Breast and Cervical Cancer Program

Policy and Procedure Manual

March 2025

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Breast and Cervical Cancer Program Policy and Procedure (BCCP) Manual

Overview

Purpose:

The Breast and Cervical Cancer Program (BCCP) Policy and Procedure Manual is a guide for contract providers who deliver breast and cervical cancer screening services through funding provided by the Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and/or Georgia Tobacco Master Settlement.

Introduction:

The BCCP Policy and Procedure manual serves as the guidelines, standards, and policies for program service provision in accordance with state and federal funding requirements and national standards for breast and cervical cancer screening services. The principles of high-quality breast and cervical cancer screening underlying the guidance contained in this manual are:

1. The perspective of consumers, healthcare service providers and other partners should be carefully considered in the overall design and delivery of screening services, education, and recruitment efforts.
2. BCCP services should be integrated into the community's overall service structure.
3. BCCP services should be integrated with other clinical services to ensure timely and appropriate diagnostic evaluation and treatment services.
4. Patient counseling and education efforts should be individualized with consideration given to culture, language, literacy, and other issues.
5. Communication and coordination with partners who provide clinical, educational and support services are essential.
6. BCCP services should reflect a system of care that is customer focused and flexible.

Program Goal:

The BCCP goal is to increase the number of uninsured and underinsured between the ages of 40-64 (breast) and 21-64 (cervical) who have access to and complete breast and cervical cancer screenings.

Program Administration

Program administrative and service delivery responsibilities are established to ensure successful and efficient program management. The following includes responsibilities for DPH BCCP staff, District and local public health, and contract providers.

BCCP Responsibilities:

BCCP is part of the Office of Women's Health in the Division of Women, Children & Nursing Services at DPH. The Program is responsible for compliance with all requirements of the Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP) funding and state funding allocations. BCCP will:

- Manage funding allocations to contract providers including Public Health Districts and private provider organizations and practices.
- Monitor and ensure the appropriate use of BCCP funds by contract providers.
- Develop policies and guidelines that reflect required performance indicators and standards.
- Collaborate with contractors to establish annual service goals based on available funds.
- Provide technical assistance to contractors.
- Provide site visits to assess contract compliance and to provide onsite program guidance.
- Provide ongoing data analysis and feedback to providers from monthly data submissions.
- Provide bi-annual program performance reports to contractors.
- Submit bi-annual Minimal Data Element (MDE) reports to CDC.

Contractor Responsibilities:

BCCP contracts funds through Grant in Aid (GIA) Annex agreements with public health districts and DPH contracts with providers outside of public health. Contractors are required to designate staff responsible for the service delivery, administration, management, and coordination of the program. Contractors will:

- Ensure funding is utilized and managed in accordance with BCCP guidelines and requirements.
- Ensure reimbursement to health care providers is in accordance with the Annual BCCP Reimbursement Fee Schedule.

- Provide ongoing monitoring of program funds to ensure funds will be spent by the end of the fiscal year.
- Communicate to BCCP in writing prior to the end of the fiscal year if it is anticipated allotted funding will not be utilized.
- Attend BCCP meetings and trainings.
- Maintain a system for timely, complete, and accurate data submission; and track, review and submit all required data and reports.
- Complete electronic Diagnostic/Treatment forms (3154B or 3154C) for each woman who requires follow-up services.
- Ensure that all participating mammography centers are FDA-accredited facilities and that all participating laboratories meet the Clinical Laboratory Improvement Act regulations.
- Provide technical assistance to staff with identified needs or request technical assistance and training from BCCP.
- Perform ongoing review of 3154 Forms to ensure follow-up is provided.
- Provide nursing oversight and coordination to ensure that all eligible women receive quality breast and cervical cancer education, screening, and diagnostic services in a timely manner.
- Provide case management for anyone with a cancer diagnosis until they are enrolled in Women's Health Medicaid.
- Provide case management, tracking and surveillance to ensure follow-up of all abnormal screening results and that referrals for diagnostic evaluation are completed within required timeframes.
- Adhere to record retention requirements in accordance with the Georgia Archives of the University System of Georgia Retention. (https://www.georgiaarchives.org/records/local_government/schedules/50).
    - Record retention is only applicable to patient records that are not maintained using electronic data forms at the county level.
    - Records pertaining to patients older than 18 years of age must be retained for 10 years from the date of last service.
- Adhere to BCCP eligibility requirements.
- Ensure that every new patient signs a release of information to obtain diagnostic, treatment, and staging information from private or tertiary providers.
- Document patient's refusal of recommended services on a Refusal of Care Form.
- Comply with contract terms for all program data and report submission requirements including:
    - Submit all monthly data to BCCP by the 7th day of the following month using program required data forms.
    - Submit quarterly programmatic reports by the 15th of month following the end of each quarter.

Program Eligibility

Requirements for All Participants:

Eligibility requirements must be met to enroll in BCCP services. It is the responsibility of the Contractor to assess patient eligibility and to ensure appropriate BCCP funding is used. To be eligible for enrollment in BCCP, the following is required and may be self-declared:

- Self-declared income is at or below 200% of the Federal poverty level (applies to federal funds/GIA 056 only)
    - Threshold of 200% or below does not apply to state funds/GIA 464 or 405
- Uninsured or underinsured
- Within the age parameters required by program funders
- Biological female or transgender female (see below)
- Georgia residency

Transgender eligibility for screening and diagnostic services:

- Transgender females (male-to-female), who have taken or are taking hormones and meet all program eligibility requirements, are eligible to receive breast cancer screening and diagnostic services. Federal funds may be used to screen these transgender women. There is limited data regarding the risk of breast cancer among transgender women, but evidence has shown that long-term hormone use increases the risk for breast cancer among women whose biological sex was female at birth.
- Transgender males (female-to-male) may still receive cancer screenings if they have not had a bilateral mastectomy or total hysterectomy. Federal funds may be used to screen these transgender individuals.

Eligible Populations for Breast Cancer Screening and Diagnostic Services:

BCCP Breast Cancer Screening and Diagnostic Services			
AGE	SERVICE	PAID WITH BCCP FUNDS	
		CDC *	STATE *
Less than 40	Diagnostic services for documented problems or symptoms suspicious for breast cancer	YES Requires BCCP approval	YES Requires BCCP approval
40-64	Routine screening and diagnostic evaluation	YES 100% of women must be between the ages 40-64	YES 100% of women must be between the ages 40-64
65 and over	Routine screening and diagnostic evaluation	YES Only if <u>without</u> Medicare Part B	YES Only if <u>without</u> Medicare Part B

- Not eligible for BCCP services if covered by Medicare Part B but has not met the deductible or is unable to pay co-pay.

- Admittance to BCCP will be based on availability of program funds if a person presents with a recent history of an abnormal mammogram and/or ultrasound or other diagnostic procedures.
- If diagnostic funds become limited, contact BCCP to inquire about additional funding.

Eligible Populations for Cervical Cancer Screening and Diagnostic Services:

BCCP Cervical Cancer Screening and Diagnostic Services			
AGE	SERVICE	PAID WITH BCCP FUNDS	
		CDC *	STATE *
21-64	Routine screening and diagnostic evaluation	YES Priority population is women never screened or not in the last 10 years	YES
65 and over	Routine screening and diagnostic evaluation	YES Only if no Part B Medicare coverage	YES Only if no Part B Medicare coverage

- Not eligible for BCCP services if covered by Medicare Part B even if have not met the deductible or are unable to pay co-pay.
- Admittance to BCCP will be based on availability of program funds if a person presents with a recent history of an abnormal Pap test or other cervical diagnostic procedures.
- Contact BCCP if diagnostic funds become limited to inquire about additional funding.
- Routine cervical screening for low-risk women should end at age 65.
- Refer to the 2019 ASCCP Risk Based Management Guidelines (https://app.asccp.org/) for guidance regarding when cervical screening should begin before the age of 21 (e.g., instances that involve certain immunocompromised conditions).

Program Screening Components, Requirements, and Recommendations

Comprehensive History and Tobacco Screening

1. Enrollment forms must be completed for all eligible program participants.
2. A comprehensive history that includes medical, family, tobacco use, and psychosocial history must be completed annually on everyone determined eligible for BCCP services.
3. Contractors are required to adhere to United States Public Health Services (USPHS) Clinical Practice Guidelines for Treating Tobacco Use and Dependence by adopting evidence-based strategies and services provided to patients who use tobacco products.
4. Contractors must document a complete assessment of tobacco use, provide education/counseling, and refer patients who use any form of tobacco to the Georgia Tobacco Quit Line at 1-877-270-STOP (7867).

CBEs and Mammography Referrals

The BCCP prioritizes increased access to mammography services by removing barriers to care so that the program can serve as many eligible women as possible. As such, a CBE is no longer a required component for referral for a screening or diagnostic mammogram.

1. Contractors should ensure women meet BCCP eligibility requirements for breast cancer services and are between the ages of 40-64 and women 65 and over who do not have Medicare Part B coverage.
2. Contractors must ensure that no woman is denied a screening or diagnostic mammogram due to not completing or refusal of CBE.
3. A CBE is no longer recommended or required for new and existing *asymptomatic* patients.
    a. CBEs may be provided to asymptomatic women upon request.
4. A CBE is recommended, but not required, for new and existing *symptomatic and/or high-risk* patients.
    a. Criteria for high risk include:
        i. Women with BRCA 1 or BRCA 2 gene
        ii. Women with a personal or family history of breast cancer
        iii. Previous breast cancer diagnosis
        iv. First degree relative with history of breast cancer
        v. Benign breast conditions such as lobular carcinoma in situ (LCIS)

b. Examples of symptoms may include a report of breast changes, such as breast mass, skin changes, unilateral focal persistent pain, or unilateral spontaneous nipple discharge.
    i. Symptomatic patients may decline a recommendation for a CBE. If a symptomatic patient notes that the recommendation for completion of a clinical breast exam - prior to referral for a diagnostic mammogram and/or lab studies - creates a barrier which would delay the ordering of diagnostic testing, the nurse should document this in the patient's chart and order the applicable studies per nurse protocol.

5. Referrals for mammograms can be made in-clinic, by phone, or at community/mobile mammography events.
    a. BCCP forms may be completed in-person, electronically, or by phone (verbal attestation is permissible).
    b. The assessment of a patient's comprehensive history may be conducted by phone, but it must be performed by a registered nurse.
6. Processes for follow-up, case management, and the maintenance of required Minimum Data Elements (MDE) should remain in place when referring patients for a mammogram.
7. Those referred to the program due to an abnormal CBE/mammogram, and are program eligible, may be enrolled if sufficient funding is available.

Physical Examinations

A physical examination should be offered and provided when it is determined necessary per Nurse Protocols and/or or it is determined that screenings have not been completed per the ASCCP guidelines for cervical cancer screening.

1. Physical exams may include:
    a. A minimum of height, weight, and blood pressure.
    b. CBE, if applicable and desired by patient.
    c. Pelvic exam, if applicable.
        i. Contractors should ensure women screened for cervical cancer are between the ages of 21-64 and women 65 and over who do not have Medicare Part B coverage.
        ii. Performance of a pelvic exam in an asymptomatic woman should be done after discussing the potential risks and benefits of performing the exam and should be based on shared decision-making between the patient and provider. (Refer to the Pelvic and Adnexal Section of the manual for additional guidance).

iii. Refer to ASCCP guidelines for patients with immunocompromised conditions who may need to begin cervical screening before age 21.

d. Pap test, if applicable (see Cervical Screening section).
    i. Patients can elect to only complete pap test screening and refuse all other physical exam components.

Breast Cancer Screening Services

Requirements, Processes and Referral of Abnormal Results:

1. Those eligible for routine breast cancer screening services will be provided with:
    a. Annual or biennial screening mammogram for women ages 40-49.
        i. Women at increased risk for breast cancer should be screened annually per the Nurse Protocol.
    b. Education regarding the need for regular screening.
    c. Recommendation for CBE to symptomatic patients. (A CBE is not required; see CBE and Mammography Referral section for details on recommendations).

2. When a CBE is performed, it must be performed by a nurse trained in providing Vertical Strip Method (MammaCare Method) in public health settings.
    a. The Certified MammaCare Specialist Nursing Consultant is responsible for CBE certifications and recertifications for one designated nurse from each Georgia Department of Public Health District and BCCP Contractors.
    b. BCCP will maintain funding for the certifications of Nurse Consultants as Certified MammaCare Specialists.
    c. Each District Certified CBE Nurse is responsible for developing a system for training their BCCP Nurses and ensuring the MammaCare method is maintained every three (3) years using the Clinical Breast Exam Simulator.
    d. District Certified CBE Nurses will maintain the simulator safety, monitor trainee results, give trainee feedback, and conduct additional training as needed.
    e. The Certified MammaCare Specialist Nurse Consultant will provide consultation and assistance to any District Certified Clinical Breast Examiner.
    f. Collaboration between District Certified CBE nurses is encouraged. It is permissible to loan or borrow a simulator when training large numbers of nurses simultaneously.
    g. Precautions must be taken to ensure the safety of simulator(s) being stored in a clinic for training purposes.

3. Required follow-up of abnormal CBE and/or mammogram:
    a. Abnormal CBE requires follow-up evaluation by a surgeon or breast specialist regardless of mammography results.
    b. Patients with abnormal findings should receive information about possible diagnostic tests that will be performed.
    c. Abnormal findings (i.e., bloody nipple discharge) should be documented along with the type of follow-up requested (i.e., surgical consult) on data forms.

d. Refer for diagnostic mammogram and include CBE results, if applicable, in referral to radiology facility. A signed Release of Information Form should be sent with the referral requesting results to be sent to the contractor and evaluating surgeon.
e. Referral to a surgeon should follow completion of imaging studies. CBE results, where applicable, and imaging films should be provided to the surgical provider.
f. All referrals should be documented, including the date of surgical evaluation appointment in the patient's medical record.
g. According to CDC guidance, a surgical consult is not absolutely required prior to a breast biopsy. The requirement of having a surgical consult should depend on the degree of suspicion for breast cancer. If mammography findings are highly suspicious for cancer, a surgical consult should be considered before the biopsy is done. The person ordering the biopsy should be experienced and knowledgeable about appropriate follow-up so that the correct information and care is provided.
h. A signed Release of Information Form should be sent with the surgical referral requesting results be sent to the contractor.

4. When the mammogram indicates suspicious findings:
    a. An appointment for a surgical evaluation should be completed within four weeks after the abnormal mammogram.
    b. The patient should be given a thorough explanation of the findings and need for follow-up. Provide support, follow-up and tracking to ensure access to follow-up care and appointments are kept.

Referral for Abnormal Clinical Breast Exam or Mammography:

BCCP eligible women shall be referred for surgical consultation when the CBE and/or mammography screening results are suspicious for breast cancer. Referral for surgical consultation and work up will be based on documented clinical and/or radiological findings. Diagnostic services will be offered and if provided, costs paid by BCCP funding in accordance with program guidelines and current BCCP Fee Schedule.

1. When clinically suspicious findings are confirmed, the findings will be documented in the patient's record using the descriptive language included below. Referral for a diagnostic mammogram and/or surgical/breast specialist consultation should be completed.
    a. If a CBE is not performed prior to a screening mammogram, findings from mammography screenings should be documented when making referrals for surgical consultation/diagnostic services.
2. Documentation of abnormal CBE findings are as follows:
    a. For a finding of a discrete palpable mass, the documentation should include the size in centimeters; mobility, firmness, depth, and using the clock face to approximate the location of the mass.
    b. For nipple discharge, documentation should include which breast, the color of the discharge and whether the discharge was spontaneous or expressed.

c. For skin changes, the documentation should describe the type of skin change (e.g., nipple retraction, skin dimpling, peau d'orange, or nipple scaling).

3. Following a diagnostic imaging, which may include diagnostic mammogram and/or ultrasound, the provider needs to determine what additional follow up needs to be done.
4. If the Radiologist is a Breast Specialist and confirms the suspicious finding, they may perform a biopsy if indicated. If the Radiology provider is not a breast specialist or the diagnostic imaging does not confirm the findings of the CBE or confirms a benign finding such as a Simple Cyst, the *patient* will be referred to a breast surgeon for further evaluation and possible biopsy.
5. If a screening mammogram results in an assessment incomplete or suspicious or highly suggestive for cancer, refer for further radiological evaluation as directed by the radiologist, as many equivocal mammographic abnormalities may be resolved with additional radiological work up.
6. If the biopsy done by the Breast Specialist is benign, no further diagnostics or referrals are needed. (Refer to the Nurse Protocol).

Managing Diagnostic Expenditures:

The following is guidance for managing diagnostic expenditures:

1. Radiologist recommendations for diagnostic work up must be consistent with the American College of Radiology (ACR) guidelines for assessment categories. With rare exceptions, all mammograms with a category 4 or 5 interpretation should lead to a tissue biopsy. A radiologist's report that recommends biopsy for a category 1, 2, or 3 should be discussed with the radiologist by a BCCP nurse or physician to determine the single correct category.
2. BCCP funds will pay for percutaneous biopsy as the first surgical diagnostic procedure. This includes a core needle biopsy (needle or Mammotome) using either ultrasound guidance or stereotactic localization for needle placement, or an incisional biopsy**.**
3. An excisional biopsy will be paid for only after a suggestive or positive percutaneous biopsy, a previous percutaneous biopsy that was non-diagnostic, or an atypical ductal hyperplasia or radial scar. The total maximum reimbursement per breast biopsy, including surgical procedure, pathology, and facility charges, will not exceed the maximum amount specified in the current BCCP Reimbursement Fee Schedule and will be reimbursed based on availability of funds. Excisional biopsy as the first diagnostic procedure will be paid for only if:
    - Patient presents with clinical and/or radiological signs suspicious for breast cancer and the primary surgeon receives BCCP approval for the need to proceed directly to excisional biopsy.
    - Radiologist or surgeon qualified in percutaneous biopsy provides statement documenting the lesion is not amenable to stereotactic or ultrasound guided biopsy or is not advised for the lesion (i.e., radial scar).

Genomics Testing
BCCP partners with the Center for Oncology and Research Education (GA CORE) to provide genetics counseling and testing. Georgia CORE's Breast & Ovarian Cancer Genetics Referral Screening Tool is a USPSTF recommended online screening tool that asks questions about family history to assess for Hereditary Cancer risk.

1. Districts have the option to refer patients to www.breastcancergenescreen.org for free, online screening.
2. A positive online screening will result in a referral for genetic testing and counseling, which is managed by GA CORE.
3. Districts should contact BCCP to inquire about additional information regarding the Genetics Screening Program.

Breast MRI:

1. Breast MRI may be reimbursed with BCCP funding when obtained in conjunction with a mammogram of an eligible patient who has a confirmed BRCA mutation or is a first degree relative of an individual who has the BRCA mutation.
2. Breast MRI may also be utilized to better assess areas of concern on a mammogram or for evaluation of a patient with a history of breast cancer who has completed treatment.
3. Breast MRI should never be done alone as a breast cancer screening tool.
4. Breast MRI can NOT be reimbursed using BCCP funding to assess the extent of disease in a woman who has already been diagnosed with breast cancer.

Certification Of Participating Radiology Facilities:

1. Contractors will ensure that all radiology facilities providing screening and diagnostic mammography for women enrolled in BCCP, meet the requirement for mammography quality assurance developed by the Food and Drug Administration (FDA). Radiology facilities must be certified annually by the American College of Radiology and every three years by the FDA.
2. Contractors will notify BCCP immediately of any changes in current mammography facility certification status, when new facilities are added, or when facilities are no longer providing services to BCCP patients.

Mobile Mammography:

1. The mobile mammography screening unit must be FDA approved.
2. The provider of the mobile mammography screening unit agrees to accept BCCP reimbursement rate as total payment for services.
3. The provider of the mobile unit agrees to accept BCCP as the payer of last resort.
4. BCCP must be marketed as a no or low-cost service for eligible women.
5. Eligibility screening is provided in a private, confidential area.
6. CBE is recommended, but not required, for symptomatic patients.
7. If cervical cancer screening is needed but cannot be provided at the time of breast screening services, an appointment must be offered for screening with a provider or health department that participates in BCCP.

8. Notification of normal mammography screening results are provided within 30 days of the screening and abnormal results are provided within 5 working days.
9. BCCP forms must be accurately completed for each BCCP patient to receive reimbursement from BCCP.
10. Follow-up of abnormal findings (i.e., referral for diagnostic services) must be provided.
11. Education must be provided on recommendations for maintaining breast health.
12. The mobile mammography unit must provide a schedule of planned services and locations.

