

Division of Chronic Disease, Primary Care
and Rural Health May 2024



Indiana Breast and Cervical Cancer Program (IN-BCCP) Provider Manual



Forward

The Centers for Disease Control (CDC) and Prevention's National Breast and Cervical Cancer Early Detection Program (NBCCEDP) was created in response to the Breast and Cervical Cancer Mortality Prevention Act passed by Congress in 1990. The NBCCEDP is both the first and, thus far, 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.

In Indiana, the Breast and Cervical Cancer Program (IN-BCCP) provides funding for breast and cervical cancer screening and diagnostic services. These services are contracted through participating medical providers and can include clinical breast examinations, mammograms, Pap tests, and diagnostic testing as warranted through the screening process. Eligible participants who need treatment for cancer found as a result of IN-BCCP services are referred to Hoosier Healthwise (Medicaid Category MA-12). MA12/ Option 3 was created with the passage of the Indiana Breast and Cervical Cancer Treatment Act. Please note that eligibility must be determined before a participant can be enrolled in Hoosier Healthwise through MA-12.

Program Eligibility – Indiana Participants

The target population for IN-BCCP cervical cancer screening services is non-pregnant women between the ages of 30 and 64 who are low-income (up to 200% of federal poverty level), who have never been screened or have not been screened in the past five years, and who have no other source of health-care reimbursement that covers screening services, such as insurance, Medicare Part B, or Medicaid. Participants must be enrolled in the IN-BCCP program and have a signature on file before they can receive IN-BCCP services. Participants older than 65 can be eligible for screening services if they don't have Medicare Part B or other insurance. Medicaid ER (emergency Medicaid) does not cover screening services and participants with that type of insurance can still be eligible for screening services with IN-BCCP.

The Indiana Breast and Cervical Cancer Program (IN-BCCP) is pleased to be able to provide breast and cervical cancer screening reimbursement for participating providers in Indiana. In general, breast cancer screening is available for participants who are uninsured, 40 and older and at or below 200% of the federal poverty level. In general, cervical cancer screening is available every three to five years to women who still have a cervix, who are 30 and older, not pregnant and at or below 200% of the federal poverty level.

IN-BCCP can also be used to enroll a participant with insurance whose deductible has not been met, who has already been determined to need diagnostic testing. Eligibility must be determined before this can occur. Adherence to IN-BCCP protocols is required for participating providers because of funding restrictions and program requirements as identified by the CDC/NBCCEDP.



Policies and protocols of IN-BCCP are not intended to direct clinical practice management, limit patient care or interfere with practice policies of individual providers. Provider discretion may be used to provide services beyond the established policies and protocols, but IN-BCCP will not reimburse for those services.

Participants enrolled to IN-BCCCP who are in treatment for breast cancer cannot have breast screening services but would be eligible for cervical screening services. Participants who are in treatment for cervical cancer cannot have cervical screening services but would be eligible for breast screening services. IN-BCCP is a cancer screening program, not a surveillance for cancer or treatment program.



Program Expectations and Eligibility for Providers

Completing Necessary Enrollment and Eligibility in Database

IN-BCCP Providers shall:

- Ensure that participants provide all necessary program enrollment information and obtain signature for release of information from the participant
- Ensure that participants are eligible for both the program and the services being provided (See Appendix H for a quick reference.)
- Notify participants beforehand of any specific services and procedures that will not be covered by the IN-BCCP (Refer to Current Procedural Terminology (CPT) Code listing provided by IN-BCCP for program covered services. Contact Regional Coordinators or IDOH IN-BCCP staff for an updated CPT list if needed. Contact information can be found in Appendix G.)

Services must be rendered by IN-BCCP participating medical providers as noted by signed and current provider agreements and at the clinic level signed and current letter of agreements. IN-BCCP cannot reimburse for services performed outside the IN-BCCP provider network.

All IN-BCCP participating providers consent through their provider agreement to accept only those amounts specified for each approved CPT code. This rate is Medicare rate. IN-BCCP participating providers will not be reimbursed for CPT codes which are not on the approved CPT list. A list of approved CPT codes is distributed, at a minimum, annually. The most up-to-date list can be found at the Indiana Department of Health, IN-BCCP website ([IN-BCCP website](#)). IN-BCCP will cover unmet deductibles for underinsured participants. IN-BCCP does not cover co pays.

Electronic Enrollment Process

At clinic discretion IN-BCCP providers are granted access to the electronic database system which will be used to enroll participants. Providers will enroll participants into the database when services are rendered. This process includes starting a cycle for the participant for the services planned or performed, adding a participant when needed, updating, and completing the enrollment and eligibility tabs. The signature obtained for release of information needs to be updated in the eligibility tab but is maintained at the provider office. This signature date is valid for 60 days.

If adding a brand-new participant, it will also include filling out the health history form. For an existing participant, the smoking cessation question under the health history tab needs to be filled out/updated each visit as appropriate.



Please refer to specifics on breast and cervical screening requirements on page 15.

Processing and Submitting Claims

Billing questions are to be submitted to the designated IN-BCCP regional office coordinator. Contact information for regional coordinators can be found at the [IN-BCCP website](#) and in Appendix F.

Claims must be submitted promptly in the electronic database. Any deviation from this process needs to be approved by the regional coordinator. Any claims older than 30 days from the date of service may be denied at the discretion of the regional coordinator or the IN-BCCP state staff.

Prompt submission is the responsibility of the billing contact for the provider that has rendered services under IN-BCCP.

For IN-BCCP participants with insurance, a claim must be filed with the insurance company before submitting to IN-BCCP and a copy of the explanation of benefits (EOB) should be uploaded to the database, then IN-BCCP regional coordinators and they will calculate reimbursement based on EOB payments and Medicare allowable rates. IN-BCCP funds must be used as a payment of last resort.

Updates to Provider Information

An updated provider agreement, letters of intent from participating providers, site information sheet and banking information are required for enrollment of providers into the IN-BCCP program. (This is normally discussed prior to your IN-BCCP training with the regional coordinator).

Anytime there is updated contact information, a change in providers or change in billing/banking information, IN-BCCP needs notification within one week of the change to ensure prompt payments for services.



