

**Summary of Changes
Breast and Cervical Cancer Services (BCCS)
Policy and Procedure Manual FY17**

The following is a summary of the significant changes to the Breast and Cervical Cancer Services (BCCS) Policy and Procedure Manual for FY2017. Revisions include modifications to the text to achieve greater clarity and consistency and updates to names, dates, and web links referenced throughout the document. Changes such as spelling, punctuation, updating phone numbers, website links, etc. have occurred throughout the Policy and Procedure Manual.

HEADING	PAGE	SUMMARY OF CHANGE
-	-	Policy references to DSHS changed to HHSC throughout manual.
Introduction – General Information		
BCCS Contractor Responsibilities	ii	Added Language: <ul style="list-style-type: none"> • Duplication of BCCS services by multiple contractors will not be reimbursed.
Performance Indicators	iv	Policy - NEW: <ul style="list-style-type: none"> • Contractors must serve a minimum of eighty-five percent (85%) of proposed unduplicated clients.
Definitions	v	Added Language: <ul style="list-style-type: none"> • CD procedures are reimbursed from non-federal funding, as NBCCEDP prohibits use of grant funds for treatment.
Definitions	vi, viii	Policy - NEW: <ul style="list-style-type: none"> • Dual-Eligible: Applicants may be dual-eligible for programs providing the same or similar services, such as Healthy Texas Women and Family Planning. In such cases, individual agencies should determine the best use of funds to meet client needs and maintain program requirements, however, clients with a primary need of cancer screening should be enrolled in BCCS. • Underinsured: Coverage which allows for preventive (screening) services but is limited or prohibitive for additional workup. Underinsured applicants become program eligible only if diagnostic services are inaccessible to the client.
Section II, Chapter 4 – Eligibility Determination		
Other Eligibility Factors	27	Policy - NEW: <ul style="list-style-type: none"> • Applicants may be dual-eligible for programs providing the same or similar services, such as Healthy Texas Women and/or Family Planning. In such cases, individual agencies should determine the best use of funds to meet client needs and maintain program requirements, however, clients with a primary need of cancer screening should be enrolled in BCCS. • Applicants with access to preventive (screening) services

		whose coverage is insufficient for diagnostic workup are considered underinsured and may be enrolled for services (See Introduction, Definitions).
Section II, Chapter 4 – Breast Clinical Guidelines		
Breast Cancer Screening Eligibility	28	<p>Added Language:</p> <ul style="list-style-type: none"> Breast screening refers to procedures such as clinical breast examination (CBE) and screening mammogram for women who present without symptoms suspicious for breast cancer. The priority population for NBCCEDP mammography services is women between the ages of 50 and 64. If necessary, recruitment efforts should be concentrated on the priority population. In order for breast or cervical cancer screening to be most effective, the screening must be conducted at regular intervals. National Cancer Institute risk calculator
Components of Breast Cancer Screening	19	<p>Added Language:</p> <ul style="list-style-type: none"> Results of previous mammograms to be included in breast health history. Breast MRI may also be used to better assess areas of concern on a mammogram or for evaluation of clients with a history of breast cancer after completion of treatment.
Section II, Chapter 5 – Cervical Clinical Guidelines		
Cervical Cancer Screening Services	34	<p>Added Language:</p> <ul style="list-style-type: none"> The cervical cancer priority population includes women who have never been screened or have not been screened in the past five (5) years. If necessary, recruitment efforts should be concentrated on the priority population. In order for breast and cervical cancer screening to be most effective, the screening must be conducted at regular intervals.
Cervical Cancer Screening Eligibility	34	<p>Added Language:</p> <ul style="list-style-type: none"> Cervical cancer screening is primarily performed through the use of the Pap test and the HPV DNA test. BCCS utilizes United States Preventive Services Task Force (USPSTF) cervical cancer screening recommendations.
HPV Testing	35	<p>Added Language:</p> <ul style="list-style-type: none"> HPV DNA testing is a reimbursable procedure when used for screening with Pap testing (i.e., cotesting) and for follow-up of abnormal Pap results as per ASCCP algorithms.
Office Based Procedures Performed in an Ambulatory Surgical Center	38	<p>Added Language:</p> <ul style="list-style-type: none"> Special circumstances may include clients with a history of cervical cancer, obesity, cervical stenosis, vaginal stenosis or atrophy.

Section II, Chapter 6 – Cervical Dysplasia Management & Treatment		
Cervical Dysplasia (CD) Management and Treatment	52	<p>Added Language:</p> <ul style="list-style-type: none"> • CDC strictly prohibits reimbursement of treatment services, however, contractors may receive limited state funding for management and treatment of cervical dysplasia (CD). Cervical dysplasia funds may not be used to reimburse for BCCS cervical screening or diagnostic services. • Undocumented applicants are eligible for CD services. Contractors should bill CD services throughout the dysplasia plan of care and return clients to BCCS services once released to routine screening intervals by the provider.
Section II, Chapter 7 – Medicaid for Breast and Cervical Cancer (MBCC)		
HHSC MBCC Eligibility Staff Responsibilities	66	<p>Added Language:</p> <ul style="list-style-type: none"> • MBCC inquiries on client reinstatements, approvals, denials and final application status should be sent to CBS_MBCC@hhsc.state.tx.us
Section II, Chapter 8 – Patient Navigation Services		
Contractor Requirements	70	<p>Added Language:</p> <ul style="list-style-type: none"> • CD recipients must not be eligible for MBCC. • Patient navigation does not include eligibility determination or navigation of MBCC applicants whose presumptive eligibility determination was inaccurate.
Requirements for Patient Navigation Compliance	70	<p>Added Language:</p> <ul style="list-style-type: none"> • Patient Navigation must include assessment and client consent using the HHSC Comprehensive Patient Navigation Form (Appendix C1). Agencies using alternate forms must maintain proof of HHSC-approval onsite for Quality Assurance visits • Contractors must document client refusal, lost to follow-up and Good Faith Efforts as appropriate.
Navigation of MBCC Referrals	71	<p>Added Language:</p> <ul style="list-style-type: none"> • Referred-in MBCC applicants must be provided a needs assessment and MBCC application assistance if determined to meet presumptive eligibility.

HEADING	PAGE	SUMMARY OF CHANGE
Section IV - Appendices		
Appendix B	-	All procedure reimbursement rates have been updated.
Appendix C1, C2	-	Patient Navigation forms have been updated.
Appendix F1, F2, G	-	Formatting revisions.
Appendix I	-	New: BCCS Resources and Contacts