

# Breast and Cervical Cancer Services (BCCS) Clinical Policy

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August 11, 2016

# Clinical Policy Objectives

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

***FISCAL YEAR 2016***

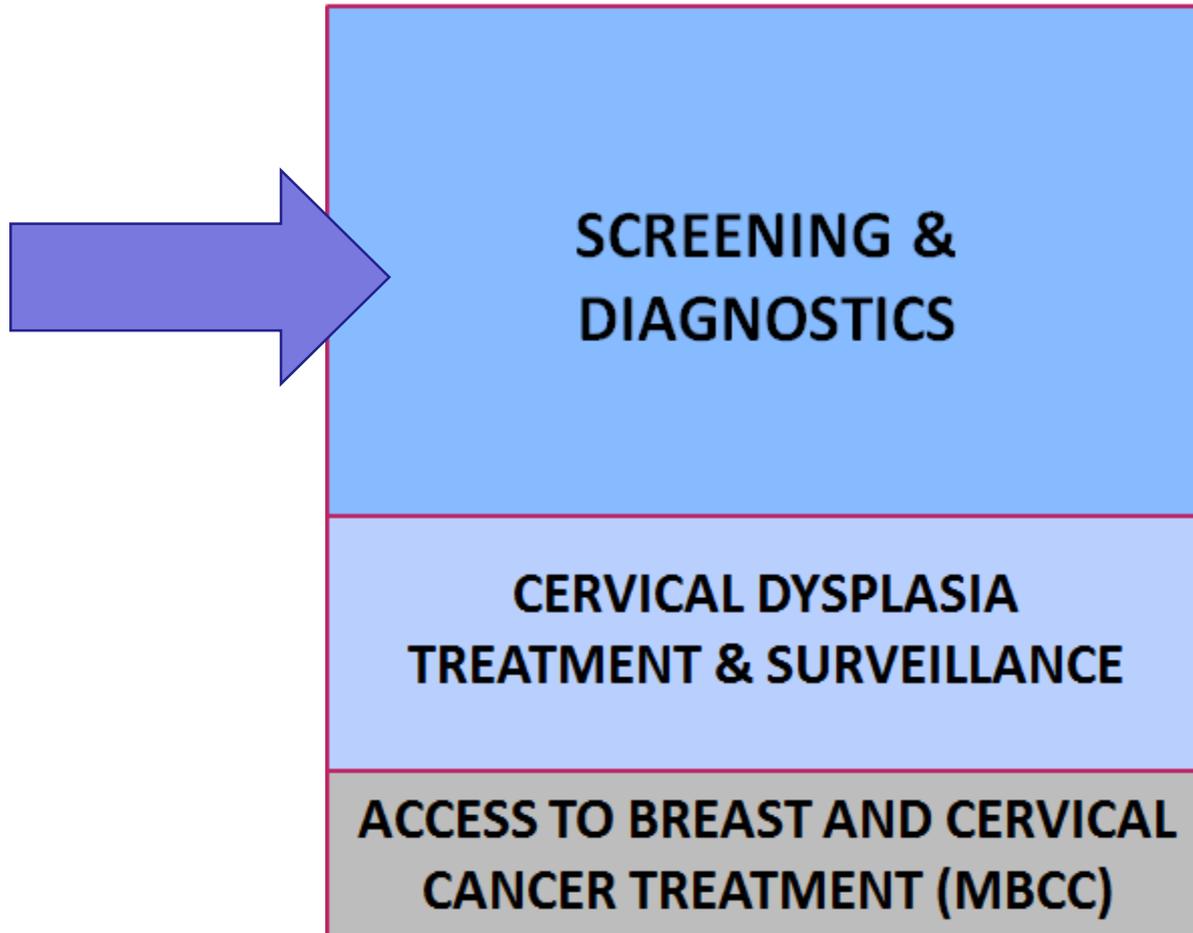
**POLICY  
and  
PROCEDURE  
MANUAL**

**for**

**Breast and Cervical  
Cancer Services**

# Clinical Policy Overview

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# BCCS Clinical Eligibility

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## 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

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# Breast Cancer Screening

United States Preventive  
Services Task Force  
Guidelines

Released January 2016

## Breast Cancer: Screening

Release Date: January 2016

### Recommendation Summary

Population	Recommendation	Grade (What's This?)
Women aged 50 to 74 years	The USPSTF recommends biennial screening mammography for women aged 50 to 74 years.	<b>B</b>
Women aged 40 to 49 years	<p>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.</p> <ul style="list-style-type: none"> <li>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.</li> </ul>	<b>C</b>

# Breast Cancer Screening

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## 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

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## 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

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## Components of Breast Cancer Screening

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

# Breast Cancer Screening

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## 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

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## 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

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## 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

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## 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

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## 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



Texas Department of State Health Services  
Breast and Cervical Cancer Services

Appendix G

### Breast MRI Pre-Authorization Request Form

#### CONTRACTOR INFORMATION

Agency Name: [REDACTED]	Region #: [REDACTED]	Clinic Name: [REDACTED]
Case Manager/Contact Name: [REDACTED]	Phone Number: [REDACTED]	Email Address: [REDACTED]