Cervical Cancer Screening

Requirements, Processes and Referral of Abnormal Results:

1. Cervical cancer screening requirements for providing pap tests, HPV tests and pelvic exams to BCCP eligible women with an intact cervix are as follows:
    a. Cervical cancer screening should be prioritized among women who have never been screened or have not been screened for cervical cancer within the last 10 years (also referred to as “never/rarely” screened)
        i. Contractor screening goals are determined individually.
    b. Screening interval of every 3 years for Pap test for women ages 21-29 years.
        i. Patients can elect to only complete pap test screening and refuse all other physical exam components.
    c. Refer to ASCCP guidelines for patients with immunocompromised conditions who may need to begin cervical screening before the age of 21.
    d. Screening interval for women ages 30-65: May be screened with a (Cytology) Pap test every 3 years or High-risk HPV (HrHPV) co-testing with a (Cytology) Pap test every 5 years or HrHPV every 5 years. The patient must be given an option to choose the screening interval.
        i. Primary HPV testing was approved as a screening strategy through the NBCCEDP in August 2018. Currently, there are 2 FDA approved tests for Primary HPV screening, Cobas, and BD Onclarity.
    e. Women at risk for cervical cancer, which includes those who are previously diagnosed with invasive cervical cancer and/or were exposed to in-utero Diethylstilbestrol (DES), should be screened annually.
    f. Patients with immunocompromised conditions, such as HIV, may not always require annual screening. Refer to the 2019 ASCCP Risk Based Management Guidelines for guidance related to patients with immunocompromised conditions.
    g. Pap test results not classified as “Negative for Intraepithelial Lesion or Malignancy” (i.e., ASC-US, ASC-H, LSIL, HSIL, Squamous Cell Cancer, AGUS, or other malignant neoplasm) should be repeated or diagnostic follow-up should follow the 2019 ASCCP Risk-Based Management Consensus Guidelines for Abnormal Cervical Cancer Screening Test and Cancer Precursors. If diagnostic follow-up is indicated, refer the woman to a gynecologist or certified colposcopist.

i. Nurses must utilize the ASCCP web-based decision management tool to aid in assessment and identify the proper treatment/follow up to care. (https://app.asccp.org/)

h. Patients who have completed recommended follow-up diagnostic, treatment, and/or cytology testing according to the 2019 ASCCP Consensus Guidelines should maintain routine cervical screening in accordance with their age specific guidelines, health conditions, and history of past test or treatment results.

i. BCCP funding can reimburse for screening for cervical cancer with HPV testing alone.

j. When determining the need for cervical cancer screening among women older than age 65, nurses must thoroughly review the patient's medical history to include medical conditions and previous cervical cancer screening results and/or treatments and follow ASCCP guidelines to determine whether continued screening is recommended.

2. Cervical cancer screening requirements for providing pap tests and pelvic exams to eligible women post-hysterectomy are:
   a. For new patients, a physical exam, including clinical pelvic exam should be performed to determine the presence of a cervix.
      i. Performance of a pelvic exam should only be done after discussing the potential risks and benefits of the exam and should be based on shared decision-making between the patient and provider.
      ii. BCCP funding can be used to cover the one-time cost of the examination to determine the presence of a cervical stump.
   b. If the patient is new or returning and a cervical stump is present:
      i. Performance of a pelvic exam should only be done after discussing the potential risks and benefits of the exam and should be based on shared decision-making between the patient and provider.
      ii. Pap test screening should be provided in accordance with recommended screening intervals.
         - Patients can elect to only complete pap test screening and refuse all other physical exam components.
   c. BCCP recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix who do not have a history of a high-grade precancerous lesion (CIN 2 or 3) or cervical cancer. Cervical screening for these women cannot be paid for with BCCP funds.
   d. Cervical cancer screening recommendations for women who had a hysterectomy for CIN disease must follow the ASCCP guidelines to ensure that all follow-up and HPV testing is completed before the patient enters long-term surveillance.
   e. BCCP requires nurses to follow the ASCCP guidelines/web-based recommendations for all pap smear/HPV test results to ensure the completion of all referrals and appropriate follow-up.

HPV Testing and Cervical Cancer Risk Factors:

1. Testing and Reimbursement:

    a. HPV DNA testing is a reimbursable procedure in the follow-up of an ASC-US result from the screening Pap test (reflex test) for those under age 30 if recommended based on ASCCP 2019 Consensus Guidelines.
    b. HPV DNA testing must be completed as a co-test with a Pap test for women ages 30-65, or as follow-up surveillance for those with previous abnormal screenings according to the ASCCP 2019 Consensus Guidelines.
    c. HrHPV DNA panel (CPT code 87624) is the only Primary HPV test that is reimbursable with CDC or State funds.
    d. BCCP funding will reimburse for Genotyping for HPV 16 or 18.

2. HPV Infection:

    a. Provide education about HPV prevention and infection and the importance of routine cervical cancer screenings.
    b. HPV vaccine is available in health centers that participate in the Vaccine for Children program and in health departments as part of the Family Planning and STD programs. Refer to the following resources for current guidance regarding HPV vaccines:
        a. Georgia Immunization Program Manual on PHIL 2.0 at http://dphphil.org
        b. Advisory Committee on Immunization Practices (ACIP) https://www.cdc.gov/vaccines/acip/recommendations.html) for current guidance regarding HPV vaccines.

3. Reducing the risk of cervical cancer:

    - Abstaining from sex
    - Delayed initiation of sexual intercourse
    - Limiting the number of sexual partners
    - Avoiding sex with partners who have had multiple sex partners
    - Avoiding sex with partners whose past partners have had abnormal Pap tests
    - Avoiding sex with partners with genital condyloma acuminatum or other sexually transmitted diseases
    - Using condoms during all sexual intercourse
    - Quitting or never smoking
    - Routine pap test screening can detect abnormal cervical cells (dysplasia) long before the disease becomes invasive or progressive.

Other Screening and Exam Components

Vaginal Cancer Screening:

1. Population-based vaginal cancer screening is not recommended.

2. Vaginal cancer screening for high-risk women:

3. BCCP guidance for the appropriate use of vaginal cancer screening is for when one of the potential risk factors for vaginal intraepithelial neoplasia (VIN) is present:
    a. Prior history of cervical or vaginal neoplasia or a new suspicious vaginal lesion.
    b. Maternal use of DES during patient's gestation.
    c. HIV, AIDS, vaginal radiation
4. Payment sources:
    a. State funds may be used to pay for a vaginal Pap to screen for vaginal cancer if the reason for doing so is documented in the patient record. Payment type should be specified as State Screening.
    b. CDC funds may **NOT** be used to pay for screening for vaginal cancer.
    c. Vaginal cancer screening for HIV positive or immunocompromised women who have had a hysterectomy for non-cancer reason **cannot** be paid with CDC or State funds.

Pelvic and Adnexal Exam:

The Pelvic exam is the primary mechanism in screening for ovarian cancer and other pelvic tumors. The following recommendations have been developed to ensure that health services provided for women through BCCP will meet current, accepted standards of care.

1. Performance of a pelvic exam in an asymptomatic woman should be done after discussing the potential risks and benefits of performing the exam and should be based on shared decision-making between the patient and provider.
2. If a woman is less than 25years old, the Chlamydia and Gonorrhea testing (urine testing if patient declines completion of the pelvic exam) should be collected either by cervical swabbing or urine test.
3. If the patient had a hysterectomy completed for benign reasons but has a history of CIN prior to the hysterectomy, then screening should continue every 3 years for at least 25 years after initial follow-up has been completed.
4. For the patient who presents with a documented (surgical report) hysterectomy with bilateral oophorectomy and salpingectomy, ACOG and the BCCP Medical Advisory Committee recommend a pelvic exam every other year to ensure no masses are palpated in the adnexal area and to inspect the integrity of the vagina.
    a. If the patient is seen in a clinic providing breast services only, the pelvic exam can be deferred. The patient should be encouraged to return for the pelvic exam and Pap test, if indicated, when those services are available.

Program Case Management and Recall

Case Management:

Contractor will provide case management to ensure BCCP participants are informed of all screening and diagnostic results and findings, recommendations for follow-up, and are linked to necessary resources to complete recommended care and evaluation. Contractors will:

1. Provide information, education, counseling, and follow-up for all BCCP eligible women to identify potential barriers for completing ongoing recommendations for screening.
2. Provide case management to all BCCP enrolled participants with abnormal screening results.
3. Provide normal screening results to participants within 30 days of the screening date.
4. Provide abnormal screening results to participants within 5 working days.
5. Document screening results and all follow-up attempts and outcomes in the patient's record.
6. Document patient verbalized understanding of abnormal screening results and recommended diagnostic procedures including options, possible outcomes, financial resources, and importance of completing all follow-up appointments, procedures, and testing.
7. Ensure every effort will be made to contact a woman with suspicious findings of breast and cervical cancer to complete diagnosis for an abnormal pap test within 90 days and for abnormal breast cancer screening within 60 days. For suspicious screening findings of breast or cervical cancer the following must be done:
    a. At least 3 attempted contacts must be documented in the patient's medical record before executing an Administrative Closure.
    b. At least 2 telephone calls and/or letters. If these do not successfully reach the patient, proceed to the next step.
    c. A certified letter marked, "return receipt requested" must be sent. Contact with a family member or other person is not considered contact.
    d. The dates and results of phone calls and letters must be documented in the patient's medical record.
    e. If follow-up is refused, attempts should be made to identify and remove barriers (i.e, fear, transportation). Refusal of follow-up must be documented in the medical record including date of refusal.
    f. If the patient is contacted but does not comply with recommended follow-up as outlined in the above steps, it should be documented as refused.
    g. If the patient moves inside or outside of the state and has provided a forwarding address, attempts should be made to contact and refer to another NBCCEDP/other provider. With consent for release of records, forward copies of completed screenings and procedures to new provider.
    h. If the patient has moved without a forwarding address or has died, the case should be reported as lost to follow-up and retain a copy of the receipt in the patient's medical record.

i. Any variance in the above steps should be explained in the medical record, including changes associated with staff capacity.

Minimum Recall:

BCCP requires that participants should be recalled based on screening guidelines. Each Contractor must have a recall system in place that includes, at a minimum, the capacity to provide the following components:

1. Education about the initial visit and the importance of regular breast and cervical screening based on screening guidelines.
2. Notification of mammogram and Pap results within 30 days of their screening appointments and remind them of their next visit.
3. Notification by mail or telephone 1-2 months prior to the next service due date.
4. Notification of individuals who are 60 days past the service due date by mail or telephone again.
5. Documentation of all patient contacts and attempts to contact in medical record.
6. Maintenance of participant database or recall system that includes active and inactive status.

BCCP Reimbursement

Reimbursement For Services:

Reimbursement for office visits and breast and/or cervical screening and diagnostic procedures may be made using BCCP funding when:

1. The individual meets BCCP eligibility requirements and is enrolled in the program.
2. The individual qualifies for the procedure based on BCCP policies, guidelines, and the availability of funds.
3. The diagnostic procedure recommended is based on clinical and or imaging findings.
4. The CPT code of the procedure is listed as a reimbursable procedure on the current year BCCP Reimbursement Fee Schedule (See Appendices).
5. The reimbursement rate for the procedure does not exceed the allowable amount.

Reimbursement Procedure:

1. Identify all clinical providers annually and report any changes in the BCCP quarterly report including provider name and email address.
2. For each invoice/billing claim verify program eligibility and enrollment for the date of service and services provided comply with BCCP guidelines.
3. Only reimburse BCCP allowed services according to CPT codes and reimbursement amounts outlined in the BCCP Reimbursement Fee Schedule
4. Complete reimbursement fields on the appropriate BCCP form. More information follows in the Data Collection and Submission Requirements section.

5. Contractors are requested to negotiate rates with providers to ensure efficient use of BCCP funding. Contractors should have agreements with providers that include payment only after receipt of services and needed data.

Women's Health Medicaid

On October 24, 2000, the Breast and Cervical Cancer Prevention and Treatment Act of 2000 was signed into law (Public Law 106-354). This Act provides each State the option to provide medical assistance through Medicaid to eligible women who are screened for and found to have breast or cervical cancer through the National Breast and Cervical Cancer Early Detection Program (NBCCEDP).

Women's Health Medicaid in Georgia:

The Women's Health Medicaid Program (WHMP) was established to provide access to treatment services for BCCP eligible women diagnosed with breast or cervical cancer. The following are involved in the provision of WHM:

1. The Department of Community Health's (DCH) Division of Medical Assistance (DMA) Medicaid Program administers the WHM Program including enrollment and provider payments.
2. The Department of Human Services (DHS) Division of Family and Children's Services (DFCS) verifies eligibility and determines approval for WHM.
3. BCCP staff work collaboratively with DCH WHM staff to coordinate enrollment training and communication for local public health staff.
4. Providers and Contractors refer women diagnosed with breast or cervical cancer to WHM.
5. Public Health Departments designate staff to provide WHM enrollment services.
6. Designated public health staff complete training required by DCH WHM Program and serve as point of communication for WHM for BCCP, DHS and DCH staff.

WHM Eligibility and Enrollment:

1. Presumptive Eligibility is a Medicaid process that allows states to enroll women in Medicaid for a limited time to gain immediate coverage and access to care while the full Medicaid application process is being completed and final eligibility is determined. Application for WHM enrollment and presumptive eligibility determination can currently be completed at:
    a. Public Health Departments
    b. Grady Memorial Hospital
2. Eligibility is verified and enrollment is completed at DHS.
3. DCH assigns WHM enrolled participant to a Care Management Organization (CMO) provider.

WHM Eligibility Requirements and Restrictions:

1. Participants must meet BCCP enrollment requirements for residency, insurance status, age and income:
   a. Insurance: Must not have health insurance that covers the cost of cancer treatment; specifically**,** the patient must lack creditable coverage as defined by Medicaid (See discussion on creditable healthcare coverage that follows).
   b. Residency: Must be a resident of Georgia and a United States citizen or legal immigrant. For presumptive eligibility, the applicant's statement of citizenship or legal immigrant status is acceptable. Verification of citizenship or legal immigrant status is not required and should not be requested. If proof is provided include a copy with the WHM application.
   c. Age requirements and exceptions:
      - BCCP age requirements are waived if a patient meets diagnosis requirements for WHM. For example, if a 19-year-old female with breast cancer meets all other BCCP requirements, she will be determined eligible for BCCP and an application for WHM should be completed.
      - Women aged 65 and older are not eligible and should be referred to the Social Security Office for Medicare application or to the Cancer State Aid Program if not eligible for Medicare.
   d. Men are not eligible for BCCP and therefore are not eligible for WHM.
   e. Enrollment in WHM includes access to Medicaid covered services not limited to cancer related treatment. Services may include physician office visits, pharmaceuticals, inpatient and outpatient hospital services, home health and hospice services.
2. A patient must have a qualifying diagnosis for enrollment in WHM. A biopsy diagnosis for breast or cervical cancer that requires treatment must be provided. The Certification of Diagnosis Form (see appendices) is required and must be signed by a physician, Public Health Nurse Colposcopist, or a licensed employee of the physician (i.e., RN, NP, or PA) designated to sign on the physician's behalf. The Certification of Diagnosis Form should be accompanied by a copy of the pathology report. Copies of all documentation should be added to the patient record.
   a. Qualifying Breast and Cervical diagnoses:

      Breast:
      - Ductal Carcinoma in Situ (DCIS) – **D05.1**
      - Lobular Carcinoma in Situ (LCIS) – **D05.0**
      - Invasive Breast Cancers – **C50**

      Cervical:
      - Cervical Intraepithelial Neoplasia (CIN) II – **N87.1**
      - Cervical Intraepithelial Neoplasia (CIN) III – **N87.61**
      - Cervical Carcinoma in Situ – **D06.9**
      - Invasive Cervical Carcinoma – **C53.9**

3. Physicians must be enrolled as a provider with Georgia Medicaid to provide services to women covered by WHM. Providers can elect which CMOs they have affiliations with.

4. Women who are not enrolled and not screened through BCCP but are diagnosed with breast or cervical cancer, may be referred by their provider to one of the sites that provide WHM presumptive eligibility application services. The referring physician must complete a Certificate of Diagnosis and provide a copy of the pathology report from the breast or cervical biopsy. BCCP data forms will not be submitted on a patient not enrolled in BCCP for screening or diagnostics.
5. WHM participants may be eligible for retroactive coverage based on the date of diagnosis and the date the presumptive eligibility application was taken. DFCS WHM team will determine retroactive coverage.
6. Women may be eligible to participate in WHM more than one time if there is a new or recurrent cancer of the breast or cervix provided other eligibility requirements are met. A new application must be completed and submitted whenever there is a break in Medicaid service.
7. Participants are no longer eligible for WHM coverage once cancer treatment is complete. Completion of treatment is determined on an individual basis by the patient's physician.

WHM Forms and Submission Information:

1. Additional information for WHM can be found in DCH's Division of Medical Assistance Plans Part II Policies and Procedures Affordable Care Act for Presumptive Eligibility WHM Manual at www.mmis.georgia.gov
2. WHM forms can be found via the Georgia Medicaid Management Information System (GAMMIS):
   - Select Provider Information
   - Scroll down and select Provider Manuals
   - Click on: Presumptive Eligibility Medicaid ACA WHM
3. Completed presumptive eligibility WHM applications should be completed as thoroughly and accurately as possible.
4. Completed applications should be emailed to womenshealth@dhs.ga.gov or faxed to 912-377-1134 Attention: Division of Family and Children Services (DFCS).
5. Once the WHM application has been completed and submitted to DFCS, email a copy of the Certification of Diagnosis to BCCP State Nurse Consultant.

WHM Maintaining Enrollment:

1. Women enrolled in WHM should be advised to complete annual WHM renewal forms that are sent each year during her birth month. If the renewal is not completed and returned as instructed on the form, her Medicaid case will close.
2. Renewal forms are sent to the address Medicaid has on file so WHM enrollees should be advised of the importance of keeping their address information updated.
3. WHM may resume or be re-instated after:
   - Patient's SSI Medicaid or another Medicaid category coverage has ended and WHM eligibility requirements are met; **or**
   - WHM ends after patient fails to respond to annual renewal.

4. For WHM loss or changes:
    - BCCP can facilitate communication between the patient, DCH, and DFCS WHM team.

Data Collection and Submission Requirements

Data Collection:

The National Breast and Cervical Cancer Early Detection Program (NBCCEDP) funds BCCP and provides funding for the program's contracts. The funding requires BCCP to submit Minimum Data Elements (MDE) to the Centers for Disease Control and Prevention (CDC) every 6 months. The MDEs are reported to BCCP monthly by each Contractor and then compiled and reviewed for errors or missing information by BCCP staff. CDC utilizes the reported data to evaluate the program and determine if screening goals have been met. The data is also utilized to determine ongoing and future funding.

Contractors submit BCCP forms and data via hard copy documents or through electronic submission. BCCP approval is required before beginning electronic submissions. All Contractors are required to have a process in place for BCCP form and data management that ensures:

- Timely submission of complete and accurate information on each form
- Duplicate records are not submitted
- Errors are corrected before submission
- Duplicates of enrolled patients are not reported
- Correction of errors requested by BCCP are completed by the date requested

Ensure Complete and Accurate Data and Timely Submissions:

- Completes data collection forms and fields according to guidelines and instructions for completing forms.
- Ensure that information on all forms is up-to-date and accurate.
- Reviews and collects for missing information, removes duplicate records, and corrects data errors.
- Utilizes tracking system for mammography reports, pathology reports, and final diagnosis information.

Patient data for the program is collected on required BCCP forms:

- Form 3151 - Enrollment Form
- Form 3152 - Screening Form
- Form 3154B - Breast Diagnostic and Treatment Form
- Form 3154C - Cervical Diagnostic and Treatment Form

Data from each form provides:

- Data from Form 3151 describes the population being served including target population.
- Data from Form 3152 indicates program effectiveness in screening women at appropriate intervals and in planning diagnostic work-up if indicated.

- Data from Forms 3154B and 3154C indicates whether timely diagnosis and treatment occurred after abnormal screening and/or diagnostic results.

BCCP Required Forms and Data:

Form 3151	Form 3152	Form 3154B	Form 3154C
Personal identifying data: • Demographic • Eligibility • Screening history	Breast &/or cervical cancer screening: • Results • Payer of services • Plan for diagnostic work-up	Breast diagnostic procedures: • Status of work-up • Final diagnosis • Treatment status • Payer of services	Cervical diagnostic procedures: • Final diagnosis • Status of work-up • Treatment status • Payer of services
Complete for all *	Complete for all *	Abnormal breast screen or diagnosis**	Abnormal pap test or cervical diagnosis **

*Form should be initiated at the beginning of the current screening cycle and completed and submitted to BCCP when results have been received for all screening tests provided (CBE, Mammogram, Screening MRI, Pap and HPV as indicated).

If an initial screening mammogram is completed without having completed a CBE prior, select '4-not needed' in the Clinical Breast Exam field when completing form 3152, and complete the initial mammogram fields as usual (indication, type, and result). Based on the results of the initial mammogram or other screening procedures provided (i.e. MRI), select, 'yes', additional breast procedures planned' when applicable. Form should be completed when the report of the final diagnosis is received by the clinic. It should be submitted in the next submission.

Cervical Cancer Screening Program Form 3150 (OPTIONAL)

The submission of Form 3150, Cervical Cancer Screening Report Form, is no longer required by BCCP as all required minimum data elements (MDE) are captured on forms 3152 and 3154C. Districts may choose to print and use form 3150 for internal purposes, such as assisting with the completion of the Pap test fields on form 3152 or streamlining processes for payment. However, these forms do not need to be submitted to BCCP; only forms 3152 and 3154C are required. It is permissible to utilize forms provided by the laboratory for the pathologist's interpretation of Pap test specimens. Unique identifying numbers designed to monitor Pap test results will be issued by the BCCP data team.

Schedule for Submitting Forms and Updates:

- Form 3151 must always be submitted to BCCP with Form 3152 to initiate the record and current screening cycle.

	Form 3152	Form 3154B	Form 3154C
Form submitted:	Results of all screening tests are received.	Final diagnosis received or record closed.	Final diagnosis received or record closed.
Updated form submitted:	New information about screening tests for the patient. (A previous failed mammogram reported not done is completed. Submit a second 3152 that includes results).	When missing information becomes available including treatment information or decision made to close the record. When previously submitted information needs to be corrected (diagnostic and follow-up fields after diagnosis).	When missing information becomes available including treatment information or decision made to close the record. When previously submitted information needs to be corrected (diagnostic and follow-up fields after diagnosis).

Standards for Complete and Accurate Data Submission:

- Submits at least 75% of data forms to the BCCP Atlanta office within 60 days of the date of the mammogram, or if no mammogram within 60 days of the date of visit.
- Monthly error rate is no more than 2%.