Breast Services – Screening Processes

Protocol for an Office Visit and Clinical Breast Exam (CBE)

If a participant is under 40, a physical assessment can include a clinical breast examination (CBE). This could be performed on all participants enrolled in IN-BCCP with a screening enrollment who qualify for screening services.

Participants who identify as transgender may be able to qualify for services if they meet IN-BCCP program eligibility guidelines. Transgender women are eligible for office visits, CBE, and mammography if receiving hormone therapy that leads to breast development. Transgender men who have not undergone bilateral mastectomy are eligible for office visits, CBE, and mammography if these services are indicated.

If a participant is over 40, she may be enrolled for a mammogram without an initial screening Clinical Breast Exam (CBE). If a participant is under 40, a physical assessment can include a clinical breast examination (CBE) if deemed necessary per individual risk. Regardless of age, the screening CBE should be performed only after shared decision making with the participant regarding the benefits and risks of this exam.

A physician, advanced practice nurse practitioner (APNP), or physician assistant (PA) must perform all aspects of the physical examination (CBE). Providers must use a breast cancer risk assessment or answer “not assessed” on the health history tab. CBE findings and self-reported symptoms should be documented in both the site’s medical record and under the office visit tab in the database. The smoking cessation question under the health history tab needs to be completed/updated each visit as appropriate.

Screening mammograms are limited to eligible participants 40 and older (according to United States Preventative Task Force recommendations). They may be invited to return annually (at a minimal interval of 366 days) for screening mammography services.

Enrolled participants ages 30 through 39 may also be eligible for screening mammograms services only if they are deemed at high risk. To qualify as high risk, participants aged 30 to 39, IN-BCCP must have a documented risk assessment score of above 20%. The documentation of the high-risk score must be uploaded to the database. These participants are eligible for a screening mammogram and MRI, if applicable, with approved service request from the IN-BCCP nurse consultant.

IN-BCCP radiology centers also may enroll participants for screening and/or diagnostic mammography services if needed and if participant has not yet been enrolled to IN-BCCP. This would follow the same electronic enrollment and eligibility process as listed above.



The screening mammogram services need to be entered into the electronic database under the mammogram tab, and the report uploaded by using the upload forms button. It will then be visible under uploaded reports tab.

Breast services that do not require a Service Request from a IN-BCCP provider include:

1. Initial clinical breast exam (CBE)
2. Screening mammogram for age eligible participants (40 and older)

Breast Services – Diagnostic Process

Abnormal screening mammogram:

If a participant, 40 and older, has an abnormal screening mammogram with IN-BCCP, the diagnostic mammogram follow up can be covered. This would require a service request from the IN-BCCP nurse consultants.

Participants who have an abnormal screening mammogram outside of IN-BCCP could be eligible for IN-BCCP to help with the diagnostic follow up that is needed. This might include a participant who has the screening mammogram paid for by insurance, or other funding sources, but they need help with the cost of the diagnostic mammogram and/or ultrasound.

This would require the same electronic enrollment and eligibility process as listed above to ensure the participant meets the program eligibility guidelines. This would also require a service request from the IN-BCCP nurse consultants. IN-BCCP is the payor of last resort.

Abnormal CBE:

If the patient has already met eligibility guidelines for IN-BCCP and the provider finds an abnormality suspicious for cancer with the CBE performed, IN-BCCP can cover a diagnostic mammogram and ultrasound for those participants ages 30 and older. This would require a service request from the IN-BCCP nurse consultants.

Any participant with a CBE that is suspicious for cancer will require two evaluations to be closed by IN-BCCP nurse consultants. Negative evaluations on imaging would include BIRADS 1 (negative), two (benign), or three (probably benign). The IN-BCCP nurse consultant will write a note on the service request asking for both a mammogram and ultrasound to be performed if able. If only one breast imaging is performed, the IN-BCCP nurse consultant will reach out to the provider who performed the initial CBE. The patient will be required to have a repeat CBE, to ensure a negative evaluation for the abnormal finding. If the repeat CBE warrants further



evaluation, the provider can contact the IN-BCCP nurse consultant to see if any further procedures can be performed under IN-BCCP for that participant.

IN-BCCP diagnostic level enrollments are for persons 30 and over, not already enrolled into IN-BCCP, without insurance or with insurance who need a breast diagnostic service. The participant must meet all the program eligibility guidelines, and this will require a service request from the IN-BCCP nurse consultants along with corresponding uploaded reports.

All breast diagnostic services need to be entered to the electronic database by the IN-BCCP nurse consultants. The report needs entered by the provider using the upload forms button, then it will be visible under uploaded reports tab.

An office visit is not needed prior to a short interval follow-up mammogram unless the participant needs to be re-enrolled (an interval of greater than 366 days has passed) or the participant reports a new breast symptom. If another CBE is needed before the one-year interval, a service request must be requested for the repeat CBE.

Please note that signatures captured under the eligibility tab are only valid for 60 days. The signature date must be updated and maintained by the participating provider if outside the 60-day range when diagnostic services are being performed.

If a diagnosis of cancer or specific pre-cancerous conditions is identified, the IN-BCCP nurse consultants will evaluate if the participant is eligible to enroll into the MA12 program. This program allows participants who are eligible for IN-BCCP and are citizens or permanent residents for five years to enroll into Hoosier Healthwise for the duration of their cancer treatment. Of note, participants who are 65 or older, who are not otherwise Medicare eligible, should contact the Indiana Family and Social Services Administration (FSSA) to explore other options for Medicaid enrollment.

Request for Breast Diagnostic Services (see Appendix C)

Breast screening results which require diagnostic follow-up per IN-BCCP program guidelines and a service request from IN-BCCP nurse consultant include:

Abnormal mammogram results which include:

- Assessment incomplete – BIRADS 0 (Breast Imaging Reporting and Data System)
- Suspicious abnormality – BIRADS 4
- Highly suggestive of malignancy – BIRADS 5



Abnormal CBE (see Appendix D), suspicious for cancer findings for breast exams require follow-up. **At least two evaluation results** must be documented to reach adequate case follow-up and to close the case for the reasons below:

1. Palpable mass
2. Bloody or serous nipple discharge, must be evident on CBE
3. Nipple or areolar scaliness
4. Skin dimpling or retraction.
5. Focal pain that is persistent and not associated with trauma or hormonal fluctuations. These CBE finding must be documented in provider notes and in accordance. IN-BCCP policy guidance which was disseminated in October 2013 can be found in Appendix D.