#### CLIENT INFORMATION

Name (Last, First, MI): [REDACTED]		Date of Birth: [REDACTED]	Med-IT ID #: [REDACTED]
<b>History and Physical Information</b> Check all that apply to this client			
<input type="checkbox"/> BRCA Mutation	<input type="checkbox"/> 1st-degree relative BRCA carrier <sup>1</sup>	<input type="checkbox"/> Lifetime breast cancer risk $\geq$ 20-25% <sup>2</sup>	<input type="checkbox"/> Chest radiation therapy between 10 and 30 years
<input type="checkbox"/> Li-Fraumeni syndrome, Cowden syndrome, or Bannayan-Riley-Ruvalcaba syndrome, or family members with syndrome			
<input type="checkbox"/> History of breast cancer	<input type="checkbox"/> Mastectomy <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Lumpectomy <input type="checkbox"/> Right <input type="checkbox"/> Left	<input type="checkbox"/> Treatment Completed	<input type="checkbox"/> Yes – Date (MM/DD/YYYY): [REDACTED] <input type="checkbox"/> No
Symptomatic	<input type="checkbox"/> Yes <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> No	<input type="checkbox"/> Lump/Mass	<input type="checkbox"/> Pain <input type="checkbox"/> Nipple Discharge <input type="checkbox"/> Edema <input type="checkbox"/> Skin changes <input type="checkbox"/> Nipple inversion <input type="checkbox"/> Other: [REDACTED]
<b>Recent Screening/Diagnostic Procedures</b> Received through BCCS or prior to being referred to BCCS for an MRI procedure. Check all that apply			
<input type="checkbox"/> Mammogram	<input type="checkbox"/> Screening Date: [REDACTED] Result: [REDACTED] <input type="checkbox"/> Diagnostic Date: [REDACTED] Result: [REDACTED]	<input type="checkbox"/> Ultrasound Date: [REDACTED] Result: [REDACTED]	<input type="checkbox"/> Biopsy Date: [REDACTED] Result: [REDACTED]
			<input type="checkbox"/> Specialist/Surgical Consultation Date: [REDACTED]

#### PROCEDURE INFORMATION

Will requested procedure(s) be performed in a facility with dedicated breast MRI equipment & capable of performing breast MRI-guided biopsies		<input type="checkbox"/> YES <input type="checkbox"/> NO
Requested Procedure(s) Check all that apply		Anticipated Date of Procedure(s): [REDACTED]
<input type="checkbox"/> 77058	<input type="checkbox"/> B7058	<input type="checkbox"/> 77059
<input type="checkbox"/> B7059	<input type="checkbox"/> F9085	<input type="checkbox"/> F9086
<input type="checkbox"/> 856FX	<input type="checkbox"/> F9287	<input type="checkbox"/> F9288

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

COMMENTS: [REDACTED]

# Breast Cancer Screening

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## 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

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## 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

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# Breast Cancer Diagnostics

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## Eligibility

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

# Breast Cancer Diagnostics

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## 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

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

# Breast Cancer Diagnostics

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## 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

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# Cervical Cancer Screening

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## 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

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## 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

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## 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

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## 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

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## 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

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## Components

### Pap Test

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

# Cervical Cancer Screening

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## 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

## 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

# Cervical Cancer Screening

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## 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**

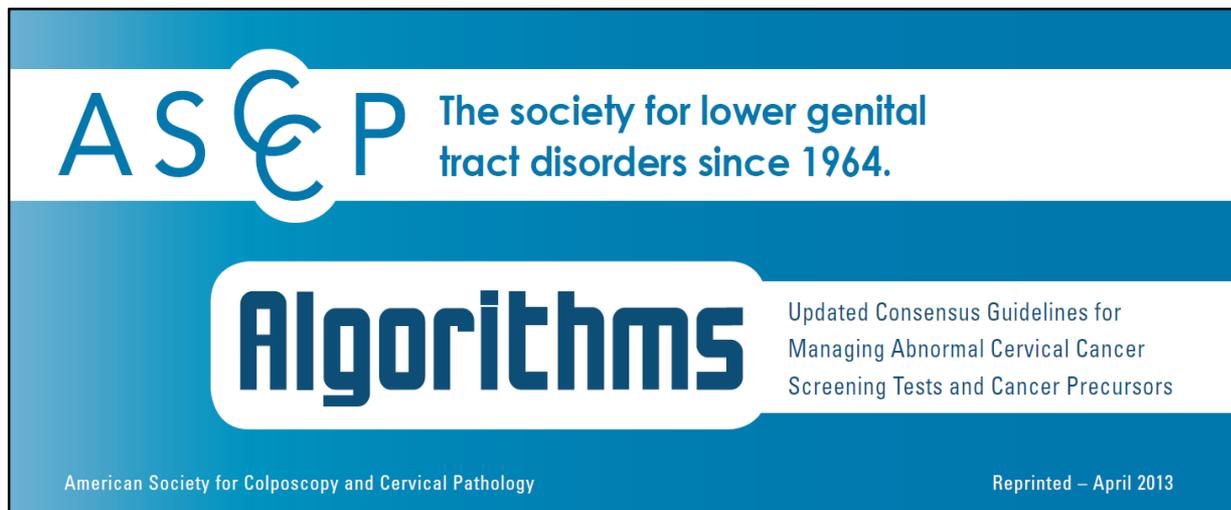
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# Cervical Cancer Diagnostics

## 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

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## Components of Cervical Cancer Diagnostics

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

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## 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.

