

GEORGIA

# Breast and Cervical Cancer Program Manual

JULY 2015



## ACKNOWLEDGEMENT

Many thanks to the contributors to this document: the district Breast and Cervical Cancer Program coordinators, the Medical Advisory Committee, and other staff.

Portions of this manual were adapted from the following sources:

- Centers for Disease Control and Prevention, NBCCEDP Guidance Manual 2012.
- CDC National Breast and Cervical Cancer Early Detection Program Policies and Procedure Manual, August 2007, and Updates on December 2008, July 2009 and January 2011.
- American Society for Colposcopy and Cervical Pathology (ASCCP), **2013 Consensus Guidelines for the Management of Women with Cervical Cytological Abnormalities.**
- United States Preventive Services Task Force, Screening for Cervical Cancer Recommendations issued 2012.

## MANUAL PURPOSE

This manual has been designed to assist providers and partners in implementing the Breast and Cervical Cancer Program. Each section provides information about services that meet state and federal requirements.

The principles of high-quality breast and cervical cancer screening underlying the guidance contained in this manual are these:

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. Breast and Cervical Cancer Program services should be integrated into the community's overall service structure.
3. Breast and Cervical Cancer Program services should be integrated with other clinical services to ensure timely and appropriate diagnostic evaluation and treatment services.
4. Client 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. Program guidance should reflect a health care system undergoing rapid change by being customer focused and flexible.

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STATE & LOCAL  
**Program Management**

As with any program, administrative and service delivery responsibilities exist to ensure successful and efficient program management. The following breaks out these responsibilities by State, District/Participating Primary Care Providers (Grantees) and Clinics (healthcare service delivery). Please reference the written agreement in this section for further clarification of responsibilities. This section also offers specific contact information related to State and District/Participating Primary Care Providers (PPCP) Administrative Offices, program standards and reporting requirements.

## **A. State Office Staff**

### 1. Responsibilities

The state Office of Cancer Prevention, Screening and Treatment (OPST) of the Disease Prevention and Health Promotion Section in the Department of Public Health procures funding for the breast and cervical cancer program through a cooperative agreement with the Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program and state Tobacco Master Settlement funds. The OPST therefore is accountable to ensure program success in each component of the cooperative agreement. This is accomplished through ongoing monitoring of program goals, objectives, activities, funding, reports and data as well as, providing feedback on program performance to participating Districts/Participating Primary Care Providers (PPCPs) and partners. The state office team will:

#### Funding

- Disburse state and federal funding to 18 health districts and other PPCPs.
- Provide technical assistance in the appropriate use of Breast and Cervical Cancer Program funds and in the monitoring of these funds.

#### Program Development, Implementation and Evaluation

- Develop policies and guidelines based on state and federal requirements, performance indicators and standards.

- Collaborate with participating districts, and PPCPs to establish annual screening goals based on available funds.
- Provide technical assistance and training to districts, PPCPs, clinics and partners in the development, implementation and evaluation of all program components.
- Monitor districts', PPCPs', and partners' compliance with Breast and Cervical Cancer Program policies, requirements and standards.
- Analyze quality indicators and outcome data monthly and provide technical assistance related to this data to districts and PPCPs and partners.
- Conduct site visits and provide ongoing support to districts, PPCPs, clinics and partners in programmatic strategic planning and performance improvement.
- Conduct clinical chart audits as applicable.

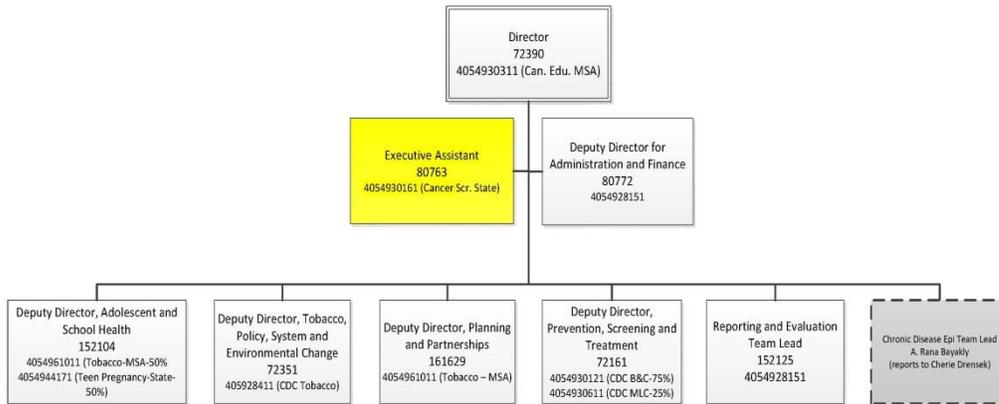
#### Performance Data

- Provide health districts and PPCPs with an acknowledgement of the receipt of client information forms within 3 days of receipt at the state office.
- Provide health districts and PPCPs with a hardcopy notification (printed on pink paper) of errors made in completing client information forms.
- Provide monthly, quarterly and annual program performance reports to health districts and PPCPs such as: incorrect or missing data error reports; timeliness of data submission; re-screening rate reports; screening rate of women who have never, or not in the last 5 years, had a Pap test; cervical over-screening rate; percent of clients with a normal breast result who were referred for work-up; timeliness reports ( screening to diagnosis & diagnosis to treatment); program age distribution; and other ad hoc reports.
- Provide statewide progress reports to federal and state funding sources.

#### 2. Organizational Chart

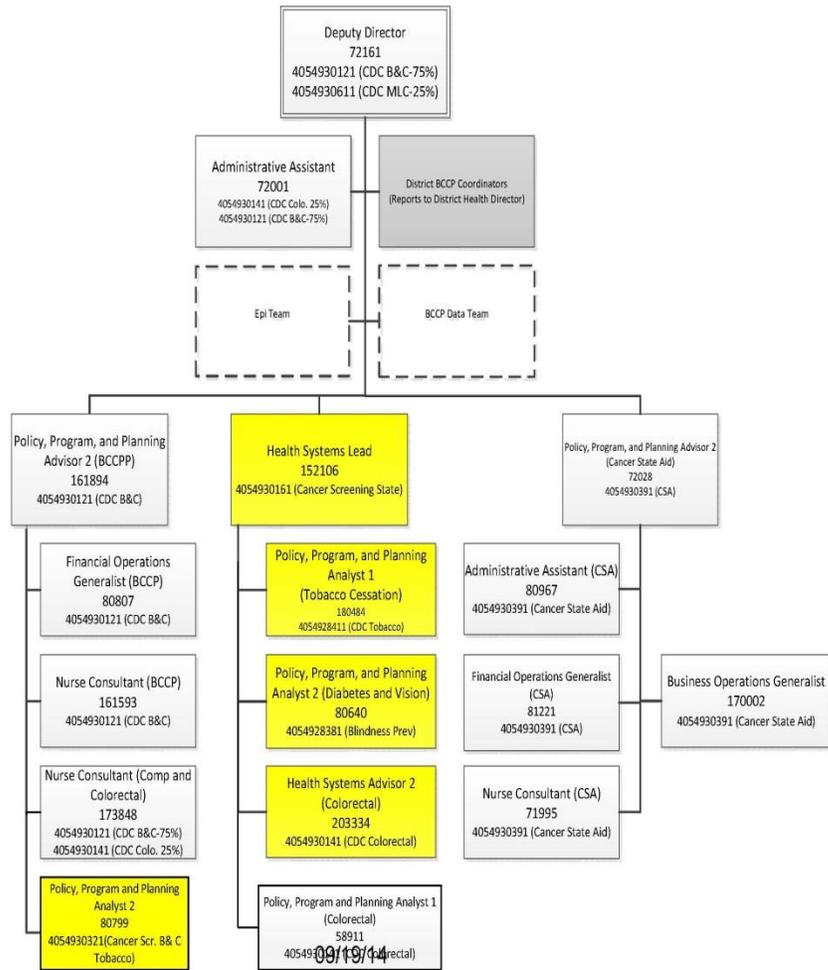
**See following page for the current  
Chronic Disease Prevention Section and  
Office of Prevention Screening and Treatment Organization Chart**

## Chronic Disease Prevention Section



09/19/14

# Chronic Disease Prevention Section Prevention, Screening and Treatment



### Clinical Services Section Telephone Directory

Telephone prefix (404) 657, 656, 651, 463

Fax number- BCCP 404-463-8954 and Cancer State Aid (CSA) 404-657-6316

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Name	Email	Cube#	Ext#	Title
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Berzen, Alissa	Alissa.Berzen	14-282	7-2636	Epidemiologist
Broom, Cathy	Cathy.Broom	16-304	7-7735	Program Manager
Clark, Melody	Melody.Clark	16-497	7-3330/7-3331	Program Associate
Crane, Barbara	Barbara.Crane	16-493	7-6604	Deputy Director, Chronic Disease Prevention, Office of Prevention, Screening and Treatment
English, RN Janet	Janet.English	LaGrange	(706) 298-3766	Nurse Consultant, BCCP  Nurse Consultant, BCCP
Jimenez, Olga Lucia	<a href="mailto:ojimenez@cancer.org">ojimenez@cancer.org</a>	ACS	(404) 949-6454	State Public Education Senior Manager
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Xu, Jierong	Jierong.Xu	16-483	7-6610	Unit Data Manager

## **District/PPCP Program Staff**

### 3. Responsibilities

The Georgia Breast and Cervical Cancer Program is implemented through Grant in Aid annexes (See the written agreement in this section) with Public Health Districts and agency contracts with Participating Primary Care Providers (PPCPs) in local communities. The written agreement outlines the scope of work, accountabilities and the responsibilities of these sub-recipients and contractors. Providers are responsible and accountable to ensure the deliverables are met by:

- Providing screening, education, follow-up diagnostic evaluation and care management.
- Assuring enrollment of all women into the Women's Health Medicaid Program for treatment with a breast cancer or cervical pre-cancer or cancer diagnosis.
- Collaborating with local partners to effectively implement the Breast and Cervical Cancer Program.

Health Districts and Participating Primary Care Providers (PPCPs) have designated staff that is responsible for the service delivery, administration, management and coordination of the program. For providers with multiple sites, staff is designated at each site to be responsible for all program components and for coordinating with the staff at the central site.

The Contractors under the written agreement will:

#### Fiscal

- Manage funding in a fiscally responsible manner to pay for administrative and direct client services as agreed under the contractual arrangement and in accordance with Breast and Cervical Cancer Program policies, procedures, guidelines, requirements and standards. Sound fiscal management includes such processes as authorization of payment of services; assurance that clinical reports are received prior to payment; coordination of internal administrative services; and assurance that annual state approved fee schedules are used.

## Administrative

- Develop, implement, manage and evaluate program activities in accordance with the contractual agreement and in compliance with the Breast and Cervical Cancer Program work plan titled “Measures of Success”, program standards, policies, procedures, guidelines, and recommendations.
- Meet with appropriate district and PPCP personnel to assess program progress and make strategic plan alterations if necessary and appropriate (marketing, fiscal management, and program component performance).
- Attend mandatory meetings organized by state office staff.
- Maintain a system for timely data submission; track all client data information forms, all incomplete records, and all needed record updates.
- Collaborate with local partners to effectively implement and sustain the Breast and Cervical Cancer Program. These activities include but are not limited to:
  - Collaborate with local organizations and agencies to promote screening and recruit priority populations.
  - Develop partner relationships to generate additional program funding including in-kind contributions.
  - Monitor, manage and evaluate partnership activities.
- Conduct strategic planning annually (before each new fiscal year) based on the current fiscal year’s program performance or where fiscal year data best provides needed performance information. Ensure strategic planning incorporates those components in the annual work plan submitted to the state office (See work-plan examples in this section) as well as the following activities:
  - Educate and motivate women to have clinical breast and pelvic exams, Pap tests and mammograms at the recommended intervals.

- Inform women about their risk for breast, cervical, and colorectal cancers and the importance of early detection.
- Assess the use of tobacco products and if appropriate make referral to the Georgia Tobacco Quit Line.
- Recall women for screening: for routine clinical breast exams, mammograms, pelvic exams and Pap tests, according to most current screening guidelines.
- Reduce or eliminate barriers that prevent participation in screening for cancer.
- Create a customer friendly clinic/office environment, adjusting when possible, hours to meet clients' needs.
- Designate sufficient staff to provide the necessary services to Breast and Cervical Cancer Program clients at each site in which the provider conducts breast and cervical cancer screening.
- Implement and manage Care management services.
- Encourage methods for meeting and/or exceeding quality, program, and data submission performance standards.
- Develop a plan for creating and tracking clients placed on a "wait list" in the event funding is insufficient to meet the demand for screening.

### Data Submission

- Review client data information forms completed by clinics to ensure that each form is completed according to guidelines.
- Collect and submit missing information as requested by state office (error reports printed on pink paper) by deadline for correction.
- Complete and submit all Breast and Cervical Cancer Program required data to the state office including submission logs and client data information forms in accordance with the state office submission policy and timeliness guidelines (between the 1<sup>st</sup> and the 7<sup>th</sup> day of the month) (see Data Collection and Management Section).

- Close records in which the client is lost to follow-up or refused further services in accordance with program requirements.
- Review monthly reports (provided by state office data staff) to identify program performance enhancement opportunities. Findings should be shared with appropriate staff and solutions designed, written and implemented.
- Use only state provided data forms and logs.

#### Program Reports

- Timely submissions of Program Quarterly report:
  - Breast and Cervical Cancer Program Contract Programmatic Report
- Timely submission of Program Monthly Reports which include:
  - Program Data Submission
  - PPCPs Monthly Invoice
  - Provider/Vendor Payment form

**(Note:** *A sample of each report mentioned above is provided at the end of this section.*)

## Administrative

- Assure that each client's initial intake process includes an overview of Breast and Cervical Cancer Program services, including Care management, as well as an explanation of informed consent and release of medical information.
- Assure that every new client signs a "Release of Information" in accordance with the Health Insurance Portability and Accountability Act (HIPAA) in order to obtain diagnostic, treatment or staging information from private and/or tertiary providers. Client must sign release on 3151 Form or provider's release form.
- Have staff initiate a Diagnostic/Treatment form (3154B or 3154C) for each woman who requires follow-up services.
- Provide the county's "Informed Refusal of Care" form for any client who refuses Care management and/or other recommended services with the client's signature.
- Have a system for tracking reports of final diagnosis and completion of appropriate fields on the 3154.
- Submit the appropriate 3154 to the District Office according to the schedule for submitting forms and updates of forms to the state office.
- Have a system for tracking incomplete 3154 forms. (See Data Collection and Data Management Section)
- Submit forms that are updated to the District Office according to the schedule for submitting forms and updates of forms to the state office. (See Data Section).

## Clinical Services

- Enroll women who meet Breast and Cervical Cancer Program eligibility requirements.
- Provide screening services which includes clinical breast examinations, mammogram referrals, pelvic examinations and Pap tests in accordance with Breast and Cervical Cancer Program policy, guidelines, requirements and standards.
- Provide diagnostic services and referral for diagnostic services, such as surgical consultations and biopsies in accordance with Breast and Cervical Cancer Program policy, guidelines, requirements and standards.
- Assure that women with abnormal screening results receive timely diagnostic evaluation follow-up according to Breast and Cervical Cancer Program standards.
- Designate a registered nurse that has Breast and Cervical Cancer Program care management functions incorporated into his or her job description.
  - Assure documentation of care management processes and outcomes.

- Assure that the following clients are top priority for receiving intensive care management services. Those who:
  - ✓ Refuse diagnostic services.
  - ✓ Refuse treatment.
  - ✓ Are lost to follow-up after diagnosis and before treatment.
  - ✓ Have had treatment delayed beyond 60 days after diagnosis.
- Provide care management assessment for all women with breast and/or cervical cancer and provide the needed level (regular or intensive) of care management services for any women who has a cancer diagnosis until she is enrolled in the Women's Health Medicaid Program for treatment.
- Assure women enrolled in Breast and Cervical Cancer Program who had a normal breast and/or cervical screening are re-screened annually in accordance with Breast and Cervical Cancer Program policy, procedure, guidelines, requirements and standards, and the Georgia Office of Nursing 2014 Nurse Protocols.

## B. Breast and Cervical Cancer Program Standards for Service Delivery

Breast and Cervical Cancer Programs Districts, PPCPs, Clinics and Partners are required to adhere to the following standards:

### Standard

Clients provided screening or diagnostic services under the Breast and Cervical Cancer Program will be biological females; their age will be commensurate with the funding source requirements and they will meet criteria associated with age as outlined in Section III of the manual; they will be at or below 200% of the federal poverty level based on the family unit size guideline; they will be uninsured and will be representative of the target population's race, ethnicity and special needs (e.g., women with language barriers, physical and mental limitations, lesbian).

A nurse coordinator must oversee the clinical and programmatic services and must attend Breast and Cervical Cancer Program coordinator meetings. The nurse coordinator may delegate programmatic functions to another health professional or administrative member of the team.

All women will receive an annual complete physical examination, the needed health education and appropriate screening examinations including: height, weight, blood pressure, smoking assessment, a clinical breast examination, mammography for women  $\geq 40$  years of age, appropriate cervical cancer screening (Pap test) for women (21-64) with an intact cervix or for women without cervix if the hysterectomy was performed for cervical neoplasia/precursors, and for women at high risk for VAIN or VIN, based on the screening guidelines. The CBE should be performed as close as possible to the mammogram and no more than three months before the date of the mammogram.

All BCCP-enrolled women with an abnormal screening result must be assessed for the need of care management services and provided with such services accordingly. An example of screening results which require a care management assessment is: BIRADS 3, 4, and 5 for mammograms; and ASCUS, LSIL, and higher lesions for Pap tests. Care management services conclude when a client initiates treatment, refuses treatment, or is no longer eligible for the BCCP. When a woman concludes her cancer treatment, has been released by her treating physician to return to a schedule of routine screening and continues to meet BCCP eligibility requirements, she may return to the program and receive services

### Authority

Congressional requirements

CDC and Breast and Cervical Cancer Program requirements

Americans with Disabilities Act

Grant in Aid (GIA) annex Contract

GIA annex Contract

CDC requirements

Reimbursement for appropriate physical examination

CDC

Breast and Cervical Procedure Manual

### Evaluation

Data Collection

Fiscal Audits

Site visit for overseeing clinical services

Sign in sheets for Breast and Cervical Cancer Program meetings

Medical record audit

Re-screening rates

Minimum Data Element (MDE) data collected

Medical record audit

## Standard

A medical record retained in the health department will be maintained for each client in the Breast and Cervical Cancer Program. The record will contain a written care plan and documentation of informed consent, emergency contact, history & physical exam, screening performed with the results, the financial and psychosocial counseling provided, referrals with results, and follow-up of medical and surgical problems through diagnosis and treatment. Documentation of financial/ insurance eligibility will be retained in the electronic or manual clinic file.

Breast and Cervical Cancer Program clients will signify an understanding of abnormal screening results and diagnostic procedures including: options available, possible outcomes, financial resources, and obligation to participate in diagnostic follow up, if abnormal results occur.

Participating radiology facilities are fully accredited by the FDA and provide reports in the lexicon of The American College of Radiology.

Participating clinical laboratories meet state and federal requirements and report Pap results in the language of The Bethesda System.

Provision of Breast and Cervical Cancer Program screening services will include the following communications between providers and clients: the radiologist will receive the results of the clinical breast examination, which must be performed within 3 months before the mammography; the cytology laboratory/cytopathologist will receive pertinent gynecologic history and clinical information, screening results will be returned to the health department within 10 to 15 working days, or within 5 working days, if abnormal. The Breast and Cervical Cancer Program staff notifies the client of all screening results within 30 days.

## Authority

Nursing and fiduciary practice

GIA/Contract "The Record That Serves and Protects", Care Education Group, Inc., 1999

CDC requirement that 90% of women with abnormal screening results receive complete follow-up

Care management Society of America

CDC

FDA

Georgia BCCP Medical Advisory Committee

Clinical Laboratories Improvement Act

Health Care Financing Administration requirements

District agreement with cytology laboratories

District agreement with radiology facilities

## Evaluation

Medical record audit

Documentation of informed consent and counseling

MDE data

MPRIS list

Medical record audit

Medical record audit

Records from the Georgia Office of Regulatory Services

Medical record audit, site visit, and evidence of materials.

## Standard

Breast and Cervical Cancer Program clients will receive notice of due date for re-screening and will be encouraged to receive re-screening based on guidelines every 15-18 months. At least 2 contacts to recruit the women for re-screening are to be made over a 4-month period and documented in the client record. If the client has not responded, an invitation to participate in the program should be extended annually.

Every Breast and Cervical Cancer Program client-centered encounter will be completely documented. Encounters include attempts to contact, contacts, interventions, phone conversations, referrals, patient-family visits, making appointments, and contact with other providers and resources.

Women with an abnormal CBE **must** be evaluated by a surgeon unless a biopsy of affected area was performed by a Radiology Breast Specialist was negative or abnormal CBE was a result of a simple cyst.