Instructions for Data Submission:

- Forms are due to be received BCCP by the 7th of the month. If the 7th falls on a holiday or weekend, forms are due by the next business day.
- Submission is considered late after 2 business days from the date due and may not be entered in the respective submission month.
- If there is no submission to report or if submission is to be delayed to the BCCP, please notify the BCCP Data Team by the 7th of the month.
- Alphabetize all records submitted to BCCP.

Reporting <u>Breast Only</u> or <u>Cervical Only</u> Data:

Partial Visit for Breast Screening Only:

- Complete all required fields on Form 3151.
- Complete Breast Cancer Screening section on Form 3152

Partial Visit for Cervical Screening Only:

- Complete all required fields on Form 3151.
- Complete Cervical Cancer Screening section on Form 3152

Guidelines for documentation of partial Breast and Cervical screening on forms 3151 and 3152 are included in the appendices.

Instructions for Electronic Data Transmission:

Contractors approved for electronic data submission will submit monthly records electronically to BCCP. Electronic data transmission guidelines are:

Standards for Preparing File for Electronic Transmission

- Mark each record by type. Valid values for the record type field are:
  - New Record: The record initiated when a screening cycle begins and identified by the Date of Visit.
  - Updated Record: Any record to which new information is added or previously submitted information had been modified and identified by the Date of Visit (record ID).
- Prepare a data file using the BCCP Minimum Data Elements (MDE) Data Definition Table in the appendices. The data file consists of fixed length records in an ASCII format.
- File Naming Conventions for data files sent to BCCP.
  - Submitted file should follow the format: XXYYYYMM#TVVV.TXT.

    XX – provider number (state assigned)
    (If it is a one-digit number, add leading zero.)
    YYYY – the year in which the data file submitted
    MM – the month in which the data file submitted
    # – Sequence number for month's submission
    T – Type of File. There are two valid types of file.
    S - monthly submission
    R - re-submission of a rejected data file
    VVV – State data file version. The Current Version: 30. The current version is based on data reported on the following data collection forms:
    3151 – Rev. 11/2018
    3152 – Rev. 11/2018
    3154B – Rev. 11/2018
    3154C – Rev. 11/2018

Example:

Provider Number (XX)	Data Submitted in Year (YYYY)	Data Submitted in Month (MM)	Sequence Number for the month (#)	File Type (T)	Version (VVV)	Appropriate File Name
1	2022	02	1	S	30	012021021S30.txt

- Complete appropriate form needed to submit new or additional information to the state:
  - If the provider is reporting a new clinic site:
    - Complete the New Clinic Log form (see appendices) and submit to BCCP.
  - If the provider is reporting mammography results from a new mammography facility:
    - Complete the New Mammography Facility Log form (see appendices) and submit to BCCP.

- Prepare files for transmission:
    - All .txt files containing confidential information should be encrypted before transferring electronically via e-mail.
    - The Contractor may encrypt files with the state approved encryption software.

Standards for making monthly submission data files:

- Send monthly submissions by the 7th of each month.
- Make corrections/updates in the provider's system and include updated records in next month data submission file.

Electronic data submission guidelines for new BCCP Contractors:

- BCCP provides training and assessment of readiness.
- Contractor uses state provided data system to send a test file according to BCCP specifications for evaluation.
- Contractor uses their own data system:
    - The system must be evaluated and approved by BCCP.
    - Send a test file according to BCCP specifications for evaluation.

Guidelines for data system and staff changes:

- Inform BCCP of any changes in staff that impacts ability to transmit electronic data.
- Provide BCCP documentation of major changes in data management system that would alter the distribution of any data field in the dataset.

BCCP Patient Navigation

BCCP patient navigation is provided to assist patients with reducing barriers and to facilitate timely access to screening, diagnostic, and treatment services. BCCP Contractors can utilize dedicated patient navigators or other staff trained in patient navigation to provide these services.

The goals of patient navigation are:

- Reduce delays in getting cancer screenings.
- Increase screening rates.
- Decrease missed appointments.
- Reduce time between screening and diagnosis and diagnosis and treatment.

Patient navigation activities:
Patient navigation follows the CDC requirements for navigation services including:

- Assessment of barriers to cancer screening, diagnostic services, and initiation of cancer treatment.
- Education and support.
- Resolution of barriers (e.g., transportation, interpretation services)
- Provide tracking, case management, and follow-up to increase successful completion of screening, diagnostic testing, and initiating treatment when indicated.
- Provide a recommended two contacts with each participating patient.

- Collect data for outcome evaluation of the impact of patient navigation on cancer screening, diagnostic testing, and treatment initiation when indicated.

Role of a patient navigator:

- Meet performance measures described in GIA deliverables.
- Conduct outreach and recruitment of BCCP eligible women.
- Navigate women into screening and diagnosis; and assist with service coordination.
- Assist with case management for participants with abnormal screening or diagnostic findings.
- Ensure timely and accurate data entry.
- Establish and maintain partnerships to connect patients with local resources and increase outreach and educational opportunities within the community.
- Provide resources and assistance needed to overcome barriers to care.

Partnerships:
Partnerships play an essential role in patient navigation and in disseminating BCCP information. Partners can assist with recruitment of eligible underserved populations.

Group Education:

- Outreach to group settings in churches, partner organizations, community centers, factories, public housing, food pantries, and other locations and businesses can be an effective method for patient navigators to provide information, referral and recruitment for BCCP services. See Group Education Form in the appendices.

One-On-One Education:
Patient navigators can utilize one-on-one encounters to provide information, referral, and recruitment for BCCP services. See 'One-On-One Education Form' in the appendices.

BCCP Evidence Based Interventions (EBI)

Evidence Based Intervention Requirements:

BCCP Contractors including public health, community health centers (CHCs), federally qualified health centers (FQHCs), and healthcare/ hospital networks are required to implement evidence-based interventions (EBIs) to increase breast and/or cervical cancer screening rates. The number of the EBIs required to be implemented will be specified in each individual contract. EBI guidance includes:

- Identify the EBI that will be implemented based on breast and cervical cancer incidence and mortality rates, low clinic-level screening rates (less than 50%) and underserved populations.
    - The Centers for Disease Control and Prevention (CDC) endorses four priority EBIs that include both provider and patient focused strategies.
        a. Provider reminders: Inform healthcare providers that a patient is due or overdue for a cancer-screening test, either during or just before a scheduled encounter.

b. Provider assessment and feedback: Assess providers' performance in delivering or offering cancer screening to patients and present providers with results of this assessment.
c. Patient (Patient) reminders: A written (letter, postcard, email) or telephone message (including automated message) advising a patient that she is due for a cancer screening test.
d. Reducing structural barriers: Designed to lessen or eliminate non-economic obstacles that make it difficult for people to access cancer screenings.
    - In addition to the four priority EBIs, the Community Guide recommends secondary EBIs such as group education, one-on-one education, and small media.

- Electronic Health Record (EHR) systems can be an integral part of identifying eligible populations for breast and cervical cancer screening.

BCCP – Additional Initiatives

Worksite Cancer Screening Initiative (OPTIONAL)

BCCP's Worksite Cancer Screening Initiative implementation guidelines for participating Contractors include:

- Partnering with organizations to develop or enhance policies that increase access to cancer screening at worksites across Georgia.
    - Worksites are public or private organizations that employ at least 10 people.
    - The Work Healthy Georgia Toolkit provides information, tools and guidance in developing or improving worksite health policies and programs.
- Create and submit initial workplan using BCCP provided template.
- Establish and maintain point of contact for worksite cancer screening at each participating worksite.
- Administer BCCP provided Employer-level and Employee-level worksite assessments.
    - Develop or enhance cancer screening policies at the participating worksite using BCCP Worksite Cancer Policy Guidance.
- Report progress of the initiative and participate in BCCP provided meetings, trainings, and technical support.

Clinic Data Collection and Validation:
Required for FQHCs that Participate in Health System Changes Initiative Only

Federally Qualified Health Centers (FQHCs) that participate in the Health System Changes Initiative will submit baseline and annual clinic data including service location characteristics, patient population demographics, clinic partnership status, screening rates, and activities related to quality improvement, evidence-based intervention (EBI), patient navigation and community clinical linkages. Clinic data does not include individual records and should be submitted by individual clinics.

- Clinic screening rate and clinic characteristics:
    - Submit baseline and annual clinic breast and cervical screening rates on BCCP provided forms as required by contract.
    - Clinic screening rates should be obtained by using the Uniform Data System (UDS) or Healthcare Effectiveness Data and Information Set (HEDIS) measure.
    - New contractors should submit the baseline clinic screening rate (using the data from the most recent calendar year) to BCCP within 45 days of contract execution.
    - Existing contractors should submit the annual clinic screening rate to BCCP by the date specified in the contract agreement.
    - Complete process for verification of clinic screening rate annually by either conducting manual chart reviews or submitting de-identified clinic data to BCCP.
- Clinic EBI activity data is collected and submitted annually as specified in the contract agreement.
    - Submit baseline and annual EBI activity data on BCCP provided forms as required by the contract.
    - EBI data submission should include status of implementation, successes, and challenges.

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Appendices

Form 3151: Breast and Cervical Cancer Program Enrollment Form

GEORGIA DEPARTMENT OF PUBLIC HEALTH
BREAST AND CERVICAL CANCER PROGRAM ENROLLMENT FORM
(PLEASE PRINT)

Chart # ____________________

District # |__|__|__| CHD # |__|__|__| Clinic # |__|__| Date of Visit |__|__| - |__|__| - |__|__|__|__| (Record ID) MM DD YYYY

Social Security Number |__|__|__| - |__|__| - |__|__|__|__|

Last Name ______ First Name ______

M.I. ______ Maiden Name ______

Date of Birth |__|__| - |__|__| - |__|__|__|__| (MM DD YYYY) Age _____

Street Number ______ Street Name ______ Apartment # ______

City ______ State ______ Zip Code |__|__|__|__|__| - |__|__|__|__|

Hispanic or Latino Ethnicity
1 ☐ Yes 2 ☐ No

Race *(Check each line)*
1 ☐ Yes 2 ☐ No White
1 ☐ Yes 2 ☐ No Black or African American
1 ☐ Yes 2 ☐ No American Indian or Alaska Native
1 ☐ Yes 2 ☐ No Asian
1 ☐ Yes 2 ☐ No Native Hawaiian or Other Pacific Islander

Meet BCCP Eligibility Income Requirement
1 ☐ Yes 2 ☐ No

Health Insurance
1 ☐ Yes 2 ☐ No 3 ☐ Under Insured

Special Needs
1 ☐ Yes 2 ☐ No

Previous Pap
1 ☐ Yes 2 ☐ No
If yes, date of previous Pap |__|__| - |__|__|__|__| (MM YYYY)

High Risk for Breast Cancer *(Leave blank if no breast services provided)*
1 ☐ Yes
2 ☐ No
3 ☐ Not assessed

High Risk for Cervical Cancer *(Leave blank if no cervical services provided)*
1 ☐ Yes
2 ☐ No
3 ☐ Not assessed

Assisted by Patient Navigator
1 ☐ BCCP funded Patient Navigator
2 ☐ FQHC funded Patient Navigator
3 ☐ Assistance needed but Patient Navigator not available
4 ☐ Assistance not needed

I authorize the health department and other Breast and Cervical Cancer Program providers and the mammography facility performing my mammogram to release my medical record(s) to my referring physician and/or other physician(s) treating me. Further, I authorize the mammography facility and my treating physician(s) to release my medical report(s) to the health department and other Breast and Cervical Cancer Program providers for billing, statistical and follow-up purposes.

______________________ Patient Signature ______________ Date

Send results to: Health Department/BCCP Provider (place stamp or label to the right).
Form 3151 (Rev 11/2018)

DPH
GEORGIA DEPARTMENT OF PUBLIC HEALTH

Instructions for Breast and Cervical Cancer Program Enrollment: Form 3151 (revised 11/2018):

Form required for: To collect personal identification, demographic and program eligibility information on each patient served through BCCP. Completed with each new screening.

The form is for data collection only and is inadequate for case management or legal documentation. All fields and sections must be completed unless instructions for leaving the field blank are specified.

District #: Enter state assigned ID of District/Contract Provider

CHD #: Enter 3-digit, State assigned number for County of Public Health Department

Clinic #: Enter 2-digit assigned Clinic code

Chart #: Enter Clinic assigned number (Serves as local record ID)
This field is optional for completion

Date of Visit (Record ID): Enter 8-digit date admitted for services, (mm/dd/yyyy). This functions as the state record ID and the beginning of this screening cycle.

Social Security Number: Enter Patient's 9-digit social security number. Leave blank if not reported.

Last Name: Enter patient's last name

First Name: Enter patient's first name

M.I.: Enter patient's middle initial, if available

Maiden Name: Enter patient's maiden name, if available and different from last name

Street Number and Street Name: Enter patient's street number and name

Apartment #: Enter patient's apartment number if available

City: Enter patient's city of residence

State: Enter patient's state of residence

Zip Code: Enter patient's 9-digit ZIP code

Date of Birth: Enter patient's 8-digit Date of Birth (mm/dd/yyyy)

Age: Enter age of the patient

Hispanic or Latino Ethnicity : Self-identification of Hispanic/Latino ethnicity

Question	Mark Answer
Do you consider yourself to be of Latino/Hispanic origin?	Yes
	No

Race: Self-identification of race. May include yes or no to more than one group

Question	
Yes or No for each racial group	White
	Black or African American
	American Indian or Alaska Native
	Asian
	Native Hawaiian or other Pacific Islander

Meet BCCP Eligibility Income Requirement: Medical record income eligibility assessment.

Question	Mark Answer
Income Eligible?	Yes
	No

Health Insurance :

Question	Mark Answer
Does patient have health insurance?	Yes
	No
	Under-insured

Special Needs:

Question	Mark Answer
Does patient have barriers (cultural, language, physical, psychosocial) to health care?	Yes
	No

Previous Pap: This filed should always be completed if cervical services provided

Question	Mark Form According to Answer
Has patient had a previous pap test?	Patient has had a previous pap test: Mark yes
	Patient did not have a previous pap test: Mark No

Date of Previous Pap: If previous pap field is Yes, enter date of previous pap test if known; otherwise leave this field blank. If previous pap field is No, leave this field blank.

High Risk for Breast Cancer: This field should be completed if breast services provided.

Question	Mark Form According to Answer
Risk for developing breast cancer	Breast cancer risk assessed and determined is high risk: Mark Yes.
	Breast cancer risk assessed and determined not high risk: Mark No.
	Breast cancer risk not assessed: Mark NA

High Risk for Cervical Cancer: This field should be completed if cervical services provided.

Question	Mark Form According to Answer
Risk for developing cervical cancer	Cervical cancer risk assessed and determined is high risk. Mark Yes.
	Cervical cancer risk assessed and determined not high risk: Mark No.
	Cervical cancer risk not assessed: Mark NA

Patient Navigator Assistance:

Question	Mark Form According to Answer
Was patient assisted by a patient navigator?	Mark ‘1’ if assisted by BCCP funded patient navigator
	Mark ‘2’ if assisted by FQHC funded patient navigator
	Mark ‘3’ if patient navigator assistance was needed but not available
	Mark ‘4’ if patient did not need assistance

Signature Line: Signature indicates agreement to release of information statement.

Form 3152: Breast and Cervical Cancer Screening Form

GEORGIA DEPARTMENT OF PUBLIC HEALTH
BREAST & CERVICAL CANCER SCREENING FORM
(PLEASE PRINT)

☐ Record Update Date: |__|__| - |__|__| - |__|__|__|__| ☐ New Patient ☐ Established Patient

District # _____ CHD # |__|__|__| Clinic # |__|__| Date of Visit |__|__| - |__|__| - |__|__|__|__| (Record ID) MM DD YYYY

Residence County: _____ ☐Comprehensive ☐Partial ☐Referral

Name:
Last |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| First |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Social Security Number |__|__|__| - |__|__| - |__|__|__|__| Date of Birth |__|__| - |__|__| - |__|__|__|__| MM DD YYYY

Breast Cancer Screening

Breast Services Provided 1 ☐ Yes 2 ☐ No
If no, go to Cervical Cancer Screening section
Current Breast Symptoms? 1 ☐ Yes 2 ☐ No

Clinical Breast Exam (*Check only one*)
1 ☐ Normal Findings: routine CBE in one year
2 ☐ Benign Findings (e.g., fibrocystic changes, diffuse lumpiness)
3 ☐ Abnormal-suspicious for Cancer
4 ☐ Not needed
5 ☐ Needed, not performed at this visit

Date of CBE this cycle |__|__| - |__|__| - |__|__|__|__| MM DD YYYY

CBE Paid By 1 ☐ CDC funds 8 ☐ State funds 4 ☐ Other funds

Indication for Initial Mammogram this Cycle
1 ☐ Screening
2 ☐ Diagnostic mammogram
3 ☐ Done by outside provider and referred in for diagnostic evaluation
4 ☐ Not done, *skip Mammogram Section*

Type of Mammogram
7 ☐ Screening
8 ☐ Diagnostic, unilateral 9 ☐ Diagnostic, bilateral

Initial Mammogram Result (*Check only one*)
0 ☐ Assessment is Incomplete 4 ☐ Suspicious Abnormality
1 ☐ Negative 5 ☐ Highly Suggestive
2 ☐ Benign Finding 7 ☐ Unsatisfactory
3 ☐ Probably Benign 11 ☐ Result unknown, presumed abnormal

Date of Initial Mammogram |__|__| - |__|__| - |__|__|__|__| MM DD YYYY

Mammography Facility
FDA Number: |__|__|__|__|__|__|__|

Mammogram Paid By
1 ☐CDC funds 8 ☐State funds 4 ☐Other funds

Screening MRI for Women at High Breast Cancer Risk*
0 ☐ Assessment is Incomplete 4 ☐ Suspicious Abnormality
1 ☐ Negative 5 ☐ Highly Suggestive
2 ☐ Benign Finding 6 ☐ Known Malignancy
3 ☐ Probably Benign 9 ☐ Not done

Date of Screening MRI |__|__| - |__|__| - |__|__|__|__| MM DD YYYY

Screening MRI Paid By
1 ☐ CDC funds 8 ☐ State funds 4 ☐ Other funds
Need prior approval by BCCP

Additional Procedures Needed/Planned to Complete Breast Cycle
1 ☐ Yes, *complete Form 3154B* 2 ☐ No

Cervical Cancer Screening

Cervical Services Provided 1 ☐ Yes 2 ☐ No
If no, skip this section
Hysterectomy? 1 ☐ Yes 2 ☐ No
If yes, is cervix present? 1 ☐ Yes 2 ☐ No
Was hysterectomy for cervical cancer/dysplasia? 1 ☐ Yes 2 ☐ No

Indication for Pap Test this Cycle
1 ☐ Screening
2 ☐ Surveillance (follow-up for a previous abnormal test)
3 ☐ Done by outside provider and referred in for diagnostic evaluation
4 ☐ Not done, *skip Pap Test Section*

Specimen Adequacy 1 ☐ Satisfactory 3 ☐ Unsatisfactory

Pap Test Result Bethesda 2014 (*Check only one*)
1 ☐ Negative for intraepithelial lesion or malignancy
2 ☐ Atypical Squamous Cells - Undetermined Significance (ASC-US)
3 ☐ Low Grade SIL (Including HPV changes)
4 ☐ Atypical Squamous Cells - cannot exclude HSIL (ASC-H)
5 ☐ High Grade SIL
6 ☐ Squamous Cell Carcinoma
7 ☐ Atypical Glandular Cells
8 ☐ Adenocarcinoma in situ (AIS)
9 ☐ Adenocarcinoma
10 ☐ Other results, specify _____
12 ☐ Result unknown, presumed abnormal

Date of Pap this Cycle |__|__| - |__|__| - |__|__|__|__| MM DD YYYY

Pap Paid By 1 ☐ CDC funds 8 ☐ State funds 4 ☐ Other funds

Indication for HPV Test this Cycle
1 ☐ Co-Test/Screening
2 ☐ Reflex
3 ☐ Not done

HPV Test Result
1 ☐ Positive
2 ☐ Negative

Date of HPV Test |__|__| - |__|__| - |__|__|__|__| MM DD YYYY

HPV Test Paid By 1 ☐ CDC funds 8 ☐ State funds 4 ☐ Other funds

Diagnostic Work-up Planned for Cervical Dysplasia or Cancer
1 ☐ Yes, *complete Form 3154C* 2 ☐ No

Form 3152 (Rev 11/2018)

Instructions for Breast and Cervical Cancer Screening Form 3152 (revised 8/2024)

Form required for: To collect identification and information on each participant screened through BCCP.

- The form should be submitted with each new screening cycle after results of all screening procedures are known including CBE, pap smear and mammogram as indicated.
- The form is for data collection only and is inadequate for case management or legal documentation. All fields and sections must be completed unless instructions for leaving the field blank are specified.

Record Update and Date: To indicate that new or changed data is being submitted.

- If the form is being submitted for the first time, leave both fields blank.
- If the form has been previously submitted and is being updated, check the box, and write in the date the updated record is being submitted. Submit only the new or changed information.

Enrollment Status: Mark the appropriate box to indicate if new or established.

District #: Enter assigned ID of Contractor.

CHD #: Enter 3-digit, Enter assigned number for County of service.

Clinic #: Enter 2-digit assigned Clinic code.

Date of Visit: Enter 8-digit, Date patient is admitted for services. (mm/dd/yyyy). This date of visit serves as the state record ID and the beginning of the current screening cycle.

Residence County: Enter the county of residence.

Type of Visit: Identifies the complexity of visit and admission status of patient.

- Comprehensive: Complete history and examination
- Partial: Partial examination of either breast or cervical
- Referral: Referral for diagnosis only

Last Name: Enter Patient's last name.

First Name: Enter Patient's first name.

Date of Birth: Enter Patient's 8-digit Date of Birth (mm/dd/yyyy).

Social Security Number: Enter SSN or leave blank if no SSN.