# Cervical Cancer Diagnostics

## Office-Based Procedures Performed in an Ambulatory Surgical Center

		<b>Texas Department of State Health Services</b> <b>Breast and Cervical Cancer Services</b>		Appendix F2
<b>Office-based Procedures Performed in an          Ambulatory Surgical Center Pre-Authorization Request Form</b>				
Agency Name:		Region #:	Clinic Name:	
Case Manager/Contact Name:		Phone Number:	Email Address:	
<b>CONTRACTOR INFORMATION</b>				
<b>CLIENT INFORMATION</b>				
Name (Last, First, MI):		Date of Birth:	Med-IT ID #:	
<b>History and Physical Information</b> Check all that apply to this client				
<input type="checkbox"/> Abnormal Pelvic Exam	<input type="checkbox"/> History of Cervical Cancer	<input type="checkbox"/> Obesity/Body Habitus		
<input type="checkbox"/> Cervical Stenosis	<input type="checkbox"/> Vaginal Stenosis/Atrophy	<input type="checkbox"/> Other:		
<b>Symptoms</b> Check all that apply				
<input type="checkbox"/> Bleeding	<input type="checkbox"/> Discharge	<input type="checkbox"/> Mass	<input type="checkbox"/> Pain	<input type="checkbox"/> Other: <input type="checkbox"/> None
<b>Recent Screening/Diagnostic Procedures</b> Received through BCCS or prior to being referred to BCCS for the requested procedure(s) Check all that apply				
<input type="checkbox"/> Pap Test	<input type="checkbox"/> Colposcopy	<input type="checkbox"/> Biopsy	<input type="checkbox"/> Specialist/Surgical Consultation	
Date: Result:	Date: Result:	Date: Result:	Date: Result:	