Women with abnormal Pap results **must** be evaluated by a gynecologist or clinician with documented training in colposcopy.

All Breast and Cervical Cancer Program clients with abnormal screening results will receive care management by a registered nurse, licensed social worker, or ACS trained client Navigator that will include assistance in finding quality oncology services that are available, acceptable and accessible. The following components are included: the standard protocol will be followed with appropriate documentation; evaluation of the case for further intensive care management with findings documented; and the reason for refusal is documented and/or the case kept "open" for future contacts.

## Authority

CDC

Breast and Cervical  
Cancer Program  
Coordinator consensus

"The Record That Serves  
and Protects"

Care Education Group.,  
Inc. 1999

CDC Evaluation of  
Common Breast  
Problems: A Primer for  
Primary Care Providers,  
2011

Medical Advisory  
Committee

GA Cervical Procedure  
Manual

2013 Consensus  
Guidelines for the  
Management of Women  
With Cervical Cytological  
Abnormalities.

Care management  
Society of America

CDC

## Evaluation

MDE data reports

Medical record audit

Medical record audit

Fiscal audits

Cost center Analysis

Medical records audit

Report from surgeon

Medical Record audit

Fiscal audit

## Standard

Women with abnormal findings, who are not receiving diagnostic work up and treatment, need intensive care management to remove all barriers. This includes assessment of physical, psychosocial and other factors, problem identification, planning, implementation, coordination, monitoring/reassessment and evaluating services, assuring outcomes and documentation.

Women diagnosed with breast cancer or cervical cancer will be evaluated for presumptive eligibility for the Women's Health Medicaid Program or referred to Cancer State Aid as appropriate.

A woman who has refused or is lost to follow-up due to a move to another catchment area is to receive counseling and education to have follow-up or start treatment. The effort should continue for at least 90 days after the date of the abnormal screening or the diagnosis before closing the screening cycle. **By 5 months after the screening or diagnosis, a 3154 form should be submitted to the state program closing the case for that visit. Care management efforts may continue. The CDC performance indicator is that <2% refuse or <3% are lost to follow up.**

All women with abnormal screening results and/or who have been referred for diagnostic evaluation will complete diagnostic evaluation within 60 days of the abnormal screening and all women with pre-cancer or cancer will begin treatment within 60 days of diagnosis. 75% **should** have diagnosis completed within 60 days of screening and 80% should have initiated treatment within 60 days from diagnosis of breast cancer and 90 days after a diagnosis of cervical cancer or pre-cancer.

Treatment Initiation: At least 90% of women diagnosed with CIN 2 or worse should initiate treatment within 90 days. Adolescent and young women (<30 years) diagnosed with CIN 2 shall be excluded when treatment was not needed based on provider recommendation. 3154C form should be completed as "refused" with MD written to the side.

Timeliness of treatment: At least 80% of women diagnosed with CIN 2 or CIN3/CIS should initiate treatment within 90 days. Adolescent and young women (<30 years) diagnosed with CIN 2 shall be excluded when treatment was not needed based on provider recommendation. 3145C form should be completed as "refused" with MD written to the side.

Breast and Cervical Cancer Program education and communication materials must be used in languages appropriate for clients and at a 5<sup>th</sup> grade or lower reading level, as available.

## Authority

Georgia Breast and Cervical Cancer Program Enhanced Care management Policy

Treatment Act 2000

Breast and Cervical Procedure Manual

Georgia Breast and Cervical Cancer Program

CDC

CDC

Georgia Breast and Cervical Cancer Program

CDC; Georgia Breast and Cervical Cancer Program

Breast & Cervical Procedure Manual

CDC; Georgia Breast and Cervical Cancer Program

Breast & Cervical Procedure Manual

CDC; Georgia Breast and Cervical Cancer Program  
Breast & Cervical Procedure Manual

## Evaluation

Medical record audit

Fiscal audit

Medical record audit

MDE data reports

MDE data

Medical record audit

MDE data

Medical record audit

MDE data

Medical record audit

Evidence of materials at site visit

## Standard

Client education will include appropriate written materials and/or instruction on cancer risk factors, the importance or appropriate routine screening, and the potential need for appropriate follow up.

Complete and accurate screening, diagnostic and treatment data are submitted monthly to the state office in accordance with guidance from data management staff. Information on data collection form is consistent with the health department client medical record.

75% of screening and follow-up data will be submitted from the Breast and Cervical Cancer Program provider to the state as soon as the screening or diagnostic results are available, and within 60 days or less from the diagnosis. Submit within 60 days or less after the last breast and cervical screening is performed and within 60 days or less after the date of diagnosis.

Participating nursing and appropriate clerical staff meet the education requirements of the Office of Nursing Quality Assurance Standards; attended annual clinical updates; received annual peer reviews.

Collaboration with community organizations and agencies will take place at the local, district and state levels to increase the numbers of women served from priority populations.

## Authority

Breast Manual

Procedure manual

Adult learning theory

Georgia Breast and Cervical Cancer Program

CDC's Data User's Manual

CDC performance indicators

Date Manager requirement

Office of Nursing Quality Assurance/Quality Improvement for Public Health Nursing Manual, 2012

CDC

## Evaluation

Medical record audit and materials available

MDE data reports

Medical record audit

Timeliness of submission report

Personnel records

Proof of registration

Material evidence

Description of collaboration in annual program report

### **C. Breast and Cervical Cancer Program Standards for Program Management**

1. Collaborate with other organizations/agencies to effectively implement the Breast and Cervical Cancer Program (BCCP), giving priority to program eligible, uninsured, low-income women for breast cancer screening who are 40-64 years of age, women 65 and over **without Medicare Part B**, who are returning for re-screening, new women from minority populations, including women never/rarely screened and with special needs; and for cervical cancer screening, women 21-64 years of age, with intact cervix.
2. Coordinate screening, care management, diagnostic evaluation, treatment and follow-up. All women will receive the needed health education and appropriate screening examinations including pelvic examination, Pap test, clinical breast examination, and mammogram referral, as need.
3. Assure that all participating mammography centers are FDA-accredited facilities.
4. Provide and coordinate care management through the screening process and to women who need follow-up for problems suspicious of breast/cervical cancer.
5. Assure that follow-up evaluation and, if needed, treatment for cancer is available, accessible, and timely through the Women's Health Medicaid Program.
6. Collect and report the required screening data completely and accurately to the Georgia Breast and Cervical Cancer Program by the 7<sup>th</sup> day of the month.
7. Track, collect, and report complete, accurate follow-up on all women with abnormal Pap tests, clinical breast examinations, mammograms or with normal screening and follow-up planned on a monthly basis.
8. Reimburse health care providers for the approved and authorized CPT code at/below the Medicare reimbursement rate for locality one (1) as published annually by the program. Authorized CPT codes are provided by the CDC.

9. Track and report public education, awareness, and outreach activities on a quarterly basis using the Breast and Cervical Cancer Program Contract Programmatic Report found in the attached annex.

#### **D. Criteria for Measuring Contractor Accountability**

Each district/PPCP will complete the tasks as outlined in the previous pages. On a monthly basis, districts/PPCPs are required to submit individual client screening and follow-up data to the state office. Screening data is reviewed for completeness, actual performance and target population reached. Follow-up data is reviewed for completeness, identified barriers to care, timeliness and appropriateness of follow-up. Annually, districts/PPCPs will report on program activities for the required CDC progress report, which is part of the annual work plan. Annually, districts/PPCPs will submit a plan describing the following components: public education; partnership development and maintenance; screening, and recall for re-screening, health care providers participating in screening, diagnostic evaluation and treatment; care management; data collection and management.

## **E. Breast and Cervical Cancer Nurse Coordinator Responsibilities and Tasks**

1. Participate in the Breast and Cervical Cancer Program Management and Professional Updates.
  - a. Mandatory participation by the district/PPCP Breast and Cervical Cancer Nurse Coordinator in annual statewide update meetings, state and regional conference calls.
  - b. Annually, submit the Breast and Cervical Cancer Program work plan describing program goals, objectives, and activities. Program information is required annually by CDC.
  - c. Submit the quarterly Breast and Cervical Cancer Program Contract Programmatic Report to the state office, attention Breast and Cervical, Program Manager.
  - d. Internal coordination among clinical and fiscal staff using “real time” data to ensure client benefit funds are expended appropriately and funds are available for women approved for the program. Ensure funds are obligated to be spent by the end of the fiscal year or notify the Program Director in writing that there will be funds available for use in another district.
2. Oversight and assurance that all eligible women receive quality breast and cervical cancer education, screening and follow-up services in a timely manner and assurance that women who receive services paid for by program funds are eligible, i.e., at or below 200% of the federal poverty guideline and are uninsured.
  - a. Assure staff’s knowledge of and compliance with policies, procedures, protocols, and standards. Distribute all information provided by the state office at the annual BCCP update meetings to appropriate local personnel.
  - b. Yearly review of service delivery in each clinic and mammography facility.
  - c. Ongoing review of mammography and cytology reports.

- d. Provide technical assistance to counties and facilities with identified needs or request technical assistance and training from the state office.
3. Oversight and assurance that complete, accurate data are received for every woman screened and/or provided diagnostic evaluation services through this program.
  - a. Authorize payment for all screening and diagnostic services. Authorization by signature guarantees to the state office that complete, accurate data have been submitted to the state office for every woman for whom payment has been made and that the Medicare maximum rate for each CPT code authorized has not been exceeded. Request authorization from the state office in unusual circumstances for additional CPT codes; approval may be given if the exception is deemed appropriate and documented.
  - b. Establish and maintain a system for data forms review at the clinic and district program administrative level.
  - c. Submit data screening forms to the state office as soon as complete and diagnostic data forms after diagnosis is reached, but not more than 60 days from those dates.
  - d. Provide technical assistance to counties with identified needs or request technical assistance and training from the state office.
4. Oversight of the care management, tracking and surveillance system to assure that all women with abnormal screening results and/or who have been referred for diagnostic evaluation, receive an assessment of care management needs, receive diagnostic evaluation within 60 days of a breast cancer diagnosis, within 90 days for cervical cancer or cervical pre-cancer diagnosis.
  - a. Monitoring of screening and follow-up data monthly.
  - b. Establish and maintain a tracking system at the central and local clinics for surveillance of women with abnormal screening results and women who have been referred for follow-up.

- c. Women with abnormal findings, who are not receiving diagnostic work up and/or treatment, need intensive care management to remove all barriers.
  - d. Follow-up monthly (Care Management Section) with local clinics to discuss the circumstances of any woman, who has abnormal screening results and has not received diagnostic evaluation within 60 days of screening and if appropriate, treatment within 60 days of diagnosis.
  - e. Provide technical assistance to local clinics with identified needs or request technical assistance and training from the state office.
5. Oversight and assurance that all mammography facilities participating in the program have full FDA certification.
- a. Obtain from each facility a copy of the authorized certification and date of recertification.
  - b. Discontinue referring clients to any facility that does not have full certification.
  - c. Notify the state office immediately when one of the participating facilities receives provisional certification or has certification withdrawn. Obtain from the facility the documentation regarding the problem resulting in provisional certification. The Medical Advisory Committee will review the documentation from this facility and determine if the facility may or may not continue screening during the provisional period.
6. Oversight and assurance that local clinics are screening women for breast cancer between the ages of 40-64; for cervical cancer 21-64, and women 65 and over without Medicare Part B for breast and cervical cancer screening.
- a. Quarterly review of screening data by each local clinic/facility.
  - b. Provide technical assistance and training to local clinics and facilities with identified needs, i.e., screening goals are not being met, or request technical assistance and training from the state office.

7. Oversight and assurance that a re-screening protocol is operational in local clinics.
  1. Review the implementation of the re-screening protocol in local clinics to assure that it meets the state's minimum requirements.
  - c. Quarterly review of screening data by each local clinic/facility
  - d. Provide technical assistance and training to local clinics and facilities with identified needs, i.e., screening goals are not being met, or request technical assistance and training from the state office.
8. Oversight and assurance that local clinics are collaborating with other organizations/agencies to recruit the priority populations.
  - Encourage development and/or maintenance of community partnerships that can assist in reaching the priority populations.
  - e. Request and review, at least biannually, reports of partnership activities.
  - f. Provide technical assistance to counties with identified need; e.g. no ongoing involvement with partner organizations, or request technical assistance and training from the state office.
9. Oversight and assurance that clinical staff has opportunities to meet program professional education needs.
  - Provide technical assistance to clinics with identified needs or request technical assistance and training from the state office.

## F. Program Reports

The following grid provides a list of required reports to be submitted by the Districts/PPCPs monthly, quarterly and annually in accordance to the above GIA annex/contract. Copies of these reports follow grid.

### Provider Guide to Submission of Breast and Cervical Cancer Program Report

Name of Report	Sample #	Purpose	Date Due	How to Submit	To Whom to Submit
Breast and Cervical Cancer Program Contract Programmatic Report	1	Monitor and track public education and outreach activities statewide.	<u>Quarterly</u> – by the 15 <sup>th</sup> of the month following the quarter reported.	Fax Mail Email	Chronic Disease Prevention and Health Promotion Branch Breast and Cervical Cancer Program Clinical Services Section Attention: Barbara Crane Nurse Consultant 2 Peachtree Street, NW 16 <sup>th</sup> Floor, Room 16-482 Atlanta, GA 30303
Breast and Cervical Cancer Program Data Submission	2A	Monitor and evaluate MDEs and program quality.	<u>Monthly</u> – by the 7 <sup>th</sup> of each month.	Fax Mail Email	Rosalie Barnard BCCP Data Unit 16-485 Georgia Department of Public Health 2 Peachtree St, NW Atlanta, Ga 30303-3142
CCSP Data Submission	2B		<u>Monthly</u> – by the 15 <sup>th</sup> of each month.		
Breast and Cervical Cancer Program Provider Work Plan (program plan)	3	Work plan is a planning tool and comprehensive guide to meet Breast and Cervical Cancer Program goals and objectives. Serves as a tool to communicate this information to state office and provide programmatic data for submission.	<u>Annually</u> – by second Friday in June.	Fax Mail Email	Health Promotion, Disease Prevention Program, Breast and Cervical Cancer Program Clinical Services Section Attention: Barbara Crane Nurse Consultant 2 Peachtree Street, NW 16 <sup>th</sup> Floor, Room 16-482 Atlanta, HA 30303

**1. Breast and Cervical Cancer Program Contract Programmatic Quarterly Report**

**Report 1**

**BREAST AND CERVICAL CANCER PROGRAM CONTRACT PROGRAMMATIC REPORT**

Period Covered by this Report \_\_\_\_\_

**DPH Contract #:** \_\_\_\_\_

{ \_\_\_\_\_ } Quarterly

{ \_\_\_\_\_ } Annual

**CONTRACTOR:** \_\_\_\_\_

**TO:**

**Department of Public Health  
Breast and Cervical Cancer Program  
2 Peachtree Street, NW  
Suite 16-304  
Atlanta, Georgia 30303-3142  
Attn: Cathy Broom, Program Director**

**FROM:**

*Insert Contractor's Name  
Insert Contractor's Address*

Narrative analysis of project accomplishments to include by objective: staff activity and program progress, or any other phase of contractor activity to assist the Department in program evaluation. Use Breast and Cervical Cancer Program Contact Programmatic Report Annex page 2. Reports should detail specific situations, solutions, and unresolved issues. A continuation page may be used as necessary.

\_\_\_\_\_  
Contract Project/ Program Manager

\_\_\_\_\_  
Date Submitted

## BREAST AND CERVICAL CANCER PROGRAM CONTRACT PROGRAMMATIC REPORT

**Management:** List any changes in clinic or provider sites; identify any program management issues and plans to resolve.

**Screening, Tracking, Follow-up, and Care management:** List progress toward measures of success; identify challenges and plans to resolve.

**Quality Assurance and Improvement:** List accomplishments with quality assurance measures. Identify challenges to meeting measures of success and plans to resolve.

**Public Education Activities:** List date, type, and location of activity and give a brief description of attendants, and number of women reached.

**Professional Education Activities:** List date, type, and purpose of activity and give a description of attendants and number attending.

**Partnerships:** List progress made with partnerships to contribute to Breast screening goals; identify challenges and plans to resolve.

**Providers/Vendors:** Update Provider/Vendors names and email address if changes from last report.

Rev. 07/14

2. Paper Records Submission Log Form Report 2A

Georgia Breast and Cervical Cancer Program

Submit by the 7<sup>th</sup> of each month to: Breast and Cervical Cancer Program Data Unit

PAPER RECORDS SUBMISSION LOG FORM

TODAY'S DATE \_\_\_/\_\_\_/\_\_\_ DISTRICT NAME/#: \_\_\_\_\_/\_\_\_\_\_ PAGE \_\_\_\_\_ OF \_\_\_\_\_

**INSTRUCTIONS:** All records submitted to the state office must be attached to a completed log. Check the appropriate box(es) for each record to indicate forms included in this submission. **List clients in alphabetical order.** Total each form's column in last row. Screening date should be reported to the state office as soon as available (in the next regular submission) and no later than 60 days after the initial date of visit. **Incomplete record(s) will be returned to the district for correction.** Noncompliance with data submission protocols will result in delays in processing.

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										
9										
10										
11										
12										
13										
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DISTRICT COORDINATOR'S INITIALS: \_\_\_\_\_ DATE MAILED: \_\_\_\_\_

**Georgia BCCP Provider/Vendor Payment Log Form Report 2B**

**Submit by the 15<sup>th</sup> of each month to: BCCP Program Manager Attn: Cathy Broom**

TODAY'S DATE \_\_\_/\_\_\_/\_\_\_ DISTRICT NAME/#: \_\_\_\_\_/\_\_\_\_\_ PAGE \_\_\_\_\_ OF \_\_\_\_\_

**INSTRUCTIONS:** All records with abnormal pap and follow-up information submitted to the state office must be attached to a completed log. Check the appropriate boxes for each record to indicate forms included in this submission. Total each form's column in last row.

No.	Last Name	First Name & Middle Initial	Pap Date	Form 3151 & 3152	Form 3150	Form 3154C		Payment Made (Name) Vendor
						New	Update	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
<b>Totals this page</b>								

3. Breast and Cervical Cancer Program Fiscal Year

**Report 3**

**Breast and Cervical Cancer Program**

**Fiscal Year \_\_\_\_\_ Work Plan**

**Name and Number of District or Contractor Name:** \_\_\_\_\_

**Date of Submission:** \_\_\_\_\_

**Team Submitting Plan (signatures):**

Breast and Cervical Cancer Program Coordinator: \_\_\_\_\_ District Program Manager: \_\_\_\_\_

District Health Director: \_\_\_\_\_

District Clinical Coordinator: \_\_\_\_\_

(The Work Plan should be filled out completely and in detail)

**Please return annually to Breast and Cervical Cancer Program Director by the second Friday in June**

**NOTE: A copy of this work plan must be copied to each clinic site manager or included in a copy of the revised Breast and Cervical Cancer Program manual. Funding allocation will be delayed where work plans are received after the due date.**

**Management**

<b>Measures of Success</b>	<b>Objectives</b>	<b>Activities</b>  (Include name of county where activity is planned)	<b>Timeline</b>	<b>Responsible Team Members</b>  (Include collaborating partner organizations)
<b>100% participation of county programs supporting all program components.</b>	Assure that Breast and Cervical Program is available in all clinic sites.			
<b>Funds are expended according to annex/contract agreement deliverables.</b>	Coordinate and monitor clinical services and fiscal management.			

List the county clinic sites and their two digit code that have begun providing services since previous year's work plan.

Clinic Site	2 Digit code	% of District Goal The site will reach	Site Specific In Reach/Out Reach Activities

List the county sites and their two-digit code that are no longer providing services since previous year's work plan.

Clinic Site	2 Digit Code	Clinic Site	2 Digit Code

List hospitals/outpatient facilities and physicians that have begun providing service for this program previous year's work plan. Note the services provided and the anticipated number of visits for each:

Name	Type of Facility	# of Clients seen last year	Anticipated FY XXXX

List hospital/outpatient facilities and physicians that are no longer providing services since previous year's work plan.

Hospital	Outpatient Facility	Physicians

Who matches bills to client records and assures client data is complete and accurate before payment of the bills?