Breast Cancer Screening Section

Breast Services Provided:

Question	Mark Form According to Answer
Breast services provided	Mark #1 if breast cancer services were provided
	Mark #2 if no breast services provided and leave the rest of this section blank

Current Breast Symptoms? This field should be completed if breast services provided:

Question	Mark Form According to Answer
Do you have any breast problems or complaints?	Yes
	No

Clinical Breast Examination (CBE) This field should be completed if breast services provided: Mark the appropriate status and result of CBE.

Question	Mark Form According to Answer
Was CBE performed?	Yes, select CBE result: 1: Normal 2: Benign Findings (e.g., fibrocystic changes, diffuse lumpiness) 3: Abnormal-suspicious for Cancer-
	No. select: 4. Not needed 5. Needed, not performed at this visit

- An abnormal CBE, suspicious for cancer (3), regardless of the initial mammogram findings, requires additional work-up and should have the Breast Final Diagnosis Information Section of the MDEs completed.
- If the examining clinician seeks a second or third opinion within the practice or health department, preliminary findings should be recorded in the medical record until a final decision is made. After a final decision is made, complete the results.
- If the patient had a CBE performed within the past 90 days, enter the results from the medical record or the written documentation. Without documentation of a normal or abnormal CBE performed within the last 90 days a CBE should be performed and findings documented.
- If an initial mammogram is completed without having completed a CBE prior, select '4-not needed' in the Clinical Breast Exam field when completing form 3152 and complete the initial mammogram fields as usual (indication, type, and result). Select, ‘yes, additional breast procedures planned’ if appropriate, based on the results of the initial mammogram or any other screening procedures provided (i.e. MRI).

Date of Screening CBE: Leave blank if CBE was not performed.

Question	Mark Form According to Answer
Was CBE performed?	Yes: enter 8-digit date: mm/dd/yyyy
	No: leave blank

Note: If entering the program for a mammogram or breast diagnostic work-up after having a CBE within 90 days in another provider or health department location, enter the 8-digit date when CBE was done. The CBE date may be prior to the date of the current visit. Without documentation of a normal CBE or an abnormal CBE performed within the last 90 days, complete a CBE and document findings.

CBE pay source: Mark funding source as appropriate, leave blank if not performed.

CDC funds refer to BCCP federal funds. State funds refer state funds that may be provided to some Contractors. Other funds can include self-payment or other payments.

Indication for initial mammogram this cycle: Include indication/purpose for the mammogram:

Question	Mark Form According to Answer
Indication for mammogram?	Mark #1: Routine or annual screening mammogram
	Mark #2: Mammogram indicated to evaluate current breast symptoms, abnormal CBE findings, previous abnormal mammogram, or follow-up
	Mark #3: Mammogram performed by outside provider and referral made to BCCP for diagnostic follow-up
	Mark #4: Mammogram not provided

Type of Mammogram:

- #7 Screening
- #8 Diagnostic, unilateral
- #9 Diagnostic, bilateral

Initial mammogram Results (Check one): Mammogram report:

Question	Mark Form According to Answer
Mammogram Result?	Mark form according to mammogram results on report 0 Assessment is Incomplete (Bi-RADS 0) **Complete 3154B** 1. Negative (Bi-RADS 1) 2. Benign Finding (Bi-RADS 2) 3. Probably Benign (Bi-RADS 3) 4. Suspicious Abnormality (Bi-RADS 4) **Complete form 3154B** 5. Highly Suggestive of malignancy (Bi-RADS 5) **Complete form 3154B** 7. Unsatisfactory 11. Result unknown, presumed abnormal **Complete form 3154B**

- Form 3154 B should be competed for additional procedures as indicated by mammogram results.
- Bi-RADS 3 Probably Benign should not be reported as the initial mammogram result unless a diagnostic work-up was completed prior to the current screening cycle

Date of mammogram this cycle:

Question	Mark Form According to Answer
Was mammogram performed?	Yes: Enter 8-digit date from mammogram report: mm/dd/yyyy
	No: Leave blank

- If entering the program for diagnostic work-up after documented mammogram results within 90 days enter date of mammogram.

Mammography facility: FDA number of facility if the mammogram is performed, otherwise leave blank.

Mammogram paid by: Source of payment for mammogram should be filled out at the time mammography results received. Leave blank if mammogram was not performed.

- CDC funds refer to BCCP federal funds. State funds refer state funds that may be provided to some Contractors. Other funds can include self-payment or other payments.

Screening MRI for women at high breast cancer risk: Complete if at high risk for breast cancer

Question	Mark Form According to Answer
Was screening MRI performed?	Yes: mark form according to MRI results on report 0: Assessment is Incomplete **Complete Form 3154B** 1: Negative 2: Benign Finding 3: Probably Benign 4: Suspicious Abnormality **Complete form 3154B** 5: Highly Suggestive of malignancy **Complete form 3154B** 6: Known biopsy-proven malignancy
	No: #9: Not done

Date of Screening MRI:

Question	Mark Form According to Answer
Was screening MRI performed?	Yes - enter 8-digit date from mammogram report: mm/dd/yyyy
	No - leave blank

Screening MRI pay source: Mark a funding source as appropriate, leave blank if not performed.

- CDC funds refer to BCCP federal funds. State funds refer state funds that may be provided to some Contractors. Other funds can include self-payment or other payments.
- Prior approval by BCCP is required to provide screening MRI.

Additional Procedures Needed/Planned to Complete Breast Screening Cycle:

Question	Mark Form According to Answer
Referred to Specialist for additional imaging or diagnostic work-up? (Abnormal CBE, mammogram, or screening MRI)	Yes- complete Form 3154B
	No

Cervical Cancer Screening Section:

Cervical Services Provided: Complete if provided:

Question	Mark Form According to Answer
Cervical services provided?	Mark #1 if cervical cancer screening or diagnostic services were provided
	Mark #2 if no cervical services provided and leave cervical section blank

Hysterectomy:

Question	Mark Form According to Answer
Have you ever had a hysterectomy?	Mark #1 and go to next questions if Yes
	Mark #2 if No
Questions if Yes to Hysterectomy:	
• Is cervix present? • Was the hysterectomy for cervical cancer or dysplasia?	Mark #1 or #2 for answer

Indication for Pap: This field is to report the indication/purpose of the Pap test.

Question	Mark Form According to Answer
Indication for Pap Test?	Mark #1 for routine pap screening
	Mark #2 for pap performed following management of previous abnormal
	Mark #3 for pap performed by outside provider is referred to BCCP for diagnostic follow-up
	Mark #4 if pap not completed

Specimen Adequacy: Enter adequacy of pap specimen from pap smear cytology report

- If specimen adequacy is unsatisfactory pap should be repeated and reported as a new screening cycle

Results of Pap Test (check only one) as written on the pap report:

Question	Mark Form According to Answer
Pap test result?	Mark form according to Pap smear report 1. Negative for intraepithelial lesion or malignancy 2. Atypical Squamous Cells - Undetermined Significance (ASC-US) 3. Low Grade SIL (Including HPV changes) 4. Atypical Squamous Cells, can't exclude ASC-H **Complete 3154C** 5. High Grade SIL **Complete 3154C** 6. Squamous Cell Carcinoma **Complete 3154C** 7. Atypical Glandular Cells **Complete 3154C** 8 . Adenocarcinoma in situ (AIS) **Complete 3154C** 9 . Adenocarcinoma **Complete 3154C** 10. Other results: e.g., cytologically benign endometrial cells in post-menopausal women or specimen lost 12: Result unknown, presumed abnormal **Complete 3154C**

- Post-hysterectomy vaginal smears should be reported as a Pap test if the hysterectomy was performed due to a cervical cancer or CIN.
- Results that <u>should not</u> be included in #10 other results:
  - No endocervical cells or component
  - Lack of endocervical cells
  - Epithelial cell abnormalities
  - Transfer zone absent
  - CIN1, CIN2, CIN3, or other malignant Neoplasia
  - CIS
  - Atrophy
  - Lesions
  - VAIN; VIN
  - Pelvic exams
  - Hormonal evaluation

Date of pap:

Question	Mark Form According to Answer
Was pap performed?	YES - enter 8-digit date from pap report: mm/dd/yyyy
	NO - leave blank

Note: Enter date pap was completed if pap was completed within 90 days by outside provider but referral made for diagnostic follow-up.

Pap pay source: Mark funding source or leave blank if not performed

- CDC funds refer to BCCP federal funds. State funds refer to funds that may be provided to some Contractors. Other funds can include self-payment or other payments.
- Not eligible for cervical screening but eligible for vaginal screening, select YES for state or other funds.
- No risk factors for vaginal cancer and vaginal pap smear completed, select YES for other funds.

Indication for HPV test: Report the indication/purpose of the HPV test.

Question	Mark Form According to Answer
Indication for HPV Test?	Mark #1 for a Co-test/Screening test.
	Mark #2 for a Reflex test
	Mark #3 for HPV test not completed

HPV Results: Report HPV test results.

Question	Mark Form According to Answer
HPV test results?	Mark '1' or '2' on form if done.

- HPV performed immediately following an ASC-US pap test result should be reported with the pap result.
- HPV performed while under surveillance (6-12 month follow-up) should be reported as part of a new screening.

Date of HPV Test: Complete if HPV test was done.

Question	Mark Form According to Answer
Was HPV test performed?	YES: enter date from pap report: mm/dd/yyyy
	NO: leave blank

HPV Pay Source: Mark a funding source on the form as appropriate, leave blank if not done.

- CDC funds refers to BCCP federal funds. State funds refer to funds that may be provided to some Contractors. Other funds can include self-payment or other payments.

Diagnostic Work-up Planned to Rule Out Cervical Cancer or Precancer:

Question	Mark Form According to Answer
Referred for diagnostic work-up? (Rule out cervical cancer)	Yes: complete form **3154C**
	No

3154B – Breast Cancer Diagnostic & Treatment Form (revised 11/2018)

GEORGIA DEPARTMENT OF PUBLIC HEALTH
BREAST CANCER DIAGNOSTIC & TREATMENT FORM
(PLEASE PRINT)

☐ Record Update Date: |__|__|-|__|__|-|__|__|__|__|

District #_____ CHD # |__|__|__| Clinic # |__|__| Date of Visit (Record ID) |__|__|-|__|__|-|__|__|__|__| MM DD YYYY

Name:
Last |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| First |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Social Security Number |__|__|__| - |__|__| - |__|__|__|__| Date of Birth |__|__|-|__|__|-|__|__|__|__| MM DD YYYY

Imaging/Breast Cancer Diagnostic Procedures
Enter date for each procedure performed

Additional Mammographic Views
Date |__|__|-|__|__|-|__|__|__|__| MM DD YYYY

Ultrasound
Date |__|__|-|__|__|-|__|__|__|__| MM DD YYYY

Repeat Breast Exam/Surgical Consultation
Date |__|__|-|__|__|-|__|__|__|__| MM DD YYYY

Fine Needle/Cyst Aspiration
Date |__|__|-|__|__|-|__|__|__|__| MM DD YYYY

Biopsy/Core Needle/Lumpectomy
Date |__|__|-|__|__|-|__|__|__|__| MM DD YYYY

Other *(Check all that apply)*
☐ Consultation (other than repeat breast exam)
☐ Diagnostic MRI*
☐ Other not listed*, specify_____

Date |__|__|-|__|__|-|__|__|__|__|

Date |__|__|-|__|__|-|__|__|__|__| MM DD YYYY

Need prior approval by BCCP

Breast Diagnostic/Imaging Procedure(s) Paid By *(Check all that apply)*

CDC funds	1 ☐ Yes	2 ☐ No
State funds	1 ☐ Yes	2 ☐ No
Other funds	1 ☐ Yes	2 ☐ No

Status of Final Diagnosis/Imaging
1 ☐ Work-up Complete
2 ☐ Work-up Pending
3 ☐ Lost to Follow-up
4 ☐ Work-up Refused

Date of Status of Final Diagnosis/Imaging
|__|__|-|__|__|-|__|__|__|__| MM DD YYYY

Final Diagnosis *(Check one)*
2 ☐ Invasive Breast Cancer
3 ☐ Breast Cancer Not Diagnosed
4 ☐ Lobular Carcinoma In Situ (LCIS)
5 ☐ Ductal Carcinoma In Situ (DCIS)

Date of Final Diagnosis |__|__|-|__|__|-|__|__|__|__| MM DD YYYY

Complete Following Section if Final Diagnosis is 2, 4 or 5

Ever Previously Diagnosed with Cancer 1 ☐ Yes 2 ☐ No
If yes, was it breast cancer 1 ☐ Yes 2 ☐ No

Status of Treatment
1 ☐ Treatment Started
2 ☐ Treatment Pending
3 ☐ Lost to Follow-up
4 ☐ Refused Treatment
5 ☐ Treatment Not Needed

Date of Treatment Status |__|__|-|__|__|-|__|__|__|__| MM DD YYYY

Treatment Paid By

Cancer State Aid	1 ☐ Yes	2 ☐ No
WH Medicaid	1 ☐ Yes	2 ☐ No
Medicaid	1 ☐ Yes	2 ☐ No
Private Insurance	1 ☐ Yes	2 ☐ No
Other (self/local funds)	1 ☐ Yes	2 ☐ No

Form 3154B (Rev 11/2018)

Instructions for Breast Cancer Diagnostic & Treatment Form 3154B:

Form required to document the diagnostic work-up for abnormal mammogram results and/or abnormal CBE results and to document treatment information for breast cancer diagnosis.

- Form must be completed if additional procedures are needed to complete breast screening cycle.
- The form is for data collection only and is inadequate for case management or legal documentation. All fields and sections must be completed unless instructions for leaving the field blank are specified.

Record Update and Date: To indicate that new or changed data is being submitted.

- If the form is being submitted for the first time, leave both fields blank.
- If the form has been previously submitted and is being updated, check the box, and write in the date the updated record is being submitted. Submit only the new or changed information.

District #: Enter assigned ID of Contractor.

CHD #: Enter 3-digit assigned number for County of service location.

Clinic #: Enter 2 digit assigned Clinic code.

Last Name: Enter Patient's last name.

First Name: Enter Patient's first name.

Date of Birth: Enter Patient's 8-digit Date of Birth (mm/dd/yyyy).

Social Security Number: Enter SSN or leave blank if no SSN.

Imaging/Breast Cancer Diagnostic Procedures Date: For each procedure, leave blank if not provided

Additional Mammographic Views Date: For additional views (compression, magnification, diagnostic mammograms)

Ultrasound: Date if performed

Repeat Breast Exam/Surgical Consultation: Date if completed

Fine Needle/Cyst Aspiration: Enter date if a fine needle or cyst aspiration performed

Biopsy/Core Needle/Lumpectomy: Enter date if an incisional, excisional or core needle biopsy or lumpectomy was performed

Other Procedures: Enter date if other diagnostic procedures were performed

Question	Mark Form According to Answer	
Other Procedures performed?	Consultation: other than repeat CBE	Check if yes
	Diagnostic MRI*: BCCP prior approval required	Check if yes
	Other procedures not listed*: BCCP prior approval required	Check if yes, documentation of procedure

- BCCP prior approval required for MRI and Other Procedures

Source of payment for breast cancer diagnostic/imaging procedure(s): Check yes or no for each fund source as appropriate, leave blank if not provided.

- CDC funds refer to BCCP federal funds. State funds refer state funds that may be provided to some Contractors. Other funds can include self-payment or other payments.

Status of Final Diagnosis/Imaging and Date:

Check the appropriate value and complete date field.

Question	Mark Form According to Answer	
Work-up complete?	Yes- diagnosis: Check #1 and enter date of procedure for date of diagnosis	
	No	#2: Work-up pending if time since abnormal screening or referral is less than 60 days
		#3: Lost to follow-up
		#4: Refused work-up

Note: If diagnostic work-up is pending and time since date of abnormal screen or referral is 60 days or more, document and conduct an administrative closeout.

- Lost to Follow-up: Use this reason for administrative closeout if a woman has moved without a forwarding address or has died before she receives a final diagnosis.
- Work-up Refused: Use this reason for administrative closeout if the patient is reached but does not comply with recommended follow-up.

Final Diagnosis

Final diagnosis is an important outcome measure for the Breast and Cervical Cancer Programs. It is especially important that these data are complete, timely, and accurate.

Question	Mark Form According to Answer
Final Diagnosis?	2 - Invasive Breast Cancer 3 - Breast Cancer Not Diagnosed 4 - Lobular Carcinoma In Situ (LCIS) 5 - Ductal Carcinoma In Situ (DCIS) Diagnosis Invasive Breast Cancer (2), LCIS, or DCIS requires complete Cancer History and Treatment sections on the form.

Note: If multiple primaries are detected in one screening report, report the most serious. For example, if a woman has both in situ and invasive breast cancer, report the invasive

cancer as the final diagnosis. If DCIS & LCIS are both detected in one screening, report DCIS.

Date of Final Diagnosis

This is the date that the clinical diagnosis is made, or the date at which the clinical decision is made that no cancer is present. It is the date of the procedure that was performed that determines the final diagnosis of cancer or non-cancer. If more than one procedure is performed, use the date for the procedure that provides a definitive diagnosis.

Enter the date as mm/dd/yyyy

Cancer History

To specify if patient had cancer and if it's breast cancer

Question	Mark Form According to Answer
Ever Previously Diagnosed with Cancer?	Yes - if patient previously diagnosed with any cancer(s)
	No – if patient never diagnosed with any cancer(s)

Question Asked Patient if Patient Previously Diagnosed with Cancer	Mark Form According to Answer
Was the cancer breast cancer?	Yes- if it's breast cancer
	No- other cancer

Treatment Status and Date

Complete if final diagnosis is Invasive, LCIS, or DCIS.

Information indicating that treatment has started is an important outcome measure for the Breast and Cervical Cancer Program.

Question	Mark Form According to Answer	
Treatment started?	Yes- Check (1) treatment started & note date started. 8-digit date as mm/dd/yyyy	
	No	Check (2) pending if less than 60 days has lapsed since diagnosis.
		Check (3) lost to follow up if administrative close out is made because the patient has moved or died.
		Check (4) refused treatment if administrative close out is made because the patient continues to refuse treatment after all barriers have been identified and addressed.

		Check (5) treatment not needed if the surgeon counsels a patient that a diagnosis of Lobular Carcinoma in Situ may be treated with watchful waiting rather than a mastectomy.

Note: If the time since the diagnosis is 60 days or greater and the treatment has not been initiated, review the case with the BCCP Coordinator before making an administrative close out of the record.

Treatment Paid by

Source of payment for breast cancer treatment
Mark a funding source on the form as appropriate.
Leave blank if test was not performed.

Note: WH Medicaid funds refer to Women's Health Medicaid. Other funds refer to self-payment or other fund sources.

GEORGIA DEPARTMENT OF PUBLIC HEALTH
CERVICAL CANCER DIAGNOSTIC & TREATMENT FORM
(PLEASE PRINT)

☐ Record Update Date: |__|__|-|__|__|-|__|__|__|__|

District #_____ CHD # |__|__|__| Clinic # |__|__| Date of Visit (Record ID) |__|__|-|__|__|-|__|__|__|__| MM DD YYYY

Name:
Last |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| First |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Social Security Number |__|__|__| - |__|__| - |__|__|__|__| Date of Birth |__|__|-|__|__|-|__|__|__|__| MM DD YYYY

Cervical Diagnostic Work-up Procedures
Enter date for each procedure performed

Colposcopy without Biopsy
Date |__|__|-|__|__|-|__|__|__|__| MM DD YYYY

Colposcopy with Biopsy and/or ECC
Date |__|__|-|__|__|-|__|__|__|__| MM DD YYYY

LEEP
Date |__|__|-|__|__|-|__|__|__|__| MM DD YYYY

Conization
Date |__|__|-|__|__|-|__|__|__|__| MM DD YYYY

Other *(Check all that apply)*
☐ GYN Consultation
☐ Endometrial Biopsy
☐ Excision of Endocervical Polyps
☐ D&C*
☐ Biopsy Vulva/Vagina*

Date |__|__|-|__|__|-|__|__|__|__|

Date |__|__|-|__|__|-|__|__|__|__| MM DD YYYY

Need prior approval by BCCP

Cervical Diagnostic Procedure(s) Paid By *(Check all that apply)*

CDC funds	1 ☐ Yes	2 ☐ No
State funds	1 ☐ Yes	2 ☐ No
Other funds	1 ☐ Yes	2 ☐ No

Status of Final Diagnosis
1 ☐ Work-up Complete
2 ☐ Work-up Pending
3 ☐ Lost to Follow-up
4 ☐ Work-up Refused

Date of Status of Final Diagnosis |__|__|-|__|__|-|__|__|__|__| MM DD YYYY

Final Diagnosis *(Check one)*
1 ☐ Normal/Benign/Reactive/Inflammation
2 ☐ HPV/Condylomata/Atypia
3 ☐ CIN 1/Mild Dysplasia (biopsy diagnosis)
4 ☐ CIN 2/Moderate Dysplasia (biopsy diagnosis)
5 ☐ CIN 3/Severe Dysplasia/CIS/AIS (biopsy diagnosis)
6 ☐ Invasive Cervical Squamous Carcinoma or Invasive Adenocarcinoma of Cervix (biopsy diagnosis)
7 ☐ Other, specify_____
10 ☐ Recurrent cervical cancer

Date of Final Diagnosis |__|__|-|__|__|-|__|__|__|__| MM DD YYYY

Status of Treatment
Must be completed if Final Diagnosis is 4, 5, 6 or 7

1 ☐ Treatment Started
2 ☐ Treatment Pending
☐ Delayed Due to Pregnancy
3 ☐ Lost to Follow-up
4 ☐ Refused Treatment
5 ☐ Treatment Not Needed

Date of Treatment Status |__|__|-|__|__|-|__|__|__|__| MM DD YYYY

Treatment Paid By

State funds	1 ☐ Yes	2 ☐ No
Cancer State Aid	1 ☐ Yes	2 ☐ No
WH Medicaid	1 ☐ Yes	2 ☐ No
Medicaid	1 ☐ Yes	2 ☐ No
Private Insurance	1 ☐ Yes	2 ☐ No
Other (self/local funds)	1 ☐ Yes	2 ☐ No

Form 3154C (Rev 11/2018)

Instructions for Cervical Cancer Diagnostic & Treatment Form 3154C (revised 11/2018):

Form required to document the diagnostic work-up for abnormal cervical screening results and treatment information for diagnoses of cancer or severe dysplasia.

