Date:  
  - [ ] Ultrasound Result:

- [ ] Biopsy  
  - [ ] Biopsy Date:  
  - [ ] Biopsy Result:

- [ ] Specialist/Surgical Consultation  
  - [ ] Specialist/Surgical Consultation Date:

### PROCEDURE INFORMATION

Will requested procedure(s) be performed in a facility with dedicated breast MRI equipment & capable of performing breast MRI-guided biopsies  

- [ ] YES  
- [ ] NO

**Requested Procedure(s)**

Check all that apply:  

- [ ] 77058  
- [ ] B7058  
- [ ] B7059  
- [ ] B7059  
- [ ] F9085  
- [ ] F9086  
- [ ] S56FX  
- [ ] F9287  
- [ ] F9288

**Anticipated Date of Procedure(s):**

![Anticipated Date of Procedure(s)](image)

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1 First-degree relative = Mother, Sister, Child  
2 Must be calculated using a reputable risk-assessment tool. List tool used in the comments section below.

### COMMENTS:
Breast Cancer Screening

Components
Client Education

- Risk factors for breast and cervical cancer
- Signs and symptoms of breast and cervical cancer
- Importance of cancer screening at regular intervals
- Limitations of screening, including limitations of imaging in women with dense breasts
- Tobacco cessation information and quit line referral if appropriate
Follow-up of Normal Screening

After Normal Breast Cancer Screening

-Clinician must notify a women of findings

-Reinforce the need for continued routine screening examination

-Provide the expected interval for her next routine screening examination

-Contractors must attempt to notify each women in writing of her regular screening due date
Breast Cancer Diagnostics
Breast Cancer Diagnostics

Eligibility

- Clients ages 18-64 who are symptomatic and/or have a screening abnormality suggestive of cancer
  - CBE, mammogram or MRI
Breast Cancer Diagnostics

Components of Breast Cancer Diagnostics

1) Diagnostic mammogram
2) Breast ultrasound
3) Breast MRI
4) Breast biopsy
5) Consultations with breast specialists

Abnormal CBEs require a minimum follow up of two (2) diagnostic evaluation/tests.
### Follow-up of Abnormal Screening

<table>
<thead>
<tr>
<th>BIRADS</th>
<th>Assessment</th>
<th>Follow-up Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Incomplete</td>
<td>Additional breast imaging required. (Diagnostic mammogram views, diagnostic breast ultrasound, breast MRI.)</td>
</tr>
<tr>
<td>1</td>
<td>Negative</td>
<td>No further diagnostic workup is required. (Abnormal CBE results require diagnostic referral.)</td>
</tr>
<tr>
<td>2</td>
<td>Benign</td>
<td>No further diagnostic workup is required. (Abnormal CBE results require diagnostic referral.)</td>
</tr>
<tr>
<td>3</td>
<td>Probably Benign</td>
<td>Radiologist recommendation required for the next screening or diagnostic examination; AND, diagnostic referral if CBE results are abnormal</td>
</tr>
<tr>
<td>4</td>
<td>Suspicious</td>
<td>Breast specialist consultation with tissue sampling (biopsy) required</td>
</tr>
<tr>
<td>5</td>
<td>Highly Suggestive of Malignancy</td>
<td>Breast specialist consultation with tissue sampling (biopsy) required.</td>
</tr>
</tbody>
</table>
Components
Consultations

Who is considered a breast specialist?
- General surgeons
- Radiologists
- Obstetricians/Gynecologists who have completed specialized training for management of breast disease

Consultations must involve direct examination of the client.
Cervical Cancer Screening
Cervical Cancer Screening

U.S. Preventive Services Task Force (USPSTF)
2012 Cervical Cancer Screening Guidelines

Endorsed by:
• American Cancer Society (ACS)
• American Society for Colposcopy and Cervical Pathology (ASCCP)
• American Congress of Obstetricians and Gynecologists (ACOG)
Cervical Cancer Screening

Eligibility

Following the 2012 USPSTF recommendations:

- Screening begins at age 21

- Ages 21-29 may receive cervical cytology (Pap smear) alone every three (3) years

- Ages 30-65 may receive cervical cytology (Pap smear) alone every three (3) years or cervical cytology and HPV co-testing every five (5) years
Cervical Cancer Screening

Eligibility

- Annual screening is acceptable for high-risk women in-uterus DES exposure, immunocompromised/HIV, history of cervical cancer

- Continue screening clients who had a hysterectomy for CIN disease or cervical cancer for 20 years, even if this extends screening past age 65 years

- Continue screening clients who have had cervical cancer indefinitely as long as they are in reasonable health
Cervical Cancer Screening

Eligibility

Transgender men (assigned female at birth) who have a cervix may receive screening
Components of Cervical Cancer Screening