Name	Phone	Address	Email



**Screening, Tracking, Follow-up and Care management**

<b>Measures of Success</b>	<b>Objectives</b>	<b>Activities</b>  (Include name of county where activity is planned)	<b>Timeline</b>	<b>Responsible Team Members</b>  (Include collaborating partner organizations)
<b>The % of priority groups screened in each district will be ≥ the % in their district.</b>	Develop and implement marketing plan for reaching priority groups in district.			
<b>50% of providers with enhanced equipment/materials for women with special needs will demonstrate increased capacity to recruit these women.</b>	Develop and implement marketing plan to reach women with special needs in district.			
<b>At least 75% of screening data forms will be submitted to the state office as soon as the screening results are available and within 60 days or less after the last breast or cervical screening is performed.</b>	Analyze and overcome barriers to state receiving screening records within 60 days of date of visit.			
<b>At least 75% of the follow-up data will be submitted to the state as soon as the diagnostic results are available and within 60 days or less after the date of diagnosis.</b>	Analyze and overcome barriers to state receiving diagnostic records within 60 days of diagnosis.			
<b>Each district must meet the 7<sup>th</sup> day of the month submission schedule at least 10 times each FFY.</b>	Plan and institute process that assures that records are submitted by the 7 <sup>th</sup> day (if falls on a weekend then the following business day) of each month.			

<b>Measures of Success</b>	<b>Objectives</b>	<b>Activities</b>  (Include name of county where activity is planned)	<b>Timeline</b>	<b>Responsible Team Members</b>  (Include collaborating partner organizations)
<b>90% of women who have abnormal breast and/or cervical screening results will receive diagnosis; 90% of women with a diagnosis of cancer and pre-cancer will receive treatment.</b>	Implement a system (e.g. client navigator) to assure that less than 2% of women refuse or 3% are lost-to-follow-up or 5% are pending.			
<b>80% of diagnoses are received within 60 days of screening date; 75% of treatment is received within 60 days of diagnostic date.</b>	Implement a system to assure that appropriate follow-up occurs within 60 days (e.g. client navigator)			
<b>50% of women screened for breast and/or cervical cancer will have appropriate re-screening by June 2015.</b>	By June, 50% of the women screened in the previous year will return for breast screening and cervical screening, if appropriate.			
<b>20% of women screened will have had no previous Pap test, or not within 5 years.</b>	Develop and implement outreach plan to reach never/rarely screened women. Work with client navigator if available in your district.			
<b>75% or more of women will receive cervical screening according to the current recommendations: Ages 21-29 will be screened every 3 years, ages 30-64 will be screened with a Pap test every 3 years or co-tested (Pap test &amp; HPV test) every 5 years.</b>	Develop and implement educational And support plan for staff and clients to decrease over-screening.			
<b>No more than 5 % of records in the districts monthly submission will have one or more errors.</b>	Provide staff education on forms completion and develop process to assure records have less than 5% error rate.			

Indicate the number of sites providing clinical and diagnostic services for program eligible women paid for by program funds for this reporting period. The total number of unduplicated sites is not necessarily equal to the sum of the other categories.

Type of service	Number of sites
Total unduplicated sites ( any service)	
Mammography (with or without CBE) screening	
Cervical screening only	
Cervical screening with CBE	
Breast diagnostic services	
Cervical diagnostic services	

How many counties are in your district? \_\_\_\_\_

How many of these counties participate in Breast and Cervical Cancer Program? \_\_\_\_\_

List nurse case managers by health department with their phone & fax numbers:

<u>Name</u>	<u>Health Department</u>	<u>Phone #</u>	<u>Fax #</u>

**Quality Assurance and Improvement**

<b>Measures of Success</b>	<b>Objectives</b>	<b>Activities</b>  (Include name of county where activity is planned)	<b>Timeline</b>	<b>Responsible Team Members</b>  (Include collaborating partner organizations)
<b>100% of participating women will be screened only by certified radiology facilities and CLIA complaint laboratories</b>	Assure that all participating radiology facilities are fully certified.  Assure that all participating clinical laboratories are compliant with CLIA.			
<b>100% of screening providers will meet clinical performance standards.</b>	Assure that clinical staff is aware of and compliant with program standards.			

**List mammography facilities with their certification numbers that have begun providing services for this program since previous year's Work Plan:**

<u>Mammography Facility</u>	<u>Certification #</u>

**List the mammography facilities that have discontinued providing services since previous year's Work Plan:**

<u>Mammography Facility</u>	<u>Certification #</u>

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**Professional Education**

<b>Measures of Success</b>	<b>Objectives</b>	<b>Activities</b> <small>(Include name of county where activity is planned)</small>	<b>Timeline</b>	<b>Responsible Team Members</b> <small>(Include collaborating partner organizations)</small>
<p><b>All participating providers receive initial and ongoing education regarding breast and cervical issues.</b></p>	<p>Assure compliance with Training and Education Standards.</p>			

Indicate the training provided during this reporting period (Present Date & Year), the personnel that received training, the number of program and non-program personnel that participated, the source of the training; and whether the trainers conducted an evaluation.

**Training topics:**

**Participants:**

**Source:**

NBCCEDP funded (in full or part)

Other

**Evaluation:**

Yes

No

**Example:**

Topic: \_\_\_\_\_

#of trainings: \_\_\_\_\_

Personnel: \_\_\_\_\_

Source: \_\_\_\_\_

# of Program Participants: \_\_\_\_\_

# of Non-Program Participants: \_\_\_\_\_

Evaluation: \_\_\_\_\_

**Public Education & Outreach**

Identify Your Desired Annual Screening Goals: STATE: \_\_\_\_\_ FEDERAL: \_\_\_\_\_

Measures of Success	Objectives	Activities  (Include name of county where activity is planned)	Timeline	Responsible Team Members  (Include collaborating partner organizations)
Monitor & track district screening and rescreening % of goal reached.	Assure each service site has a system in place to meet their screening goals.			
Local public education plans are implanted.	Develop and implement public education plan (recruitment, training, communication and tracking) for each provider site.			

Select and rank up to 10 primary strategies you used to promote screening and re-screening at the local level within priority populations. Strategies should be ranked by effectiveness. Intent: This is intended to capture the strategies used to promote population based screening and rescreening for early detection of breast and cervical cancer among women. Include information that clearly fits both the definition of public education on the community or mass media level, as well as those directed to the individual (outreach).

**Priority populations:**

- |                         |                        |                       |
|-------------------------|------------------------|-----------------------|
| All eligible women      | African American women | Rural women           |
| Alaskan Native women    | Asian/Pacific women    | Native American Women |
| Women with disabilities | Foreign born women     | Older women (50+)     |
| Hispanic women          | Lesbians               |                       |

**Strategies:**

- |                       |                            |                               |
|-----------------------|----------------------------|-------------------------------|
| Radio messages        | Church based presentations | Flyers-population based       |
| Television- PSA       | (awareness)                | Newsletters to public         |
| Billboards            | Direct recruitment         | Culturally-specific brochures |
| Posters               | Customer referral          | Worksite presentations        |
| Celebrity support     | Newspaper messages         | Community based presentations |
| Hotlines for referral | Television-paid            | (awareness)                   |
| Direct mail           | Bus and commuter placards  | Provider referral             |
| Resources guides      | Special promotional events | Taxi placards                 |

**Partnerships**

<b>Measures of Success</b>	<b>Objectives</b>	<b>Activities</b> <small>(Include name of county where activity is planned)</small>	<b>Timeline</b>	<b>Responsible Team Members</b> <small>(Include collaborating partner organizations)</small>
<p><b>Partnership activity at the local level will contribute to Breast and Cervical Cancer Program goals.</b></p>	<p>Develop and maintain a new partnership to share resources in order to expand program activities.</p>			

**Surveillance and Evaluation**

<b>Measures of Success</b>	<b>Objectives</b>	<b>Activities</b> (Include name of county where activity is planned)	<b>Timeline</b>	<b>Responsible Team Members</b> (Include collaborating partner organizations)
<b>Use population-based and surveillance data to plan realistic screening goals.</b>	Develop and implement plan to reach women who have never/rarely had screening for breast and/or cervical cancer.			
<b>Assure quality, effectiveness, and efficiency of all Breast and Cervical Cancer Program components.</b>	Evaluated the quality, effectiveness, and efficiency of each program component.			



# **Breast Cancer & Cervical Cancer Program**

POLICIES, GUIDELINES AND  
RECOMMENDATIONS

# Breast and Cervical Cancer Program

## Clinical Services Section

### Policy No. 1 Client Eligibility Policy and Procedure

Date Created: 1997    Approved by: BCCP Administration Leadership

**Date Revised: July 2014**

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A woman may be enrolled in the Breast and Cervical Cancer Program (BCCP) to receive federal or state funded breast and/or cervical cancer screening which may include follow-up diagnostic procedures in accordance to policies and guidelines when all of the following eligibility requirements are met:

- The woman is at or below 200% of the Federal poverty level.
- The woman is uninsured.
- The woman is within the age requirements for federal or state funding.
- The client is a biological female.
- The woman is a resident of Georgia.

It is the responsibility of the public health provider or contracted provider and BCCP Coordinator to assess client eligibility and to ensure appropriate BCCP funding is used.

1. **PROCEDURE FOR DETERMINATION OF INCOME ELIGIBILITY:**

**A. Determination of income for BCCP Eligibility**

Procedure for Calculating Monthly Family Income

- a. Family income shall be defined as annual gross income of the applicant and all immediate family members residing in the household with applicant as defined by the “Georgia BCCP Family Unit Guidelines.” Family income shall include salary or wages if employed plus any unearned income including benefits such as social security, retirement, veteran’s benefits, welfare benefits, worker’s compensation, sick benefits, disability compensation, alimony, child support, stock/certificate dividends, interest, or income from property. **Applicant can self-declare income. No proof of income is necessary.**
- **If the applicant declares that they have no income**, the BCCP Provider will ask the applicant to briefly describe how they are meeting their living expenses and document the response in the applicant’s chart.

Calculation of monthly income:

1. If the family income is reported on a biweekly basis, multiply the biweekly amount by 2.16 to determine the monthly income.
2. If the family income is reported on a weekly basis, multiply the weekly amount by 4.33 to determine the monthly income.
3. Multiply monthly income times 12 to determine annual income.
4. Compare monthly or annual income to federal poverty guidelines.

## **G. Re-determination of eligibility for participation in BCCP**

1. For women being served through the BCCP program, re-determination of BCCP eligibility should occur before any screening services is provided or when changes in applicant's circumstances occur that would affect her eligibility to participate in the Breast and Cervical Cancer Program.
2. When re-determining eligibility for BCCP assess the following:
  - a. Changes in client's monthly income and family unit size.
  - b. Determine whether client remains uninsured for screening and diagnostic services as defined by BCCP. Insurance status should be assessed before any clinical service is provided and re-assessed at the time of follow-up or diagnostic services occur within the same screening cycle.
  - c. Whether client remains eligible based on age – See BCCP Manual Section III.
  - d. Whether client continues to reside in Georgia. If client has relocated out of state, refer her to her state Breast and Cervical Cancer Program. (See [http://apps.nccd.cdc.gov/dcpc\\_Programs/default.aspx?NPID=1](http://apps.nccd.cdc.gov/dcpc_Programs/default.aspx?NPID=1) for contact information for other states.)

**H. Calculate the family unit size using the “GEORGIA BCCP FAMILY UNIT GUIDELINES” which follows:**

<b>IF THE STATUS OF A WOMAN IS ....</b>	<b>AND SHE LIVES WITH ....</b>	<b>THEN INCLUDE THESE PEOPLE IN THE FAMILY UNIT*</b>
21 years old & Single	Parent(s) or other family	Family of the client’s parents by birth or adoption with legal responsibility for financial support and medical bills
21 years old & Single	Alone	Applicant
21 years old & Single	Parents & is listed as a dependent on their income tax return (e.g., is disabled or a student)	Parents by birth or adoption, Dependent siblings and/or related adults by blood, marriage, or adoption who are solely dependent for food, clothing, or shelter
Single Parent or Single Head of Household	Children and/or adults	a. Dependent children < 18 y.o. b. Related adults by blood, marriage, or adoption ≥ 18 y.o. who are solely dependent on applicant for food, clothing, or shelter
Married, including common law	Spouse and children	a. Spouse b. Dependent children < 18 y.o. c. Related adults by blood, marriage, or adoption ≥ 18 y.o. who are solely dependent on applicant for food, clothing, or shelter

1. Family size shall be defined as the number of immediate family member related by blood, marriage or adoption to the application and who are residing the same household.
2. Family income shall be defined as annual gross income of the applicant and all immediate family members residing in the household with applicant as defined above.

## **I. DETERMINE ELIGIBILITY BASED ON INSURANCE COVERAGE STATUS:**

Once the woman is determined to be at or below 200% of Federal poverty level, determine whether she is BCCP eligible based on insurance coverage. Uninsured for screening and diagnostic services as defined by BCCP includes the following categories:

- a. Women who do not possess medical benefits offered under a group or individual health plan, Medicare, Medicaid, Armed Forces insurance, or medical coverage offered through a state health risk pool.

\*\*There are two exceptions: Native Americans who receive healthcare services from the Indian Health Services or from a tribal organization are considered uninsured.

- b. Women who are 65 years of age and older who do not have Medicare Part B can be considered uninsured for screening and diagnostic services.
- c. Instances in which a woman has exhausted her lifetime limits under her insurance plan.
- d. Instances in which a woman has limited scope coverage such as dental, vision, long term care, or coverage for only a specified disease or illness that does not include breast and cervical cancer screening and diagnostic services.
- e. Rare instances in which a woman obtains her health insurance coverage from a self-insured company that does not provide coverage for breast and cervical cancer screening or diagnostic services.

Note: Self-insured firms are companies that voluntarily sponsor the health insurance plan for their employees using employer and employee premiums, e.g. the State Health Benefit Plan for Georgia employees.

In the above instances, the woman is considered uninsured and is eligible for BCCP enrollment provided she meets all other requirements.

**J. PROCEDURE TO DETERMINE UNINSURED STATUS OF A CLIENT:**

- a. The client must state and sign the Statement of Health Insurance Status, (see next page), that states she is uninsured or falls into one of the categories listed previously.
- b. The client must indicate by signature that she has read and understands the following:
  - The client is responsible for payment reimbursement to the BCCP provider if she declares uninsured status when in fact she has coverage.
  - The BCCP provider has no affirmative duty to verify lack of coverage for breast and cervical cancer screening and diagnostic services.

If coverage is discovered during the normal course of business, the client is responsible as stated above. This step alone does not qualify the client for BCCP funded services but determines which funding source can be used if the woman qualifies for BCCP covered services in Step 3.

<b>MEDICARE PART B</b>				<b>PRIVATE INSURANCE</b>			
<b><u>WITHOUT</u> PART B</b>		<b><u>WITH</u> PART B</b>		<b><u>WITHOUT</u> SCREENING BENEFITS</b>		<b><u>WITH</u> SCREENING BENEFITS</b>	
<b>CDC</b>	<b>STATE</b>	<b>CDC</b>	<b>STATE</b>	<b>CDC</b>	<b>STATE</b>	<b>CDC</b>	<b>STATE</b>
Encourage to enroll in Part B & Go to Step 3	Encourage to enroll in Part B & Go to Step 3	Not eligible for CDC funded services. <u>Do Not Go To Step 3</u>	Not eligible for state funded services. <u>Do Not Go To Step 3</u>	Go to Step 3	Go to Step 3	Not eligible for CDC funded services <u>Do Not Go To Step 3</u>	Not eligible for state funded services. <u>Do Not Go To Step 3</u>

[Health Department Letterhead]

**Statement of Health Insurance Status  
For the Georgia Breast and Cervical Cancer Program**

I \_\_\_\_\_ declare that I do not have insurance based on one of the following:

\_\_\_\_\_ I do not possess medical benefits offered under group or individual health plan, Medicare, Medicaid, Armed Forces insurance, or medical coverage offered through state health risk pool.

\_\_\_\_\_ I am Native American receiving my healthcare services through the Indian Health Service or a tribal.

\_\_\_\_\_ I am 65 years or older, I have Medicare Part A, and **I do not have Medicare Part B.**

\_\_\_\_\_ I am in a period of exclusion under my health insurance plan.

\_\_\_\_\_ I have exhausted my lifetime limits under my insurance plan.

\_\_\_\_\_ I have limited scope coverage such as dental, vision, long term care, or coverage for only a specified disease or illness that does not include breast or cervical cancer screening and diagnostic services.

\_\_\_\_\_ I have health insurance via a self-insured company that does not provide coverage for breast and cervical cancer screening and diagnostic services.

I understand that the Breast and Cervical Cancer Program Provider has no affirmative duty to verify lack of coverage for breast and cervical cancer screening and diagnostic services.

I also understand that if coverage is discovered during the normal course of business, I am responsible for reimbursement of fees to the Breast and Cervical Program Provider.

My signature below indicates that I have read and understand the above regulations, and have had the opportunity to ask questions.

Client Signature	Date
Printed name of BCCP Provider/Staff	Title
BCCP Provider/Staff signature	Date

## **K. DETERMINE CLIENT ELIGIBILITY FOR SCREENING AND/OR DIAGNOSTIC SERVICES FUNDED UNDER BCCP.**

A woman who is at or below 200% of Federal poverty level who qualifies for state and/or federal funding meet age requirements to determine which services (if any) the woman qualifies. There are five important points to remember:

- a. The priority population for BCCP funded mammography screening is women between the ages of 50-64 years of age.
  - At least 75% of the women who receive mammography screening with CDC funding must be 50-64 years of age.
- b. BCCP funding may not be used for women who have Medicare Part B but are unable to pay the deductibles or co-pay.
- c. If a woman is age eligible for Medicare Part B but has not applied for Part B, encourage the woman to apply.
- d. A woman may be eligible for cervical cancer screening but not breast cancer screening based on age. Additionally, a woman may qualify for diagnostic follow-up but not screening. For this reason breast and cervical cancer are separated in the charts on the next pages.

Use the chart on the following page to determine a woman's eligibility for services and to determine which funding may be used.

**NOTE: Each chart reads left to right beginning with client age, service, and then funding (CDC or State).**

## BCCP BREAST CANCER SCREENING AND DIAGNOSTIC SERVICES

AGE	SERVICE	Paid with BCCP FUNDS	
		CDC*	STATE*
Less than 40 years of age	Diagnostic work-up per policy (#5) for documented findings for breast problems symptoms suspicious for cancer	YES, with BCCP Coordinator approval	YES BCCP Coordinator approval
40-49 Years of Age	Routine screening and diagnostic work up per policy	YES	YES
50-64	Routine screening and diagnostic work up per policy	At least 75% of the women who receive mammograms must be between the ages of 50-64.	Priority is given to older women for mammograms but there is no average required.
65+	Routine screening and diagnostic work up per policy	YES Only for women <u>without</u> Medicare Part B	YES Only women <u>without</u> Medicare Part B

- Women who have Medicare Part B but have not met the deductible or are unable to pay co-pay, are not eligible for BCCP services.
- For the woman who presents to the BCCP with recent history of abnormal mammogram and/or ultrasound or other diagnostic procedures, admittance into the program will be based on availability of program funds.
- If diagnostic funds are limited or not available, contact the BCCP Program Manager to solicit additional funding if available.

<b>BCCP CERVICAL CANCER SCREENING AND DIAGNOSTIC SERVICES</b>			
<b>AGE</b>	<b>SERVICE</b>	<b>PAID WITH BCCP FUNDS</b>	
		<b>CDC *</b>	<b>STATE *</b>
21-49 Years of Age  <b>Not seeking Family Planning or Prenatal Services</b>	Routine screening and diagnostic work-up per policy  <b>Note:</b> Diagnostic follow-up services are available to family planning patients.	<b>YES</b> The priority population is women who are never or rarely screened.  (Goal $\geq$ 20% of women served)	<b>YES</b>
50-64 Years of Age	Routine screening and diagnostic work up per policy.	<b>YES</b>	<b>YES</b>
65+ Years of Age	Routine screening and diagnostic work up per policy	<b>YES</b> Only for women <b><u>without Medicare Part B</u></b>	<b>YES</b> Only for women <b><u>without Medicare Part B</u></b>

- Women who have Medicare Part B but have not met the deductible or are unable to pay co-pay, are not eligible for BCCP Services.
- For the woman who presents to the BCCP with recent history of an abnormal Pap test or other cervical diagnostic procedures, admittance into the program will be based on availability of program funds.
- If diagnostic funds are limited or not available, contact the BCCP Program Manager to solicit additional funding if available.

- Routine screening for low risk women should end at age 65.  
See Appendix: “Cervical Screening Guidelines”

# Breast and Cervical Cancer Program

## Clinical Services Section

### Policy No. 2 History and Physical Policy

Date Created: 1997    Approved by: BCCP Administration Leadership

**Date Revised: July 2014**

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#### **POLICY**

1. Women who are eligible for routine screening under the “BCCP Client Eligibility Policy and Procedure” (Policy No 1) shall be provided an annual history, psychological assessment (see Standard 3, BCCP Program Standards for Service Delivery), and physical examination. This examination will include, at a minimum height, weight, blood pressure, clinical breast exam (CBE), pelvic exam and Pap test (where applicable per policy) and mammogram referral (where applicable per policy).
1. If a woman had been referred to the program due to an abnormal CBE or abnormal mammogram, and is program eligible, she may be enrolled if funding is available. If clinical records documenting her medical history and clinical findings (physical exam and radiology reports) are available, she may be enrolled without a repeat physical CBE. The clinic should ensure that height, weight, BP, tobacco use surveillance and psychosocial assessment has been accomplished and documented.
2. Normal screening test results will be provided the woman within 30 days of the screening date and abnormal results within five (5) working days.