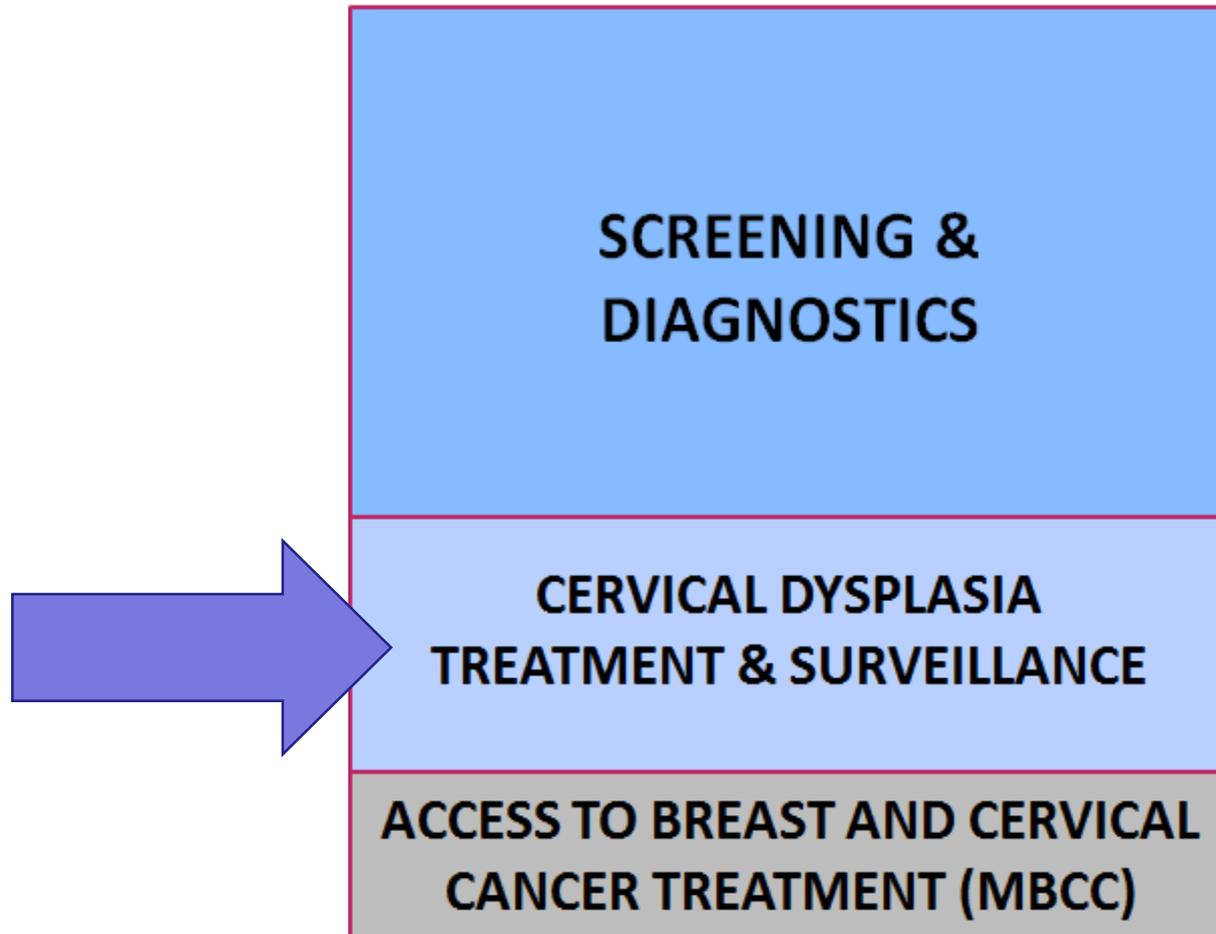
## Preauthorization Request Form

# **Cervical Dysplasia Management and Treatment**

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# Cervical Dysplasia Treatment



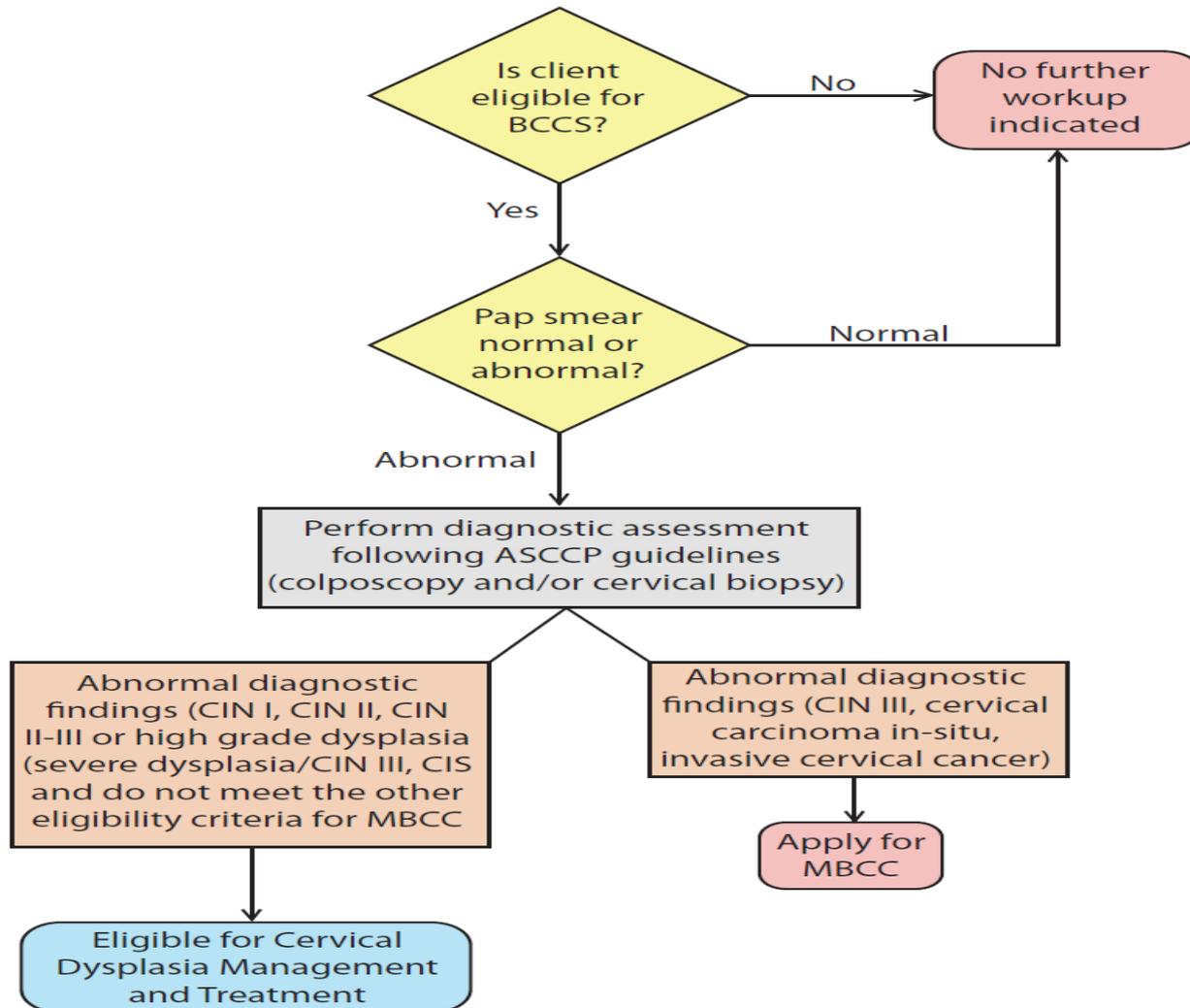
# Cervical Dysplasia Treatment

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## 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