Service request must be submitted prior to diagnostic services being performed. The appropriate clinical documentation needs to be uploaded and service request must be submitted electronically through the database for the IN-BCCP nurse consultant to review.

If an IN-BCCP participant is at the provider's office for an immediate procedure, the provider or site representative may call and request that the assigned IN-BCCP nurse consultant provide a provisional approval (Contact info can be found in Appendix G). In the rare instances when provisional approval is given, the provider is still required to submit a service request for diagnostic services with the verbal approval noted. All required clinical documentation must be uploaded as soon as possible.

Breast services which require service request from a IN-BCCP nurse consultant include:

(Any diagnostic service done with IN-BCCP will need a service request)

- Diagnostic mammogram
- Diagnostic breast ultrasound
- FNA-cyst aspiration
- Breast biopsy (excisional, incisional, core, stereotactic, mammotome)



- Surgical consultations
 - Repeat CBE (outside of normal enrollment process)
 - Ductograms
 - Screening breast MRI to be used *ONLY* in conjunction with: a mammogram for an enrolled participant with a documented BRCA mutation; *OR* a first degree relative who is a documented BRCA carrier; *OR* a personal lifetime risk of equal to or greater than 20% as indicated and documented by breast cancer risk assessment validated breast assessment models
 - Breast MRI- If a participant has a diagnostic mammogram or diagnostic ultrasound with IN-BCCP that is inconclusive, and MRI is recommended. This will be approved/denied on a case-by-case basis considering the full clinical situation. Breast MRI is done at facilities with dedicated breast MRI equipment and that can perform MRI guided breast biopsies
 - Breast MRI is *NOT* intended to be used as a stand-alone screening tool and cannot be reimbursed to assess the extent of disease after an enrolled participant has been diagnosed with cancer, high risk lesion or a pre-cancerous lesion

Note: IN-BCCP does not cover ABUS (bilateral screening breast ultrasound) for participants with dense breasts (in accordance with USPSTF guidelines). Participants currently in treatment for breast cancer are not eligible for screening or diagnostic services with IN-BCCP. Participants under age 30 are not eligible for screening or diagnostic breast services with IN-BCCP. IN-BCCP does not pay for breast cancer treatment services.



Cervical Services – Screening Processes

Protocol for an Office Visit and PAP

IN-BCCP follows guidelines associated with the American Society for Colposcopy and Cervical Pathology (ASCCP) for cervical screening and surveillance of screening results.

Non-pregnant women ages 30 to 64 with a cervix are eligible to receive cervical screening services. Pap/cytology alone every 3 years, pap/cytology with human papillomavirus (HPV) co-testing every 5 years or HPV testing alone every 5 years is reimbursable by IN-BCCP. For participants with increased risk, confer with the IN-BCCP nurse consults for appropriate testing guidance per ASCCP guidelines. More frequent testing may be approved in consultation with the IN-BCCP nurse consultants on a case-by-case basis.

For participants ages 30-64 who have had a total hysterectomy but still have a cervix, screening should be provided every three years with cytology (Pap) alone or every five years with co-testing (Pap and HPV).

Participants ages 30-64 who have had a total hysterectomy and have no cervix are not eligible for cervical cancer screening with IN-BCCP. Pelvic exams and vaginal pap smears are not reimbursable under IN-BCCP.

Participants ages 30-64 who are HIV positive, immunocompromised and/or exposed to diethylstilbestrol (DES) in utero are considered high risk and may be screened in accordance with ASCCP guidelines.

Participants who identify as transgender may be able to qualify for cervical cancer screening services if they meet IN-BCCP program eligibility guidelines. Transgender men who have not undergone complete hysterectomy and still have a cervix are eligible for office visits, CBE, and cervical cancer screening if these services are indicated. These participants are also eligible to receive cervical diagnostic services through IN-BCCP.

IN-BCCP reimburses HPV High Risk Panel DNA testing when done as co-testing along with a Pap every five years for screening purposes.

IN-BCCP reimburses costs for HPV genotyping for HPV types 16 and 18 according to ASCCP guidelines as a follow up for abnormal cervical findings. A service request by the IN-BCCP nurse consultant is required before the test can be administered.

Note: IN-BCCP does not provide cervical screening for participants ages 30-64 with a total hysterectomy (no cervix) and documentation from hysterectomy pathology which shows no cervical lesions or cervical cancer, participants who are over 64 with Medicare, or for participants who are currently in treatment for cervical cancer. If ASCCP guidelines are not followed, IN-BCCP reserves the right to review the case or ask for a second opinion from another IN-BCCP provider.



Request for Cervical Diagnostic Services

For recommendations regarding follow-up and management of abnormal Pap/cervical screening/diagnostic findings please refer to current algorithms from the American Society for Colposcopy and Cervical Pathology (ASCCP or asccp.org) and confer with the IN-BCCP nurse consultant. IN-BCCP nurse consultants will correlate cervical screening results and recommendations with updated ASCCP guidelines.

All cervical diagnostic services need to be entered into the electronic database by the IN-BCCP nurse consultants. The report needs uploaded by the provider using the upload forms button, then it will be visible under uploaded reports tab.

Pap/cervical cancer screening results that require diagnostic follow-up per IN-BCCP program guidelines and require a service request from IN-BCCP nurse consultant (see Appendix C)

Abnormal Pap/cervical cancer screening tests:

- Atypical squamous cell – cannot exclude high grade lesion (ASC-H)
- Atypical squamous cells of undetermined significance plus positive HPV test results (ASCUS with Positive HPV)
- High grade squamous intraepithelial lesion (HSIL)
- Atypical glandular cells (AGC)-may also be eligible for endometrial biopsy (contact IN-BCCP nurse consultant)
- Squamous cell carcinoma
- Low grade squamous intraepithelial lesion (LSIL), see ASCCP guidelines
- Atypical endometrial cells found in post-menopausal participants or who are no longer having a menses

Cervical services which require service request from a IN-BCCP nurse consultant include:

- Repeat pap due to unsatisfactory screening result
- Colposcopy due to abnormal pap finding per ASCCP guidelines
- Endometrial biopsy due to abnormal screening pap smear results only
- Diagnostic LEEP/Cone Bx only when the colposcopy was unsatisfactory. IN BCCP does not cover LEEP/Cone Bx for treatment purposes.
- HPV genotyping for types of 16 to 18 prior to reimbursement if screening Pap requires it
- Pap smears that fall outside of the 3-5 year guidelines (1 year follow up, etc.)