# Breast and Cervical Cancer Program

## Clinical Services Section

### Policy No. 3 Tobacco Screening and Cessation Policy

Date Created: 2010    Approved by: BCCP Administration Leadership

Date Revised: July 2014

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#### POLICY

#### Tobacco Screening and Cessation Policy

“Scientific evidence reveals that tobacco use is associated with many cancers, chronic diseases and corresponding disease-related complications that impact the health of Georgians. Consistent with CDC chronic disease-related program guidance, grantees are required to adhere to United States Public Health Services (PHS) Clinical Practice Guidelines for Treating Tobacco Use and Dependence by adopting evidence-based strategies involving services provided to patients or clients who use tobacco products.

For every client served by federal funds, these strategies include: assessing tobacco use status during each visit and referring clients who use any form of tobacco for additional support to the **Georgia Tobacco Quit Line at 1-877-270-STOP (7867)** which provides free and confidential tobacco cessation counseling services (telephone and web-based). The tobacco use assessment and referral to the Georgia Tobacco Quit Line and other forms of cessation support (e.g. face to face counseling, support groups) should be documented in the clinical record. Clinical record documentation should also include follow-up interventions such as cessation education or counseling conducted by telephone or face-to face with patients or clients.”

# Breast and Cervical Cancer Program

## Clinical Services Section

### **Policy No. 4 Care management & Client Navigation Policy**

Date Created: 2001    Approved by: BCCP Administration Leadership

Date Revised: July 2014

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#### **POLICY**

The District/PPCP BCCP Coordinators, program support staff, and clinical staff will be familiar with the BCCP Manual sections on Care management and Client Navigation and will integrate the concepts found in these sections into their breast and cervical cancer program. These concepts will include but are not limited to:

- Psychosocial assessment, education, counseling and follow-up for all BCCP eligible women to identify and address actual or potential barriers to completing the screening process annually.
- All BCCP eligible women with abnormal screening results will be provided Care management to ensure diagnostic and treatment services (where applicable) are obtained in a timely manner. ( See Section 4 “Care management”)
- When a woman concludes her cancer treatment, has been released by her treating physician to return to routine screening, and continues to meet NBCCEDP eligibility requires, she may return to the program and receive all its services.

# Breast and Cervical Cancer Program

## Clinical Services Section

### Policy No. 5 Breast Cancer Screening Policy

Date Created: 2001 Approved by: BCCP Administration Leadership

Date Revised: July 2014

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#### **Breast Cancer Screening Policy**

Women who are eligible for routine breast cancer screening, in accordance with the “BCCP Client Eligibility Policy and Procedure” (Policy No. 1), will be provided with:

- An annual or biennial (for low risk 40-49 years old) screening mammogram (either conventional or digital) within three months of the clinical breast examination.
- Breast cancer screening services in compliance with the flow chart titled ‘Management of Common Breast Problems’ found on the next page and in the Breast Procedure Manual.
- Education and counseling regarding self-examination techniques and the need for regular screening so as to “know your breast” should be accomplished with each CBE.
- Follow-up of abnormal CBE and/or mammogram according to protocols and standards (see Standard # 6, Breast Biopsy Recommendations).
- Diagnostic follow-up in accordance with policy.

Women eligible for BCCP diagnostic services in accordance with “BCCP Client Eligibility Policy and Procedure” will be provided diagnostic mammography and referred for surgical consultation in accordance with the “Referral for Abnormal CBE or Mammogram Policy and Procedure”, Policy 6, where clinical signs are suspicious for breast cancer.

# Breast and Cervical Cancer Program

## Clinical Services Section

### **Policy No. 6 Referral for Abnormal Clinical Breast Exam or Mammography Policy and Procedures**

Date Created: 1995    Approved by: BCCP Administration Leadership

Date Revised: July 2014

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#### **Policy**

BCCP eligible women shall be referred for surgical consultation when the clinical breast exam (CBE) and/or mammography screening result 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 paid for by BCCP funding in accordance with BCCP policy and where listed as a covered diagnostic service.

#### **PROCEDURE:**

1. CBE will be performed by a PH nurse trained in providing the Vertical strip method (California Model) for a thorough clinical breast examination. However, if a client is referred to the BCCP for follow up of an abnormal CBE or mammogram by an outside provider and presents with clinical records of the CBE, and if performed, the mammogram report, she does not need a repeat CBE for enrollment into the program.
2. Where the clinician is unsure if the CBE findings are abnormal and suspicious of cancer (equivocal), another health department clinician (e.g., nurse practitioner), who is also trained in the Vertical Strip (California Model) method, should be requested to repeat the clinical breast examination to corroborate the finding.
3. Once the clinically suspicious findings are confirmed, the findings will be documented in the chart using the appropriate language noted below. The woman would then be referred for a diagnostic mammogram and/or surgical/breast specialist consultation.

- 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, the documentation should include: which breast, the color of the nipple discharge and a description of whether or not 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).
- d. Following a diagnostic imaging, which may include diagnostic mammogram and/or ultrasound, the clinician needs to determine what additional follow up needs to be done. If the Radiologist Breast Specialist confirms the suspicious finding, they may perform the biopsy if indicated.

However, if the Radiologist 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 client will be referred to a breast surgeon for further evaluation and possible biopsy. If the biopsy done by the Breast Specialist is benign, no further diagnostics or referrals are needed.

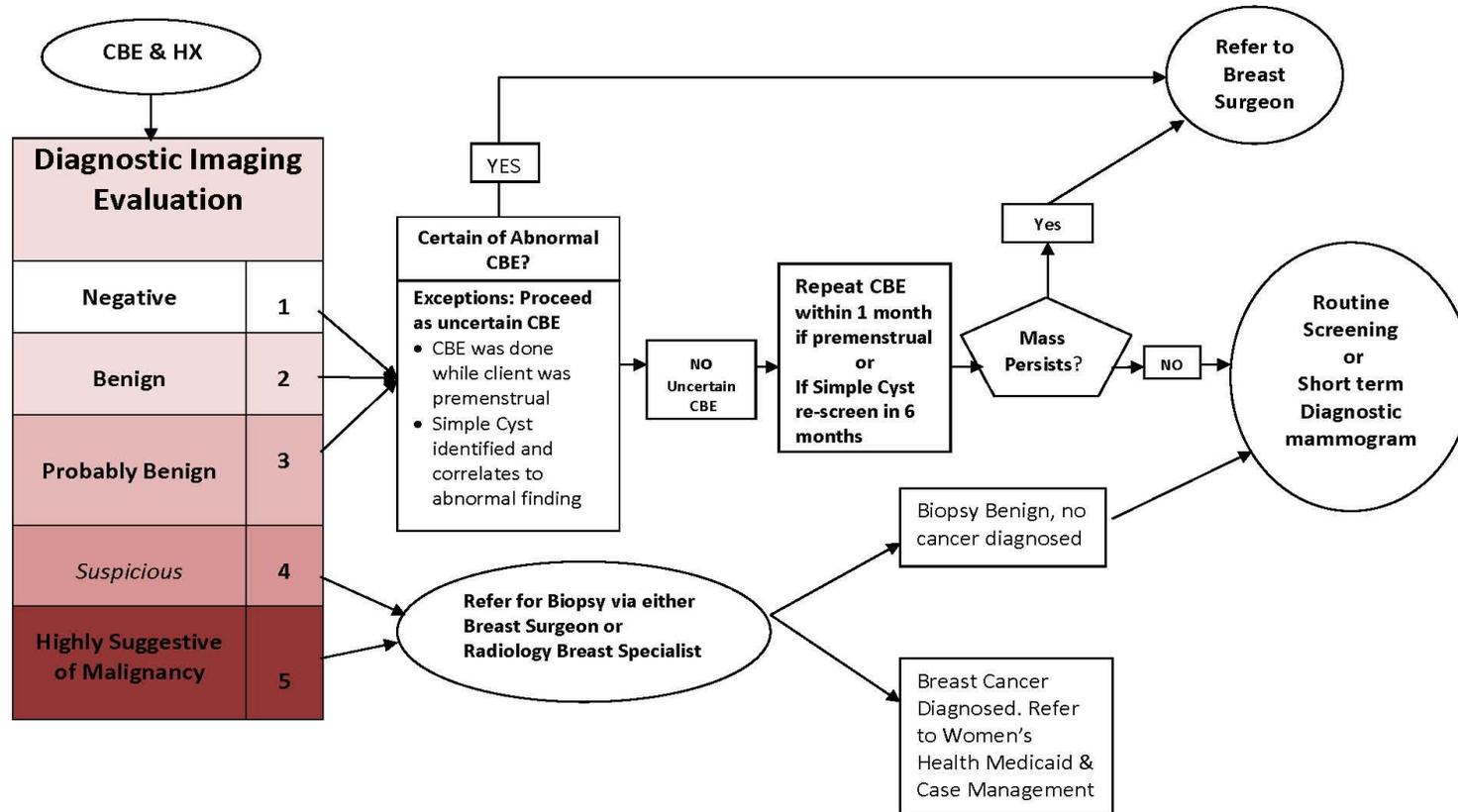
**\*\*See following algorithms for “New Palpable Mass and Spontaneous Unilateral Nipple Discharge (non lactating)”**

4. When the BCCP Eligible woman’s screening mammogram results in an assessment incomplete or suspicious or highly suggestive for cancer, refer the woman for further radiological evaluation **as directed by the radiologist, as many equivocal mammographic abnormalities may be resolved with additional radiological work up.**
5. When indicated by the radiological, refer the client for surgical/breast specialist consultation.
6. Where the BCCP eligible woman’s **Initial screening** mammogram results in a BI RADS 3, “Probably Benign”, additional diagnostic studies should be performed. The radiologist may recommend further imaging studies or physician consult.
7. Where clinically suspicious findings are found on CBE and/or mammogram (assessment incomplete or suspicious/highly suggestive for cancer), educate the client about the necessity of complying with recommendations **for close follow-up or surgical evaluation**, document the education and client’s understanding

in the client record and provide care management to promote follow-up compliance.

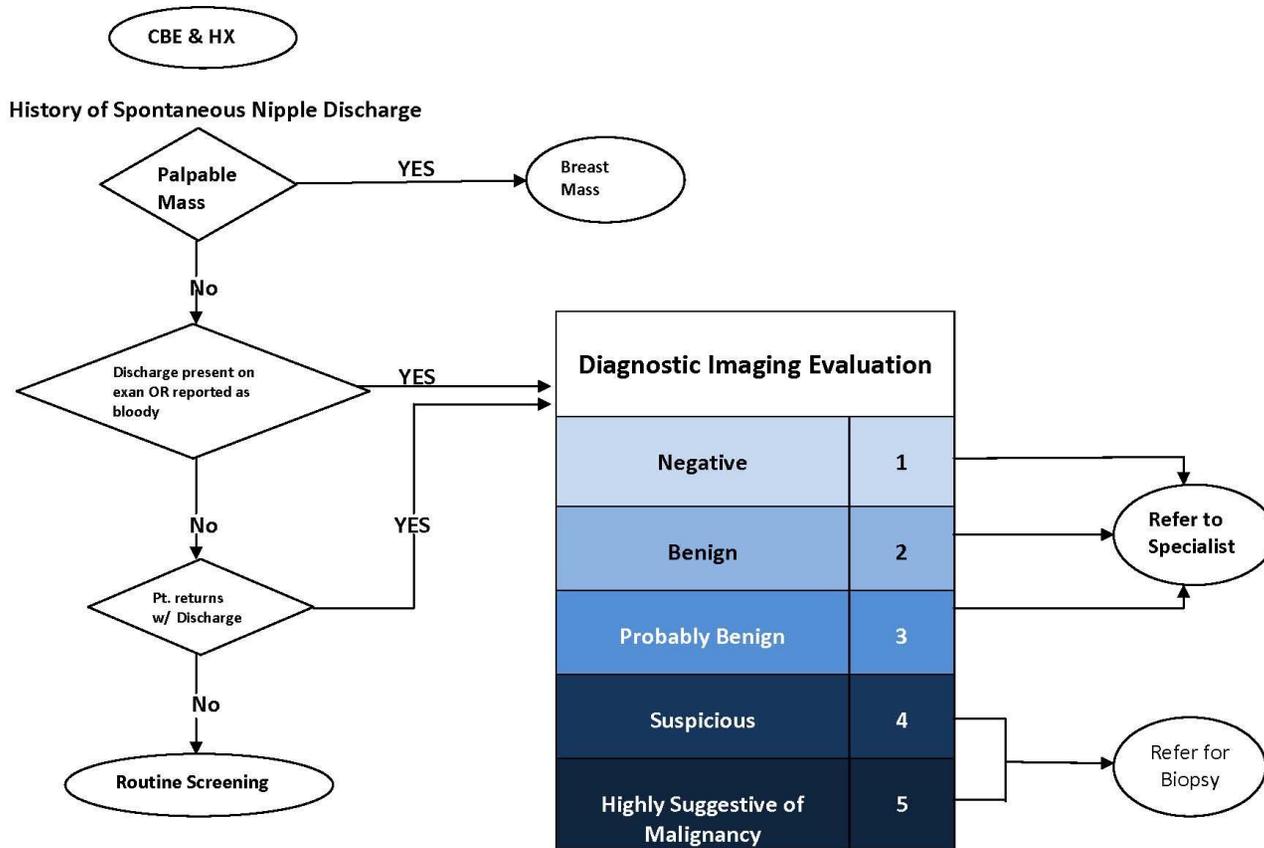
8. Where the woman presents to the BCCP with recent history of abnormal mammogram and/or ultrasound or other diagnostic procedures, admittance into the program will be based on availability of program funds.

**NEW PALPABLE MASS**



Revised October 2014

**Spontaneous Unilateral Nipple Discharge (Non-Lactating)**



# Breast and Cervical Cancer Program

## Clinical Services Section

### Policy No. 7 Breast Biopsy Recommendations

Date Created: 2002    Approved by: Medical Advisory Committee

Date Revised: July 2014

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#### RECOMMENDATIONS

Based on a literature review and consultation with the Medical Advisory Committee, the following are the recommendations for managing diagnostic expenditures for BCCP:

- a. 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.
- b. BCCP will pay for percutaneous biopsy as the first surgical diagnostic procedure. This would include 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 \$2,500.00 and will be reimbursed based on availability of district funds.

4. Excisional biopsy as the first diagnostic procedure will be paid for only if:
  - a. The client presents with clinical and/or radiological signs suspicious for breast cancer and the primary surgeon describes the reason for proceeding directly to excisional biopsy and receives approval from the BCCP Coordinator, or
  - b. A statement is obtained from a radiologist or surgeon qualified in percutaneous biopsy, working at a primary site that has such capability, stating that the lesion is not amendable to stereotactic or ultrasound guided biopsy or is not advised for that type lesion (i.e. radial scar).

# **Breast and Cervical Cancer Program**

## **Clinical Services Section**

### **Policy No. 8 Certification of Participating Radiology Facilities Policy and Procedure**

Date Created: 1995    Approved by: BCCP Administration Leadership

Date Revised: July 2014

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#### **Certification of Participating Radiology Facilities Policy and Procedure**

1. The District/Participating Primary Providers (PPCP) will ensure that all radiology facilities, providing screening and diagnostic mammography for women enrolled in their respective Breast and Cervical Cancer Program, meet the requirement for mammography quality assurance developed by the Food and Drug Administration (FDA). Radiology facilities are certified annually by the American College of Radiology and every 3 years by the FDA.
2. The District/PPCP office will notify the State office immediately of any changes in current facility certification status and/or when new facilities are added or facilities that are no longer providing services to their BCCP clients.

# Breast and Cervical Cancer Program

## Clinical Services Section

### **Policy No. 9 Mobile Mammography Quality of Service Policy**

Date Created: 1993    Approved by: BCCP Administration Leadership

Date Revised: July 2014

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The BCCP quality of service policy for use of a mobile mammography unit includes the following:

1. The mobile mammography-screening unit is FDA approved.
2. The partner providing the mobile mammography-screening unit agrees to accept BCCP reimbursement rate as total payment for its services.
3. The partner providing the mobile unit agrees to look to BCCP as the payer of last resort.
4. The BCCP is marketed as a “no or low cost service for BCCP eligible women”.
5. Eligibility screening of women is provided in a private, confidential area.
6. Each client receives a clinical breast exam prior to a mammogram.
  - a. If cervical cancer screening cannot be provided at the time of breast screening services, the client must be offered an appointment for such screening with a provider or health department that participates in the program.
7. Each client receives notification of normal mammography screening results within 30 days of the screening and abnormal results within five (5) working days.
8. BCCP forms are accurately completed for each BCCP client in order to receive reimbursement from BCCP funds.
9. Follow-up of abnormal findings (i.e., referral for diagnostic services) is provided.
10. The client is educated on recommendations for maintaining breast health.

# Breast and Cervical Cancer Program

## Clinical Services Section

### **Policy No. 10 Guidelines for Planning the Use of Mobile Mammography at a Health Fair**

Date Created: 1992    Approved by: BCCP Administration Leadership

Date Revised: July 2014

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#### **GUIDELINES**

The BCCP guidelines for use of a mobile mammography unit a health fair include the following:

- a. Ensure the mobile mammography unit is in compliance with the “Mobile Mammography Unit Quality of Service Policy”.
- b. Include critical screening partners in the planning process such as:
  - a. The BCCP Coordinator from each district/PPCP and/or clinic that serves the target population.
  - b. A representative from each participating mobile screening unit
  - c. A representative from all other sponsoring/participating agencies
  - d. Representatives from other community agencies who serve the target population
  - e. Any other facility or partner who will be providing any part of the health screening and/or education
3. Establish a work plan that includes activities to be completed, completion dates and responsible person(s). The work plan should include meeting dates and method for meeting (e.g., telephone conference, in person, etc.) as well as the meeting site.

4. Establish and implement a marketing plan well in advance of the proposed date.

This marketing plan will include but is not limited to:

- a. The names of participating health districts(s) or county health departments or PPCPs are partners in providing the services;
- b. Who will be specifically responsible for each component of the marketing plan;
- c. The date the marketing plan will be implemented;
- d. A “low or no cost service for eligible women’ message;
- e. Strategies for reaching target populations.

5. Establish a plan for the provision of screening to assure compliance with the “Mobile Mammography Unit Quality of Service Policy” ensuring:

- a. Training for mammography workers and any other to ensure trained workers complete all forms, data collection requirements, eligibility guidelines, and services provided by the program.
- b. A smooth flow of clients to various screening and educational sites.
- c. Accommodation for special needs clients such as physically impaired or non-English speaking clients.
- d. Method for assuring client receives her screening results within designated timeframe. This would include who conducts the notification and by what mechanism (mail, phone call, etc.).
- e. Method for implementation of Care management where abnormal results are identified.
- f. Method for educating women on breast self-exam (e.g., one-on-one or group). This will include the identification of:
  - 1. Who will provide the education?
  - 2. What educational materials will be needed, who will be responsible for obtaining them, and how will the materials be paid?

- g. Method for assuring that the women receives or is scheduled for cervical cancer screening in accordance with the Cervical Cancer Screening Policy.

# Breast and Cervical Cancer Program

## Clinical Services Section

### **Policy No. 11 Cervical Cancer Screening & Referral for Abnormal Results Policy & Procedure**

Date Created: 1999    Approved by: BCCP Administration Leadership

Date Revised: July 2014

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#### **POLICY**

1. The cervical cancer screening policy for providing Pap tests and clinical pelvic exams to BCCP eligible women with an intact cervix and in accordance with the “BCCP Eligibility Policy and Procedure” (Policy No. 1) is as follows:
  - a. 20% of the women screened should not have had a Pap test in the past five (5) years and therefore qualify as “never/rarely” screened
  - b. Screening Interval: Women ages 21-29 years with an intact cervix should have a Pap test every three years.
  - c. Screening Interval: Women ages 30-64 may be screened with a Pap test every 3 years or HPV co-testing with a Pap test every 5 years. The patient must be given an option to choose the screening interval. The HPV co-testing with cytology is the preferred screening method per USPSTF/CDC recommendations.
  - d. Women who are considered high risk for cervical cancer should have annual screening. This includes those women who have a history of in-utero DES (Diethylstilbestrol) exposure, are immunocompromised such as HIV infected, or have a history of invasive cervical cancer.
  - e. Where the BCCP eligible woman’s Pap test result is 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) repeat screening or diagnostic follow-up should be in compliance with the **2013 Consensus Guidelines for the Management of Women with Cytological Abnormalities**.