## Components

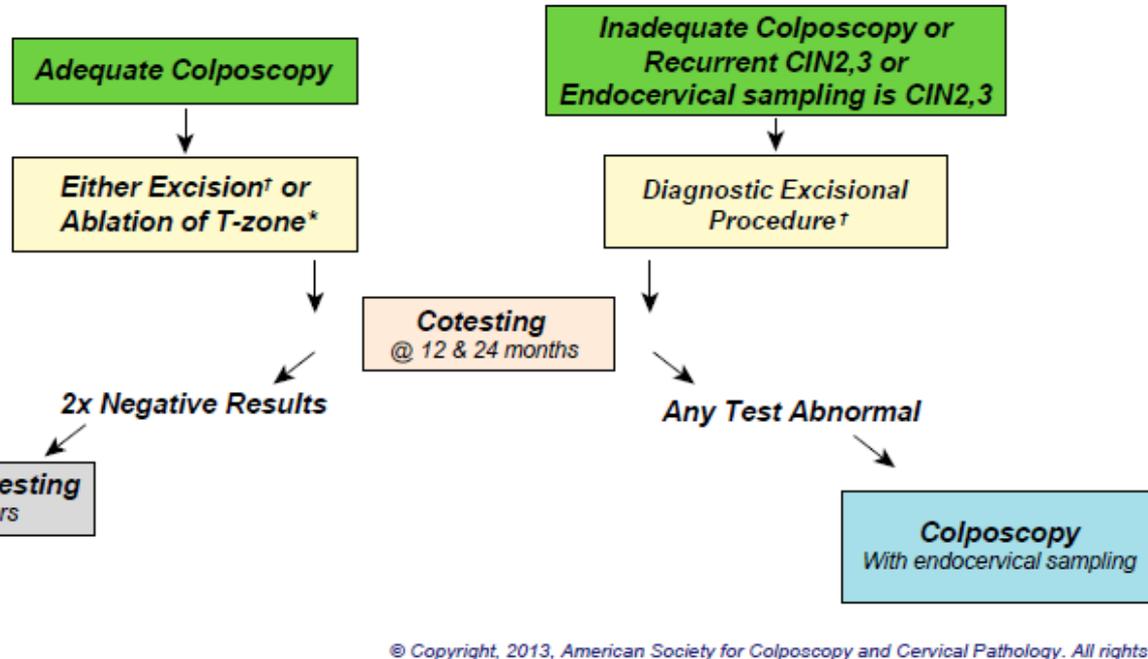
- Follow up testing and observation without treatment, e.g. cytology (Pap tests), HPV testing or colposcopy
- Treatment using excision or ablation, e.g. cryotherapy, cervical conization
- Patient Navigation

# Cervical Dysplasia Treatment

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

\* 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.