- Form must be completed if the Diagnostic Work-up Planned for Cervical Dysplasia or Cancer on Form 3152 is marked Yes.
- Required for abnormal pap smear results of 2nd ASCUS, Low SIL, High SIL, squamous cell carcinomas, other malignant neoplasms, glandular cell abnormalities, endometrial cells found post-menopause, AGUS, and adenocarcinoma.
- The form is for data collection only and is inadequate for case management or legal documentation. All fields and sections must be completed unless instructions for leaving the field blank are specified.

Record Update and Date: To indicate that new or changed data is being submitted.

- If the form is being submitted for the first time, leave both fields blank.
- If the form has been previously submitted and is being updated, check the box and write in the date the updated record is being submitted. Submit only new or changed information.

District #: Enter assigned ID of Contractor.

CHD #: Enter 3-digit assigned number for County of service location.

Clinic #: Enter 2 digit assigned Clinic code.

Last Name: Enter Patient's last name.

First Name: Enter Patient's first name.

Date of Birth: Enter Patient's 8-digit Date of Birth (mm/dd/yyyy).

Social Security Number: Enter SSN or leave blank if no SSN.

Cervical Diagnostic Work-up Procedures: Provide based on diagnostic procedures completed:

- Cervical Diagnostic Work-Up Procedures: Enter date for each procedure performed, otherwise leave blank.
- Colposcopy without biopsy: If provided.
- Colposcopy with biopsy and/or ECC: If provided.
- LEEP: If LEEP was performed as a diagnostic procedure.
- Conization: If Conization was performed as a diagnostic procedure.

- Other:

Question	Mark Form According to Answer	
Other Procedures performed?	GYN Consultation	Check if Yes
	Endometrial Biopsy	Check if Yes
	Excision of Endocervical Polyps	Check if Yes
	D&C **BCCP approval required**	Check if Yes
	Biopsy Vulval/Vagina **BCCP approval required**	Check if Yes, document specifics

- If both colposcopy without biopsy and colposcopy-directed biopsy were performed during a single screening cycle, report the more definitive procedure.
- Other procedures does not include additional Pap smears or treatment such as cryosurgery, hysterectomy, laser, or cautery.
- Enter two 8-digit dates if more than two other procedures were performed.
- Obtain BCCP approval for procedures indicated.

Cervical Diagnostic Procedure(s) Pay Source: Check either Yes or No in each a funding source field on the form as appropriate. Leave blank if not performed.

- CDC funds refer to BCCP federal funds. State funds refer state funds that may be provided to some Contractors. Other funds can include self-payment or other payments.

Status of Final Diagnosis and Date: Check the appropriate value and complete date field.

Question	Mark Form According to Answer	
Work-up complete?	Yes- diagnosis received - Enter 8-digit date of diagnosis that diagnostic procedure was completed (i.e., biopsy)	
	No	Less than 60 days since abnormal screening or referral mark #2: work-up pending & date
		Lost to follow-up mark #3 and date
		Refused work-up mark (#4 and date

		Diagnostic work-up pending and > 60 days since abnormal screen or referral document and conduct an administrative closeout.

- Lost to Follow-up: Use this reason for administrative closeout if a woman has moved without a forwarding address or has died before receiving a final diagnosis.
- Work-up Refused: Use this reason for administrative closeout if patient is reached but does not comply with recommended follow-up.

Final Diagnosis: Data measure that should be complete, timely, and accurate.

Question	Mark Form According to Answer
Final Diagnosis?	1. Normal/Benign/Reactive/Inflammation 2. HPV/Condylomata/Atypia 3. CIN 1/Mild Dysplasia: biopsy DX, complete treatment section 4. CIN 2/Moderate Dysplasia: biopsy DX, complete treatment section 5. CIN 3/Severe Dysplasia/CIS/AIS: biopsy DX, complete treatment section 6. Invasive Cervical Squamous Carcinoma or Invasive Adenocarcinoma of Cervix: biopsy DX, complete treatment section 7. Other, specify: _____ 10. Recurrent cervical cancer

- If multiple primary specimens or sites have diagnoses, report the most serious. Example: if CIN II and invasive cervical cancer are both found, report invasive cancer as the final diagnosis.
- Final diagnoses of Adenocarcinoma in situ (AIS) of the cervix or squamous cell carcinoma in situ of the cervix should be reported as 5 (CIN3/Severe dysplasia/CIS/AIS).
- Sarcomas of a histologic type of primary cancer occurring in the cervix should be considered invasive cervical carcinoma.
- Report as Recurrent Cervical Cancer if previous diagnosis of cervical cancer unless the second or current diagnosis of cervical cancer is determined to be a new primary cancer.

Date of Final Diagnosis: Date of the procedure performed that determines the final diagnosis or determines that no cancer is present. If more than one procedure performed use procedure date that provides a definitive diagnosis.

Treatment Status and Date: Complete for the following:

#2: HPV, #3: CIN I, #4: CIN II/severe dysplasia/CIS, #5: CIN III/ severe dysplasia/CIS/AIS, #6: Invasive Cervical Carcinoma or adenocarcinoma, #7: Other GYN cancer diagnosis or pre-malignant GYN condition.

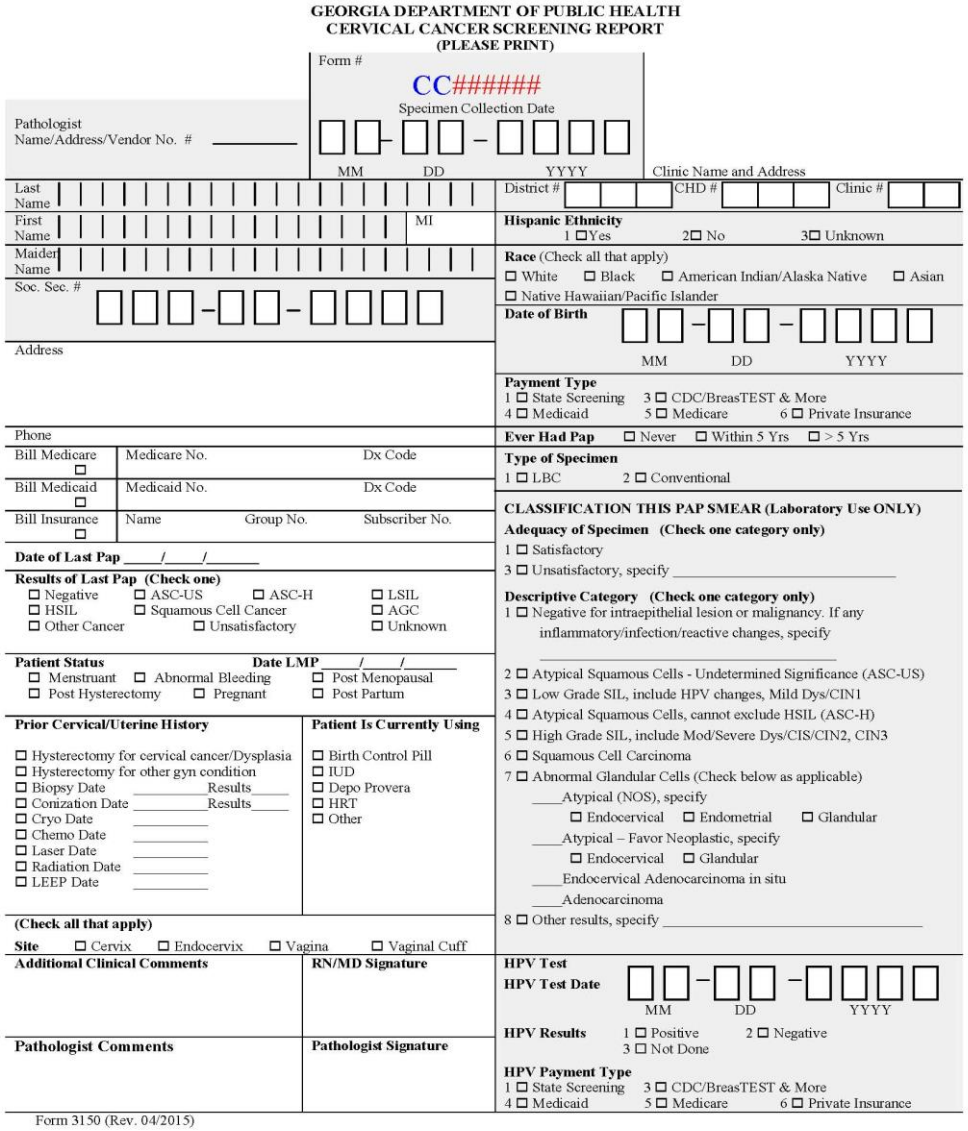
Question	Mark Form According to Answer	
Treatment started?	Yes: Check #1: Treatment & date started. 8-digit date as mm/dd/yyyy	
	No	Check #2: Pending if < 60 days since diagnosis.
		Check #3: Lost to follow up if administrative close out due to moved or death
		Check #4: Refused treatment if administrative close out due to refusal after attempts have been made to address barriers and access issues
		Check #5: Treatment not needed if surgical decision to monitor rather than treat the diagnosed condition

- If the time since the diagnosis is 60 days or greater without treatment initiation, review the case with BCCP before making administrative closeout.

Treatment Pay Source: Mark appropriate funding source or leave blank if not performed.

- CDC funds refer to BCCP federal funds. State funds refer to funds that may be provided to some Contractors. WH Medicaid refers to Women's Health Medicaid. Other funds can include self-payment or other payments.

OPTIONAL: For internal use by districts and clinics only.



GEORGIA DEPARTMENT OF PUBLIC HEALTH
CERVICAL CANCER SCREENING REPORT
(PLEASE PRINT)

Form # CC######

Specimen Collection Date ☐☐-☐☐-☐☐☐☐ (MM DD YYYY)

Pathologist Name/Address/Vendor No. # _____

Clinic Name and Address

Last Name | First Name | MI | Maiden Name

Soc. Sec. # ☐☐☐-☐☐-☐☐☐☐

Address

Phone

District # | CHD # | Clinic #

Hispanic Ethnicity 1 ☐Yes 2☐ No 3☐ Unknown

Race (Check all that apply)
☐ White ☐ Black ☐ American Indian/Alaska Native ☐ Asian
☐ Native Hawaiian/Pacific Islander

Date of Birth ☐☐-☐☐-☐☐☐☐ (MM DD YYYY)

Payment Type
1 ☐ State Screening 3 ☐ CDC/BreasTEST & More
4 ☐ Medicaid 5 ☐ Medicare 6 ☐ Private Insurance

Ever Had Pap ☐ Never ☐ Within 5 Yrs ☐ > 5 Yrs

Type of Specimen
1 ☐ LBC 2 ☐ Conventional

Bill Medicare ☐	Medicare No.		Dx Code
Bill Medicaid ☐	Medicaid No.		Dx Code
Bill Insurance ☐	Name	Group No.	Subscriber No.

Date of Last Pap ____/____/_____

Results of Last Pap (Check one)
☐ Negative ☐ ASC-US ☐ ASC-H ☐ LSIL
☐ HSIL ☐ Squamous Cell Cancer ☐ AGC
☐ Other Cancer ☐ Unsatisfactory ☐ Unknown

Patient Status **Date LMP** ____/____/_____
☐ Menstruant ☐ Abnormal Bleeding ☐ Post Menopausal
☐ Post Hysterectomy ☐ Pregnant ☐ Post Partum

Prior Cervical/Uterine History
☐ Hysterectomy for cervical cancer/Dysplasia
☐ Hysterectomy for other gyn condition
☐ Biopsy Date _____Results_____
☐ Conization Date _____Results_____
☐ Cryo Date _____
☐ Chemo Date _____
☐ Laser Date _____
☐ Radiation Date _____
☐ LEEP Date _____

Patient Is Currently Using
☐ Birth Control Pill
☐ IUD
☐ Depo Provera
☐ HRT
☐ Other

(Check all that apply)
Site ☐ Cervix ☐ Endocervix ☐ Vagina ☐ Vaginal Cuff

Additional Clinical Comments

RN/MD Signature

Pathologist Comments

Pathologist Signature

CLASSIFICATION THIS PAP SMEAR (Laboratory Use ONLY)

Adequacy of Specimen (Check one category only)
1 ☐ Satisfactory
3 ☐ Unsatisfactory, specify _____

Descriptive Category (Check one category only)
1 ☐ Negative for intraepithelial lesion or malignancy. If any inflammatory/infection/reactive changes, specify _____
2 ☐ Atypical Squamous Cells - Undetermined Significance (ASC-US)
3 ☐ Low Grade SIL, include HPV changes, Mild Dys/CIN1
4 ☐ Atypical Squamous Cells, cannot exclude HSIL (ASC-H)
5 ☐ High Grade SIL, include Mod/Severe Dys/CIS/CIN2, CIN3
6 ☐ Squamous Cell Carcinoma
7 ☐ Abnormal Glandular Cells (Check below as applicable)
____Atypical (NOS), specify ☐ Endocervical ☐ Endometrial ☐ Glandular
____Atypical – Favor Neoplastic, specify ☐ Endocervical ☐ Glandular
____Endocervical Adenocarcinoma in situ
____Adenocarcinoma
8 ☐ Other results, specify _____

HPV Test
HPV Test Date ☐☐-☐☐-☐☐☐☐ (MM DD YYYY)
HPV Results 1 ☐ Positive 2 ☐ Negative 3 ☐ Not Done

HPV Payment Type
1 ☐ State Screening 3 ☐ CDC/BreasTEST & More
4 ☐ Medicaid 5 ☐ Medicare 6 ☐ Private Insurance

Form 3150 (Rev. 04/2015)

Instructions for Cervical Cancer Screening Report Form 3150:

Purpose and Requirements of Form:

- Collect required BCCP data elements including patient information and history
- Include with each pap smear specimen submitted to a laboratory
- All fields and sections must be completed unless reasons for field blank are specified
- Provides pap smear results

Pathologist: Pathologist's name, address and vendor number should be entered here by the lab

when the specimen is received at the facility.

Specimen Collection Date: Enter 8-digit date specimen is collected (mm/dd/yyyy).

Clinic Address: Name and mailing address should be stamped or entered here.

Last Name: Enter Patient's last name

First Name: Enter Patient's first name

M.I.: Enter middle initial, if applicable

Maiden name: Enter Patient's maiden name, if different from patient's last name

Social Security Number: Enter 9-digit SSN, leave blank if no SSN.

Right side of form:

Address: Street number and name, apartment number, city, and nine-digit zip code

Phone: Enter 7-digit phone number, including area code

Bill Medicare: Check box only if patient has Medicare.

Medicare Number: Enter Medicare number, whether “A”, “B” or both coverages.

Dx Code: Enter appropriate Diagnostic code of procedure.

Bill Medicaid: Check box if Medicaid recipient.

Medicaid Number: Enter Medicaid number.

Dx Code: Enter appropriate Diagnostic code of procedure.

Bill Insurance: Check box only if patient has other insurance coverage.

Name of Insurance: Enter name of the insurance company.

Group Number: Enter the insurance group number.

Subscriber Number: Enter appropriate subscriber number if applicable.

Date of Last Pap: Enter the 8-digit date of the patient’s last pap smear (mm/dd/yyyy).

Result of Last Pap: Check only one appropriate box from the selection of results.

Patient Status (Check all boxes that apply): Menstrual history and date of last menstrual period.

Prior Cervical/Uterine History (check all boxes that apply): History cervical or uterine problems.

Patient is Currently Using (check one box): Contraceptive or hormone replacement therapy.

Site (check all that apply): Site from which pap smear specimen was obtained.

Additional Clinical Comments: clinical findings or significant history for pathology to be aware of.

(i.e. friable cervix or history genital warts, STDs, smoking)

RN/MD Signature:

Left Side of Form:

District #: Enter the state assigned number for Contractor/Provider.

CHD#: Enter state assigned county ID number.

Clinic #: Enter 2-digit clinic site/[program where pap smear was collected

Hispanic ethnicity: Enter self-identification of Hispanic ethnicity. Check only one box.

Race: Enter self-identification of race, may select more than one race. Check all that apply.

Date of Birth: Enter 8-digit date of birth: mm/dd/yyyy.

The remainder of form is to be completed by the pathologist providing the cytologic evaluation.

BCCP Minimum Data Elements (MDE) Data Definition Table

Item ID	Field Name	Start	Width	Format	Valid Values	Note
1	Patient Unique ID	1	12	Left Justify		It should be unique and constant for each patient in order to track the patient over time
2	Record ID	13	9			It should be unique and constant for each record of a patient
3	Social Security Number	22	12	Left Justify	9-digit SSN	This field should be left blank if no SSN provided
4	Date of Visit	34	8	MMDDYYYY	Valid Date	Check for validity, i.e. the date should on or before the current date.
5	Last Name	42	20	Left Justify	20 characters	
6	First Name	62	15	Left Justify	15 characters	
7	MI	77	1		1 character	
8	Maiden Name	78	20	Left Justify	20 characters	
9	Address	98	40	Left Justify	40 characters	
10	City of Residence	138	27	Left Justify	27 characters	
11	State of Residence	165	2			Using USPS Postal Abbreviation
12	Zip Code of Residence	167	9	Left Justify	5 + 4-digit number	Valid 5-diget Zip Code or 9-diget Zip Code if available
13	Date of Birth	176	8	MMDDYYYY	Valid Date	Check for validity, i.e. no one too old or too young at date of enrollment

Item ID	Field Name	Start	Width	Format	Valid Values	Note
14	Hispanic or Latino Ethnicity	184	1		1 - Yes 2 - No	
15	Race – White	185	1		1 - Yes 2 - No	
16	Race – Black	186	1		1 - Yes 2 - No	
17	Race - American Indian / Alaska Native	187	1		1 - Yes 2 - No	
18	Race – Asian	188	1		1 - Yes 2 - No	
19	Race - Native Hawaiian / Pacific Islander	189	1		1 - Yes 2 - No	
20	Meet BCCP Income Requirement	190	1		1 - Yes 2 - No	
21	Health Insurance	191	1		1 - Yes 2 - No 3 - Under Insured	
22	Special Needs	192	1		1 - Yes 2 - No	
23	Health District or Contract Provider ID Number	193	2	Left Justify	See appendices for contractor list and ID #s	
24	Enrollment County Number	195	3		001 - 159	
25	Enrollment Clinic Number	198	3	Left Justify	01-99	
26	County of Residence	201	3		001-159	

Item ID	Field Name	Start	Width	Format	Valid Values	Note
27	Visit Type	204	1		1 – Comprehensive 2 – Partial 6 – Referral	Optional
28	Enrollment Status	205	1		1 – New 4 – Established	Optional
29	Assisted by Patient Navigator	206	1		1 - BCCP funded Patient Navigator 2 - FQHC funded Patient Navigator 3 - Assistance needed but Patient Navigator not available 4 - Assistance not needed	
30	Breast Services Provided	207	1		1 - Yes 2 - No	If this field is '2-No', Breast Services Information (items 31 - 45 and 65 - 91) should be blank
31	High Risk for Breast Cancer	208	1		1 - Yes 2 - No 3 - Not assessed	If this field is 2 or 3, Screening MRI information (items 42-44) should be blank
32	Current Breast Symptoms	209	1		1 - Yes 2 - No	
33	Clinical Breast Exam (CBE)	210	1		1 – Normal 2 – Benign 3 – Abnormal - Suspicious for Cancer 4 – Not needed 5 – Needed, not performed	
34	Date of CBE	211	8	MMDDYYYY	Valid date	If CBE is '1', '2' or '3', this field must be completed If CBE is '4' or '5', This field should be blank
35	CBE Paid by	219	2	Left Justify	1 - CDC funds 8 - State funds 4 - Other funds	'8' (State funds) should be all state funding sources
36	Indication for Mammogram this Cycle	221	1		1 - Screening 2 - Diagnostic mammogram 3 - Done by outside provider and	'1' (Screening) should be reported for a mammogram performed as part of a routine or annual screening

Item ID	Field Name	Start	Width	Format	Valid Values	Note
					referred in for diagnostic evaluation 4 - Not done	schedule and in the absence of symptoms or a recent positive CBE. '2' (Diagnostic) should be reported for a mammogram performed as additional evaluation of a recent mammogram prior to this cycle, evaluation of current symptoms or abnormal CBE finding, or prior history of breast cancer. '3' (Referred) should be reported when a patient has had a mammogram performed outside of the Program, and is referred to the Program for diagnostic work-up. A valid Mammogram Result should be reported. '4' (Not Done) should be reported when the patient only received a CBE; or when the patient does not have an initial mammogram performed and goes screening MRI or directly to Diagnostic Work-up. If this field is '1','2' or '3', Initial Mammogram Test information (items 37-41) must be completed as appropriate
37	Type of Mammogram	222	2	Left Justify	7 - Screening 8 - Diagnostic, unilateral 9 - Diagnostic, bilateral	

Item ID	Field Name	Start	Width	Format	Valid Values	Note
38	Mammogram Results	224	2	Left Justify	0 - Assessment incomplete 1 - Negative 2 - Benign 3 - Probably Benign 4 - Suspicious Abnormality 5 - Highly suggestive 7 - Unsatisfactory 11 - Unknown, presumed abnormal 15 - Known Biopsy-Proven Malignancy	This field should be the initial result of the first mammographic film only. If any additional imaging is needed, to obtain a final imaging result, then report '0'. This field should be '11' only when 'Indication for Initial Mammogram' (item 36) is '3 -Non-program mammogram, CBE only, Referred in for diagnostic evaluation' and the actual result of the initial mammogram is not known. A result of '7' (Unsatisfactory) indicates that the cycle should be considered complete, and a new cycle will begin with the repeat mammogram. If this field is 4, 5, 0 or 11, 'Additional Procedures Needed/Planned to Complete Breast Cycle' field (item 45) should be set to '1'
39	Date of Mammogram this Cycle	226	8	MMDDYYYY	Valid Date	If Initial Mammogram Result is '0', '1', '2', '3', '4', '5' or '7', enter MMDDYYYY. If Initial Mammogram Result is '11' and date is known, enter MMDDYYYY, otherwise blank fill.
40	Mammography Facility	234	6		Valid Facility FDA number	FDA number
41	Mammogram Paid by	240	2	Left Justify	1 - CDC funds 8 - State funds 4 - Other funds	

Item ID	Field Name	Start	Width	Format	Valid Values	Note
42	Screening MRI results	242	2	Left Justify	0 - Assessment is Incomplete 1 - Negative 2 - Benign Finding 3 - Probably Benign 4 - Suspicious Abnormality 5 - Highly Suggestive 6 - Known Malignancy 9 - Not done	This field should be blank if 'High Risk for Breast Cancer' (item 31) is '2' or '3'
43	Date of Screening MRI	244	8	MMDDYYYY	Valid Date	If Screening MRI Result is '0' to '6', enter MMDDYYYY. If Screening MRI Result is '9', leave it blank
44	Screening MRI Paid by	252	2	Left Justify	1 - CDC funds 8 - State funds 4 - Other funds	
45	Additional Procedures Needed/Planned to Complete Breast Cycle	254	1		1 - Yes 2 - No	If this field is '1', breast diagnosis information (items 65-91) must be completed as appropriate If this field is '2', breast diagnosis information (items 65-91) should be blank
46	Cervical Services Provided	255	1		1 - Yes 2 - No	If this field is '2', cervical services information (items 47-63 and 93-120) should be blank
47	High Risk for Cervical Cancer	256	1		1 - Yes 2 - No 3 - Not assessed	
48	Previous Pap Smear	257	1		1 - Yes 2 - No	
49	Date of Previous Pap	258	6	MMYYYY	Valid Month and Year	If 'Previous Pap Smear' is '1', then enter MMYYYY (if known), blank fill (if unknown), or enter _ _YYYY (if partially known).