If diagnostic follow-up is indicated, refer the woman to a gynecologist or certified Colposcopist. *Appendix A*

***Cervical Cancer Screening & Referral for Abnormal Results Policy & Procedure continues***

- f. Clients who have completed recommend follow up diagnostic, treatment, and/or cytology testing according to the 2013 Consensus Guidelines should remain routine cervical screening in accordance with their age specific guidelines.
  - g. The BCCP will not reimburse for screening for cervical cancer with HPV testing alone.
  - h. Cervical Cancer screening among women older than 65 who have had adequate screening and are not at high risk should not be done.
2. The cervical cancer screening policy for providing Pap tests and clinical pelvic exams to eligible women post hysterectomy and in accordance with the “BCCP Eligibility Policy and Procedure” is:
- If the client is new, conduct a physical including pelvic exam to determine presence of a cervix. CDC or State funded will pay for the examination one time to determine the presence of a cervical stump
  - If the client is new or returning and a cervical stump is present provide a Pap tests and pelvic examination according to previously described screening interval. This screening may be paid for with CDC or State funds
  - The BCCP recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and 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 CDC or State funds.
  - Women who have had a hysterectomy for CIN disease should undergo cervical cancer screening for 20 years even if it goes past the age of 65. Women who have had invasive cervical cancer should continue annual screening indefinitely as long as they are in reasonable health.
  - If the BCCP eligible woman receives a Pap test and the result is suspicious of cancer (i.e., high grade SIL, squamous cell cancer, AGUS, other malignant neoplasm) or a second consecutive ASCUS or low grade SIL, refer the woman according to the ASCCP 2013 Consensus Guidelines to a gynecologist or certified colposcopist for diagnostic follow-up.

### 3. HPV Testing

1. HPV DNA testing is a reimbursable procedure if used in the follow-up of an ASC-US result from the screening Pap test (“reflux text), for screening as a co-test with a Pap test for women age 30-65, or as follow-up surveillance according to the ASCCP 2012-13 Consensus Guidelines.
  - High-risk HPV DNA panel only, CPT code 87621 is the only HPV test that is reimbursable with CDC or State funds.
  - The BCCP will not reimburse for Genotyping for HPV 16 or 18. The only HPV testing covered by the BCCP are Hybrid Capture II from Digene-HPV test (High Risk Typing only) or Cervista HPV HR.

# Breast and Cervical Cancer Program

## Clinical Services Section

### Policy No. 12 Pelvic and Adnexal Exam

Date Created: 2011 Approved by: BCCP Administration Leadership

Date Revised: July 2014

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#### **POLICY**

It is noted that the pelvic exam is the primary mechanism in screening for ovarian cancer and other pelvic tumors. Therefore, the following recommendations have been developed to insure that health services provided for women through the Department of Public Health will meet current, accepted standards of care, but also will continue to improve the health of our clients.

1. The non-hysterectomy client with negative Pap tests should have both a speculum exam and pelvic/adnexal exam performed a least every other year omitting the Pap test to every 3 years or 5 years intervals as opted by the patient. If a woman is 26 years of age or less, the Chlamydia and Gonorrhea screening should be collected either by cervical swabbing or urine test.
2. The client who presents with a history of a complete or partial hysterectomy secondary to either cervical dysplasia or cervical cancer, a Pap test of the vagina and a pelvic exam should be accomplished according to the BCCP Cervical Screening Guidelines.
3. The client who presents with a history of a complete or partial hysterectomy secondary to non-cancer reasons, (i.e.: uterine fibroids), should have an initial vaginal exam to determine the presence or absence of a cervical stump. If the cervix has been removed, no further Pap testing should be performed. If no operative note is available to document that an oophorectomy was performed, a pelvic exam should continue annually.

4. For the client who presents with a documented (surgical report) hysterectomy with bilateral oophorectomy and salpingectomy, (BS&O), ACOG and the BCCP Medical Advisory Committee recommend a pelvic exam every other year to insure no masses are palpated in the adnexal area and to inspect the integrity of the vagina.
5. It is also a standard of care that all women be offered an annual rectal exam especially for women 40 years of age or greater. The rectal exam is also encouraged by the National Ovarian Cancer Coalition as the “best practice” method in evaluating the ovaries and pelvic masses.
6. If the client is seen in a “Breast Only’ clinic, the pelvic exam could be deferred however, the patient should be encouraged to return for the pelvic exam and Pap test if indicated.

# Breast and Cervical Cancer Program

## Clinical Services Section

### **Policy No. 13 Payment for Office Visit Policy and Procedure**

Date Created: 1995    Approved by: BCCP Administration Leadership

Date Revised: July 2014

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#### **POLICY**

BCCP funding may only be used for office visits when BCCP eligible women are provided breast and/or cervical cancer screening or follow-up diagnostic services by approved BCCP providers in compliance with policy and when the claim is coded with BCCP payable CPT codes. Payment may be negotiated up to maximum allowable rate but may not exceed allowance for the designated CPT code.

#### **PROCEDURE:**

1. Identify all clinical providers/vendors annually and report any changes in quarterly report. Include providers' name and email address.
2. Upon receipt of the claim, ensure the client was eligible for BCCP funded services at the time of the visit.
3. Check each claim to ensure breast and/or cervical cancer screening or follow-up diagnostic services were provided at the time of the visit and were provided in compliance with BCCP policy.
4. Pay only those claims that meet 1 and 2 above and only the CPT codes and reimbursement rates approved through the BCCP. Complete the BCCP Provider/Vendor Payment log form (State and Local Program Management, page 27) each month and submit to BCCP Program Manager by the 15<sup>th</sup> of each month.
5. Recommendation: negotiate the best rate with providers. Have verbal or written agreements that include payment only after receipt of needed data.

# Breast and Cervical Cancer Program

## Clinical Services Section

### **Policy No. 14 Reimbursement for Breast or Cervical Cancer Diagnostic Procedures Policy and Procedure**

Date Created: 1995    Approved by: BCCP Administration Leadership

Date Revised: July 2014

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#### **POLICY**

**Reimbursement for diagnostic procedures may be made using BCCP funding when:**

- The woman is eligible for BCCP funding as defined in the “Client Eligibility policy and Procedure”.
- The woman qualifies for the designated diagnostic procedure based on BCCP policy, guidelines and the availability of funds.
- The diagnostic procedure is recommended based on the clinical and/or imaging findings.
- The CPT code of the procedure is listed as a reimbursable diagnostic procedure on the BCCP Reimbursement Fee Schedules.
- The allowable reimbursement rate for the diagnostic procedure is not exceeded. The current reimbursable procedures and corresponding rates are on the website: <http://www.gamedicaid.com> (enter current year)/Locality 1.

#### **PROCEDURE:**

1. Upon receipt of the claim, ensure the client was eligible for BCCP funded services at the time of the visit.
2. Reimburse the diagnostic procedure at the allowable rate when the diagnostic procedure is an approved CPT code payable with BCCP funding and the woman qualifies for the procedure under BCCP policies and guidelines.

3. Ensure reimbursement fields are completed on the appropriate BCCP form (see data section of the BCCP manual for further clarification). These fields include:
  - The type of visit (i.e., partial, complete, or mammography referral)
  - Enrollment status (i.e., new or returning client)
  - CPT codes for procedures
  - Funding sources
  
4. Recommendation: negotiate the best rate with providers. Have verbal and written agreements (MOU that includes payment after receipt of required data).

# Breast and Cervical Cancer Program

## Clinical Services Section

### Policy No. 15 Vaginal Cancer Screening Policy

Date Created: 2001 Approved by: BCCP Administration Leadership

Date Revised: July 2014

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#### POLICY

Vaginal cancer population-based screening is **not** recommended.

Vaginal cancer screening for high-risk women:

- The Georgia Clinical Services Section Medical Advisory Committee defines the appropriate use of vaginal screening if the woman has one of the potential risk factors for vaginal intraepithelial neoplasia (VIN):
  - Prior history of cervical or vaginal neoplasia or a new suspicious vaginal lesion.
  - Maternal use of DES during client's gestation.
  - HIV, AIDS, vaginal radiation
- Vaginal screening for HIV positive or immunocompromised women who have had a hysterectomy for non-cancer reason cannot be paid with CDC or State funds.
- Payment sources:
  - 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 client record. Mark the payment field on the Pap form (3150) as State Screening.
  - CDC funds may **NOT** be used to pay for screening for vaginal cancer

# Breast and Cervical Cancer Program

## Clinical Services Section

### Policy No. 16 Minimum Recall Policy

Date Created: 2000    Approved by: BCCP Administration Leadership

Date Revised: June 2014

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#### **POLICY**

BCCP standards require that a woman is recalled to participate in the BCCP based on the screening guidelines. The policy states that each district must have a system for recall in place that includes, at a minimum, the following components:

- Educate the client on her initial visit regarding the importance of regular breast and cervical screening based on screening guidelines.
- Notify clients of mammogram and pap results within 30 days of their screening appointments and remind them of their next visit.
- Contact clients by mail or telephone one to two months prior to the next service due date.
- Contact clients again who are 60 days past the service due date by mail or telephone.
- Document all client contacts and attempts to contact.
- Maintain clients in database, active and inactive.



**BBCCP**  
**Care Management**

## **CARE MANAGEMENT**

Care management (CM) is mandated program component for the Georgia Breast and Cervical Cancer Program. The Women's Health Research and Prevention Amendments of 1998 call for the assurance "to the extent practicable, the provision of appropriate follow-up services and support services such as care management." The following policy guidelines are referenced from the NBCCEDP Care management Workshop Manual. The CDC-generated NBCCEDP Care management policies are intended to serve as a road map and will be used by the State of Georgia to further build its CM program. There will be further, more specific, policy updates as the state and local public health districts partner in designing a system of CM that will align federal policy with the local needs of the Georgia Breast and Cervical Cancer Program population.

### **Definition of Care Management**

Care management (CM) is a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's health needs through communication and available resources to promote quality cost-effective outcomes. Care management involves establishing, brokering, and sustaining a system of available clinical (screening, diagnostic, and treatment) and essential support services for all Breast and Cervical Cancer Program eligible women who would ultimately be assessed to need care management services. Care management is described as the most intensive intervention in the continuum of care. It is a proactive process in which barriers to accessing needed services are anticipated and minimized. The effect of care management and the progress towards reaching this goal initially will be measured by the timelessness and adequacy guidelines (listed under Care management Measures of Effectiveness) as referenced in NBCCEDP Policies and Procedures Manual and the Minimum Data Elements.

### **Purpose of Care Management**

To provide a mechanism to reduce barriers to screening, diagnostic, and treatment services for the BREAST AND CERVICAL CANCER PROGRAM target population.

## **Goal of Breast and Cervical Cancer Program Care Management**

The goal of Care management is to assure to women enrolled in the Georgia Breast and Cervical Cancer Program receive screening, diagnostic and treatment services with appropriate timeliness as defined by the CDC Care management measures of effectiveness on the next page.

## **Care Management Objectives**

The Care management measures of effectiveness are as follows:

- No more than 10% (5% lost to follow-up or refused and 5% pending follow-up) of women with abnormal screening results should fail to complete a diagnostic work up for breast and cervical cancer.
- 75% of women who have had abnormal breast and/or cervical screening results will receive diagnostic services within 60 days.
- 80% of women who receive a breast cancer or cervical cancer/pre-cancer diagnosis will begin treatment within 60 days or 90 days, respectively.
- Refusal of diagnostic services and refusal of treatment should be kept to a minimum, the CDC standard is that 3% or less will be lost to follow-up and 2% or less will refuse diagnostic or treatment services.
- Care management continues for up to 6 months for cases that follow-up is delayed past the designated time frame. For data reporting purposes, these cases are closed administratively at 5 months. Data forms are updated and submitted when follow-up occurs.

## **Care Management versus Tracking and Follow-up**

Care management, tracking and follow-up are three distinct processes. Care management is client based and an integral portion of clinical standards. Tracking and follow-up are support services. The CDC defines these terms as follows:

### **CARE MANAGEMENT**

A system for supporting individual client care services.

## TRACKING

Use of a data system to monitor a woman's receipt of screening/re-screening, diagnostic, and treatment procedures. It is a reactive process to ensure a woman's compliance with the recommended screening/re-screening, diagnostic and treatment protocols.

## FOLLOW-UP

Provision of appropriate and timely clinical services following an abnormal test result and/or diagnosis of cancer. Follow-up can occur as part of care management or tracking because it involves the actual provision of clinical services following an abnormal screening result and/or diagnosis of cancer.

When follow-up is delayed past the designated time frames. These cases are closed administratively at 5 months. Data forms are updated and submitted when follow-up occurs.

## **Breast and Cervical Cancer Program Care Management Requirements**

WHO:

1. All Breast and Cervical Cancer Program enrolled women with an abnormal screening result or with the diagnosis of cancer must be assessed for their need of care management services and provided such services accordingly.

Abnormal screening results are:

- Clinical Breast Exam- Abnormal, suspicious for cancer. This includes clinical categories: (1) discrete palpable mass; (2) spontaneous unilateral bloody, clear or serosanguinous nipple discharge; (3) nipple or areolar scaliness; (4) skin dimpling or retraction; and (5) breast pain.
- Mammography- Abnormal results include American College of Radiology (ACR) categories: suspicious abnormality, biopsy should be considered; highly suggestive of malignancy, appropriate action should be taken; and assessment is incomplete, need additional imaging evaluation.

- Pap Test- Abnormal results include an atypical squamous cell (ASG), abnormal glandular cells (AGUS) and high-grade squamous intraepithelial lesion (HSIL) squamous cell carcinoma.

As staffing and fiscal resources allow, additional circumstances for which expanding the initiation of care management services could include:

- Lack of response to re-screening reminder system after normal screen.
- Previous history of abnormal screening results.
- Results requiring short-term follow-up (e.g. ASC-US, LSIL, ACR3- probably benign, short interval follow-up indicated).
- Lack of timely response at any stage of the screening and diagnosis process.
- Request by the client or provider.

At any point in the continuum of care, the client may need regular or intensive care management (see chart on the following pages).

Assure that the following clients are top priority for receiving intensive care management services. Those who:

- Refuse diagnostic services for breast and cervical cancer
  - Refuse treatment for breast or cervical cancer or pre-cancer.
  - Had treatment delayed beyond 60 days after a breast cancer diagnosis.
  - Had treatment delayed beyond 90 days after a cervical cancer diagnosis.
  - Are lost to follow-up after diagnosis and before treatment of breast or cervical cancer.
2. All women referred to a Breast and Cervical Cancer Program provider for presumptive eligibility for WHMP must be assessed for their needs of care management services and provided such services accordingly. If the treating physician's care team will be providing care management services then document this in the client's chart.

## WHEN:

Breast and Cervical Cancer Program care management should begin when an abnormal screening result or diagnosis of cancer is obtained, and concludes when a client initiates treatment or is no longer eligible for the Breast and Cervical Cancer Program. Local public health districts may give consideration to continuing care management services beyond the initiation of treatment based on the client's demonstration of need, and as staffing and fiscal resources allow.

Assure that current Breast and Cervical Cancer Program clients with abnormal screening and diagnostic results receive continued care management in the event the provider terminates their agreement with the state office to provide Breast and Cervical Cancer Program services. It is the responsibility of the originating screening coordinator to complete and submit required data forms.

## WHAT:

There are six key elements of the care management program component that represent the minimum elements to be incorporated into Breast and Cervical Cancer Program care management activities. These key elements are present at both the program and client levels and consist of assessment, planning, coordination, monitoring, evaluation, and resource development. These key elements are described as interdependent complementing one another to successfully provide care management services.

## Difference between Program and Individual Client Care Management Components

Key Element	Program Perspective	Individual Client Perspective
Assessment	Determination of your program’s need for and preparedness to implement, oversee, and manage a care management system.	A cooperative effort between the client and case manager to examine the client’s need for re-screening, diagnostic, treatment, and support services through a process of gathering critical information from the client. This assessment should include the necessary procedures for obtaining client’s consent to reveal personal information and assurance of confidentiality between the client, the case manager, and the provider team.
Assessment Activities	<b>Example:</b> Appraise available community resources. Examine staff and agency capacity for providing care management. Evaluate current MDEs to determine a baseline for assessing improvement in measures of effectiveness as described in the section titled “Care management Measures of Effectiveness” in this section.	<b>Example:</b> Evaluate the Breast and Cervical Cancer Program client’s need for care management services. Assess barriers to completion of recommended care. Obtain consent from the client to share information with the provider team. Provide assurance of confidentiality between the client, the case manager, and the provider team. Document consent and assurance of privacy in the client’s medical records.
Planning	Assurance that adequate program resources are available to meet needs of individual Breast and Cervical Cancer Program clients.	Development of an individual client plan for meeting immediate, medium, and long-term needs as identified in the assessment.
Planning Activities	<b>Example:</b> Determine number of clients that may require care management services in your district. Use data on timeliness of diagnostic and treatment services, as well as demographic, and behavioral knowledge of the clients in your public health district. Assess preparedness of nurses, client navigators and other care management providers. Define a beginning and ending point for delivery of care management services. Determine activities for each key element, including development of protocols, and program materials. Decide who will be accountable for care management activities.	<b>Example:</b> The individual client plan should be documented in the client’s medical records, and should include the following: <ol style="list-style-type: none"> <li>1. Goals and related activities with time frames.</li> <li>2. Delineation of who is responsible for meeting what goals.</li> <li>3. Consistently revisit and revise plan as needed throughout the care management process.</li> </ol>

<b>Key Element</b>	<b>Program Perspective</b>	<b>Individual Client Perspective</b>
Coordination	The establishment of standardized systems to track various aspects of care management.	The brokerage, coordination, and referral of services to meet the needs of the client as outlined in the client plan.
Coordination Activities	Example: Development of a standardized written referral process; development of a system of tracking to assure timely receipt of needed services.	Example: Provision of active assistance by the case manager to ensure that the client's plan. This may include educating and counseling the client about needed clinical services and about supportive services (e.g., transportation vouchers to doctors' offices).
Monitoring	The re-assessment and, if necessary the re-design of the program's care management system and operational plan. In other words, is our care management system operating as planned?	The ongoing re-assessment of the client's needs. The re-assessment of the quality of care and services provided to the client to determine if new and continuing needs are being met. Client plans should be updated based on routine reassessments.
Monitoring Activities	Example: Relocation of care management responsibilities among staff as needed, review of care management documentation.	Example: Follow-up with client to determine if client has received needed services, reminder cards for appointments, and whether new barriers to receiving screening and diagnostic services have developed.
Resource Development	The establishment of formal and informal agreements to maximize availability and access to essential screening support services, diagnostic and treatment resources.	Promoting self-sufficiency and self-determination among clients by assuring that women gain the knowledge, skills, and support needed to obtain necessary services.
Resource Development Activities	Example: Contact the Latin American Association to obtain a list of Spanish speaking providers who will provide screening and diagnostic services to Breast and Cervical Cancer Program enrolled Latinas. Partner with local churches to provide transportation to diagnostic and screening services, or free/low cost childcare while receiving services if needed.	Example: Provide client with a language friendly resource list to contact organizations for assistance (e.g. a list and schedule for mobile mammograms).
Evaluation	Develop outcome measures that at a minimum measure the timeliness and adequacy of individual care management services, care management provider satisfaction, and effectiveness of referral systems. These measures should be tied to the Minimum Data Elements (MDEs).	Assessing client satisfaction, access and timeliness of referral services, and quality of individual care management client plans.

## **Documentation Guidelines**

- Document all care management assessments, plans, actions and outcomes.
- Assure that each client's initial intake process includes an overview of Breast and Cervical Cancer Program services and expectations including care management, as well as an explanation of informed consent and release of medical information.
- Assure that every new client signs a release of information in order to obtain diagnostic, treatment, or staging information from private or tertiary providers. Client must sign release on 3151 Form. Document client's refusal of recommended services on a Refusal of Care Form.
- Complete and submit all Breast and Cervical Cancer Program- required data to the state office according to submission policy. This includes having staff initiate a Breast and Cervical Cancer Program Diagnostic and Treatment Form, 3154B or 3154C, for each woman requiring diagnostic services.

## **The Role of Client Navigators in Care Management**

Assisting with care management of Breast and Cervical Cancer Program clients is within the scope of position responsibilities of Client Navigators. Under the supervision of the designated nurse case manager the Client Navigator may assist with phone calls to make appointments, home visits and linking clients to appropriate resources. Refer to Section V for a detailed listing of Client Navigator responsibilities concerning care management.