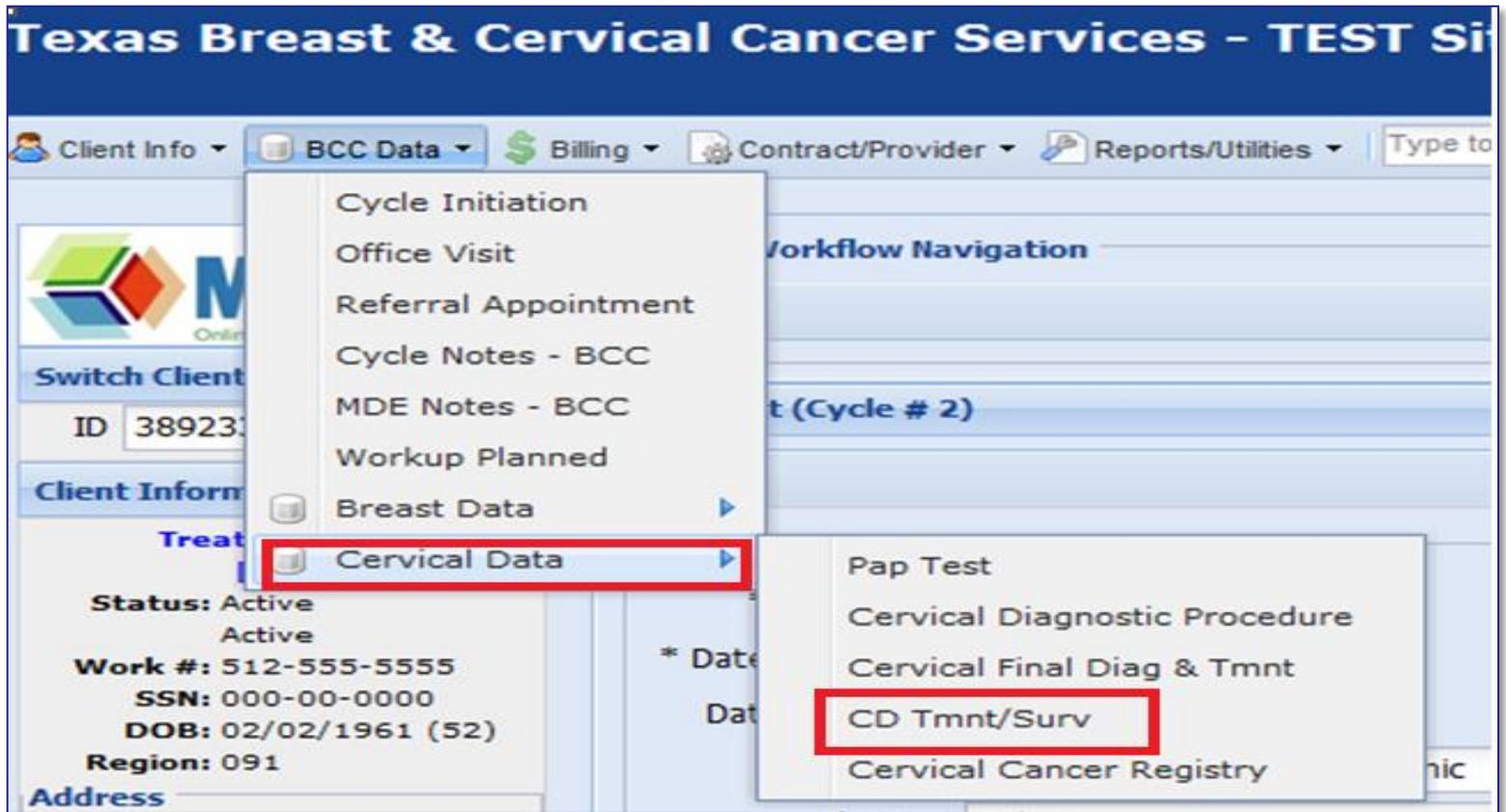


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<http://www.asccp.org/guidelines>

# Cervical Dysplasia Treatment

## Cervical Dysplasia in Med-IT



The screenshot displays the 'Texas Breast & Cervical Cancer Services - TEST Site' interface. The top navigation bar includes tabs for 'Client Info', 'BCC Data', 'Billing', 'Contract/Provider', and 'Reports/Utilities'. A dropdown menu is open under 'BCC Data', listing options such as 'Cycle Initiation', 'Office Visit', 'Referral Appointment', 'Cycle Notes - BCC', 'MDE Notes - BCC', 'Workup Planned', 'Breast Data', and 'Cervical Data'. The 'Cervical Data' option is highlighted with a red box. A secondary dropdown menu is open under 'Cervical Data', listing options like 'Pap Test', 'Cervical Diagnostic Procedure', 'Cervical Final Diag & Tmnt', 'CD Tmnt/Surv', and 'Cervical Cancer Registry'. The 'CD Tmnt/Surv' option is highlighted with a red box. The left sidebar shows a 'Switch Client' button and a 'Client Information' section with fields for ID (38923), Status (Active), Work # (512-555-5555), SSN (000-00-0000), DOB (02/02/1961 (52)), and Region (091).