Item ID	Field Name	Start	Width	Format	Valid Values	Note
						If 'Previous Pap' is ‘2’ or ‘3’, blank fill.
50	Hysterectomy	264	1		1 - Yes 2 - No	If this field is ‘1’, 'Is cervix present' and 'Was Hysterectomy for cervical cancer/dysplasia' fields need to be completed.
51	Is cervix present	265	1		1 - Yes 2 - No	
52	Was Hysterectomy for cervical cancer/dysplasia	266	1		1 - Yes2 - No	
53	Indication for Pap Test This Cycle	267	1		1 - Screening 2 - Surveillance (follow-up for a previous abnormal test) 3 - Done by outside provider and referred in for diagnostic evaluation 4 - Not done	‘1’ (Screening) should be reported for a Pap test performed as part of a routine screening schedule. ‘2’ (Surveillance) should be reported for a Pap test performed on a woman under management for a cervical abnormality detected prior to this cycle ‘3’ (Referred) should be reported when a patient has had a Pap test performed outside public health Women’s Health programs and is referred to the Program for diagnostic work-up. A valid Pap test Result should be provided ‘4’ (Not Done) should be reported when the patient does not have a Pap test and goes directly to HPV testing or Diagnostic Work-up If this field is ‘1’,’2’ or ‘3’, pap test information (items 54-58) must be completed as appropriate
54	Specimen Adequacy	268	1		1 – Satisfactory 3 – Unsatisfactory	If this field is '1', 'Result of Pap Smear' field must be completed

Item ID	Field Name	Start	Width	Format	Valid Values	Note
						If this field is '3', 'Result of Pap Smear' must be blank
55	Pap Test Result (Categories from Bethesda 2014 Reporting System)	269	2	Left Justify	1 - Negative for intraepithelial lesion or malignancy 2 - Atypical squamous cells – undetermined significance (ASC-US) 3 - Low Grade SIL (Including HPV changes) 4 - Atypical squamous cells - cannot exclude HSIL (ASC-H) 5 - High grade SIL 6 - Squamous Cell Carcinoma 7 - Atypical Glandular Cells 8 - Adenocarcinoma in situ 9 - Adenocarcinoma 10 - Other results 12 - Result unknown, presumed abnormal	If this field is '4', '5', '6', '7', '8', '9' or '12', 'Diagnostic work-up for Cervical cancer or precancer planned' field (item 63) should be set to '1' and Cervical Cancer Diagnosis information, items 93 to 120 should be completed If the result is a '1', '2' or '3' and the clinician chooses to do a diagnostic work-up, 'Diagnostic work-up for Cervical cancer or precancer planned' field (item 63) should be set to '1' and Cervical Cancer Diagnosis information (items 93 to 120) should be completed This field is '12' only when 'Indication for Pap test' (item 53) is '3-Done by outside provider and referred in for diagnostic evaluation' and the actual result of the Pap test is not known.
56	Pap Test Other Result specify	271	20	Left Justify		If "Pap Test Result" is '10', fill in this field, otherwise leave it blank.
57	Date of Pap this Cycle	291	8	MMDDYYYY	If 'Pap Test Result' is '1' to '10', enter MMDDYYYY If 'Pap Test Result' is '12' and date is known, enter MMDDYYYY, otherwise blank fill	If not blank, must be a valid date and > 'Date of Previous Pap Test'
58	Pap Paid by	299	2	Left Justify	1 - CDC funds 8 - State funds 4 - Other funds	

Item ID	Field Name	Start	Width	Format	Valid Values	Note
59	Indication for HPV Test this Cycle	301	1		1 - Co-Test/Screening 2 - Reflex 3 - Test not done	'1' (Co-Test/Screening) should be reported if HPV test is performed as cervical cancer screening or in combination with Pap test as part of cervical cancer screening. '2' (Reflex) should be reported if HPV test is performed as a follow-up test after a screening Pap test '3' (Test not done)
60	HPV Test Result	302	1		1 - Positive 2 - Negative	
61	Date of HPV Test	303	8	MMDDYYYY	If 'HPV Test Result' = 1 or 2, enter MMDDYYYY Date of HPV test is the date of the sample collection	
62	HPV Paid by	311	2		1 - CDC funds 8 - State funds 4 - Other funds	
63	Diagnostic Work-up Planned for Cervical Dysplasia or Cancer	313	1		1 - Yes 2 - No	If this field is '1', cervical diagnosis information (items 93-120) must be completed If this field is '2', cervical diagnosis information (items 93-120) must be blank
64	Reserved Field 1	314	8			Reserved Field
65	Date of Additional Mammographic Views	322	8	MMDDYYYY	Valid Date	If 'Additional Mammographic Views' is done, complete the date
66	Date of Ultrasound	330	8	MMDDYYYY	Valid Date	If 'Breast Ultrasound' is done, complete the date
67	Date of Repeat Breast Exam/Surgical Consultation	338	8	MMDDYYYY	Valid Date	If 'Repeat Breast Exam/Surgical Consultation ' is done, complete the date
68	Date of Fine Needle/Cyst Aspiration	346	8	MMDDYYYY	Valid Date	If 'Fine Needle/Cyst Aspiration'' is done, complete the date

Item ID	Field Name	Start	Width	Format	Valid Values	Note
69	Date of Biopsy/Core Needle/Lumpectomy	354	8	MMDDYYYY	Valid Date	If 'Breast Biopsy' is done, complete the date
70	Consultation (other than repeat breast exam)	362	1		1 - Yes 2 - No	
71	Diagnostic MRI	363	1		1 - Yes 2 - No	
72	Other Breast Diagnostic Procedure Not Listed	364	1		1 - Yes 2 - No	
73	Specify Other Breast Diagnostic Procedure Not Listed	365	20	Left Justify	Free text format, Description of "Other Breast Diagnostic Procedure not Listed"	
74	Date 1 of Other Breast Diagnostic Procedure	385	8	MMDDYYYY	Valid Date	
75	Date 2 of Other Breast Diagnostic Procedure	393	8	MMDDYYYY	Valid Date	
76	Breast Diagnostic/Imaging Procedure(s) Paid by CDC Funds	401	1		1 - Yes 2 - No	
77	Breast Diagnostic/Imaging Procedure(s) Paid by State Funds	402	1		1 - Yes 2 - No	
78	Breast Diagnostic/Imaging Procedure(s) Paid by Other Funds	403	1		1 - Yes 2 - No	
79	Status of Breast Final Diagnosis	404	1		1 - Work-up complete 2 - Work-up pending 3 - Lost to follow-up 4 - Work-up refused	
80	Date of Status of Breast Final Diagnosis	405	8	MMDDYYYY	Valid Date	

Item ID	Field Name	Start	Width	Format	Valid Values	Note
81	Breast Final Diagnosis	413	1		2 - Invasive breast cancer 3 - Breast cancer not diagnosed 4 - Lobular carcinoma in situ (LCIS) 5 - Ductal carcinoma in situ (DCIS)	This field mush be completed if 'Status of Final Diagnosis/Imaging' is '1'
82	Date of Breast Final Diagnosis	414	8	MMDDYYYY	Valid Date	If Status of Final Diagnosis/Imaging = '1', then enter MMDDYYYY, the date of diagnosis of cancer or date that decision made that no cancer present. If Status of Final Diagnosis/Imaging = '2', blank fill. If Status of Final Diagnosis/Imaging = '3' or '4' then enter MMDDYYYY, the administrative date of closeout of this episode. If this field is not blank, it should be ≥ breast screening dates (items 34, 39 or 43) The 'Date of Final Diagnosis/Imaging' should be the date of the definitive procedure indicating cancer or not cancer.
83	Ever Previously Diagnosed with Cancer	422	1		1 - Yes 2 - No	This field should be completed if 'Breast Final Diagnosis' is '2', '4' or '5'
84	Was Previous Cancer Breast Cancer	423	1		1 - Yes 2 - No	This field should be completed if 'Ever Previously Diagnosed with Cancer' is '1-Yes'
85	Breast Cancer Treatment status	424	1		1 - Treatment Started 2 - Treatment Pending 3 - Lost to follow-up 4 - Refused Treatment 5 - Treatment not needed	If "Breast Final Diagnosis" is '2', '4' or '5', this field must be completed, otherwise blank fill.

Item ID	Field Name	Start	Width	Format	Valid Values	Note
86	Date of Breast Cancer Treatment status	425	8	MMDDYYYY	Valid Date	If Status of Treatment is '1', then enter MMDDYYYY, the date that treatment for cancer began. If Status of Treatment is '2', then blank fill. If Status of Treatment is '3', '4', or '5' then enter MMDDYYYY, the date of administrative closeout.
87	Breast Cancer Treatment Paid by Cancer State Aid	433	1		1 - Yes 2 - No	
88	Breast Cancer Treatment Paid by Women's Health Medicaid	434	1		1 - Yes 2 - No	
89	Breast Cancer Treatment Paid by Medicaid	435	1		1 - Yes 2 - No	
90	Breast Cancer Treatment Paid by Private Insurance	436	1		1 - Yes 2 - No	
91	Breast Cancer Treatment Paid by Other	437	1		1 - Yes 2 - No	
92	Reserved Field 2	438	8			Reserved Field
93	Date of Colposcopy without biopsy	446	8	MMDDYYYY	Valid Date	If 'Colposcopy without biopsy' is done, complete the date
94	Date of Colposcopy with biopsy &/or ECC	454	8	MMDDYYYY	Valid Date	If 'Colposcopy with biopsy' is done, complete the date
95	Date of LEEP	462	8	MMDDYYYY	Valid Date	If 'LEEP' is done, complete the date
96	Date of Conization	470	8	MMDDYYYY	Valid Date	If 'Conization' is done, complete the date
97	GYN Consultation	478	1		1 - Yes 2 - No	
98	Endometrial Biopsy	479	1		1 - Yes 2 - No	

Item ID	Field Name	Start	Width	Format	Valid Values	Note
99	Excision of Endocervical Polyps	480	1		1 - Yes 2 - No	
100	D&C	481	1		1 - Yes 2 – No	
101	Biopsy Vulva/Vagina	482	1		1 - Yes 2 – No	
102	Date 1 of Other Cervical Diagnostic Work-up Procedures	483	8	MMDDYYYY	Valid Date	
103	Date 2 of Other Cervical Diagnostic Work-up Procedures	491	8	MMDDYYYY	Valid Date	
104	Cervical Diagnostic Procedure(s) Paid by CDC Funds	499	1		1 - Yes 2 – No	
105	Cervical Diagnostic Procedure(s) Paid by State Funds	500	1		1 - Yes 2 – No	
106	Cervical Diagnostic Procedure(s) Paid by Other Funds	501	1		1 - Yes 2 – No	
107	Status of Cervical Final Diagnosis	502	1		1 - Work-up complete 2 - Work-up pending 3 - Lost to follow-up 4 - Work-up refused	
108	Date of Cervical Final Diagnosis Status	503	8	MMDDYYYY	Valid Date	

Item ID	Field Name	Start	Width	Format	Valid Values	Note
109	Cervical Final Diagnosis	511	2	Left Justify	1. Normal/Benign/Reactive Inflammation 2. HPV/Condylomata/ Atypia 3. CIN I/mild dysplasia 4 - CIN II/moderate dysplasia 5. CIN severe dysplasia/CIS/AIS 6 - Invasive Cervical Squamous Carcinoma or adenocarcinoma 7 - Other GYN cancers or premalignant GYN conditions 10 - Recurrent Cervical Cancer	This field much be completed if 'Cervical Status of Final Diagnosis' is '1'.
110	Cervical Final Diagnosis Other Specify	513	20	Left Justify		
111	Date of Cervical Final Diagnosis	533	8	MMDDYYYY	Valid Date	If Status of Final Diagnosis is '1', enter MMDDYYYY, the date of diagnosis of cancer or precancerous lesion or date the decision made that no cancer present If Status of Final Diagnosis is '2' then blank fill If Status of Final Diagnosis is '3' or '4', then enter MMDDYYYY, the date of administrative closeout
112	Cervical Cancer Treatment Status	541	1		1 - Treatment Started 2 - Treatment Pending 3 - Lost to follow-up 4 - Refused Treatment 5 - Treatment not needed	If 'Cervical Final Diagnosis' is '4', '5' or '6', this field must be completed If 'Cervical Final Diagnosis' is '2', '3' or '7', this field may be completed
113	Cervical Cancer Treatment Delayed Due to Pregnancy	542	1		1 - Yes 2 – No	If Status of Treatment is "2-Treatment pending" then this field may be completed.

Item ID	Field Name	Start	Width	Format	Valid Values	Note
114	Date of Cervical Cancer Treatment Status	543	8	MMDDYYYY	Valid date	
115	Cervical Cancer Treatment paid by State funds	551	1		1 - Yes 2 – No	
116	Cervical Cancer Treatment paid by Cancer State Aid	552	1		1 - Yes 2 – No	
117	Cervical Cancer Treatment paid by Women's Health Medicaid	553	1		1 - Yes 2 – No	
118	Cervical Cancer Treatment paid by Medicaid	554	1		1 - Yes 2 – No	
119	Cervical Cancer Treatment paid by Private Insurance	555	1		1 - Yes 2 – No	
120	Cervical Cancer Treatment paid by Other	556	1		1 - Yes 2 – No	
121	Record Type	557	1		1 - New Record 2 - Updated Record	
122	Last Update	558	8	MMDDYYYY	Valid date	This should be Data Entry Date if 'Record Type' is 1 This should be Last update Date if 'Record Type' is 2

Contract Provider Number and ID for Electronic Data and Data Collection Form Submission

District / Contract Provider Number (Electronic Data)	District # / Contract Provider ID (Data Collection Forms)	Name
1	1-1	Northwest Georgia Health District (Rome)
2	1-2	North Georgia Health District (Dalton)
3	2	North Health District (Gainesville)
4	3-1	Cobb/Douglas Health District (Marietta)
5	3-2	Fulton Health District (Atlanta)
6	3-3	Clayton Health District (Jonesboro)
7	3-4	East Metro Health District (Lawrenceville)
8	3-5	DeKalb Health District (Decatur)
9	4	LaGrange Health District (LaGrange)
10	5-1	South Central Health District (Dublin)
11	5-2	North Central Health District (Macon)
12	6	East Central Health District (Augusta)
13	7	West Central Health District (Columbus)
14	8-1	South Health District (Valdosta)
15	8-2	Southwest Health District (Albany)
16	9-1	Coastal Health District (Savannah)
17	9-2	Southeast Health District (Waycross)
19	10	Northeast Health District (Athens)
21	MC	St. Joseph’s Hospital Mercy Care Services
24	GH	Grady Health System
27	GSH	Good Samaritan Health Center
28	APH	Albany Area Primary Healthcare
29	CAP	Center for Pan Asian Community Services
30	AHR	Atlanta Harm Reduction Coalition
31	CBW	Center for Black Women’s Wellness

BCCP CLINICAL QUALITY INDICATORS

BCCP clinical quality indicators are used to measure clinical performance by assessing reach to priority populations and timeliness of follow-up services and treatment referral. The measures for these indicators are derived from the Minimal Data Elements.

NBCCEDP Core Performance Indicators				
Cancer Type	Indicator Type	Item #	Performance Measure	Target
Cervical	**Screening Priority Population**	1	Percentage of women aged 30 and older receiving their first cervical cancer screening through the program who have never been screened or not screened within the last 10 years.	≥ 35%
	Diagnostic Measures	2	Percentage of cervical cancer screening records with planned and completed diagnostic follow-up.	≥ 90%
		3	Percentage of cervical cancer screening records with planned and completed diagnostic follow-up and time between screening and final diagnosis ≤ 60 days.	≥ 75%
		4	Percentage of cervical cancer records with a final diagnosis of HSIL, CIN2, CIN3/CIS, or invasive cervical cancer that have treatment started.	≥ 90%
		5	Percentage of cervical cancer records with a final diagnosis of HSIL, CIN2, CIN3/CIS, or invasive cervical cancer with time between final diagnosis and treatment ≤ 60 days.	≥ 80%
Breast	**Diagnostic Measures**	6	Percentage of breast cancer screening records with abnormal results and completed diagnostic follow-up.	≥ 90%
		7	Percentage of breast cancer screening records with completed follow-up and time between abnormal screening and final diagnosis ≤ 60 days.	≥ 75%
		8	Percentage of breast cancer records with a final diagnosis of ‘CIS, other’, DCIS, or invasive breast cancer that have treatment started.	≥ 90%
		9	Percentage of breast cancer records with a final diagnosis of ‘CIS, other’, DCIS, or invasive breast cancer with time between final diagnosis and treatment ≤ 60 days.	≥ 80%

Hard Copy Data Submission Log Form: Submit by the 7th of each month to BCCP

Date ___/___/___ Provider Name and #: _____ Page ___ of ___

INSTRUCTIONS: All records submitted to BCCP must be attached to a completed log. List patients in alphabetical order. Check the appropriate forms for each patient included in this submission. Total each patient column in last row.

No.	Last Name	First Name & Middle Initial	Date of Initial Screening Visit	Form 3151	Form 3152		Form 3154B		Form 3154C	
					New	Update	New	Update	New	Update
1										
2										
3										
4										
5										
6										
7										
8										
Totals this page										

- New: form submitted to BCCP for first time.
- Update: form has been submitted before; on update, remit only revised information.

Georgia Breast & Cervical Cancer Program (BCCP) Template
Reimbursement Fee Schedule
Effective Date Range:

Note: The following is only a template. Women's Health Coordinators are provided with an updated fee schedule each fiscal year and are responsible for sharing with the appropriate staff.

Instructions
The following procedures are approved for the Breast and Cervical Cancer Program (BCCP). This fee schedule is for **INTERNAL USE ONLY** by BCCP public health and private contracted providers. Reimbursement for CPT codes may not exceed the amount listed.

