



# Guam Breast and Cervical Cancer Early Detection Program



Revised: June 2017

## Policies on Screening and Re-Screening

### SCREENING FOR NEW ENROLLES

**Definition:** The provision of specific and appropriate clinical procedures to detect breast and/or cervical abnormalities.

#### I. Clinical Management and Reimbursement Policies for Breast Cancer Screening

The Guam Breast and Cervical Cancer Early Detection Program (GBCCEDP) will reimburse for mammogram to eligible individuals (*Appendix A: Eligibility Guidelines, updated every program year*). The priority population for mammography services is between the ages of 50 and 64 who are low income, who has not screened in the past year, and who does not have insurance.

##### A. Mammography for Individuals 50 years of Age or Older

- Individuals aged 50 years or older who are not eligible to receive Medicare Part A and B are eligible to receive.
- Medicare eligible individuals with low income who cannot pay the premium to enroll in Medicare Part B are eligible to receive mammogram.
- If a woman is eligible to receive Medicare benefits and is not enrolled, she should be encouraged to enroll. Individuals enrolled in Medicare Part B **are not eligible** for the GBCCEDP clinical services.

##### B. Mammography for Individuals Under 50 years of Age

Mammography provided to individuals less than 50 years of age should not exceed 25% of all mammograms provided by the GBCCEDP.

- Asymptomatic individuals age 40 to 49 - GBCCEDP will reimburse mammogram subject to the restriction noted above.

##### C. Mammography for Individuals Under 40 years of Age

- Symptomatic individuals under the age 40 - GBCCEDP will reimburse CBE's for individuals under the age of 40. If the findings of the CBE are abnormal (including but not limited to a discrete mass, nipple discharge and skin and nipple changes), a woman can be provided with other diagnostic test. Follow the *Breast Cancer Diagnostic Algorithms for Primary Care Providers*, Cancer Detection Section, California Department of Health, Cancer Detection Center, Revised 2011. (**Attachment B**) Online help is available at <http://qap.sdsu.edu/>
- Asymptomatic individuals under the age 40 at increase risk of breast cancer – GBCCEDP funds cannot be used to asymptomatic individuals under the age 40, even if they are considered at high risk (e.g., individuals who have a personal history of breast cancer or first degree relative with premenopausal breast cancer) for breast cancer.
- A total of 3 unjustified missed appointments may disqualify a client for 1 year from receiving screening and diagnostic services from the Program.

#### **D. Screening Transgender Women**

Transgender women (male to female) who have taken or are taking hormones and meet all program eligibility requirements, are eligible to receive breast screening and diagnostic services.

Transgender men (female to male) may still receive cancer screening if they have not had a bilateral mastectomy or total hysterectomy.

**Men are not eligible** to receive GBCCEDP screening and diagnostic services.

#### **E. Mammography**

The GBCCEDP will reimburse for both film and digital mammography up to the Medicare reimbursement rate.

#### **F. Magnetic Resonance Imaging (MRI)**

Breast MRI can be reimbursed by the NBCCEDP in conjunction with a mammogram when a client has a BRCA mutation, a first-degree relative who is a BRCA carrier, or a lifetime risk of 20-25% or greater as defined by risk assessment models such as BRCAPRO that are largely dependent on family history. Breast MRI can also be used to better assess areas of concern on a mammogram or for evaluation of a client with a past history of breast cancer after completing treatment. Breast MRI should never be done alone as a breast cancer screening tool. Breast MRI cannot be reimbursed for by the NBCCEDP to assess the extent of disease in a women who is already diagnosed with breast cancer.

#### **G. Computer-Aided Detection (CAD)** Reimbursement of CAD is not permitted.

## H. Managing Individuals with Abnormal Breast Cancer Screening Results

Follow the *Breast Cancer Diagnostic Algorithms for Primary Care Providers*, Cancer Detection Section, California Department of Health, Cancer Detection Center, Revised 2011.

## II. Clinical Management and Reimbursement Policies for Cervical Cancer Screening

The GBCCEDP reimburses for cervical cancer screening services to individuals between ages 21 and 64 who are documented residents of Guam, are low income (income at or below federal 250%), and uninsured or under-insured.

### A. Priority Population

The **priority populations** are individuals who have never been screened or have not been screened in the last five years.