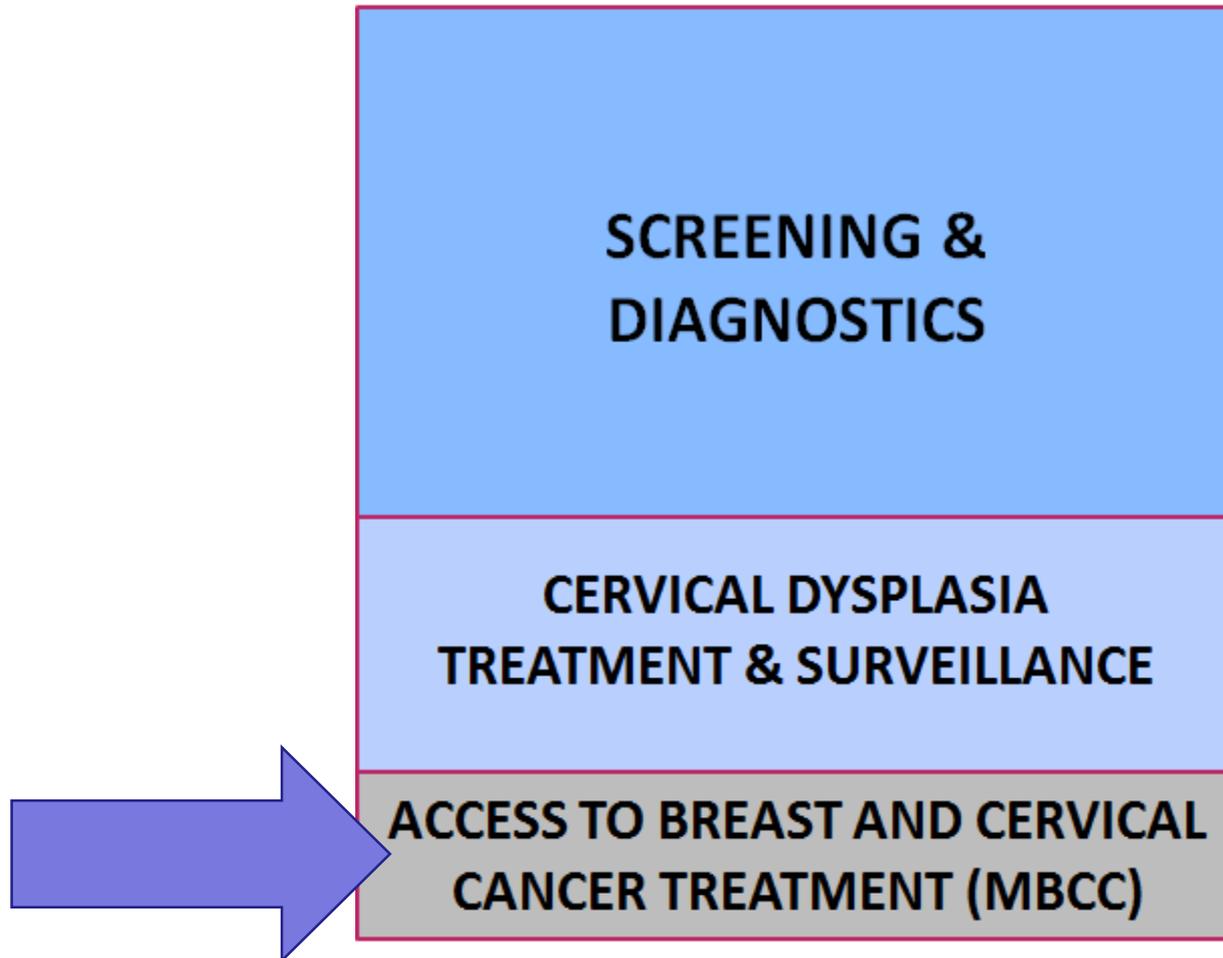
# **Medicaid for Breast and Cervical Cancer (MBCC)**

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# Medicaid for Breast and Cervical Cancer

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## Medicaid for Breast and Cervical Cancer

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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

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## 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

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- May be diagnosed by any qualified provider
- Eligibility screening by BCCS provider
- Applications through BCCS providers

# Medicaid for Breast and Cervical Cancer

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## 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](mailto:MBCCApps@hhsc.state.tx.us)

Relay information from BCCS to client

# Medicaid for Breast and Cervical Cancer

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BCCS Nurse Review

Centralized Benefit Services (CBS) Administrative Review

CBS Email: [cbs\\_mbcc@hhsc.state.tx.us](mailto:cbs_mbcc@hhsc.state.tx.us)

Caseworker/navigator inquiries only

[YourTexasBenefits.com](http://YourTexasBenefits.com)

2-1-1

CBS mails a letter to the patient with final eligibility information

# MBCC Application Review

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# MBCC Coverage

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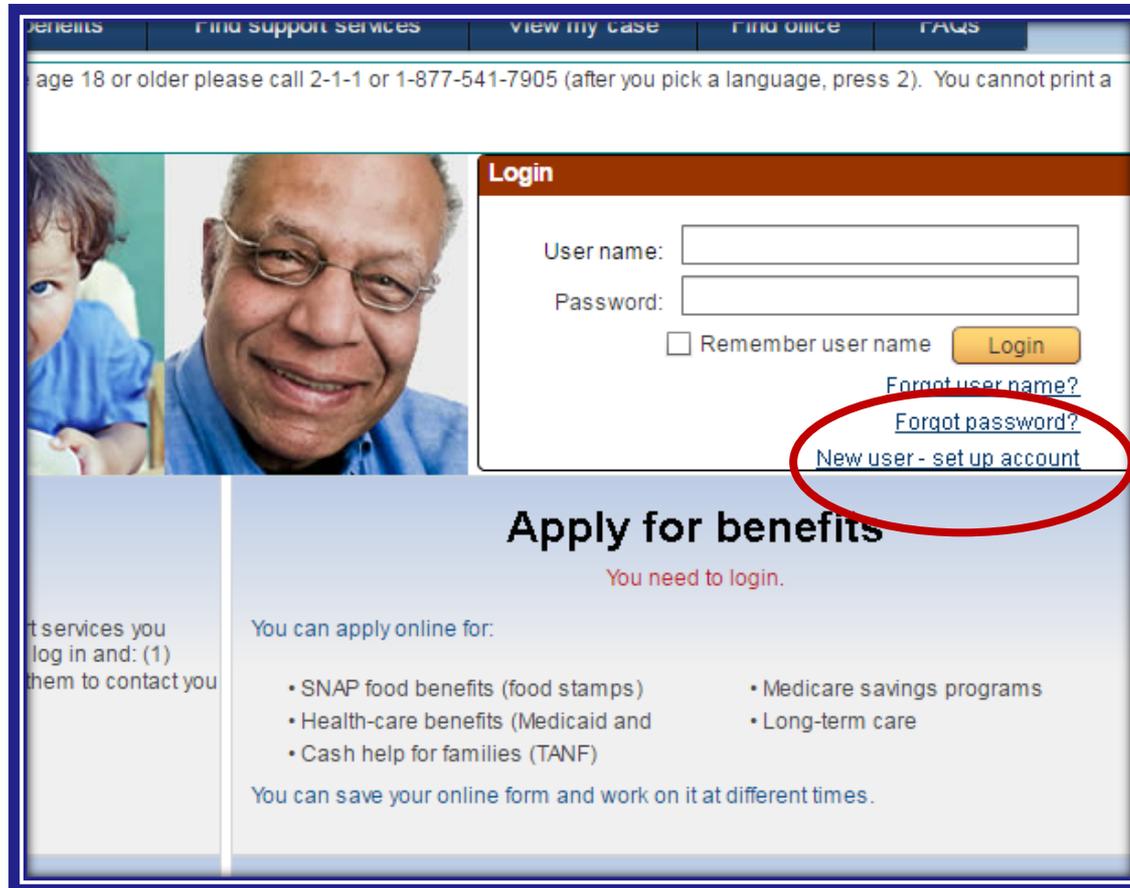
- Medicaid Coverage dates and benefits