Service request must be submitted prior to diagnostic services being performed. The appropriate clinical documentation needs to be uploaded and Service request must be submitted electronically through the database for the IN-BCCP nurse consultant to review.

If an IN-BCCP participant is at the provider's office for an immediate procedure, the provider or site representative may call and request that the assigned IN-BCCP nurse consultant provide a provisional approval (Contact info can be found in Appendix G).



On the rare instances when provisional approval is given, the provider is still required to submit a service request for diagnostic services with the verbal approval noted. All required clinical documentation must be uploaded as soon as possible.

Note: There may be additional, non-reimbursable services routinely provided at the time of a reimbursable IN-BCCP service. IN-BCCP will not reimburse for services which are not found on the currently approved CPT code list. Refer to CPT codes list for clarification.

IN-BCCP does not pay for cervical cancer treatment services, endometrial biopsy is not covered for abnormal uterine bleeding, thickened endometrium or other non-screening issues, biopsy of vulvar/vaginal lesions, polyp removal without biopsy, diagnostic work-up or treatment of ovarian cysts or masses, procedures not recommended by ASCCP or outside of ASCCP guidelines, cervical cancer screening/diagnostic tests for pregnant women. IN-BCCP regional coordinators and IN-BCCP nurse consultants should be utilized if there are questions concerning IN-BCCP eligibility or allowable services.

Cervical Diagnostic Results Requiring Treatment Services

Treatment is required for any diagnostic result of CIN II or higher. CIN I, is normally just followed but, may be treated depending on ASCCP guidelines and the recommendation of the provider. IN-BCCP does not pay for treatment services; however, the IN-BCCP nurse consultant will help transition the participant to MA12 if eligibility requirements are met.

Case Management and Follow-up Requirements

IN-BCCP nurse consultants act in case management roles and provide a variety of services in this capacity. Nurse consultants are RNs who work with IN-BCCP providers in the area of professional education, quality assurance, and clinical clarification of IN-BCCP policy.

IN-BCCP nurse consultants provide case management services by following enrolled participants with abnormal results to ensure that IN-BCCP services are rendered, that policies are maintained and by approving or denying requested diagnostic services.

Follow-up of all abnormal results is required until a definitive diagnosis is reached. Case management requires a diagnosis within 60 days of the abnormal screening date. Treatment, if necessary, should be initiated within 60 days of diagnosis for breast cases. For cervical cases, treatment should be initiated within 90 days of diagnosis.



It is the responsibility of the provider to upload all test results and consultation notes to the electronic database. All diagnostic services data need to be entered into the electronic database by the IN-BCCP nurse consultants.

IN-BCCP participants who choose not to comply with the recommended plan of care will be classified as refusing follow-up.

IN-BCCP nurse consultants also support the transition of participants into MA-12 requiring treatment services and assure that eligible participants receive treatment.

Referrals for Treatment Services Through Option 3/MA-12 Medicaid Waiver

Once a diagnosis has been made, IN-BCCP nurse consultants can support participants through patient navigation and, if eligible, enrollment in Hoosier Healthwise (Medicaid/MA12) for the duration of treatment for breast or cervical cancer. This is known as the MA-12 Waiver program and it provides the participant with full medical coverage until the provider determines that active treatment is complete.

MA-12 is specific for participants who have services through IN-BCCP and a diagnosis made through IN-BCCP. IN-BCCP nurse consultants help transition participants from IN-BCCP to MA-12 if they are eligible.

Option 3 is another program for breast and cervical cancer participants who are diagnosed outside of IN-BCCP but would still qualify for services. (Option 3 coordinator's contact found in Appendix G).

IN-BCCP participants who are 65 or older, or who have creditable insurance as determined by Medicaid, will **not** be eligible for this category of Medicaid.

If a patient is eligible for Medicare, they are not eligible to enroll in Option 3 or MA12.

Guidelines for Enrollment for MA-12

Treatment must be initiated within 60 days of a diagnosis of breast cancer or a precancerous condition that requires treatment. For cervical diagnosis of CIN2 or greater the treatment needs to be initiated within 90 days. The breast precancerous conditions as approved by the IN-BCCP Medical Advisory Board and the nurse consultant will refer to that list as appropriate.

Immediately upon diagnosis, providers must notify the assigned IN-BCCP nurse consultant of the participant's diagnosis and upload the pathology reports consistent with the diagnosis. IN-



BCCP nurse consultants will contact the patient and send MA-12 application and documents to the patient or provider's office for completion. Completed applications will be returned to the IN-BCCP nurse consultant with proof of citizenship and legal residency, and then forwarded to the Hoosier Healthwise office. Applicants who can document five years of legal residency may be eligible without citizenship requirements being met. The IN-BCCP nurse consultant will notify the IN-BCCP provider of the participant's status. IN-BCCP participants who do not qualify for Medicaid and have no other medical coverage may receive other assistance by their provider; however, IN-BCCP does not provide coverage for treatment services.



Appendix A

Helpful Websites

- American Society for Colposcopy and Cervical Pathology: <http://www.asccp.org>
- U.S. Preventative Services Task Force:
<https://www.uspreventiveservicestaskforce.org/usps>
- Indiana Breast and Cervical Cancer Program:
<https://www.in.gov/health/cdpc/cancer/early-detection/>
- United Health Services: <https://www.uhs-in.org/>
- YWCA Women's Cancer Program: <https://www.ywcalafayette.org/what-were-doing/womens-cancer/>
- Family Health Centers of Southern Indiana: <https://www.fhcenters.org/>



Appendix B

Protocol for Breast Cancer Screening Tests

For participants ages 30 and above

Office visit which can include a clinical breast examination (CBE) but not required. This should can be performed on all participants enrolled in IN-BCCP with a screening enrollment who qualify.