### B. Cervical Cancer Screening for Individuals 21 to 64 Years of Age

- Individuals age 21 to 29 years - GBCCEDP will reimburse Pap testing alone every 3 years.
- Individuals age 30 to 64 years - GBCCEDP will reimburse Pap testing alone every 3 years or co-testing with the combination of Pap testing with Human papillomavirus (HPV) testing every five years.
- GBCCEDP will reimburse for annual cervical cancer screening among individuals considered high risk (e.g. in-utero DES exposure, immunocompromised such as HIV infection, or history of cervical cancer).
- GBCCEDP **will not** reimburse for cervical cancer screening in individuals **under** the age of 21.

### C. Cervical Cancer Screening for Individuals Over 64 Years of Age

*Cervical Cancer screening is not recommended to individuals older than age 65* who have had adequate screening and not high risk. If a woman over 64 needs to be screened and is eligible to receive Medicare benefits and is not enrolled, she should be encouraged to enroll. Individuals enrolled in Medicare Part B **are not eligible** for the GBCCEDP clinical services.

Medicare eligible individuals with low income who cannot pay the premium to enroll in Medicare Part B are eligible to receive cervical cancer screening and diagnostic services.

### D. Pap Testing Following Hysterectomy or Other Treatment for Cervical Neoplasia or Cancer

GBCCEDP funds **CANNOT** be used to reimburse for cervical cancer screening in individuals with hysterectomies (i.e. those without a cervix), unless the hysterectomy was

performed because of cervical neoplasia (pre-cursor to cervical cancer) or invasive cervical cancer.

- **For individuals with a history of cervical neoplasia, GBCCEDP will reimburse for cervical cancer screening for 20 years' post treatment.**
- For individuals with a history of invasive cervical cancer, GBCCEDP will reimburse for cervical cancer screening indefinitely if they are in good health.
- Individuals who have had “supra-cervical hysterectomy” (for any reason) and have an intact cervix are at risk of developing cancer, therefore, are eligible for Pap test screening as often as clinically indicated.
- For individuals whom the reason for the hysterectomy is or that there was no neoplasia or cancer cannot be documented, GBCCEDP will reimburse for cervical cancer screening. For these individuals, cervical cancer screening should continue until there is a history of negative screening results, including documentation that the Pap tests were technically satisfactory.

The presence of a cervix can be determined with physical examination. GBCCEDP funds can be used to reimburse for an initial examination (pelvic examination) to determine if a woman has a cervix.

### **C. Liquid Based Cytology**

GBCCEDP will reimburse for liquid-based cervical cytology for primary cervical cancer screening, up to the allowable Medicare rate. The screening interval is the same for both the use of liquid based and conventional Pap tests.

### **E. Use of Automated Screening Technologies for Quality Assurance**

GBCCEDP funds may be used to reimburse automated technologies when they are used as secondary assessment of Pap testing for quality assurance purposes. These quality assurance costs are included in the pricing of test and are paid by the cytopathology laboratories.

### **F. Managing Individuals with Abnormal Cervical Cancer Screening Results**

*Follow the current Updated Consensus Guidelines for the Management of Abnormal Cervical Cancer Screening Test and Cancer Precursor Screening Guidelines for Cervical Cancer as recommended by the American Society of Colposcopy and Clinical Pathology (ASCCP). (Attachment C)* Online help is available at <http://www.asccp.org/asccp-guidelines>.

*Note: ASCCP current recommendations was updated in 2012.*

### **G. Reimbursement of HPV DNA Testing**

HPV DNA Testing is reimbursable procedure when used for screening with Pap testing (i.e. cotesting) or for follow-up of abnormal Pap test results as per ASCCP algorithm. Provider

should specify the high-risk HPV DNA panel. Reimbursement for low-risk HPV DNA panel and HPV genotyping is not permitted.

### **III. Policy for Adequacy and Timeliness of Follow-up for Individuals with Abnormal Results**

#### **A. Adequacy for Follow-up for Individuals with Abnormal Results**

- A woman whose breast or cervical cancer screening was abnormal must receive appropriate diagnostic procedures. (I B and II F Managing Individuals with Abnormal Breast and Cervical Cancer Screening Results respectively)
- A woman with a diagnosis of breast or cervical cancer must be referred for appropriate treatment.