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

[www.yourtexasbenefits.com](http://www.yourtexasbenefits.com)



The screenshot shows the login page of the Texas Benefits website. At the top, there are navigation tabs: "Benefits", "Find support services", "View my case", "Find office", and "FAQs". Below the tabs, a message states: "Age 18 or older please call 2-1-1 or 1-877-541-7905 (after you pick a language, press 2). You cannot print a".

The main content area is divided into two sections. On the left is a photograph of a smiling man with glasses and a young child. On the right is a "Login" form with the following fields and options:

- User name:
- Password:
- Remember user name
- 
- [Forgot user name?](#)
- [Forgot password?](#)
- [New user - set up account](#)

The "Forgot password?" link is circled in red. Below the login form, the heading "Apply for benefits" is displayed, followed by the message "You need to login." in red. Underneath, it says "You can apply online for:" and lists the following services:

- SNAP food benefits (food stamps)
- Health-care benefits (Medicaid and
- Cash help for families (TANF)
- Medicare savings programs
- Long-term care

At the bottom, it states: "You can save your online form and work on it at different times."

# MBCC Status

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

★ Last name

★ Address (line 1)

Address (line 2)

★ City

★ State

★ ZIP

★ Date of birth

Email address

Phone number

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

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- 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](http://YourTexasBenefits.com)
  - Caseworker/navigator can email CBS

# Moving Forward

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## 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.

# Clinical Policy FY17

## Utilization Review

CPT CODE	CODE DESCRIPTIONS	RATE
<b>BILLING GUIDELINES – BREAST SCREENING &amp; DIAGNOSTIC SERVICES</b>		
77053	Mammary ductogram or galactogram, single duct, Global Fee	\$59.05
<ul style="list-style-type: none"> <li>• May be billed with 77055, G0206, 77056, G0204, 76641, 76642</li> <li>• Billable for clients with spontaneous nipple discharge and BI-RADS 1-3 after diagnostic mammogram</li> <li>• May not be billed with screening mammograms (77057, G0202, B7057, B0202) or MRI (77058, B7058, 77059, B7059)</li> <li>• BCCS performs utilization review on this service</li> </ul>		

### 75503 - Mammary ductogram or galactogram, single duct, Global Fee

CPT CODE	CODE DESCRIPTIONS	RATE
<b>BILLING GUIDELINES – PRE-OPERATIVE LABORATORY PROCEDURES FOR DIAGNOSTIC SERVICES</b>		
81025	Urine Pregnancy Test	\$8.61
<ul style="list-style-type: none"> <li>• Performed only prior to procedures utilizing general anesthetic for women of child-bearing age. <b>May not be used as routine pregnancy screening</b></li> <li>• For BCCS diagnostic services only</li> <li>• BCCS performs utilization review on this service</li> <li>• Contractors may be required to reimburse BCCS for CD125 billing not in accordance with billing guideline.</li> </ul>		

### 81025 – Urine Pregnancy Test

- For further information regarding BCCS please review:
  - [www.healthytexaswomen.org](http://www.healthytexaswomen.org)
  - BCCS Policy and Procedure Manual
- If you have any questions, please email the BCCS program at [BCCSProgram@hhsc.state.tx.us](mailto:BCCSProgram@hhsc.state.tx.us)

[txclinics.com](http://txclinics.com)  
512-776-7796

Questions?

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**BREAST & CERVICAL**  
CANCER SERVICES