## Individual Care Management Follow-up Requirements

Action	Time frame	Documentation
<p><b>Nurse or Case Manager contacts client to inform of screening results.</b></p>	<p><b>Normal Screening Results-</b> Contact within 30 days. Recall for re-screening at appropriate interval.</p> <p><b>Abnormal Screening Results-</b> First attempt within 5 working days of clinic receiving the abnormal screening result. See Breast and Cervical Procedure Manuals for clinically specific follow-up protocol for clients with findings suspicious of breast and cervical cancer: at least 2 telephone calls or letters, a certified letter and a home visit.</p>	<ol style="list-style-type: none"> <li>1. Record screening results and all follow-up attempts/outcomes in client's chart.</li> <li>2. Document that client has signified understanding of abnormal screening results and recommended diagnostic procedures, including: options, possible outcomes, financial resources, and importance of participation in further testing.</li> </ol>
<p><b>Conduct Care management Needs Assessment and Use it to Develop Plan of Care.</b></p>	<ol style="list-style-type: none"> <li>1. Complete care management assessment tool within 14 days of clinic receiving the abnormal screening result.</li> <li>2. Case Manager and client design and agree to follow-up plan of care within 30 days of clinic receiving the abnormal screening result.</li> <li>3. For women receiving presumptive eligibility for the WHMP, complete a care management psychosocial assessment and generate a problem list. Only Health Departments can bill DSPS for a care management assessment using CPT codes listed in the Women's Health Medicaid Manual. Health Departments can bill DSPS only if presumptive eligibility has been approved. The care management assessment can be done on the same day that presumptive WHMP eligibility is given to the women by the Breast and Cervical Cancer Program provider.</li> </ol>	<p>Add Care management assessment and follow-up plan to client's chart.</p>
<p><b>Monitoring- A process of ongoing tracking and documentation to determine whether client has received needed services in a timely manner.</b></p>	<ol style="list-style-type: none"> <li>1. Make first attempt to verify service delivery within 30 days of client's agreement to the plan of care, and at least monthly thereafter until diagnosis/treatment is achieved.</li> <li>2. Obtain written test results/ diagnosis within 3 working days of the procedure, if results are abnormal and within 10-15 working days if results are normal.</li> </ol>	<p>In client's chart, record each monitoring action and status of client's completion of service.</p> <ol style="list-style-type: none"> <li>1. When documentation of service delivery and results from the physician, lab or other provider is obtained, add these to the client's chart.</li> <li>2. Complete/submit Form 3154B or 3154C.</li> </ol>

**Implement Intensive Care management**

1. Initiate when client is resistant or unable to follow-up on recommendations; frequently does not keep appointments.

All care management actions and outcomes must be documented in the client's chart.

Action	Time Frame	Documentation
<p><b><u>Client Care Conference</u></b>  <b>Clinic Nurse meets with Case Manager or District Coordinator to determine if all care management options have been explored and to plan future client contacts, including annual re-screening.</b></p>	<p>Initiated as part of intensive care management plan. To be done as soon as necessary and prior to administrative closeout. With client's permission, family members, friends, or a Client Navigator may be used to assist client in completing plan of care.</p>	<ol style="list-style-type: none"> <li>1. Record occurrence and outcome of staff meeting in client's chart.</li> <li>2. Document client's consent to include others in plan of care.</li> </ol>
<p><b>Nurse or Case Manager contacts client to counsel and educate about having recommended test or treatment.</b></p>	<p>These guidelines are applicable to both regular and intensive care management. Attempt to contact client within 5 days of missed appointment and continue at least monthly for a least 90 days after the abnormal screening or diagnostic result. Methods should include phone calls, letters, and certified letters. Home visits should be done where findings are highly suspicious for cancer and the client has not responded to other contact measures. Intensive care management efforts may continue even if screening cycle is administratively closed. Include client in recall system.</p>	<p>After exhausting all attempts to contact client and refer to intensive care management assessment, close the screening cycle for this particular visit by completing/submitting Form 3154B or 3154C, within 5 months after the date of the abnormal screening or diagnostic test.</p>
<p><b>If client moves to another state or another district in Georgia.</b></p>	<p>If information needed to locate client is available then contact client and refer to that state's NBCCEDP/ other provider and send client's records to provider.</p>	<ol style="list-style-type: none"> <li>1. If able to reach client, provide her with written referral information for contacting accessible clinic for breast and cervical cancer follow-up.</li> <li>2. Document client's consent to send records.</li> <li>3. Document referral and/or attempts to contact client in client's chart.</li> <li>4. Request state of residence to send follow-up information to state office.</li> </ol>

## Comparison of Regular vs. Intensive Care Management

Parameter	Regular Care management	Intensive Care management
CM Care Plan	Developed with client cooperation and client is able to implement with minimal nursing intervention.	Developed with as much client input as possible, but obstacles must be addressed in order to implement.
Client Status	Willing and able to follow-up on recommendations. Usually keeps appointments.	Resistant or unable to follow-up on recommendations. Frequently does not keep appointments.
Assessment	Evaluate all situational and/or functional variables for each client: physical, psychosocial (spirit, patient, family), and socioeconomic, (community capabilities, financial, environmental). Client is found to be able and likely to follow through with the needed diagnostic evaluation with minimal guidance.	Same assessment as for regular care management, however client is found to be unable or unlikely to follow through with the needed diagnostic evaluation without substantial support from the case manager and perhaps other staff.
Problem Identification	The client has no or minimal circumstances that will impede good client outcomes. Routine care management or other staff assistance is required, but limited. For example, staff time is needed to assist the client with a Cancer State Aid application, but the client is able to follow through on her own.	The client has more than one circumstance of moderate to high complexity that will result in poor client outcomes and require an intensive care management effort. Several issues are identified, addressed and resolved by providing education/consultation involving the appropriate partners and by locating needed resources.
Planning	Develop a plan and timeline to achieve diagnosis and, if needed, assure treatment.	Develop an extensive care plan to identify and address the client's immediate, short- term and long-term needs; promote decision-making; set goals and timeline; and assure resources to implement the care plan.
Resource Coordination and Requirements	<p>Follow-up with client and provider who is performing diagnostic evaluation to determine final diagnosis and, if needed, assist client in finding resources for treatment and support.</p> <p>Recommended Booklets (available from American Cancer Society):</p> <p>If Your Doctor Needs a Better Picture of Your Breast</p> <p>If You Need a Breast Biopsy</p> <p>If You Have Been Told You Have Breast Cancer</p>	Same initial process as for regular care management, but multiple resources and extensive coordination (meetings, phone calls, strategizing, and documentation) are required to reach care plan goals.

<b>Parameter</b>	<b>Regular Care Management</b>	<b>Intensive Care Management</b>
Case Monitoring	Within 1 month of completing the care management plan, verify that the plan was implemented. At least monthly, monitor service delivery and provide ongoing assistance to help the client resolve barriers until diagnosis and/or treatment is achieved. Measures the client's response to the services she had received, the effectiveness of the care plan and the quality of the services provided. Compare clients status to expected progress and proactively make needed adjustments	In addition to monitoring described for regular care management, ongoing follow-up and unusual time and effort are required to track the plan of care. This includes ongoing updates from all relevant sources about the services and products. Determine if the goals of the care plan remain appropriate and are being achieved. The local Case Manager, District Coordinator and State Nurse Consultant work in partnership to identify and resolve care management issues.
Evaluation and Care management Plan Revision	Evaluate and document the status of diagnostic or treatment service delivery. Obtain result(s) from the facility or private physician and place in the client's medical record.	Same as for regular care management, plus additional ongoing reevaluation of strategies to resolve multiple service take place or all avenues have been exhausted.
Outcomes	Client completes plan of care or need for intensive care management is indicated.	Ongoing, persistent care management is needed for client to complete plan of care.
Documentation	Keep complete, timely and accurate documentation of care management actions and outcomes in the client's chart. Initiate a Diagnostic/Treatment Form (3154B or 3154C) for each woman who requires diagnostic services. This form must be submitted to the state office according to the submission plan.	Same procedure as for regular care management, but the high level of complexity requires unusual time/effort for documentation.  A client is not considered "lost to follow-up" or "refused" unless required attempts to contact client and a client care conference are completed/documented. Submit Form 3154B or 3154C and the "Report Form for Refused and Lost to Follow-up" to document these cases. If client contact is possible, request that they sign an Informed Refusal of Care form if client is refusing recommended services. This form documents unresolved issues that caused care refusal; it is placed in client's chart.

<b>Parameter</b>	<b>Regular Care Management</b>	<b>Intensive Care Management</b>
Case Manager and/or Other Staff Time Required	Initial assessment and plan by nurse, plus routine contact for follow-up appointments and communicating results.	Multiple meetings, phone calls, home visits and follow-up, as well as extensive strategizing and documentation are required.
Administrative Close-out	Client Care Conference of clinic nurse and CM or District Coordinator is required before closeout decision is made. Also, see Documentation section above.	Multiple meetings, phone calls, and follow-up, as well as extensive strategizing and documentation are required.
<b>CPT Codes</b>	<b>OCMGT 1</b>	<b>OCMGT 2</b>

**\*\* Addendum: If it is determined that the BREAST AND CERVICAL CANCER PROGRAM client has a cancer diagnosis, receives presumptive eligibility for Women’s Health Medicaid, AND care management is continued by the public health clinic, the public health providers can bill DSPS for provision of care management services until the client is enrolled in a CMO (Care Management Organization).**

## CARE MANAGEMENT RESOURCES

Booklets and websites useful to case managers are included in the Resource Catalog CD.

### **Client Counseling**

Counseling at the time of the client's initial visit is key to her understanding of program recommendations and their participation in the program, including screening and the importance of re-screening and follow-up.

When counseling clients or providing ongoing care management services, it is essential to consider potential cultural, language, and literacy issues. Anything that creates a true barrier to health care constitutes a "special need", whether physical, cultural, or psychosocial. Client counseling is important for meeting these special needs so client can receive needed screening and follow-up.

#### **Providers should counsel clients at the time of the initial visit regarding:**

- a. BREAST AND CERVICAL CANCER
- b. Screening guidelines.
- c. The importance of regular screening.
- d. Identification of potential barriers to quality care.
- e. The availability of support from nurses and resources.

#### **Providers should counsel clients who have abnormal screening results regarding the:**

- a. Importance of receiving needed follow-up.
- b. Importance of knowing about treatment and fiscal choices.
- c. Availability of support from nurses, client navigators, and other resources.

BREAST AND CERVICAL CANCER PROGRAM recommends one-on-one counseling with clients using booklets and information guides, which can be ordered from the American Cancer Society, the National Cancer Institute, and the CDC.

## **Re-screening vs. Recall for Breast Screening**

### RE-SCREENING:

The CDC uses this term to describe women who are obtaining a mammogram within 18 months of their last mammogram date who possess the following characteristics:

- Between the age of 40-64 years of age.
- Previous mammogram (within last 18 month period) was normal or benign.
- Have not developed breast cancer since the last normal or benign mammogram.

The Georgia BREAST AND CERVICAL CANCER PROGRAM goal is 50% of these women will return for annual mammograms.

### RECALL:

Concerns the process by which all women are brought back in to the clinic for appropriate clinical services based upon screening test results. In addition to the re-screening population, recall would include a woman with an abnormal mammogram who needs to return in 3 months for a repeat mammogram. Recall would also include a woman with a questionable CBE with short-term follow-up or mammogram suspicious for cancer who needs to return to the clinic for diagnostic services.

The distinction between Recall and Re-screening is important to the public health nurse in devising both monitoring and care management strategies. Public health consists of two streams of focus: provision of individual client services and population based care. Recall is the client focused aspect of monitoring and care management in which the goal is to assure that each woman is returning for the appropriate services based upon her screening test results and subsequent plan of care.

Re-Screening drives the population-based aspect of public health monitoring and care management in which each public health district devises strategies (i.e. client navigator sends out colorful reminder cards) to promote the return of women who have had normal screening results annually for a mammogram. Both recall and re-screening are crucial in achieving the BREAST AND CERVICAL CANCER PROGRAM goals of reducing morbidity and mortality related to breast cancer. Those who are effectively

recalled complete needed treatment sooner. Those who are rescreened increase their chances of detecting existing breast cancer at an earlier stage thus greatly improving prognosis.

## **Re-screening vs. Recall for Cervical Screening and Diagnostic Services**

### **RE-SCREENING:**

The CDC does not stipulate a re-screening definition for cervical screening and diagnosis. With cervical screening the more pressing issue is over screening in which women are obtained Pap smears **more** frequently than clinical guidelines recommend. See Cervical Procedure Manual and Section II, Policy and Procedure in this manual for recommended screening guidelines.

### **RECALL:**

Similar to breast screening and diagnostic services, it concerns the process by which all women are brought back in to the clinic for appropriate clinical services based upon Pap smear screening test results.



# **Women's Health Medicaid Program**

## **WOMEN'S HEALTH MEDICAID PROGRAM**

***On October 24, 2000, President William Clinton signed into law the Breast and Cervical Cancer Prevention and Treatment Act of 2000 (Public Law 106-354). This Act gives states 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).***

***The Georgia Breast and Cervical Cancer Program has selected the Centers for Disease Control and Prevention Option 3 that includes women who are screened for breast and cervical cancer by any provider and/or entity that follows program guidelines.***

### **Breast and Cervical Cancer Medicaid Treatment Program**

Medicaid is a medical assistance program jointly financed by the federal and state government that helps to pay for some or all of the medical bills for those determined eligible for assistance. The Women's Health Medicaid Program (WHMP) was established to provide access to treatment services to women eligible for the Breast and Cervical Cancer Program and have been diagnosed with breast or cervical cancer. Implementation of WHMP involves:

- The Department of Community Health's (DCH) Division of Medical Assistance (DMA) Medicaid Program,
- The Department of Public Health (DPH), Breast and Cervical Cancer Program (BCCP) providers,
- The Right from the Start Medicaid Project (RSM)
  - Note: RSM is part of DCH and is affiliated with the Division of Family and Children Services, (DFACS).

### **Women's Health Medicaid Program (WHMP) Eligibility Policy**

Women's Health Medicaid Program eligibility determination is a four-step sequential process involving Public Health BCCP providers, RSM, and Medicaid:

Step 1: Eligibility determination for BCCP (Public Health function);

Step 2: Presumptive eligibility determination for WHMP (Public Health function);

Step 3: Medicaid determination process (RSM function):

#### Step 4: Care Management Organization (CMO) assignment (Medicaid function).

##### (1) Breast and Cervical Cancer Program Eligibility Determination

- The client must meet the Breast and Cervical Cancer Program eligibility requirements, which include residency, income, insurance status, and age (Section III Policy No. 1).
- Age Exception: When determining presumptive eligibility (PE) for WHMP, the Breast and Cervical Cancer Program age requirements are waived. For example, if a client is 19 years old, has breast cancer and meets all other Breast and Cervical Cancer Program requirements (residency, income, and insurance status), then she is to be declared “Breast and Cervical Cancer Program eligible” and an application for presumptive eligibility can be taken. For women aged 65 and older, refer them to the Social Security office to apply for Medicare, or to the Cancer State Aid Program if not eligible for Medicare.
- Men are not eligible for BCCP and, therefore, not eligible for the WHMP.
- Qualifying Diagnosis: A client must have a **biopsy** diagnosis of breast or cervical cancer that requires treatment. The “Certification of Diagnosis,” (Section VI, page 14) signed by the client’s physician, Public Health Nurse Colposcopist or a medically trained employee of the physician (i.e., RN, NP, or PA) designated to sign on his/her behalf, is the required documentation, and must be filed in the client’s Medical Record. The “Certification of Diagnosis” should be accompanied by a copy of the pathology report.

#### **Qualifying breast and cervical diagnoses are as follows:**

##### **Breast:**

- Ductal Carcinoma in Situ (DCIS)
- Lobular Carcinoma in Situ (LCIS)
- Invasive Breast Cancers

##### **Cervical:**

- Cervical Intraepithelial Neoplasia (CIN) II
- Cervical Intraepithelial Neoplasia (CIN) III
- Cervical Carcinoma in Situ
- Invasive Cervical Carcinoma

## BCCP Screening Providers

### 1. Public Health Departments and Contracted BCCP Providers

If a woman who participates in the Breast and Cervical Cancer Program and is diagnosed with breast or cervical cancer at a partner provider delivery site, she must go to the Breast and Cervical Cancer Program Provider with a Certification of Diagnosis signed by her physician or Public Health Nurse Colposcopist and a copy of the pathology report from the breast or cervical biopsy to apply for WHMP. Application for WHMP is called the “presumptive eligibility process.” These women will have had BCCP data forms (3152, 3154B, etc.) submitted when receiving screening and diagnostic services.

### 2. Non- BCCP Providers

Women who are not screened in the Breast and Cervical Cancer Program but are diagnosed with breast or cervical cancer by an outside physician may be referred to a BCCP provider for the WHMP presumptive eligibility application process. The referring physician must complete a Certification of Diagnosis, which the applicant takes to the Breast and Cervical Cancer Program provider along with a copy of the pathology report from the breast or cervical biopsy. Since this client was not enrolled in the BCCP for screening and/or diagnostics, do not submit the BCCP data forms.

- Once it is determined that the woman is eligible for Breast and Cervical Cancer Program, no further assessment of income, or citizenship such as a birth certificate is needed to complete the presumptive eligibility application.

## Presumptive Eligibility Determination

If the woman is eligible for the Breast and Cervical Cancer Program, the BCCP Program provider determines presumptive eligibility for the WHMP. Presumptive eligibility (PE) is a **Medicaid process** that allows states to enroll women in Medicaid for a limited period of time while full Medicaid applications are filed and processed and final eligibility is determined by RSM. The presumptive eligibility procedure facilitates prompt enrollment and timely health care coverage to women likely to be Medicaid eligible before the full Medicaid eligibility review has been completed.

1. Presumptive Eligibility Providers
  - a. Public health departments
  - b. Grady Memorial Hospital

- c. Community Health Centers (CHCs) that have been trained to conduct Presumptive Eligibility.

All clients must go to a Breast and Cervical Cancer Program provider to apply for presumptive eligibility. It is the Breast and Cervical Cancer Program provider's responsibility to determine program eligibility and Presumptive Eligibility for Women's Health Medicaid.

2. A woman determined eligible for the WHMP is entitled to Medicaid covered services (not limited to cancer related treatment) which **may** include physician office visits, prescription drugs, inpatient and outpatient hospital services and home health or hospice services.
3. WHMP eligible women must receive treatment from physicians that participate in the Georgia Medicaid program. The Breast and Cervical Cancer Program provider may provide a list of local physicians and their respective CMO affiliation(s) to WHMP eligible women.
4. Access to health care begins as soon as presumptive eligibility is determined. When cancer treatment is complete, the patient is no longer eligible to receive medical services paid for by the Women's Health Medicaid Program.  
**Note:** Completion of treatment is a decision made by the treating physician. Care management, to include Medicaid notification of treatment completion, is a function of the designated CMO.
5. The Breast and Cervical Cancer Program eligible woman must meet the following requirements for determination of presumptive eligibility for the WHMP:
  6. Must not have health insurance that covers the cost of cancer treatment; specifically, the client must lack creditable coverage as defined by Medicaid (see discussion on creditable healthcare coverage that follows).
  7. Must be a resident of any county in Georgia and a United States citizen or legal immigrant. The applicant's statement of citizenship/legal immigrant status is acceptable. Verification of citizenship/legal immigrant status should not be requested and is not required. If the applicant does present proof of status at the presumptive eligibility interview, make copies and with one retained in the presumptive eligibility file and one sent to the local RSM outreach worker.
    - o Must be **less than 65 years of age**.

- May be eligible for retroactive coverage based on the date of diagnosis and the date the presumptive eligibility application was taken. **RSM will determine whether the woman qualifies for retroactive coverage.**
- May be eligible to participate in the WHMP more than one time if she has a re-current or new cancer of the breast or cervix and continues to meet eligibility requirements for the Breast and Cervical Cancer Program and for the Women’s Health Medicaid. (Note: A new application must be completed and submitted whenever there is a break in Medicaid service.)

For more information regarding the Women’s Health Medicaid Program, please review the Department of Community Health’s Presumptive Eligibility ACA WHM manual for this program. Information regarding application forms, processing completed applications, and contact information will be located in this manual.

To obtain a copy of the DCH WHM Presumptive Manual please go to [www.mmis.georgia.gov](http://www.mmis.georgia.gov),

- Select **Provider Information**
- Scroll down to and select **Provider Manuals**,
- Click on **“Presumptive Eligibility Medicaid ACA WHM”**

**Following completion of the WHM application:**

- Complete the DPH **“Women’s Health Medicaid Applicant Data Form”**
- Fax **ONLY** this form and a copy of the Certificate of diagnosis to the BCCP State Office. **FAX #: 404-463-8954**

**Women's Health Medicaid Program**  
**Certification of Diagnosis**

Client Name: \_\_\_\_\_

Client SS #: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Diagnosis (**Biopsy**) Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Stage of cancer (if available): \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Please attach a copy of the pathology report confirming this diagnosis

Instructions: Purpose of this Form – This form is required to refer women to the Women's Health Medicaid Program for treatment of breast or cervical cancer/pre-cancer.

Completion of this Form – The physician or a medically trained employee of the physician (i.e., 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 provider for presumptive eligibility determination. The Breast and Cervical Cancer Program provider places this form in the client's record.



### **Resumption of WHM following:**

- End of SSI Medicaid or other Medicaid category the client may have been placed on following initial enrollment in WHM.  
**or**
- Client's failure to respond to annual renewal

DCH and ARROWHEAD strongly encourage the client or her physician to contact ARROWHEAD directly regarding WHM loss or changes.