Use of modifier codes: Each code listed is the universal Current Physician's Terminology (CPT) code for the procedure described. The modifier codes for technical (-TC) and professional (-26) components of procedures should be reimbursed in place of the universal code **only** when the components were performed at different facilities. To find information on Medicare reimbursement go to https://www.**cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx** 1021201 Atlanta locality

Table 1. BCCP Reimbursement Fee Schedule

CPT CODE	OFFICE VISITS	Max. Payment ($)	BCCP or Contract Provider may perform	SEE END NOTES
99202	New patient; medically appropriate history/exam; straightforward decision making; 15-29 minutes		Yes	
99203	New patient; medically appropriate history/exam; low level decision making; 30-44 minutes		Yes	
99204	New patient; medically appropriate history/exam; moderate level decision making; 45-59 minutes		No	1
99205	New patient; medically appropriate history/exam; high level decision making; 60-74 minutes		No	1
99211	Established patient; evaluation and management, may not require presence of physician; presenting problems are minimal		Yes	
99212	Established patient; medically appropriate history/exam; straightforward decision-making; 10-19 minutes		Yes	
99213	Established patient; medically appropriate history/exam; low level decision-making; 20-29 minutes		Yes	
99214	Established patient; medically appropriate history/exam; moderate level decision-making; 30-39 minutes		Yes	
CPT CODE	**BREAST PROCEDURES**	**Max. Payment ($)**		**SEE END NOTES**
77067	Screening mammogram, bilateral, includes CAD			

77067-TC	Technical component only			
77067-26	Professional component only			
77063	Screening digital breast tomosynthesis, bilateral			**3**
77063-TC	Technical component only			
77063-26	Professional component only			
G0279	Diagnostic digital breast tomosynthesis, unilateral or bilateral			**4**
G0279-TC	Technical component only			
G0279-26	Professional component only			
76098	Radiological examination, surgical specimen			
76098-TC	Technical component only			
76098-26	Professional component only			
76641	Ultrasound, complete examination of breast, including axilla, unilateral			
76641-TC	Technical component only			
76641-26	Professional component only			
76642	Ultrasound, limited examination of breast, including axilla, unilateral			
76642-TC	Technical component only			
76642-26	Professional component only			
76942	Ultrasonic guidance for needle placement, imaging supervision and interpretation			
76942-TC	Technical component only			
76942-26	Professional component only			
77046	Magnetic resonance imaging (MRI), breast, without contrast, unilateral			**5**
77046-TC	Technical component only			
77046-26	Professional component only			
77047	Magnetic resonance imaging (MRI), breast, without contrast, bilateral			**5**
77047-TC	Technical component only			
77047-26	Professional component only			
77048	Magnetic resonance imaging (MRI), breast, including CAD, with or without contrast, unilateral			**5**

77048-TC	Technical component only			
77048-26	Professional component only			
77049	Magnetic resonance imaging (MRI), breast, including CAD, with or without contrast, bilateral			**5**
77049-TC	Technical component only			
77049-26	Professional component only			
77053	Mammary ductogram or galactogram, single duct			
77053-TC	Technical component only			
77053-26	Professional component only			
77065	Diagnostic mammography, unilateral, includes CAD			
77065-TC	Technical component only			
77065-26	Professional component only			
77066	Diagnostic mammography, bilateral, includes CAD			
77066-TC	Technical component only			
77066-26	Professional component only			
19000	Puncture aspiration of cyst, breast			
19001	Puncture aspiration of cyst, breast, each additional cyst, *used with 19000*			
19081	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion			**6**
19082	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion			**6**
19083	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion			**6**
19084	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion			**6**
19085	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion			**6**
19086	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion			**6**
19281	Placement of breast localization device, percutaneous; mammographic guidance; first lesion			**7**

19282	Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion			7
19283	Placement of breast localization device, percutaneous; stereotactic guidance; first lesion			7
19284	Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion			7
19285	Placement of breast localization device, percutaneous; ultrasound guidance; first lesion			7
19286	Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion			7
19287	Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion			7
19288	Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion			7
19100	Breast biopsy, percutaneous, needle core, not using imaging guidance			
19101	Breast biopsy, open, incisional			
19120	Excision of cyst, fibroadenoma or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion; open; one or more lesions			
19125	Excision of breast lesion identified by preoperative placement of radiological marker; open; single lesion			
19126	Excision of breast lesion identified by preoperative placement of radiological marker, open*; each additional lesion separately identified by a preoperative radiological marker*			
10021	Fine needle aspiration biopsy without imaging guidance, first lesion			
10004	Fine needle aspiration biopsy without imaging guidance, each additional lesion			
10005	Fine needle aspiration biopsy including ultrasound guidance, first lesion			
10006	Fine needle aspiration biopsy including ultrasound guidance, each additional lesion			
10007	Fine needle aspiration biopsy including fluoroscopic guidance, first lesion			
10008	Fine needle aspiration biopsy including fluoroscopic guidance, each additional lesion			
10009	Fine needle aspiration biopsy including CT guidance, first lesion			
10010	Fine needle aspiration biopsy including CT guidance, each additional lesion			
10011	Fine needle aspiration biopsy including MRI guidance, first lesion			8

10012	Fine needle aspiration biopsy including MRI guidance, each additional lesion			8
38505	**Needle biopsy of axillary lymph node**			***new code**
88360	Morphometric analysis, tumor immunohistochemistry, per specimen; manual			
88360-TC	Technical component only			
88360-26	Professional component only			
88361	Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology			
88361-TC	Technical component only			
88361-26	Professional component only			
88365	In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure			
88365-TC	Technical component			
88365-26	Professional component			
88364	In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure			
88364-TC	Technical component			
88364-26	Professional component			
88366	In situ hybridization (e.g., FISH), per specimen; each multiplex probe stain procedure			
88366-TC	Technical component			
88366-26	Professional component			
88367	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, initial single probe stain procedure			
88367-TC	Technical component			
88367-26	Professional component			
88373	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each additional probe stain procedure			
88373-TC	Technical component			
88373-26	Professional component			
88374	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each multiplex stain procedure			

88374-TC	Technical component			
88374-26	Professional component			
88368	Morphometric analysis, in situ hybridization, manual, per specimen, initial single probe stain procedure			
88368-TC	Technical component			
88368-26	Professional component			
88369	Morphometric analysis, in situ hybridization, manual, per specimen, each additional probe stain procedure			
88369-TC	Technical component			
88369-26	Professional component			
88377	Morphometric analysis, in situ hybridization, manual, per specimen, each multiplex stain procedure			
88377-TC	Technical component			
88377-26	Professional component			
CPT CODE	**CERVICAL PROCEDURES**	**Max. Payment ($)**	**May Perform**	
57452	Colposcopy of the cervix		Yes	
57454	Colposcopy of the cervix, with biopsy and/or endocervical curettage		Yes	
57455	Colposcopy of the cervix, with biopsy		Yes	
57456	Colposcopy of the cervix with endocervical curettage			
57460	Colposcopy with loop electrode biopsy(s) of the cervix		Yes	
57461	Colposcopy with loop electrode conization of the cervix			
57500	Cervical biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)		Yes	
57505	Endocervical curettage (not done as part of a dilation and curettage)		Yes	
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser			
57522	Loop electrode excision procedure (LEEP)			
58100*	Endometrial sampling (biopsy) following AGUS pap results with or without endocervical sampling (biopsy), without cervical dilation, any method, separate procedure			12

58110*	Endometrial sampling (biopsy) following AGUS pap results performed in conjunction with colposcopy (List separately in addition to code for primary procedure)			**12**
87624**	Human Papillomavirus, high-risk types			**9**
87625	Human Papillomavirus, types 16 and 18 only			**9**
87626	Human Papillomavirus, high-risk types (separate and pooled results)			
88141	Cytopathology, cervical or vaginal, any reporting system, *requiring interpretation by physician*			
88142	Cytopathology (liquid-based Pap test), cervical or vaginal, collected in preservative fluid, automated thin preparation; manual screening under physician supervision			
88143	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening and rescreening under physician supervision			
88164	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening under physician			
88165	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening, and rescreening under physician supervision			
88172 88172-TC 88172-26	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), first evaluation episode Technical component Professional component			
88173 88173-TC 88173-26	Cytopathology, evaluation of fine needle aspirate; *interpretation and report* Technical component Professional component			
88174	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision.			
88175	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system and manual rescreening, under physician supervision.			
88177 88177-TC 88177-26	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), each separate additional evaluation episode. Technical component Professional component			
88305 88305-TC 88305-26	Surgical pathology, gross and microscopic examination Technical Component Professional Component			

88307 88307-TC 88307-26	Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins Technical Component Professional Component			
88331 88331-TC 88331-26	Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen. Technical Component Professional Component			
88332 88332-TC 88332-26	Pathology consultation during surgery, first tissue block, with frozen section(s), each additional specimen. Technical Component Professional Component			
88341 88341-TC 88341-26	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure). Technical Component Professional Component			
88342 88342-TC 88342-26	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure. Technical Component Professional Component			
99070	Supplies, materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)	**No fee assigned Use caution**		
Various	Pre-operative testing; CBC, urinalysis, pregnancy test, etc. These procedures should be medically necessary for the planned surgical procedure.			
CPT CODE	**ANESTHESIA**	**Max. Payment ($)**		**SEE END NOTES**
00400	Anesthesia for procedures on the integumentary system, anterior trunk, not otherwise specified. Medicare Base Units = 3			
00940	**Anesthesia for vaginal procedures**			***new code**
99156	Moderate anesthesia, 10-22 minutes for individuals 5 years or older			
99157	Moderate anesthesia for each additional 15 minutes			**11**
CPT CODE	**COVID-19 TESTS**	**Max. Payment ($)**		
87635***	COVID-19 infectious agent antigen detection by immunoassay technique; qualitative or semiquantitative			
87426***	COVID-19 infectious agent detection by nuclei acid DNA or RNA; amplified probe technique			

*ASC-H Pap test findings must be present in order to perform these services
**87624 – HPV Based Testing refers to the use of either primary HPV testing alone or HPV testing in conjunction with cervical cytology (co-testing). HPV DNA testing is derived from the new 2019 guidelines of risk-based management. The FDA approved primary HPV screening test, Cobas and Onclarity is a reimbursable procedure whereas Aptima is not approved for primary HPV screening.
*** BCCP will cover the cost for COVID-19 testing provided to patients that receive breast and cervical cancer procedures.
Note (1): Based on 2021 Medicare Locality 001 maximum reimbursement rate- rounded to nearest $1.00.
Note (2): Local health department clinics may perform and be reimbursed for the procedures marked in this column.
Note (3): Professional (modifier -26) or technical (modifier -TC) components of these procedures may be reported in place of the universal code listed. Professional and technical components are reimbursed separately only when performed at different facilities.

CPT Code	PROCEDURES NOT ALLOWED	End Note
ANY	Treatment of breast carcinoma in situ, breast cancer, cervical intraepithelial neoplasia and cervical cancer	
77061	Breast tomosynthesis, unilateral	10
77062	Breast tomosynthesis, bilateral	10
87623	Human papillomavirus, low-risk types	

NOTE: PROGRAM APPROVAL REQUIRED:

- If a procedure is requested that is not included in the approved CPT code list above, contact the BCCP Nurse Consultant to request approval. The Nurse Consultant must be contacted prior to the procedure being completed for BCCP funding to cover the cost.
- Pre-operative testing (CBC, urinalysis, pregnancy test, etc.) should be medically necessary for the planned surgical procedure and included in the maximum reimbursement of the biopsy.

NOTE: PROGRAM FUNDING WILL NOT COVER:

- BCCP funding can't be used to pay for the **removal of a benign lump** since that procedure is considered treatment and is not part of a biopsy. This must be communicated to providers who perform biopsies. It is the district's responsibility to monitor invoices to avoid the program being billed for the removal of a benign lump. Repayment of federal or state BCCP funds is required if removal of a benign lump is incorrectly paid with federal or state BCCP funds.

END NOTES

End Note	DESCRIPTION
1	All consultations should be billed through the standard new patient office visit CPT codes 99202-99205. Consultations billed as 99204 or 99205 must meet the criteria for these codes. These codes (99204-99205) are typically NOT appropriate for BCCP covered screening visits but may be used when provider spends extra time to do a detailed risk assessment.
2	NOTE: GA does not bill these codes referenced in End Note #2 so they are not included on the reimbursement schedule.
3	List separately in addition to code for primary procedure 77067.
4	List separately in addition to 77065 or 77066.
5	Breast MRI can be reimbursed by federal BCCP funding in conjunction with a mammogram when a patient has a BRCA gene mutation, a first-degree relative who is a BRCA carrier, or a lifetime risk of 20% or greater as defined by risk assessment models such as BRCAPRO that depend largely on family history. Breast MRI also can be used to assess areas of concern on a mammogram, or to evaluate a patient with a 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 woman who has just been newly diagnosed with breast cancer to determine treatment.

6	Codes 19081 – 19086 are to be used for breast biopsies that include image guidance, placement of localization device, and imaging of specimen. They should not be used in conjunction with 19281 – 19288.
7	Codes 19281 – 19288 are for image guidance placement of a localization device without image-guided biopsy. These codes should NOT be used in conjunction with 19081 – 19086.
8	For CPT 10011 use the reimbursement rate for CPT code 10009. For CPT code 10012 use the reimbursement rate for CPT code 10010.
9	HPV DNA testing is not a reimbursable procedure if used as an adjunctive screening test to the Pap for women under 30 years of age.
10	NOT Approved! These procedures have not been approved for coverage by Medicare and can't be provided through BCCP funding.
11	Example: If procedure is 50 minutes, code 99156 + 99157 x 2 If procedure is less than 10 minutes, no separate charge allowed
12	Endometrial sampling (biopsy) can only be provided following AGUS pap result.

Billing guidelines:

- Breast biopsies: the total maximum reimbursement per biopsy, including surgical procedure, pathology and facility charges should not exceed $3,000.00.
- Cervical screening: The cervical cytology screening test must be ordered by a provider and not done as part of standing lab protocol.
    - There is no difference in the billing procedure of an abnormal result and the type of cervical screening cytology used.

NOTE: A positive HrHPV screening test should trigger the laboratory provide both a reflex genotyping test and reflex cytology test to determine the next step in management.
NOTE: For HPV testing providers should specify high-risk HPV DNA panel only, reimbursement of screening for low-risk HPV types is not permitted. [Source: 2019 ASCCP Risk-Based Management Consensus Guidelines for Abnormal Cervical Cancer Screening Tests and Cancer Precursors]

New Clinic Site Log Form

Contractor Name: _____

Date: _____

County Number	Clinic Number	Clinic Name	Street Address	City	Zip Code	Start Date

New Mammography Facility Log Form

Contractor Name: _____

Date: _____

FDA#	Name	Street Address	City	Zip Code	Start Date	Certificate Expiration Date

Women's Health Medical Assistance Program Certification of Diagnosis

Client Name: _____

Client SS # (optional): _____

Clinic Name: _____

Diagnosis (**Biopsy**) Date: _____

Diagnosis: _____

Physician's Signature: _____ Date: _____

INSTRUCTIONS:

Please attach a copy of the **PATHOLOGY REPORT** confirming this diagnosis.

Purpose of this form – This form is required to refer women to the Women's Health Medical Assistance Program for treatment of breast or cervical cancer/pre-cancer.
Completion of this form – The physician or an authorized licensed medical professional of the physician (i.e., LPN, RN, NP or PA) designated to sign on behalf of the physician must complete this form and send it with the client to the Health Department or other Qualified Georgia Breast & Cervical Cancer Program Providers for Presumptive Eligibility (PE) determination. The Breast and Cervical Cancer Program Provider should place a copy of this form in the client's record.

Revised 06/11/24

Management of Common Breast Symptoms and Findings:

ETIOLOGY:
A variety of breast masses including cyst, fibroadenoma, fibrocystic breast changes, duct ectasis, gynecomastia, trauma, intraductal papilloma, or carcinoma can cause symptoms. Eight out of ten breast masses are benign. Every breast mass must be evaluated individually and considered suspicious for malignancy until proven otherwise.

A breast mass is a thickening or lump that is felt in a woman's breast, which may or may not have the following characteristics:

- Nipple retraction
- Skin dimpling
- Skin thickening
- Tenderness
- Nipple discharge
- Inflammation or discoloration
- Palpable nodes
- Change in size of the breast

Assessment of breast mass or thickening:
Subjective:

- Patient may report breast mass or thickening on self-breast examination
- May be asymptomatic
- History of previous breast disorder
- Family history of breast cancer or other organ cancer, breast masses or disease (specifically first degree relative)
- Abnormal mammogram

Objective:

- CBE findings:
    - Mass or thickening size, location, shape, consistency, delineation, tenderness, mobility
    - Nipple inversion
    - Skin changes, asymmetry, or retraction
    - Node status in axilla and supraclavicular regions
    - Nipple discharge: fluid expressed from the breast or spontaneously flows. Most nipple discharge is associated with a benign process, but malignancy should be ruled out with new onset of nipple discharge.
        - Milky
        - Bloody
        - Serous: think, yellowish, brown, green, or gray

Plan:

- Adhere to guidance in the Nurse Protocol.

Assessment of Breast Pain:
Breast pain is a common symptom that can be reported as cyclic or non-cyclic. Cyclic breast pain begins during the luteal menstrual phase and resolves with menses. It is usually bilateral with and is most common in younger women. Non-cyclic breast pain does not correlate with the menstrual cycle and can be unilateral and more focused.

Etiology:

- Cyclic breast pain occurs with fibrocystic breast tissue and/or hormonal fluctuations with the menstrual cycle.
- Non-cyclic breast pain can occur with a breast mass, breast cyst, mastitis, weight gain, trauma, caffeine, exogenous hormonal use, dermal lesions, and pregnancy.
- Referred pain can occur with chest wall muscle pain (recent trauma; overuse from repetitive movement), costochondritis, rib pain, nerve pain, or cardiopulmonary origins.

Subjective:

- Patient may present with pain

Objective:

- CBE
- Document clinical findings

Assessment:

- Breast pain

Plan:

- Adhere to guidance in the Nurse Protocol.

References:
Valerie L. Staradub, MD, FACS, Anees B. Chagpar, MD, MSC, MA, MPH, MBA, FACS, FRCS(C), Wenliang Chen, MD, PHD. Patient Education: Common Breast Problems (Beyond the Basics) This topic last updated. Sept. 23, 2020, www.uptodate.com, Common Breast Problems, Brooke Salzman, MD, Elizabeth Collins, MD and Lauren Hersh, MD, Thomas Jefferson University, Philadelphia, Pennsylvania, American Family Physician Journal, Issue 2019 April 15; 99(8): 505-514.

NBCCEDP Cervical Cancer Screening Guidelines

BCCP follows the Screening Guidelines published by National Breast and Cervical Cancer Early Detection Program (NBCCEDP) through the Centers for Disease Control and Prevention (CDC).

	National Breast and Cervical Cancer Early Detection Program[1]
When to Start Pap Testing	At age 21 (regardless of sexual history)
Intervals **Liquid Based Cytology used (LBC)** **Cytology with HPV co-test** **HrHPV testing alone (FDA approved)**	• Ages 21-29 should be screened cytology only every 3 years. Co-testing NOT recommended • Ages 30-65 may be screened cytology only every 3 years or hrHPV co-testing with cytology every 5 years or hrHPV** every 5 years • Women considered high risk* should be screened annually • Transgendered males (with cervix) screened by age/history guidance
When to Stop	• Women ages 65 who have adequate screening (3 negative Pap Smears or 2 negative Pap Smears with HPV Cotest or 2 negative hrHPV tests, if using FDA approved High Risk HPV test for Primary Cervical cancer Screening in the 10 years prior to cessation of screening) and are not high risk*. • Women with a history of Cervical Intraepithelial Neoplasia (CIN) should continue screening every 3 years for at least 25 years after spontaneous regression or appropriate management of a high-grade precancerous lesion.
Post Hysterectomy	• Cervix excised: for benign reason and NO prior history of CIN II or greater: discontinue routine vaginal cytology. • Cervix present: continue screening based on age & history. • Hysterectomy was done for any reason and patient has history of cervical neoplasia continue to screen with pap smear every 3 years for 25 years. • If history of invasive cervical cancer, continue annual screening indefinitely.

***Women at risk for cervical cancer, which includes those who are previously diagnosed with cervical cancer and/or were exposed to diethylstilbestrol (DES) in utero, should be screened annually. Patients with immunocompromised conditions, such as HIV, may not always require annual screening. Refer to the ASCCP Guidelines and 2019 ASCCP Risk-based Management Guidelines for specific guidance related to patients with immunocompromised conditions.**

**** FDA approved hrHPV only for stand-alone testing.**

1 NBCCEDP Program Manual v1.4 July 2022
Revised: August 2024

BETHESDA SYSTEM

The Bethesda System for reporting cervical cytology, which was introduced in 1988, provides a universal language to standardize reporting and description of the Pap test. The latest revision was updated in 2014 (3rd edition). The Bethesda System does not provide any follow-up recommendations. Nurses must consult the ASCCP web-based management guidelines for all pap smear and HPV test results to determine recommended follow-up.

Specimen Adequacy:

Satisfactory:

- Indicates that the specimen is adequate for interpretation.
- Describes the presence or absence of EC/TZ or metaplastic components – the presence of endocervical cells suggests that the cervix was adequately sampled, however, their absence does not prove that the cervix was inadequately sampled.
- Endocervical cells are absent in 10% of Pap test obtained from perimenopausal women and as many as 50% in post-menopausal women. Pregnancy and use of Oral Contraceptives have demonstrated a decrease in the number of endocervical cells.
- Other quality indicators such as infection, partially obscuring blood, etc.
- Includes old category of “satisfactory but limited by…”

Unsatisfactory:

- Specimen was rejected/not processed because it could not be adequately interpreted by pathologist.
- Specimen was processed and examined, but unsatisfactory for evaluation of epithelial abnormality because of scanty cellular material, excessive red blood cells obscuring more than 75% of the slide, inflammation which causes white blood cells to obscure the slide, patient use of douching, vaginal medication, or presence of lubricant.

Bethesda System 2014 Categorization and Interpretation of Results:

1. Negative for Squamous Intraepithelial Lesion or Malignancy:

- Adequate specimen with no cellular abnormalities
- Includes old category of non-neoplastic Reactive/Reparative – which is a benign process resulting from one of the following infections:
    - Candida
    - Trichomonas
    - Herpes or cytomegalovirus
    - Bacterial vaginosis (clue cells)Actinomyces
- Metaplasia, a benign finding that may be increased in teenagers, during pregnancy, or in women using oral contraceptives.

2. Epithelial Cell Abnormality (cellular or glandular):

3. Squamous Cell Abnormalities:

- Atypical Squamous Cell – Unknown Significance (ASC-US)
    - Result is not diagnostic of a cancerous or precancerous lesion.
- Atypical Squamous Cells (ASC-H) - cannot rule out HSIL
    - Changes suggestive of HSIL but not definitive.