For participants ages 30 and up, with a CBE suspicious for cancer

May receive a diagnostic mammogram and ultrasound with nurse consultant service request approval. Both images should be completed to ensure a negative finding. If only one imaging is performed, patient will require a repeat CBE.

Participants ages 30-39, who are high risk for breast cancer (score of 20% or greater, documented BRCA mutation, or documented first degree relative with BRCA mutation)

Eligible for screening mammogram with documented high-risk score and needs approved service request from IN-BCCP nurse consultant. Also eligible for screening breast MRI with nurse approval.

For participants above 40

Participants over 40 qualify for screening mammogram every year without approval every 366 days. May receive (but does not require) a CBE at the office visit



Protocol for Cervical Cancer Screening Tests

The following cervical policy pertains to IN-BCCP reimbursed cervical screening tests only and is based on American Society for Colposcopy and Cervical Pathology (ASCCP) guidelines.

For non-pregnant women ages 30-64 with a cervix, without a history of high-grade cervical lesions (CIN 2 or 3) or cervical cancer and are not high risk.

Screen every three years with cytology (Pap/LBT) alone OR every five years with cytology and high-risk HPV co-testing OR HPV testing alone every 5 years

For non-pregnant women 30-64 with history of high-grade lesions (CIN 2 or 3). Refer to most updated ASCCP guidelines.

<http://www.asccp.org>

IN-BCCP nurse consultants need to approve a Service Request for any pap/HPV testing outside the normal screening range of 3-5 years. Approval will be based on participant's clinical information uploaded to database.

For participants ages 30-64 with total hysterectomy (cervix removed)

Do not screen.

For non-pregnant women ages 30-64 with history of cervical cancer who still has a cervix.

Screen indefinitely, health permitting per ASCCP guidelines.

For non-pregnant women ages 30-64 with documented high-risk status (HIV positive, immunocompromised and/or exposed to diethylstilbestrol in utero).

Cytology alone or co-testing (cytology and HPV) every 3 years after age 30 (see ASCCP guidelines).



Appendix C

Reference List of Services which Require Service Request from the Indiana BCCP Nurse Consultants

Breast services

(Any diagnostic service done with IN-BCCP will need a service request)

- Diagnostic mammogram
- Diagnostic breast ultrasound
- FNA-cyst aspiration
- Breast biopsy (excisional, incisional, core, stereotactic, mammotome)
- Surgical consultations
- Repeat CBE (outside of normal enrollment process)
- Ductograms
- Screening breast MRI to be used ONLY in conjunction with: a mammogram for an enrolled participant with a documented BRCA mutation; OR a first degree relative who is a documented BRCA carrier; OR a personal lifetime risk of equal to or greater than 20% as indicated and documented by breast cancer risk assessment validated breast assessment models.
- Breast MRI- If a participant has a diagnostic mammogram or diagnostic ultrasound with IN-BCCP that is inconclusive, and MRI is recommended. This will be approved/denied on a case-by-case basis considering the full clinical situation. Breast MRI is done at facilities with dedicated breast MRI equipment and that can perform MRI guided breast biopsies.

Breast MRI is *NOT* intended to be used as a stand-alone screening tool and cannot be reimbursed to assess the extent of disease after an enrolled participant has been diagnosed with cancer, high-risk lesion or a pre-cancerous lesion.

Cervical Services

- Repeat pap due to unsatisfactory screening result
- Colposcopy due to abnormal pap finding per ASCCP guidelines
- Endometrial biopsy due to abnormal screening pap smear results only (this would include AGC or atypical endometrial cells found on screening Pap)
- Diagnostic LEEP/Cone Bx only when the colposcopy was unsatisfactory, not for treatment purposes
- HPV genotyping for types of 16 to 18 prior to reimbursement if screening Pap requires it
- Pap smears that fall outside of the annual or 3-5 year guidelines



Appendix D

Clarification on CBE Suspicious for Cancer Nipple Discharge



Michael R. Pence
Governor

William C. VanNess II, MD
State Health Commissioner

October 31, 2013

Dear IN-BCCP Provider:

The following breast and cervical cancer issues were addressed at a recent meeting of the Indiana Breast and Cervical Cancer Program's (IN-BCCP) Medical Advisory Board (MAB). In an effort to provide continuity of care across the program and to insure appropriate follow up of clinical breast exams (CBE), the following is the board's clarification of what constitutes nipple discharge and pain suspicious for cancer.

Some program providers are marking nipple discharge as suspicious for cancer when it is actually benign. The National Comprehensive Cancer Network (NCCN) provides algorithms available online for identification and appropriate follow up of discharge which our IN-BCCP MAB approves and supports. Any other follow up will not be approved for reimbursement. Women 40-64, those eligible for IN-BCCP services, should be managed as follows:

Nipple discharge without a palpable mass:

- Non-spontaneous discharge from multiple ducts
 - Record findings as "Not Suspicious for Cancer" on Visit Summary
 - Order screening mammogram
 - Educate the woman to stop compression of the breast and report any spontaneous discharge to her provider
- Persistent discharge, reproducible on CBE, spontaneous and unilateral from a single duct. Characteristics should be clear and colorless, serous, sanguineous or serosanguineous.
 - Record findings as "Suspicious for Cancer" on Visit Summary
 - Order diagnostic mammogram and/or ultrasound
 - BIRADS 4-5-Proceed to biopsy and/or IN-BCCP Surgical Consultation
 - BIRADS 1-3-Repeat CBE and Surgical Consult if indicated

While the algorithms recommend ductogram or MRI as **options** to BIRADS 1-3 findings, those CPT codes are not reimbursable through IN-BCCP. Duct excision, which could be recommended as a follow up to the ductogram or MRI, is likewise not an approved CPT code. Providers wishing to utilize those procedures would have to find funding through other sources or ask the enrolled woman if she is agreeable and/or able to self pay.