1) Cervical health history
2) Pelvic examination
3) Pap test
4) CBE
5) Client Education
Cervical Cancer Screening

Components

Cervical health history

- Date and results of the last pelvic examination and Pap test
- Date and results of any past diagnostic procedure(s) and/or treatment(s) for cervical disease
- Date of last menstrual period and pregnancy history
- Medication history, including current or previous use of hormones (hormone replacement therapy, oral contraceptives)
- Risk factors for cervical cancer
- Description of present pelvic symptoms
Cervical Cancer Screening

Components

Pap Test

Both liquid-based and conventional methods of cervical cytology are acceptable
Components

HPV Test

- Cannot be used as a primary screening tool
- Must be for high risk oncogenic types
- Must be FDA approved and clinically validated
- BCCS funds may not be used for HPV genotyping
- HPV vaccination not currently reimbursable
Cervical Cancer Screening

Components

Client Education

- Risk factors for breast and cervical cancer
- Signs and symptoms of breast and cervical cancer
- Importance of screening at regular intervals
- Information on HPV and safe sex practices
- Information on the HPV vaccine
- Tobacco cessation
Follow-Up of Normal Cervical Cancer Screening
- Clinician must notify a women of findings

- Reinforce the need for continued routine screening examination

- Provide the expected interval for her next routine screening examination

- Contractors must attempt to notify each women in writing of her regular screening due date
Cervical Cancer Diagnostics
Cervical Cancer Diagnostics

Eligibility

• Ages 18-64 with an abnormal pelvic exam and/or pap test
• BCCS funded diagnostics services must be delivered according to ASCCP guidelines
Cervical Cancer Diagnostics

Components of Cervical Cancer Diagnostics

• Colposcopy
• Cervical biopsy
• Endocervical curettage (ECC)
• Diagnostic excisional procedures
  – LEEP
  – Cold-knife excisions
• Consultations
Cervical Cancer Diagnostics

Office-Based Procedures Performed in an Ambulatory Surgical Center

Special circumstances may necessitate an office-based diagnostic procedure being performed in an ambulatory surgical center.

These services require preauthorization PRIOR to the client receiving services in an ambulatory surgical center or other outpatient facility.
Office-Based Procedures Performed in an Ambulatory Surgical Center

Preauthorization Request Form
Cervical Dysplasia Management and Treatment
Cervical Dysplasia Treatment

- Screening & Diagnostics
- Cervical Dysplasia Treatment & Surveillance
- Access to Breast and Cervical Cancer Treatment (MBCC)
Cervical Dysplasia Treatment

Eligibility

- BCCS applicants with a biopsy confirmed diagnosis of CIN I, CIN II, CIN II-III or high grade dysplasia (severe dysplasia/CIN III) or CIS
- Must access clients with severe dysplasia/CIN III or CIS for MBCC eligibility prior to utilizing CD funding
- Same age, residency and income requirements as BCCS screening/diagnostic services
Cervical Dysplasia Treatment

Is client eligible for BCCS?

No

No further workup indicated

Yes

Pap smear normal or abnormal?

Normal

Abnormal

Perform diagnostic assessment following ASCCP guidelines (colposcopy and/or cervical biopsy)

Abnormal diagnostic findings (CIN I, CIN II, CIN II-III or high grade dysplasia (severe dysplasia/CIN III, CIS and do not meet the other eligibility criteria for MBCC

Eligible for Cervical Dysplasia Management and Treatment

Abnormal diagnostic findings (CIN III, cervical carcinoma in-situ, invasive cervical cancer)

Apply for MBCC
Components

- Follow up testing and observation without treatment, e.g. cytology (Pap tests), HPV testing or colposcopy
- Treatment using excision or ablation, e.g. cryotherapy, cervical conization
- Patient Navigation
Cervical Dysplasia Treatment

Management of Women with Biopsy-confirmed Cervical Intraepithelial Neoplasia — Grade 2 and 3 (CIN2,3)*

- Adequate Colposcopy
  - Either Excision† or Ablation of T-zone*
  - 2x Negative Results
  - Repeat cotesting @ 3 years
- Inadequate Colposcopy or Recurrent CIN2,3 or Endocervical sampling is CIN2,3
  - Diagnostic Excisional Procedure†
  - Any Test Abnormal
    - Cotesting @ 12 & 24 months
    - Colposcopy With endocervical sampling

* Management options will vary in special circumstances or if the woman is pregnant or ages 21-24
† If CIN2,3 is identified at the margins of an excisional procedure or post-procedure ECC, cytology and ECC at 4-6mo is preferred, but repeat excision is acceptable and hysterectomy is acceptable if re-excision is not feasible.