- Low grade squamous intraepithelial lesion (LSIL)
    - Includes HPV/mild dysplasia/CIN 1
- High grade squamous intraepithelial lesion (HSIL)
    - Includes moderate and severe dysplasia
    - Suggestive of CIN 2/CIN 3 and possible Carcinoma in Situ (CIS)
- SCC - Squamous Cell Carcinoma

4. Glandular Cell Abnormalities:

- Atypical Cell
    - Endocervical cells
        - NOS or specify in comments
        - Favor neoplastic
    - Endometrial cells
        - NOS or specify in comments
    - Glandular cells
        - NOS or specify in comments
        - Favor neoplastic
    - Endocervical adenocarcinoma in situ (ACIS*)*
    - Adenocarcinoma

Diagnostic and Treatment Procedures for Cervical Cancer

Treatment for cervical cancer is dependent upon:

- stage cancer diagnosed
- age of the patient
- desire to preserve fertility

Stages of Cervical Cancer:

- Stage 0: No evidence of primary tumor; Carcinoma-in-situ
- Stage I: Cervical carcinoma confined to the cervix
    a. IA: Invasive carcinoma diagnosed only by microscopy, no visual lesion
    b. IA1: Stromal invasion depth 3mm or less and width 7mm or less
    c. IA2: Stromal invasion depth > 3mm, not more than 5mm; width 7mm or less
    d. IB: Clinically visible lesion confined to the cervix or microscopic lesion > IA2
    e. IB1: Clinically visible lesion 4cm or less
    f. IB2: Clinically visible lesion > 4cm
- Stage II: Cervical carcinoma invades beyond uterus but not to pelvic wall or lower third of vagina:
    a. IIA: Tumor without parametrial involvement
    b. IIB: Tumor with parametrial involvement
- Stage III: Tumor extends to the pelvic wall and/or involves the lower of the vagina, and/or causes hydronephrosis or nonfunctioning kidney
- Stage IVA: Tumor invades mucosa of the bladder or rectum and/or extends beyond the true pelvis
- State IVB: Distant metastasis

Diagnostic Procedures:

1. Colposcopy and Biopsy:

- Colposcopy is the magnified inspection of the cervix, the vagina, and the vulva.
- The Colposcopy exam allows the colposcopist to obtain a biopsy of the cervix, with a punch biopsy, and/or of the endocervical tissue, by curettage, as indicated based on the findings of the Pap test and the microscopic inspection per ASCCP guidelines.
- The indications for colposcopy include:
    a. Abnormal Pap test per ASCCP guidelines
    b. Suspicious lesion on visual exam
    c. Diethylstilbestrol (DES) exposure in utero
- Potential risks and complications of colposcopy:
    a. Excessive post procedure bleeding
    b. Infection

2. Loop Electrosurgical Excision Procedure (LEEP)

- LEEP is an outpatient excisional procedure that removes the cervical squamous columnar junction using a thin wire loop connected to a high-frequency low-voltage alternating current. Abnormal cells are removed by cutting and coagulation.
- LEEP can be used as a diagnostic tool and/or treatment procedure.
- Indication for LEEP use:
    a. Unsatisfactory colposcopy per ASCCP guidelines.
    b. Positive ECC on biopsy

c. Significant lesion entering into or inside the endocervical canal
d. Low or High grade SIL
e. Lack of correlation between cytology (Pap), histology (biopsy) and colposcopy

3. Conization

- Outpatient excisional procedure that involves removal of the entire cervical squamous columnar junction with extension into the endocervical canal.
- Methods include laser, cold knife, CO2, or Loop diathermy.
- Surgical procedure requiring anesthesia, higher cost than LEEP.

Treatment Procedures:

1. Conservative management
    - Cold Knife Cone
    - LEEP
    - Laser

2. Hysterectomy (Total or Radical), Radiation and Chemotherapy

Techniques For Cervical Cytology and Human Papillomavirus Testing

Introduction:

Cervical cancer screening detects precancerous changes of the cervix often making treatment possible before cervical cancer develops. Screening uses human papillomavirus (HPV) testing, cervical cytology (Pap test), or co-testing using a combination of the two tests.

Collecting a cervical sample:

Cell samples for cervical cytology and HPV testing are obtained during the speculum examination. With certain types of Pap tests (i.e., ThinPrep), the same specimen can be used for analysis of both cytology and HPV.

1. Specimens for cytology:
There are two methods for preparing a specimen for cervical cytology (see Sample Collection below). For both methods, cells are obtained from the external surface of the cervix (ectocervix) and the cervical canal (endocervix) to evaluate the transformation zone (squamocolumnar junction), the area at greatest risk for neoplasia.

2. Collection device:
Several collection devices are available for cervical cytology sampling. A spatula and a separate endocervical brush provide a specimen with more endocervical cells than when only a spatula is used (Figure #1). It is also slightly better for detecting any grade of cervical intraepithelial neoplasia (CIN) than the single broom device. Cotton-tipped swabs should be avoided because they collect fewer endocervical cells and do not detect CIN as well as other devices. A meta-analysis of 36 randomized trials and six observational studies in patients undergoing conventional Pap smears found that the most commonly used spatula (Ayre spatula) (figure 1 below) collected fewer endocervical cells than spatulas with extended tips (i.e., Aylesbury), but both spatula types yielded similar diagnostic results.

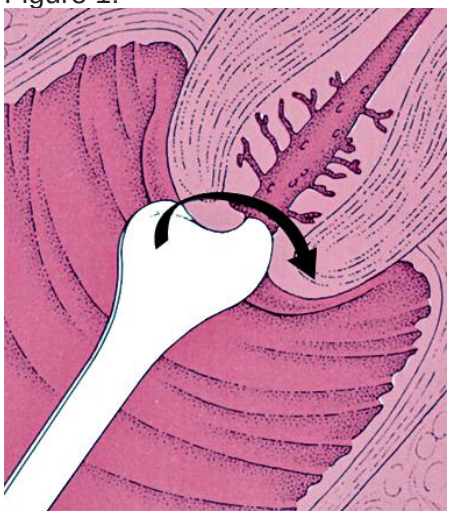
3. Sample collection:
To obtain cells from the cervix:

- Use the spatula to circumferentially scrape the ectocervix (for liquid-based samples, use a plastic rather than a wooden spatula; wood or plastic is fine for conventional smears). Sampling the ectocervix before the endocervix will minimize bleeding during sample collection. Obscuring blood in the sample interferes with interpretation of conventional Pap smears more than with liquid-based specimens.

- Insert the endocervical brush into the endocervix so that the bristles nearest the examiner are inserted to the level of the external cervical os. Rotate the brush 180 degrees to obtain a sample.

- Alternatively, if a broom is used, insert the central bristles into the endocervix with the outer bristles in contact with the ectocervix. Rotate the broom in the same direction for five turns. Other devices on the market like SpiraBrush and SoftBiopsy have yet to be adequately studied with respect to safety and efficacy.

Figure 1:



Close up view of cross section of upper vagina and cervix with wooden or plastic spatula pressed against cervix, longer end introduced slightly into os. Arrow indicates rotation to obtain ectocervical sample.

In patients at high risk for vaginal cancer because of in utero diethyl stilbestrol (DES) exposure, additional samples from the anterior and posterior fornices should be obtained. More information about DES exposure can be found at UpToDate: Outcome and Follow-up of Diethylstilbestrol (DES) Exposed Individuals Vaginal or Cervical Clear Cell Adenocarcinoma.

Preparation methods:

There are two methods for preparing a specimen for cervical cytology: the conventional Pap smear and the liquid-based preparation.

- For conventional Pap smears, the ectocervical spatula is smeared and the endocervical brush is rolled uniformly onto a single slide promptly after obtaining the specimens (figure 2 below). The slide is then rapidly fixed to avoid air-drying; the usual fixatives are either ethyl ether plus 95 percent ethyl alcohol or 95 percent ethyl alcohol alone. If spray fixatives are used, the spray should be held at least 10 inches away from the slide to prevent disruption of cells by the propellant.

- For liquid-based cytology, the collecting device is placed into a liquid fixative solution and vigorously swirled or rotated ten times in the solution (figure 3 below). When the liquid is processed by the cytology laboratory, loose cells are trapped onto a filter and then plated in a monolayer onto a glass slide.

Figure 2:

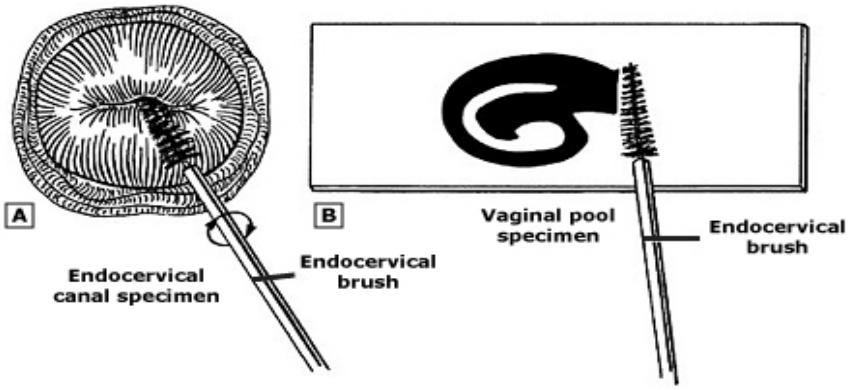
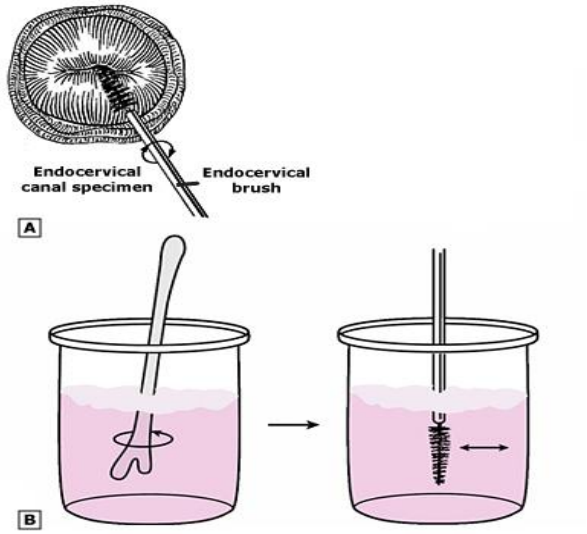


Figure 3:



For both methods, cells are obtained from the external surface of the cervix (ectocervix) and the cervical canal (endocervix) to evaluate the transformation zone (squamocolumnar junction), the area at greatest risk for neoplasia.

An advantage of some liquid-based systems is the ability to use a single specimen for cytology and testing for HPV. With conventional smears, a separate HPV test specimen has to be obtained.

Evidence regarding the screening efficacy with conventional and liquid-based Pap tests is discussed separately.

Sample processing:

Cytopathologists review cervical cytology slides. The interpretation of cytologic smears is subject to considerable interobserver variability, particularly in the case of nondiagnostic

squamous and glandular atypias (atypical squamous cells of undetermined significance and atypical glandular cells of undetermined significance).

ThinPrep Imaging System is an example of an automated slide interpretation system. It is approved by the US Food and Drug Administration (FDA) for primary screening of slides. This system uses programmed algorithms to review each slide for areas of most concern. If abnormalities are found, the whole slide is reviewed by a cytopathologist. In one study, use of this device increased detection of high-grade squamous intraepithelial lesions (HSIL) by 38 percent and low-grade squamous intraepithelial lesions by 46 percent compared with manual screening. In another study, use of the imager resulted in fewer unsatisfactory slides than with conventional cytology (1.8 versus 3.1 percent) and better detection of HSIL.

In the United States, quality assurance regulations require that laboratories rescreen 10 percent of randomly selected cervical cytology smears that were originally interpreted as negative.

Standardized terminology for reporting cervical cytology results was introduced with the Bethesda System in 1988, which was last revised in 2014. More information is available in UpToDate: Cervical Cancer Screening: The Cytology and Human Papillomavirus Report.

HPV testing:

HPV testing identifies high-risk HPV subtypes that are associated with cervical cancer:

High-risk (oncogenic or cancer-associated) types
Common types: 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68, 69, 82
Low-risk (non-oncogenic) types
Common types: 6, 11, 40, 42, 43, 44, 54, 61, 72, 81

The subtypes that are tested have slight variation across the various testing systems, but all test for at least the 13 most common types. HPV genotyping refers to testing for individual HPV types, usually HPV 16 or 18, but some tests may also include HPV 45. Additional information is available in UpToDate: Virology of Human Papillomavirus Infections and the Link to Cancer.

HPV testing systems are approved for either primary HPV testing (without cervical cytology) or co-testing (with cervical cytology). Tests that are FDA approved for co-testing are also suitable for reflex testing in response to a cervical cytology result of atypical squamous cells of undetermined significance (ASC-US).

Cervical testing:
Specimens for HPV testing can be collected from the endocervix using a cervical spatula or cervical brush, which is then placed in HPV test transport medium. With some liquid-based cytology sampling systems, the same specimen can be used for HPV testing and cytology.

Additional tests:
Additional testing that may be performed during examination of the cervix includes:

Gonorrhea, chlamydia, and trichomonas:
It is common practice to collect the cytology sample before testing for cervical infection. However, there is no evidence that the order in which the samples are obtained affects cytology results. Liquid-based cytology systems allow testing for cytology, HPV, gonorrhea, chlamydia, and trichomonas from a single specimen.

1. Biopsy of visible lesions:
During Pap testing, any lesion that is raised, friable, or has the appearance of condyloma should be referred to a provider for a biopsy, regardless of previous cytology results or other risk factors for cervical cancer. The only visible lesions that do not require biopsy are Nabothian cysts and only when this diagnosis is confirmed by an experienced examiner. More information can be found in UpToDate: Benign Cervical Lesions and Congenital Anomalies of the Cervix.

2. Anatomic barriers:
In some patients, the cervix is difficult to visualize on pelvic examination. Factors that may make visualization difficult include:
   - High body mass index.
   - Prior cesarean section.
   - A uterus that is sharply anteverted or retroverted.
   - Obliteration of the vaginal fornices (from menopause-induced vaginal atrophy, prior pelvic radiation, or vaginal graft-versus-host disease).

If the clinician cannot see the cervix, options include the following:

- Use a longer Graves or Pederson speculum to reach the vaginal apex; press the speculum along the posterior vaginal wall until the apex is reached and then open the speculum slowly.
- Perform a bimanual examination to palpate the cervix and identify its location. In patients with obliteration of the vaginal fornices, palpation often allows the examiner to differentiate the firm cervical tissue from the surrounding vaginal walls. Lubricant is sometimes avoided as it can interfere with the ability to analyze the Pap specimen. (see gel, lubricants and other contaminants below.)
- Improve visualization by optimizing the patient's position. In dorsal lithotomy, the following modifications can be used:
  - Ensure that the patient's legs are sufficiently abducted. The patient may need to move toward the examiner. Care should be taken if the patient has knee or hip mobility issues.
  - Elevate the sacrum by placing an object (bedpan, folded up sheet or towel) under the patient's hips.
- Confirm that the patient has a cervix (some patients who have undergone a total hysterectomy do not give an accurate surgical history).
- In patients with cervical stenosis, it may be difficult to obtain an endocervical sample, thus resulting in an insufficient result. When it is difficult to insert the sampling device into the endocervix, one of the following techniques may facilitate collection of an endocervical sample:

- Perform Pap testing during menses. Menstrual blood often slightly dilates the cervix. (See menses or other genital tract bleeding below.)

Sampling Challenges:

There is perception that any action that may remove cells from the cervix (example prior Pap sampling, cervical cultures, swabbing) will impair Pap test cellularity, and thus compromise efficacy for cervical cancer screening. However, data do not support these concerns.

The factors discussed in this section relate to the effects on cytology or HPV testing or both.

1. Menses or any other genital tract bleeding:
Historically, patients planning to have screening cytology for cervical cancer have been advised to avoid testing during menses or other genital tract bleeding. It is recommended to perform rather than defer the test unless the blood cannot be cleaned from the cervix. Cleaning the cervix with a large cotton swab will remove obscuring blood and appears to have a minimal or no effect on sample cellularity.

If there is obscuring blood, conventional Pap smears are more likely to be unsatisfactory for interpretation than liquid-based methods because liquid-based techniques filter out red blood cells. This was demonstrated in a population-based retrospective study in the Netherlands in which over 100,000 patients who reported having regular menstrual cycles were screened for cervical cancer using the conventional Pap smear. The rate of unsatisfactory smears was 23 percent during cycle days 0 to 3 versus 2 percent for the remainder of the cycle.

For liquid-based Pap tests, timing during the menstrual cycle does not appear to have a clinically significant effect on cytologic results. This was illustrated by a large study in which 5060 patients with initial cytology showing atypical squamous cells of undetermined significance (ASC-US) or low-grade squamous intraepithelial lesions (LSIL) had over 20,000 liquid-based Pap tests. The phase of the menstrual cycle did not have a significant effect on the rate of unsatisfactory specimens. Although the detection of LSIL or more severe abnormalities was slightly higher in the mid- versus early or late cycle (mid-cycle: 20 percent, early and late cycle: 18 percent), this difference is unlikely to be clinically significant.

HPV testing results are not affected by bleeding, although some data suggest that detection of high risk varies with the phase of the menstrual cycle.

2. Interval between Pap tests:
Nurses should refer to the ASCCP guidelines for guidance on intervals between Pap tests.

3. Gel, lubricants, and other contaminants:
Contaminants, such as gel lubricant, vaginal discharge, semen, spermicide, or intravaginal medications, have been thought to affect cervical sampling. On a conventional smear, the concern is that these may make the smear thick and difficult to read.

If large amounts of vaginal contaminants are present, the discharge can be removed gently with a large cotton swab without interfering with cytology results. Routine removal of a small amount of discharge or other contaminants is unnecessary.

Gel lubricant on the speculum or on an examiner's hand before a Pap test is performed is commonly thought to interfere with the results of cervical cytology. Some lubricants, particularly those that include carbomers or carbopol polymers may interfere with sample interpretation. In general, studies have not shown an adverse impact of lubricants on cervical cytology interpretation, **but** since samples are often returned by the laboratory with a note regarding difficulty in interpretation because of lubricant so avoiding when possible is recommended.

Testing for Neisseria gonorrhea and Chlamydia trachomatis cervical infection is often performed concurrently with cervical cytology. Many clinicians avoid use of gel lubricants prior to testing for these bacteria, since some lubricants are bacteriostatic.

There is no data regarding the effect of discharge, semen, or intravaginal medications on cervical cytology interpretation.

Summary and Recommendations:

- Cervical cancer screening tests detect cellular changes or infection with types of human papillomavirus (HPV) that may predispose patients to invasive cervical cancer.
- Conventional cervical smears are performed by smearing the specimen on a slide. With liquid-based methods, the specimen is placed into a liquid fixative solution. Both methods are referred to as cervical cytology or a Pap test.
- Several types of collection devices can be used for cervical cytology sampling.
- HPV testing detects strains of the virus that are associated with a high risk of cervical neoplasia. There is no commercially available test for detection of low-risk HPV strains. HPV testing systems are approved for either primary HPV testing (without cervical cytology) or co-testing (with cervical cytology).
- For patients with vaginal bleeding, cleaning the cervix with a large cotton swab prior to performing a Pap test will remove obscuring blood and appears to have a minimal or no effect on sample cellularity.
- Use of some lubricants before performing a Pap test may interfere with results of cytology.

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Patient Navigation Forms

Patient Navigation Group Education Form

Location:		Date:	
Patient Navigator:		County:	
Topics Covered:			

No	Gender	Race/Ethnicity	Age	Insurance Status
1	Female Male	Black or African American White Asian American Indian or Alaska Native Native Hawaiian or Pacific Islander Other Hispanic/Latino	Under 21 21-39 40-64 65+	No Medical Insurance Medicaid Medicare Private Insurance
2	Female Male	Black or African American White Asian American Indian or Alaska Native Native Hawaiian or Pacific Islander Other Hispanic/Latino	Under 21 21-39 40-64 65+	No Medical Insurance Medicaid Medicare Private Insurance
3	Female Male	Black or African American White Asian American Indian or Alaska Native Native Hawaiian or Pacific Islander Other Hispanic/Latino	Under 21 21-39 40-64 65+	No Medical Insurance Medicaid Medicare Private Insurance
4	Female Male	Black or African American White Asian American Indian or Alaska Native Native Hawaiian or Pacific Islander Other Hispanic/Latino	Under 21 21-39 40-64 65+	No Medical Insurance Medicaid Medicare Private Insurance
5	Female Male	Black or African American White Asian American Indian or Alaska Native Native Hawaiian or Pacific Islander Other Hispanic/Latino	Under 21 21-39 40-64 65+	No Medical Insurance Medicaid Medicare Private Insurance
6	Female Male	Black or African American White Asian American Indian or Alaska Native Native Hawaiian or Pacific Islander Other Hispanic/Latino	Under 21 21-39 40-64 65+	No Medical Insurance Medicaid Medicare Private Insurance

Patient Navigation One-On-One Education Form

Event or Location: _____ Date: _____

Please complete <u>ONLY if you are interested</u> in being assisted with a breast, cervical or colorectal cancer screening appointment and/or HPV vaccine appointment.		
PARTICIPANT INFORMATION	Full Name:	
	Contact Information:	Age: _____ Your county *and* city of residence: _____ Your cell phone number: _____ Your home number: _____ Best time to call you: _____ Your email address: _____
	What screenings are you interested in receiving? *Please mark all that apply*	*Please respond to ALL the questions below* CERVICAL: Need a Pap test? Yes No Never had a Pap Last Pap Date: _____ HPV: Need the HPV Vaccine for you or your child? Yes No BREAST: Need a Mammogram? Yes No Never had a Mammogram Last Mammogram Date: _____