2 North Meridian Street • Indianapolis, IN 46204
317.233.1325 tdd 317.233.5577
www.statehealth.in.gov

To promote and provide
essential public health services.

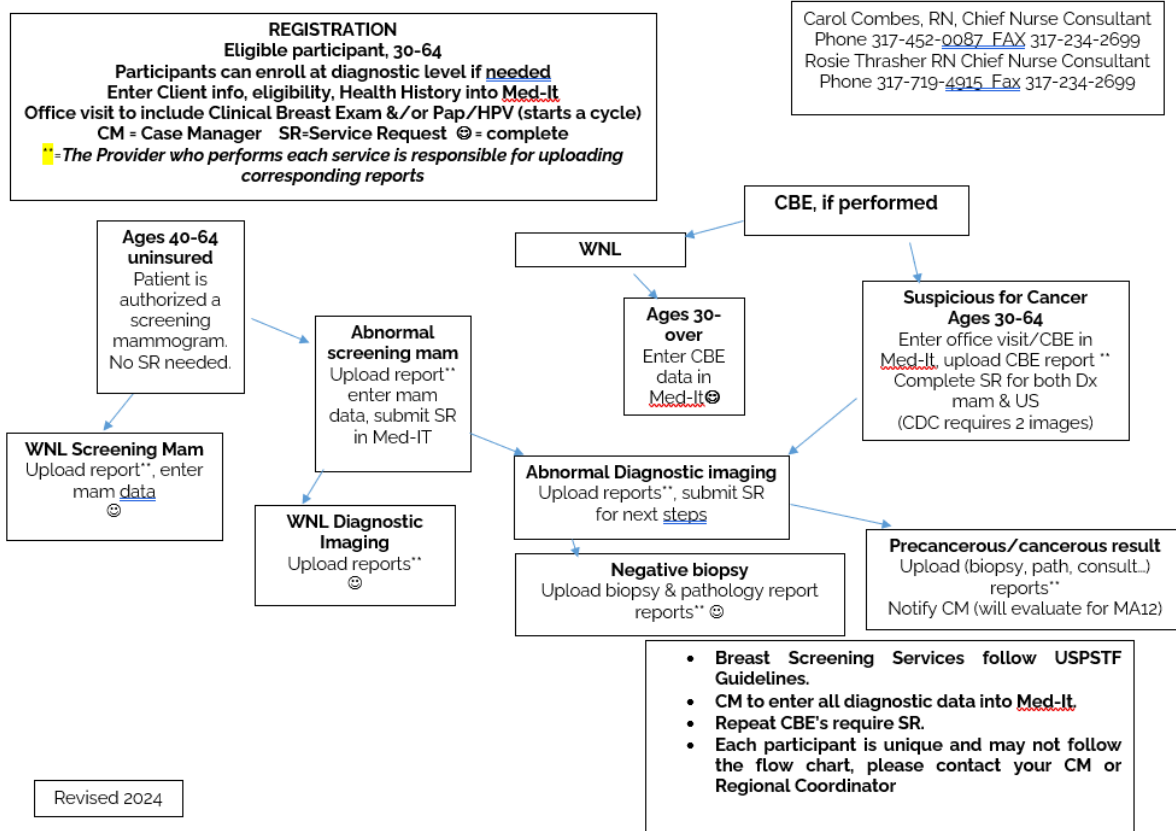


Appendix E Decision Tree Samples



IN BCCP Decision Tree/Flow Chart Breast (May happen concurrently with cervix)

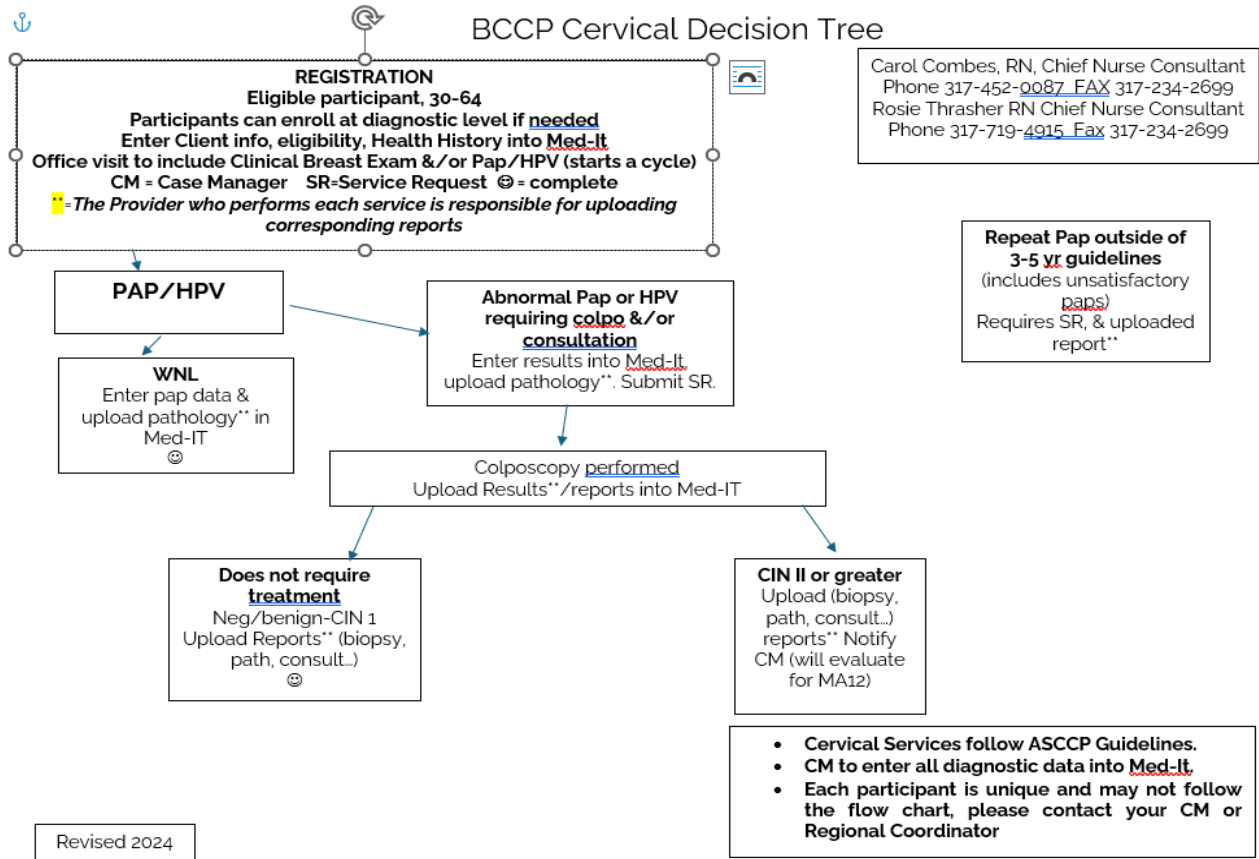
BCCP Breast Decision Tree



Revised 2024



IN BCCP Decision Tree/Flow Chart Cervical (May happen concurrently with breast)