However, if the individuals contact DPH (Qualified Provider – QP) rather than ARROWHEAD, DPH can either assist the individual directly or have her contact ARROWHEAD. If the last known Medicaid case is about to end, or has ended within the last three (3) months, do **not** do a PE WHM application, allow ARROWHEAD to re-determine WHM eligibility.

When these individuals change Medicaid categories, a **Statement of Treatment** form is required in order for ARROWHEAD to determine WHM eligibility. The treating physician is required to complete the **Statement of Treatment** form in order to re-instate her WHM coverage.

The following form should be completed by the treating physician when a previously active WHM beneficiary's case was closed because she was approved for another Medicaid aid category. For example, the client is eligible to receive SS which has its own Medicaid category. In this situation, the patient may later become eligible for disability and is able to receive Social Security which does not have a Medicaid category plus the client must be deemed disabled for 2 years before she will be eligible for Medicare. Since she is no longer receiving SSI, the SSI Medicaid category closes and she will have no insurance coverage. If the client meets WHM eligibility requirements, she may resume WHM coverage following approval from ARROWHEAD after review of the physician's completed **Statement of Treatment** form.

Another example occurs when the client does not complete the annual renewal forms that are sent from ARROWHEAD each year during her birth month. If ARROWHEAD does not receive the completed renewal forms, the client's Medicaid case will close (the renewal forms are sent to the address that ARROWHEAD has on file and cannot be forwarded). Again, the re-instatement process requires the **Statement of Treatment** form to be completed.

The **Statement of Treatment** form does not replace the "Certificate of Diagnosis" which is required for the initial enrollment into the WHM program. The **Statement of Treatment** form is required for ARROWHEAD to determine her current eligibility for continued Medicaid coverage and to expedite her WHM re-enrollment.

For more information, please review the Department of Community Health's Presumptive Eligibility ACA WHM manual for this program.



2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

**Physician's Statement of Treatment for WHM**

The physician or a medically authorized personnel of the physician (i.e., RN, NP or PA) designated to sign on his/her behalf, must complete this form. This physician should be the physician treating the patient for her breast and/or cervical cancer.

Patient's Full Name	
Patient's Date of Birth	
Patient's Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
Clinic Name	
Diagnosis Date	
Diagnosis (choose one or both if applicable)	<input type="checkbox"/> Breast Cancer <input type="checkbox"/> Cervical Cancer
Printed Name of Physician	

I certify that the above patient (One must be selected)

- is currently under my care for the treatment of breast and/or cervical cancer. Medication therapy, (example: such as taking Tamoxifen, Arimedex, etc. or in close monitoring), is considered as being in treatment for cancer. The customer must have a diagnosis of breast and/or cervical cancer or a pre-cancerous condition (ex. CIN II, III) that requires treatment.
- is **NOT** currently under my care for the treatment of breast and/or cervical cancer.

I certify that the above information is correct regarding my patient. By signing below, I am either a physician or a medically authorized personnel of the physician listed above.

\_\_\_\_\_  
Physician Signature or Authorized Personnel                      Title                      Date

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

The form may be submitted either by fax, scanned into an Email.

Worker's Name	
Worker's Phone Number	
Fax number	
Email address	<a href="mailto:womenshealth@dch.ga.gov">womenshealth@dch.ga.gov</a>

DMA 632WQP (09/05/2014)



**BCCP**

**Data Collection  
& Management**

• **DATA COLLECTION & DATA MANAGEMENT**

Data collection is essential for monitoring provider screening performance and client outcomes. National Breast and Cervical Cancer Early Detection Program grantees (NBCCEDP) are required to submit a file that includes the Minimum Data Elements (MDE) to the Centers for Disease Control and Prevention (CDC) every six months. The CDC staff uses the reported data elements to evaluate the quality of the Georgia program. The state office uses the MDE and some additional data to insure that the Georgia program meets state and federal standards and guidelines.

Data for the program are collected on one of four standardized forms:

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

Data management is important to insure that records are submitted in a timely manner, that duplicate records are not submitted, that errors are cleaned by the date requested, and that duplicates of enrolled clients are not reported.

• **A. Information Collected by Form**

	<b>Form 3151 Enrollment Form</b>	<b>Form 3152 Screening Form</b>	<b>Form 3154B Breast D &amp; T Form</b>	<b>Form 3154C Cervical D &amp; T Form</b>
<b>Information collected</b>	<b>Personal Identifying data</b> <ul style="list-style-type: none"> <li>• Eligibility data</li> <li>• Client signature</li> <li>• Release of record to other provider(s) and to state office</li> </ul>	<b>Breast and Cervical screening dates and results</b> <ul style="list-style-type: none"> <li>A. Status of plan for dx work-up</li> <li>B. Payer of services</li> </ul>	<b>Breast Dx procedures</b> <ul style="list-style-type: none"> <li>• Final diagnosis</li> <li>• Status of work-up</li> <li>• If appropriate, treatment status</li> <li>• Payer of services</li> </ul>	<b>Cervical Dx procedures</b> <ul style="list-style-type: none"> <li>• Final diagnosis</li> <li>• Status of work-up</li> <li>• If appropriate, treatment status</li> <li>• Payer of services</li> </ul>

**Note:** Forms are provided by the state office and are produced with a white original and two carbons. The white original copy is submitted to the State Office unless the District/PPCP has been approved to submit information via laser printed forms or electronically. The other two copies should be retained at the District and in the Clinic. **Clinical staff should treat completed data forms as they do any clinical record as it relates to storage, retention and confidentiality.**

- **B. How is the Data Used?**

- Data on Form 3151 are used to determine target population being served.
- Screening data on Form 3152 (results and dates) show how effective the program is in screening women at appropriate intervals and, if appropriate, in planning diagnostic work-up.
- Data on Forms 3154B and 3154C show if women with an abnormal screening result and cancer or pre-cancer are getting timely diagnosis and treatment.

- **C. Guidelines for Determining Which Forms are Used**

Guideline	Form 3151 Enrollment Form	Form 3152 Screening Form	Form 3154B Breast D & T Form	Form 3154C Cervical D & T Form
The <b>Enrollment (3151)</b> and <b>Breast and Cervical Cancer Screening (3152) forms</b> are completed for every patient	All Patients	All Patients		
The <b>Breast F/up form (3154B)</b> is completed for all patients that have abnormal breast screening result(s), or have diagnostic work-up for breast cancer planned	All Patients*	All Patients*	Only Patients with abnormal breast screen, or with Br Dx f/up planned**	
The <b>Cervical F/up form 3154C</b> is completed for all patients that have an abnormal Pap test, or have diagnostic work-up for cervical cancer or pre-cancer planned	All Patients*	All Patients*		Only Patients with abnormal Pap test, or with Cervical Dx f/up planned**

\*Form should be initiated when the client begins the current screening cycle and completed and **submitted to the State Office when test results for all screening tests** performed (CBE, mammogram, and/or Pap test results) **have been received by the clinic.**

\*\*Form should be completed when the report of the final diagnosis is received by the clinic. It should be submitted to the State Office in the next submission.

• **D. Cervical Cancer Screening Program Form 3150**

Form 3150 (Cervical Cancer Screening Report) is completed by the clinic and submitted with the Pap specimen to the pathology laboratory. Information collected on the form is used (1) by the pathologist to correctly read and interpret the slide; (2) by the state office/health districts to pay laboratories for reading the slides; and (3) by the clinic to complete the Pap-related fields on Form 3152.

• **E. Schedule for Submitting Forms and Updates to the State Office**

**Note:** Form 3151(Enrollment Form) is ALWAYS submitted with the Form 3152 that initiates the record.

	<b>Form 3152 Screening Form</b>	<b>Form 3154B Breast D &amp; T Form</b>	<b>Form 3154C Cervical D &amp; T Form</b>
When is the form submitted?	When results of ALL screening tests performed are received.	When final diagnosis is received or record is closed.	When final diagnosis is received or record is closed.
When is an update of a form previously submitted prepared and submitted?	When a 3152 has already been submitted and a clinic has new information about screening tests for the patient (e.g., the client had been referred for a mammogram but had not kept her appointment; the first 3152 had reported the mammogram was "Not done". A 2 <sup>nd</sup> or updated 3152 is submitted if the client got a mammogram. On the 2 <sup>nd</sup> 3152, the mammogram result field is changed to report real results of the mammogram).	<ul style="list-style-type: none"> <li>When missing information becomes available (e.g., treatment information; or an administrative decision has been made to close the record).</li> <li>When previously submitted information needs to be corrected (e.g., patient receives a diagnosis - diagnostic field is updated &amp; status of f/up field is changed).</li> </ul>	<ul style="list-style-type: none"> <li>When missing information is available (e.g., treatment information; or an administrative decision has been made to close the record).</li> </ul> <p>E. When previously submitted information needs to be corrected (e.g., patient receives a diagnosis - diagnostic field is updated &amp; status of f/up field is changed).</p>
Note: For all updates, use a new form.			
<b>DO NOT PHOTOCOPY FORM</b>			

	<b>Form 3152 Screening Form</b>	<b>Form 3154B Breast D &amp; T Form</b>	<b>Form 3154C Cervical D &amp; T Form</b>
<p>What fields are completed on the form when the form is being updated?</p> <hr/> <p>Note: The information entered in the first 9 fields is for identifying the patient and the previously submitted record.</p> <p>Only <b>new or corrected</b> information will be data entered at the state office</p>	<ul style="list-style-type: none"> <li>• Record Update</li> <li>• Date of update</li> <li>• District</li> <li>• CHD #</li> <li>• Clinic #</li> <li>• Date of Visit (record ID)-see 1<sup>st</sup> 3152</li> <li>• Name fields</li> <li>• Date of Birth</li> <li>• SSN#</li> <li>• ANY additional field that is being completed or corrected.</li> </ul> <hr/> <p><b>Note:</b> Blank all fields that were complete and correct on the form previously submitted.</p>	<p><b>Note:</b> Blank all fields complete and correct on the form previously submitted.</p>	<p><b>Note:</b> Blank all fields that were complete and correct on the form previously submitted.</p>

• **F. Instructions for Submitting Forms to the State Office:**

- d. Forms are due to the State Office by the 7<sup>th</sup> of the month. If the 7<sup>th</sup> falls on a holiday or weekend, forms are due by the next business day.
- e. Submission is considered late after 2 business days of the due date. If received after this date, the data may not be entered in the respective submission month.
- f. Alphabetize all records to be submitted to the state office.
- g. List the records on the provided log form and put a check ( ✓ ) in the boxes that correspond with the form(s) you are submitting. Use as many log sheets as needed.
- h. Date and consecutively number each log sheet.
- i. Place the log sheet (s) on top of the stack of records, rubber band together and mail in one (1) package to be received in the state office by the 7<sup>th</sup> of the month to:
  - Breast and Cervical Cancer Program Data Unit
  - 16<sup>th</sup> Floor
  - 2 Peachtree St, NW
  - Atlanta, Georgia 30303-3142

- Hand-delivered submissions are:
  - Made between the hours of 8:00 AM and 4:00 PM, not before or after
  - To be handed to either the Operations Analyst or Data Manager. Do not leave in a chair or on a table.
- Making corrections on the pink copies.
  - i. Make corrections in an ink color that will stand out against the pink paper.
  - ii. If you do not have the pink copy, make the correction on a copy of the original in distinctive colored ink and stamp the form “COPY”.
  - iii. Mail the sheets in one package to:

Breast and Cervical Cancer Program Data Unit  
16<sup>th</sup> Floor  
2 Peachtree St, NW  
Atlanta, Georgia 30303-3142

## G. Guidelines for Reporting Only Breast or Cervical Screening Data

Please see:

1. Instructions for Completing Forms 3151 and 3152, and
2. *Data User's Manual for the National Breast and Cervical Cancer Early Detection Program, Version 6.0., Centers for Disease Control and Prevention.*

- **Guidelines for Reporting Breast Screening Data Only**

If the visit is Partial for Breast Screening Only

- Complete every field on Form 3151
- Complete Form 3152 (For completing the CBE and Mammogram fields, see Instructions for Completing Form 3152; for completing the Pap smear fields, see following instructions)

**Note:** The following instructions will insure that Pap smear information submitted on an earlier record is not submitted a second time.

Instructions for Completing the Pap smear fields on Forms 3151 and 3152

Field Name	Code
Previous Pap smear	This field should always be completed. Mark unknown if the woman does not know or refused to answer.
Date of Previous Pap	Include date if known
Hysterectomy	Blank
Is cervix present	Blank
Hysterectomy for cervical cancer/dysplasia	Blank
Indication for Pap test this cycle	(5) Breast record only
Date of Pap	Blank
Specimen Type	Blank
Specimen Adequacy	Blank
Pap smear Results	Blank
Pap paid by	Blank
Date of HPV Test	Blank
HPV Results	Blank
HPV Paid by	Blank
Dx work-up Planned for Cervical Cancer	Blank

- **Guidelines for Reporting Cervical Screening (Pap smear) Data Only**

If the visit is Partial for Cervical Screening Only:

- Complete every field on Form 3151
- Complete Form 3152 (For completing the Pap smear fields, see Instructions for Completing Form 3152; for completing the CBE and Mammography fields, see instructions following)

**Note:** The following instructions will insure that CBE or Mammogram information submitted on an earlier record is not submitted a second time

**Instructions for Completing the CBE & Mammogram Fields on Forms 3151 and 3152**

<b>Field Name</b>	<b>Code</b>
Previous mammogram	This field should always be completed. Mark unknown if the woman does not know or refused to answer.
Date of Previous mammogram	Include date if known
Current Breast Symptoms	(3) This field should always be completed. Mark unknown if the woman does not know or refused to answer.
Date of CBE	Blank
CBE Results	(4) Not needed
CBE paid by	Blank
Indication for Mammogram this cycle	(5) Cervical record only
Date of Mammogram	Blank
Type of Mammogram	Blank
Mammogram Results	Blank
Mammography Facility	Blank
Mammogram Paid by	Blank
Dx work-up Planned for Breast Cancer	Blank

- **H. Responsibilities/Duties to Insure Complete and Accurate Data and Good Data Management**

- **Clinical Staff:**

- Completes forms and fields according to Guidelines and Instructions for completing forms.
- Assures that information on the 3151 is up-to-date and accurate.
- Assures that no duplicate record is submitted.
- Submits records to district office according to guidelines.
- Assists with cleaning errors as requested by the district office.

- **District/Administrative Staff:**

7. Reviews each form to insure that it is completed according to Guidelines and Instructions for completing forms.
8. Reviews logs from previous month(s) to insure that duplicate records are not submitted.
9. Collects missing information requested by state office and makes corrections on pink copies.
10. Returns pink copies to state office by the date requested.

- **State Data Staff:**

1. Runs error reports to indicate fields that have incorrect or missing data
2. Makes pink copies and sends them to the District Staff.
3. Provides technical assistance for error correction when requested.

- **I. Responsibilities/Duties to Insure Timely Submissions**

- **Clinical Staff:**

- Utilizes a system for tracking mammography and laboratory reports and completion of 3151s and 3152s.
- Submits to the District Office according to the Schedule for Submitting Form 3151, 3152, 3154B and 3154C and Updates of Forms 3152, 3154B, and 3154C.
- Utilizes a system for tracking reports of final diagnosis and completion of appropriate fields on the 3154. Submits the appropriate 3154 to the District Office according to the Schedule for Submitting Form 3151, 3152, 3154B and 3154C and Updates of Form 3152, 3154B, and 3154C.
- Utilizes a system for tracking incomplete 3154s. A record should be complete six months after it was initiated.
- Submits forms that are updated to the District Office according to the Schedule for Submitting Form 3151, 3152, 3154B and 3154C and Updates of Form 3152, 3154B, and 3154C.

- **District/Administrative Staff:**
  - Utilizes a system for tracking all forms, all incomplete records, and all needed Record Updates
  - Reviews monthly all forms submitted by the clinics, prepare the submission log, and assimilates the records for sending to the State Office
  - Sends the submission to arrive in the State Office between the 1st and the 10th of the month
  
- **State Data Staff:**
  - Receives submissions, checks records against the log, and acknowledges within 3 days of receipt.
  
- **State Nurse Consultants:**
  - Review state generated reports monthly and participate in quality assurance activities.
  - Provide technical assistance regarding clinical outcomes to BCCP Coordinators and program providers.
  - Monitor provider compliance with Federal, State, and local guidelines.



**GEORGIA DEPARTMENT OF PUBLIC HEALTH**  
Instructions for Breast and Cervical Cancer Program Enrollment Form  
Form 3151 (revised 5/2010)

**Purpose of Form:**

To collect personal identification and program eligibility information on each client served through the Georgia Breast and Cervical Cancer Program with each new screening.

The form is for data collection only and is inadequate for care management or legal documentation. All fields and sections must be completed unless instructions for leaving the field blank are specified. Please use adequate pressure to make legible copies. Send the white copy to the state office. Retain one copy for chart.

- District #:** District ID  
**Enter state assigned number**
- Date of Visit:  
(Record ID)** Date client is admitted for services. This element functions as the state record ID and the beginning of this screening cycle.  
**Enter 8-digit date: mm/dd/yyyy**
- CHD #:** State assigned number for County of Public Health Department  
**Enter 3-digit county code**
- Clinic #:** Clinic ID  
**Enter the assigned 2-digit code**
- Chart #:** Clinic assigned number (Serves as local record ID)  
Enter the clinic assigned number  
**This field is optional for completion**

The following personal identification elements are consistent with the Data Collection Standards established by the Data Policy Committee, Health Assessment Section, Division of Public Health, Georgia Department of Human Resources.

- Social Security Number:** Client's Social Security Number  
**Enter the client's 9-digit Social Security number**  
**If the client does not have a Social Security Number, leave blank.**
- Last Name:** Client's last name  
**Enter the client's last name.**
- First Name:** Client's first name  
**Enter the client's first name.**
- M.I.:** Client's middle initial  
**If available, enter the client's middle initial.**

**Maiden Name:** Client's Maiden name  
**Complete, if different from last name**

**Street Number  
Street Name:** Client's street number and name  
**Enter the street number and name**

**Apartment #:** Client's apartment number  
**If available, enter the apartment number**

**City:** Client's city of residence  
**Enter the name of the resident city**

**State:** Client's State of residence  
**Enter the State in which the client resides**

**Zip Code:** Client's ZIP code  
**Enter the 9-digit ZIP code**

**Date of Birth:** Client's Date of Birth  
**Enter the client's 8-digit birth date: mm/dd/yyyy**

**Age:** Age of the Client  
**Enter the age of the Client**

**Hispanic or Latino:** The client's self-identification of Hispanic/Latino ethnicity.  
Ask the client **"Do you consider yourself to be of Hispanic origin?"** Record response as Yes or No

**Race:** The client's racial self-identification  
Say to the client **"When I read each name from a list of racial groups, please answer 'yes' if it describes you and 'no' if it does not describe you."** The client may respond "yes" or "no" to more than one race group.

**Check Yes or No in each of the 5 blanks.**

- \_\_\_\_\_ White
- \_\_\_\_\_ Black or African-American
- \_\_\_\_\_ American Indian or Alaska Native
- \_\_\_\_\_ Asian
- \_\_\_\_\_ Native Hawaiian or other Pacific Islander

**Yearly family income equal to or below 200% of the federal poverty line:**

Client's Income Eligibility status: Clinical record includes information about income eligibility assessment. Also, see Policy and Procedure for calculating income level.

Question	Mark Form According to Answer
Income Eligible?	YES
	NO

**Health Insurance:** Client's health insurance. Clinical record includes notation of the client's statement of health insurance coverage.

Question	Mark Form According to Answer
Does client have health insurance?	YES
	NO

**Special Needs:** Does client have special health care needs?

Ask client if she considers any of the following a barrier to receiving healthcare:

Help with activities of daily living?

Cultural/language/physical/psychosocial barriers to health care?

Question	Mark Form According to Answer
Does client have barriers to health care?	YES
	NO

**Previous mammogram:**

This field should always be completed.

Mammography history is always asked whether or not a CBE is performed or mammogram planned.

If the client had a Mammogram and is unable to recall the date, try to estimate the date.

Question Asked Client	Answer	Mark Form According To Answer
Have you ever had a mammogram?	Yes	Client has had a mammogram. Mark yes.
	Date mm/yyyy	Mark the date. Partial date is acceptable e.g. year only. Leave blank if unknown
	No	Client did not have a mammogram. Mark no.

	Unknown	Client does not recall whether or not she had a mammogram. Mark unknown. Do not mark unknown if mammogram was performed but date is not recalled.
--	---------	---

**Previous Pap:**

This field should always be completed.

If client had a Pap and is unable to recall the date, try to estimate the date.