http://www.asccp.org/guidelines
Cervical Dysplasia Treatment

Cervical Dysplasia in Med-IT
Medicaid for Breast and Cervical Cancer (MBCC)
Medicaid for Breast and Cervical Cancer

- Screening & Diagnostics
- Cervical Dysplasia Treatment & Surveillance
- Access to Breast and Cervical Cancer Treatment (MBCC)
MBCC applications received by State Fiscal Year (SFY):

SFY 12 - 2,189
SFY 13 - 2,733
SFY 14 - 2,165
SFY 15 - 1,735
Medicaid for Breast and Cervical Cancer

Eligibility

• Qualifying Cancer Diagnosis
• Age 18-64
• U.S. Citizen/Qualifying Legal Immigrant
• Texas Resident
• Income 200% or less of Federal Poverty Level
  • Clients cannot self declare income
• Not insured
• Need treatment
Medicaid for Breast and Cervical Cancer

- May be diagnosed by any qualified provider
- Eligibility screening by BCCS provider
- Applications through BCCS providers
Medicaid for Breast and Cervical Cancer

Contractor Requirements

Presumptive Eligibility Review
Complete H1034 Application
  Qualifying Cancer Documentation
  Identification/Citizenship Documentation
Med-IT Data Entry
Submit Application to BCCS
  Fax completed application to 512-776-7203
  Email client’s Med-IT ID to confirm receipt by BCCS - MBCCApps@hhsc.state.tx.us
Relay information from BCCS to client
Medicaid for Breast and Cervical Cancer

BCCS Nurse Review

Centralized Benefit Services (CBS) Administrative Review
CBS Email: cbs_mbcc@hhsc.state.tx.us
Caseworker/navigator inquiries only

YourTexasBenefits.com
2-1-1
CBS mails a letter to the patient with final eligibility information
MBCC Application Review

BCCS Service Provider

BCCS Program Nurse Review

HHSC Centralized Benefits Services (CBS)

Final Eligibility Outcome
MBCC Coverage

- Medicaid Coverage dates and benefits
  Determined by HHSC CBS
  The earliest date presumptive eligibility may begin is the day after the client received a biopsy-confirmed qualifying diagnosis

- TMHP Medicaid Client Help Line 1-800-335-8957
MBCC Status

www.yourtexasbenefits.com
**MBCC Status**

**Set up your account.** It only takes a few minutes to create an account.

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last name</td>
<td></td>
</tr>
<tr>
<td>Address (line 1)</td>
<td></td>
</tr>
<tr>
<td>Address (line 2)</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
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<tr>
<td>State</td>
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<td>ZIP</td>
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<td>Date of birth</td>
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<tr>
<td>Email address</td>
<td></td>
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<tr>
<td>Phone number</td>
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</tbody>
</table>

- I want to see all my case facts and actions. I also want to be able to report changes and renew benefits online.
MBCC Renewal

- CBS mails renewal packet to the patient’s address on file
  - How to update address
  - How to request a new renewal packet
- Patient completes packet and mails it to CBS
- Provider completes packet and mails it to CBS
- Status
  - Client can call 211
  - Client can check YourTexasBenefits.com
  - Caseworker/navigator can email CBS
Moving Forward
Clinical Policy FY17

Policy Revision Process
- Receive guidance or new allowances from CDC
- Research feasibility, limitations
- Review with Medical Director and Nurse Consultants
- Develop utilization guidelines
- Determine reimbursement rates
- Modify Med-IT
- Incorporate Clinical Workgroup feedback
- Update policy
Clinical Breast Exams

• Reviewing NBCCEDP CBE requirements

• Challenges to delivery in mobile units, etc.
Utilization Review

### CPT Code 77053

**Mammary ductogram or galactogram, single duct, Global Fee**

- May be billed with 77055, G0206, 77056, G0204, 76641, 76642
- Billable for clients with spontaneous nipple discharge and BI-RADS 1-3 after diagnostic mammogram
- May not be billed with screening mammograms (77057, G0202, B7057, B0202) or MRI (77058, B7058, 77059, B7059)
- BCCS performs utilization review on this service

Rate: $59.05

### CPT Code 81025

**Urine Pregnancy Test**

- Performed only prior to procedures utilizing general anesthetic for women of child-bearing age. May not be used as routine pregnancy screening
- For BCCS diagnostic services only
- BCCS performs utilization review on this service
- Contractors may be required to reimburse BCCS for CD125 billing not in accordance with billing guideline.

Rate: $8.61
Resources

• For further information regarding BCCS please review:
  – www.healthytexaswomen.org
  – BCCS Policy and Procedure Manual

• If you have any questions, please email the BCCS program at BCCSPProgram@hhsc.state.tx.us