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Repeat Pap outside of 3-5 yr guidelines
(includes unsatisfactory paps)
Requires SR, & uploaded report**

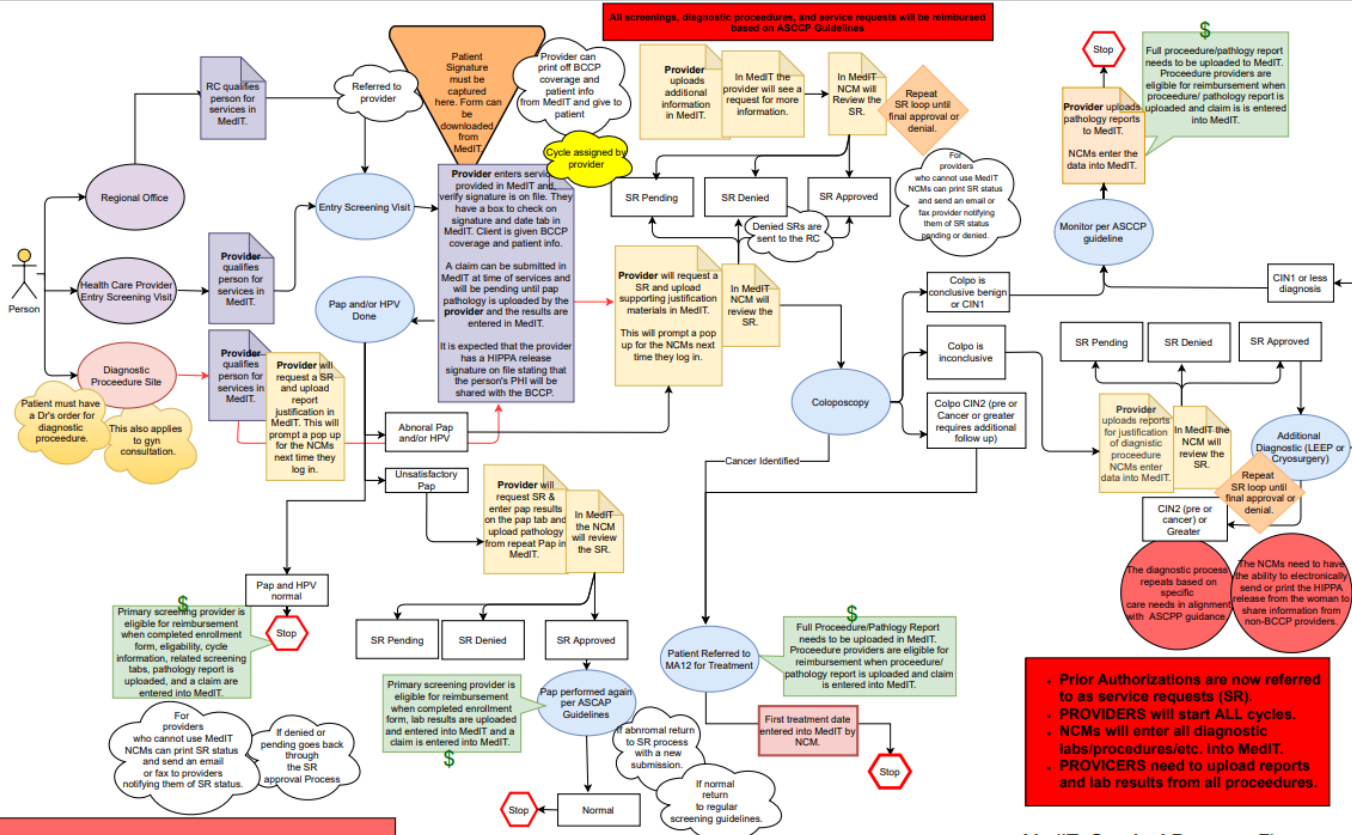
- Cervical Services follow ASCCP Guidelines.
- CM to enter all diagnostic data into Med-It.
- Each participant is unique and may not follow the flow chart, please contact your CM or Regional Coordinator



IN-BCCP Map for Cervical Cancer Screening

Commented [GS1]: Where are these algorithms from? They are very small and will be hard to read. Are they really useful?

Commented [JG2R1]: We thought so but they can be removed if that's what it takes to get this through