#### **B. Timeliness for Follow-up for Individuals with Abnormal Results**

- The interval between initial screening and diagnosis of abnormal breast screenings should be 60 days or less.
- The interval between initial screening and diagnosis of abnormal cervical screenings should be 90 days or less.
- The interval between and initiation of treatment for breast cancer and invasive cervical cancer should be 60 days or less.
- The interval between and initiation of treatment for cervical intraepithelial neoplasia should be 90 days or less.

### **III. Client Enrollment**

#### **Enrollment Procedures**

##### **A. Intake Procedure**

1. Conduct Eligibility Assessment.
2. Refer to the program's Eligibility **Guidelines Table (Appendix A, updated yearly)**
3. **Age:** 40-64 years old for Breast Screening and 21-64 years old for Cervical Screening.
4. **Income Status:** Within the 250% of Federal Poverty Guidelines.
5. **Health Insurance Status:** Uninsured/Underinsured.
6. Inform the client that the Program does not **provide coverage** for Treatment.

7. For **New Enrollee** - Ensure that client signed the following forms (*must be signed and dated by the BCCEDP staff*):
  - **Eligibility and Consent Form – New Enrollee (Appendix D)**
  - **Consent for Health Services (Appendix E)**
  - **Acknowledgement of Receipt of Notice of Privacy Practices (Appendix F)**
  - **Protected Health Information Disclosure (Appendix G)**
8. Provide a copy the **Notice of Privacy Practices (Appendix H)** to the client
9. Complete the **Referral/ Authorization Form (Appendix I)**. Provide the client with Lists of Providers, fax a copy to the Provider, provide the client with the copy and retained a copy for the client's file Open a Folder for client's records.
10. Intake Worker must input data into CARS (PreCaST) Program upon enrollment.

**B. Enrollment Procedure in Special Situations:** (*Individuals must meet eligibility the requirements prior to enrollment in the Program*).

1. *Breast symptoms* (e.g. lump, pain) for individuals below 40 years old.
  - Lump or Pain – If vaguely described and not definite, advise the client to a Primary Physician.
  - If client comes back with abnormal result(s) and/or suspicious for cancer, follow referral procedures.
2. *Cervical symptoms* (e.g. pain, unusual discharge) for individuals below 35 years old.
  - If vaguely described and not definite, advise the client to a Primary Physician.
  - If client comes back with abnormal result(s) and/or suspicious for cancer, follow referral procedures.
36. *Unknown history of hysterectomy or presence of cervix.*
  - Authorization / Referral for pelvic exam to determine status of the cervix. If no cervix is present, Pap test is NOT indicated.
  - If hysterectomy was done due to cervical cancer, client is eligible to have periodic Pap test.

**C. Special Situation: Accepting a client in mid-cycle (initial screening or diagnostic):**

1. **During a screening cycle:** If a new client's screening (breast and cervical) was performed outside the *Program* within a year, a copy of the screening result(s) must be provided to the **BCCEDP** to be counted as the reference screen.

Otherwise, the new client must undergo an initial screening procedure within 15 days upon enrollment.

2. **During a diagnostic cycle:** Prior relevant records obtained elsewhere must be submitted to the *Program* for a client to be accepted for diagnostic services or continuance of diagnostic services. The *Program* has the option to refuse a client due to failure to comply with *Program Requirements and depending on availability of funds*. Priority is given to individuals who received screening services from the *Program*.

#### IV. **Client Referral**

- **Referral / Authorization Form (Appendix I)** must be *signed by authorized BCCEDP staff*. This is *valid for 15 days only*, otherwise, immediately advise the patient to contact the Program to validate Referral/Authorization Form.

### **RE - SCREENING**

**Definition:** *Subsequent screening for individuals who have undergone an initial screening from the Program who have normal result(s).*

#### **Procedures:**

1. Re-assess for eligibility.
2. Verify last screening date from the CaST or review patient's file (Note: *Make sure that the current screening must not be less than one year from the last screening*).
3. Complete **Intake and Enrollment Procedures**
4. Complete the **Eligibility and Consent Form**
5. Complete the **Referral/ Authorization Form** and send to GBCCEDP participating Providers.
6. Enter data into the CaST Reimbursement System (CARS). Signed & stamped.

#### **Note:**

***Mammography is provided to women age 40 to 49 every two years ( See restrictions on page 1) and 50 to 64 every one years.***

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