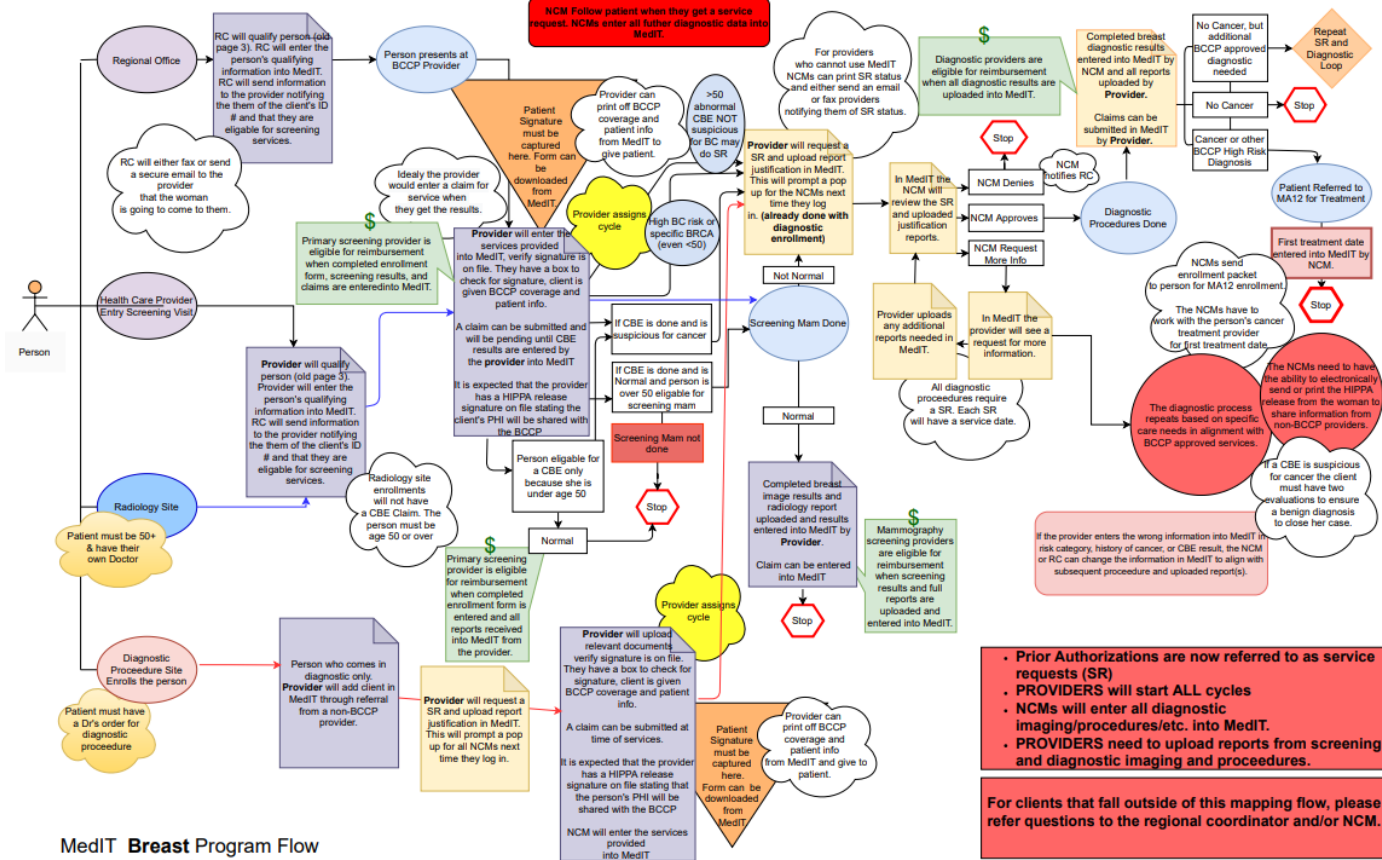
For clients that fall outside of this mapping flow, please refer questions to the regional coordinator and/or NCM

- Prior Authorizations are now referred to as service requests (SR).
- PROVIDERS will start ALL cycles.
- NCMs will enter all diagnostic labs/procedures/etc. into MedIT.
- PROVIDERS need to upload reports and lab results from all procedures.

MedIT Cervical Program Flow
9/14/2023



IN-BCCP Map for Breast Cancer Screening



- Prior Authorizations are now referred to as service requests (SR)
- PROVIDERS will start ALL cycles
- NCMs will enter all diagnostic imaging/procedures/etc. into MedIT.
- PROVIDERS need to upload reports from screening and diagnostic imaging and procedures.

For clients that fall outside of this mapping flow, please refer questions to the regional coordinator and/or NCM.

MedIT Breast Program Flow
9/14/2023



Appendix F

Regional Coordinators and Counties Served

Northern Region

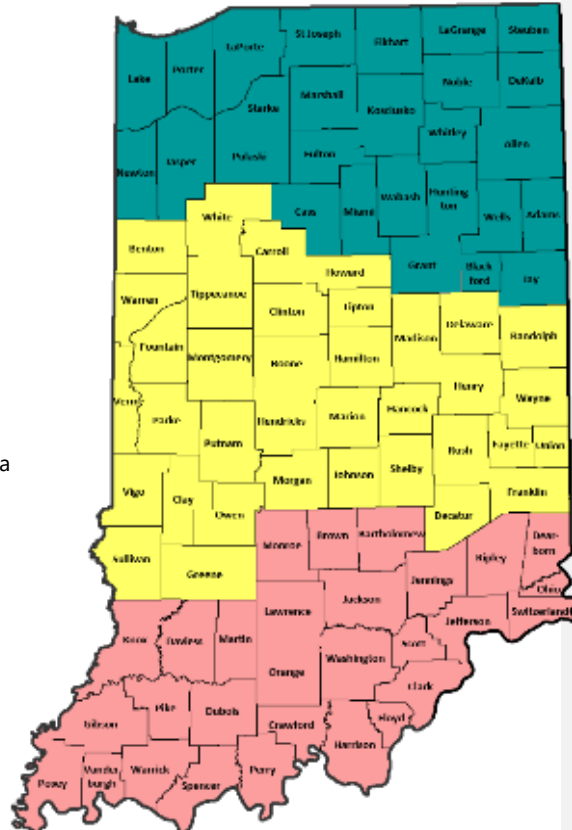
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Appendix G

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IN-BCCP Website

<https://www.in.gov/health/cdpc/cancer/early-detection/>



Appendix H

Eligibility For IN-BCCP (Note “and” and “or”)

To qualify, client must be:

- An Indiana resident **and**

- At or below 200% of the Federal Poverty Level. (For the most rates, visit [https://www.in.gov/health/cdpc/cancer/early-detection/#Are you eligible for cancer treatment](https://www.in.gov/health/cdpc/cancer/early-detection/#Are%20you%20eligible%20for%20cancer%20treatment).) **and**

- Uninsured or underinsured **or**

- Insured with unmet deductible

- 30 - 49 years of age (for office visit, clinical breast exam, and Pap smear) **or**

- 40 - 64 years of age (for office visit, clinical breast exam, Pap smear, and mammogram) **or**

- 65 years of age and older if not enrolled in Medicare Part B