Question Asked Client	Answer	Mark Form According To Answer
Have you ever had a Pap?	Yes	Client has had a Pap. Mark yes.
	Date mm/yyyy	Mark the date. Partial date is acceptable e.g. year only. Leave blank if unknown
	No	Client did not have a Pap. Mark no.
	Unknown	Client does not recall whether or not she had a Pap. Mark unknown. Do not mark unknown if Pap was performed but date is not recalled.

**How did you hear about the program?**

This field has been added to replace the ACS Post Card. It is for new clients only.

**Signature Line:** Signifies client agreement to release of information statement.

<b>REQUIRED INFORMATION</b>
Client Signature
Date Client signed form

Reference: *Data User's Manual for the National Breast and Cervical Cancer Early Detection Program: Version 6.0, December 2007. Centers for Disease Control and Prevention.*

2. 3152 – Screening Form with Instructions

GA DIVISION OF PUBLIC HEALTH  
BREAST & CERVICAL CANCER SCREENING FORM  
(PLEASE PRINT)

Record Update    Date:  -  -      New Patient     Established Patient

District #     CHD #     Clinic #     Date of Visit  -  -   
Residence County:      Comprehensive     Partial     Referral (Record ID)    MM    DD    YYYY

Name:  
Last     First   
Date of Birth  -  -     Social Security Number  -  -   
MM    DD    YYYY

Current Breast Symptoms?    1  Yes    2  No    3  Unknown  
Date of CBE this cycle  -  -   
MM    DD    YYYY  
CBE Results (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, complete Form 3154B  
   \_\_\_Discrete palpable mass    \_\_\_Nipple discharge  
   \_\_\_Nipple/Areola changes    \_\_\_Skin changes  
4  Not needed  
5  Needed, not performed at this visit  
   \_\_\_Refused    \_\_\_Other or unknown reason  
CBE Paid By    1  CDC funds    3  FP funds  
                  2  State B&C funds    4  Other funds

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  Routine Pap test  
2  Follow-up for a previous abnormal test  
3  Done by outside provider and referred in for diagnostic evaluation  
4  Not done, proceeded directly for diagnostic procedures or HPV test  
   (skip to Date of HPV Test)  
   \_\_\_Refused    \_\_\_Other or unknown reason  
5  Breast record only (skip this section)  
Date of Pap this Cycle  -  -   
MM    DD    YYYY

Indication for Mammogram this Cycle  
1  Routine screening mammogram  
2  Diagnostic mammogram to evaluate symptoms, positive CBE,  
   previous abnormal mammogram or short term follow-up  
3  Done by outside provider and referred in for diagnostic evaluation  
4  Not done, CBE only or proceeded directly to other imaging or  
   diagnostic work-up (check one and skip to Additional Procedures field)  
   \_\_\_Refused    \_\_\_Other or unknown reason  
5  Cervical record only (go to Pap test section)  
Date of Mammogram this Cycle  -  -   
MM    DD    YYYY

Specimen Type    1  LBC    2  Conventional  
Specimen Adequacy    1  Satisfactory    3  Unsatisfactory  
Results of Pap Smear (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), complete  
   Form 3154C  
5  High Grade SIL, complete Form 3154C  
6  Squamous Cell Carcinoma, complete Form 3154C  
7  Abnormal Glandular Cells (check all that apply), complete Form 3154C  
   \_\_\_Atypical Glandular cells – NOS  
   \_\_\_Atypical Glandular cells – favor Neoplastic  
   \_\_\_Endocervical Adenocarcinoma in situ  
   \_\_\_Adenocarcinoma  
8  Other results, specify \_\_\_\_\_  
12  Result unknown, presumed abnormal, complete Form 3154C

Type of Mammogram    Conventional    Digital  
Screening    1  CPT 77057    4  CPT G0202  
Diagnostic, unilateral    2  CPT 77055    5  CPT G0206  
Diagnostic, bilateral    3  CPT 77056    6  CPT G0204

Mammogram Results ACR Coded (Check only one)  
0  Assessment is Incomplete, complete Form 3154B  
1  Negative  
2  Benign Finding  
3  Probably Benign- short screening interval  
4  Suspicious Abnormality, complete Form 3154B  
5  Highly Suggestive, complete Form 3154B  
7  Unsatisfactory  
11  Result unknown, presumed abnormal, complete Form 3154B  
13  Film comparison required, complete Form 3154B

Pap Paid By    1  CDC funds    3  FP funds  
                  2  State B&C funds    4  Other funds  
Date of HPV Test  -  -   
(For follow-up only)    MM    DD    YYYY  
HPV Results    1  Positive    2  Negative  
                  3  Not Done  
HPV Paid By    1  CDC funds  
                  3  FP funds    4  Other funds

Mammography Facility  
FDA Number/Name: \_\_\_\_\_  
Mammogram Paid By    1  CDC funds    4  Other funds  
                                  2  State B&C funds  
Additional Procedures Needed/Planned to Complete Breast Cycle  
1  Yes, complete Form 3154B    2  No

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

**GEORGIA DEPARTMENT OF PUBLIC HEALTH**  
Instructions for Breast and Cervical Cancer Screening Form  
Form 3152 (revised 5/2010)

**Purpose of Form:**

To submit data with each new screening cycle when results of all screening procedures are known (CBE, Pap smear, and/or mammogram).

To collect information on each client screened through the Georgia Breast and Cervical Cancer Program.

The form is used for data collection only and is inadequate for care management or legal documentation. Please use adequate pressure to make legible copies. Send the white copy to the state office. Retain one copy for chart.

The fields at the top of the form provide Enrollment and Patient Identification information. With training and supervision by the supervising nurse, the clerical staff may complete this information.

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

**Date:** If the form **is being submitted for the first time**, leave these 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 Type:** **Mark the appropriate box as to whether the client is an established or new client.**

**District #:** District ID  
**Enter state assigned number**

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

**Clinic #:** Clinic ID  
**Enter 2-digit clinic code**

**Date of Visit:** Date client has clinic visit.  
**(Record ID)** This element functions as the record ID  
**Enter 8-digit date: mm/dd/yyyy.**

**Type of Visit:** This identifies the complexity of visit and admission status of client.

- **Comprehensive:** A complete history and examination.
- **Partial:** A partial examination - Breast or cervical screening and diagnosis only.
- **Referral:** A referral for diagnosis only.

**Residence County:** Client's county of residence  
**Enter the client's county of residence**

**Name:** Client's full name

**Last:** Client's last name  
**Enter the client's last name**

**First:** Client's first name  
**Enter the client's first name**

**Date of Birth:** Client's Date of Birth  
**Enter an 8-digit date: mm/dd/yyyy**

**Social Security Number:** Client's Social Security Number  
**Enter the client's 9-digit Social Security Number**  
**If the client does not have a Social Security Number, leave blank.**

The clinician should provide information for the following fields based on her/his findings and/or written reports from a pathologist/laboratory, a mammography facility, or an examining clinician.

**Clinical Breast Examination (CBE)**

- **Current Breast Symptoms?**

Client self reported breast symptoms.

Do not mark "Unknown" if breast data is being submitted.

Question Asked Client	Mark Form According To Answer
Do you have any breast problems or complaints?	Yes
	No
	Unknown

- **Date of Screening CBE:**

Date the clinical breast examination was performed in this screening cycle.

<b>Required Information</b>
<b>8-digit date: mm/dd/yyyy</b>

**Note:** If the woman is entering the program for a mammogram referral or breast diagnostic work-up after having a CBE within 90 days in another health department clinic program or by a private provider, please enter the 8-digit date on which the CBE was actually done. The date of the CBE may be prior to the date of the visit. Without documentation of a normal CBE or an abnormal CBE performed within the last 90 days, the nurse should perform a CBE and document her findings.

- **CBE Results:**

Mark the appropriate Status of Clinical Breast Examination.

Question	Answer	Mark Form According To Answer
CBE Abnormal?	Yes	Mark Abnormal & Note Abnormality (3)
	No	Mark Normal or Benign (1 or 2)
	No CBE Done	Mark Not needed or Refused (4 or 5)

**Note:** If the examining clinician seeks a second or third opinion within the public health system, preliminary findings should be recorded in the client's record until a final decision is made within the health department. After an intradepartmental final decision is made, complete the results.

**Note:** If the patient had her CBE performed within the past 90 days in another health department program or with a private physician, please 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 the nurse should perform a CBE and document her findings.

- **CBE paid by:**

Source of payment for the CBE

Mark a funding source on the form as appropriate.

Leave **Blank** if **only data related to Pap smear** is being submitted.

**Note:** CDC funds refer to Breast and Cervical Cancer federal screening funds. State B&C funds refer to Breast and Cervical Cancer State Screening Funds. FP funds refer to clients referred in for diagnostic work up from Family Planning. Other funds refer to instances such as client payment to a private physician.

**Mammography:**

- **Indication for mammogram this cycle:**

This field is added to report the indication/purpose of the mammogram.

Question	Mark Form According To Answer
Indication for Mammogram?	Mark '1' if this is a routine or annual screening mammogram
	Mark '2' if this is a mammogram performed to evaluate current breast symptoms, a recent positive CBE, previous abnormal mammogram or a short term follow-up
	Mark '3' if a client has had a mammogram performed outside of the GABCCP and is referred to the Program for diagnostic work-up
	Mark '4' if a client does not have a mammogram and goes directly to Diagnostic Work-up or received CBE only Refused - refused or did not keep appointment Other or unknown reason - physician's recommendation, moved or deceased
	Mark '5' if this is a Cervical only record

- **Date of mammogram this cycle:**

Date of the mammogram performed in 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

**Note:** If the woman is entering the program for a breast diagnostic work-up after having a mammogram within 90 days and the results are documented, please **enter the 8-digit date on which the mammogram was actually done**. The date of the mammogram may be prior to the date of the visit.

- **Type of Mammogram this cycle:**

For payment purposes enter the type as specified on the mammogram report.

Type of Mammogram	Conventional	Digital
Screening	CPT 77057	CPT G0202
Diagnostic unilateral	CPT 77055	CPT G0206
Diagnostic bilateral	CPT 77056	CPT G0204

- **Mammogram Results (Check one):**

**Note** the mammography result as written on the Radiologist’s report.

Question	Mark Form According To Answer
Mammogram Result?	Mark form according to mammogram results on report ‘0’ to ‘7’ or ‘13’ Mammogram results of 0-Assessment incomplete and 13-Film comparison required (ACR 0), 4-suspicious abnormality (ACR 4) and 5-highly suggestive of malignancy (ACR5) require additional procedures to complete breast cycle. Please complete form 3154B.
Mammogram result unknown but referred for diagnostic work-up?	Mark number ‘11’ on form (Results unknown, presumed abnormal. Please complete form 3154B.) This code should be limited to only those mammogram results that cannot be obtained and should be a rare occurrence. If the actual result from the outside mammogram is known, it should be reported.

**Note:** Category 3 “Probably Benign” - modified to indicate this assessment requires prior full imaging work-up.

Category 0 “Assessment Incomplete” - separated into two categories:

Category 0 “Assessment Incomplete”

Category 13 “Film Comparison Required”

- **Mammography Facility:**

Fill out facility where the mammogram is performed. Otherwise leave blank.

Record the FDA number and the full legal name as registered with the FDA.

Do not use initials

Do not use local name.

Please refer to the current mammography list (provided every quarter) for legal names and FDA number.

- **Mammogram paid by:**

Source of payment for mammogram should be filled out at the time mammography results received.

Mark a funding source on the form as appropriate.

Leave **Blank** if **only data related to Pap smear** is being submitted.

**Note:** CDC funds refer to Breast and Cervical Cancer Federal Screening Funds. State B&C funds refer to Breast and Cervical Cancer State Screening Funds. Other funds refer to instances such as Indigent Care Trust Fund, foundation funds, other grant funds or donated services.

**Additional Procedures Needed/Planned to Complete Breast Cycle**

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

**Pap Smear**

- **Hysterectomy:**

Cervical cancer screening eligibility.

Question Asked Client		Mark Form According To Answer
Have you ever had a hysterectomy?	New Client	Yes- perform exam to establish if cervix present
		No
	Established client	Check medical record and enter "Yes" or "No" whichever applies

Question Asked Client if Client had Hysterectomy	Mark Form According To Answer
Do you know why you had the Hysterectomy? Was it for cervical cancer or dysplasia?	Yes- if hysterectomy due to cervical cancer or dysplasia
	No- other reason for hysterectomy

**Indication for Pap test this cycle:**

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

Question	Mark Form According To Answer
Indication for Pap Test?	Mark number '1' if this is a routine screening Pap Test.
	Mark number '2' if this is a Pap test performed on a woman under management for a cervical abnormality detected prior to this cycle.
	Mark number '3' if a client has had a Pap test performed outside of the GABCCP and is referred to the Program for diagnostic work-up.
	Mark number '4' if a client does not have a Pap test and goes directly to Diagnostic Work-up. Refused - refused or did not keep appointment Other or unknown reason - physician's recommendation, moved or deceased
	Mark number '5' if this is a Breast only record.

- **Date of Pap this cycle:**

Date of the pap performed in this cycle.

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

**Note:** If Pap smear was done in another health department clinic within 90 days, and the client is to be referred for diagnostic work up for cervical cancer, enter the date the Pap smear was performed. The date may be before the date of visit.

- **Specimen Type:**

Enter appropriate type based on the type of collection of Pap smear specimen.

LBC	Pap collected using liquid based method
Conventional	Pap collected using conventional method

## Specimen Adequacy:

Quality of the Pap smear specimen.

<b>Enter Adequacy of Specimen category</b> (Satisfactory or Unsatisfactory) <b>from cytopathologist report</b>
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If specimen adequacy is unsatisfactory then repeat the Pap test and report the repeated Pap test as a new screening cycle.

- **Results of Pap Smear\*** (check only one):

Note the cervical cancer screening result as written on the Cytopathologist's report.

Question	Mark Form According To Answer
Pap smear result?	Mark form according to Pap smear report '1' to '8'. For '8', Other result specify appropriate diagnosis: <ol style="list-style-type: none"><li>1. Cytologically benign endometrial cells in post menopausal woman</li><li>2. Other malignant neoplasms</li><li>3. Hormonal evaluation</li></ol> Pap test results of ASC-H(4), High grade SIL(5), Squamous Cell Carcinoma(6) or Abnormal Glandular Cells(7) are considered abnormal and further diagnostic follow-up should be planned. Please complete form 3154C.
Pap test result unknown but referred for diagnostic work-up?	Mark number '12' on form (Results unknown, presumed abnormal. Please complete form 3154C.)  This code should be limited to only those Pap test results that cannot be obtained and should be a rare occurrence. If the actual result from the outside Pap is known, it should be reported.

**Note:** If a woman is entering the program for a cervical cancer diagnostic work-up after having a Pap smear within 90 days and the results are known, **check the appropriate box, 1-8.**

**Pap paid by:** Source of Payment for Cervical Cancer Screening.

Question	Mark Form According To Answer
Pap smear performed?	YES - mark a funding source on form as appropriate
	NO - leave field blank

**Note:** If the client is ineligible for cervical screening but eligible for vaginal Screening, **check State or Other funds “Yes”**.

**Note:** If the client has no risk factors for vaginal cancer and receives vaginal Pap screening, **check only Other funds “Yes”**.

**HPV Test**

- **Date of HPV Test**

This field is completed only if an HPV test was done. This is the date of the sample collection.

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

- **HPV Results**

This field is to report HPV test results

Question	Mark Form According To Answer
HPV test performed?	Mark '1' or '2' on form if done.
	If HPV is '1' (positive) and Pap Test is '2'(ASC-US), please complete 3154C
HPV Test Not done?	Mark '3' - not done.

**Note:** An HPV test performed immediately following an ASC-US Pap test result should be reported with the Pap result.

An HPV test performed for a client under surveillance (for example, follow-up at 6-12 months) should be reported on a new 3152 form.

**HPV Paid By**

Source of payment for HPV test

Question	Mark Form According To Answer
HPV Test performed?	YES - mark a funding source on form as appropriate
	NO - leave field blank

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

Referral for cervical cancer diagnostic work-up.

Question	Mark Form According To Answer
Referred for diagnostic work-up? (rule out cervical cancer)	YES- complete form 3154C
	NO

Reference: *Data User's Manual for the National Breast and Cervical Cancer Early Detection Program: Version 6.0, December 2007. Centers for Disease Control and Prevention.*



**GEORGIA DEPARTMENT OF PUBLIC HEALTH**  
Instructions for Breast Cancer Diagnostic & Treatment Form  
Form 3154B (revised 5/2010)

**Purpose of Form:**

To document the diagnostic work-up for women with abnormal mammogram results and/or abnormal clinical breast exam results, and treatment information for women who are diagnosed with breast cancer. Form 3154B must be completed if the result of the field Additional Procedures Needed/Planned to Complete Breast Cycle is "Yes".

The client's clinical record should be used for more complete clinical and demographic information, for the consent and release forms, for progress notes, teaching, counseling and tracking notes and for maintenance of reports from laboratories and consultants.

**Record Update:** To indicate that new or changed data are being submitted. If the record is being submitted for the first time, leave this field blank.

**Date:** 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 #:** District ID  
**Enter state assigned number**

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

**Clinic #:** Clinic ID  
**Enter 2-digit clinic code**

**Date of Visit:  
(Record ID)** Date client has clinic visit.  
This element functions as the record ID  
**Enter 8-digit date: mm/dd/yyyy.**

**Name:** Client's full name

**Last:** Client's last name  
**Enter the client's last name**

**First:** Client's first name  
**Enter the client's first name**

**Date of Birth:** Client's Date of Birth  
**Enter an 8-digit date: mm/dd/yyyy**

**Social Security** Client's Social Security Number

**Number:** Enter the client's 9-digit Social Security Number

**If the client does not have a Social Security Number, leave blank.**

The clinician should provide information for the following fields based on her/his findings and/or written reports from a pathologist/laboratory, a mammography facility, or an examining clinician.

**Breast Imaging Procedures** (Check all that apply):

Answer **YES** or **NO** for each procedure listed to note whether performed. CPT Code is an option for district use unless instructions for completing the field are specified.

- **Additional Mammographic Views:**

To specify if additional mammographic views were performed. This field includes compression views, cone compression, magnification views and diagnostic mammograms. **If the initial mammogram this cycle for screening was a diagnostic mammogram (CPT – 77055, 77056, G0206, G0204), it should be reported on the 3152 not here on the 3154B.**

Question	Mark Form According To Answer
Additional views performed?	YES - enter date
	NO

- **Ultrasound:**

To specify if an ultrasound was performed, all ultrasounds are diagnostic procedures.

Question	Mark Form According To Answer
Ultrasound performed?	YES - enter date
	NO

- **Film Comparison:**

To specify if a film comparison was performed when required to further evaluate an initial mammogram test result of assessment incomplete.

Question	Mark Form According To Answer
Film Comparison Done?	YES - enter date
	NO/NA

**Note:** A film comparison that is done as part of a standard imaging evaluation should not be reported in this item. For example, if a radiologist routinely reviews previous films as part of a thorough radiologic assessment, then this item should be coded as “No/NA”.

- **Final Imaging Outcome:**

This field should be completed when at least one of above breast imaging procedures is done. The purpose of this item is to report the assessment from all of the imaging procedures performed. Note that Assessment Incomplete is not an option for this item. However, if a provider experiences a delay in receiving comparison files or additional imaging results, they should report '8-Additional imaging pending'.

- **Date of Final Imaging Outcome:**

Enter a valid date if Final Imaging Outcome is '1' to '7'; otherwise leave it blank.

**Breast Diagnostic Procedures** (Check all that apply):

- **MD Consultation:**

To specify if a repeat breast exam and/or a surgical consultation were performed by other than a non-health department/Participating Primary Care Provider.

Question	Mark Form According To Answer
Surgical consultation obtained?	YES - enter date
	NO

- **Fine Needle/Cyst Aspiration:**

To specify if a fine needle or cyst aspiration was performed.

Question	Mark Form According To Answer
Fine needle aspiration or cyst Aspiration performed?	YES - enter date
	NO

- **Biopsy/Core Needle/Lumpectomy:**

To specify if an incisional, excisional or core needle biopsy or lumpectomy was performed to obtain tissue for diagnosis.

Question	Mark Form According To Answer
Biopsy performed?	YES - enter date
	NO

- **Other**

To specify if other diagnostic procedures were performed. **This field should only contain other diagnostic follow-up:**

- Consultation (Other than repeat CBE)
- Stereotactic localization
- Magnetic resonance imaging (MRI)
- Metastatic work-up such as a bone survey

Question	Mark Form According To Answer
Were any of the procedures listed under "Other" performed?	YES - enter date
	NO

Procedures on the form with an asterisk (\*) may not be paid for by the Program.

**Breast Diagnostic/Imaging Procedure(s) Paid for by:**

Source of payment for the procedure(s).

**Check either YES or NO in each field.**

**Note:** CDC funds refer to Breast and Cervical Cancer federal diagnostic funds. State B&C funds refer to Breast and Cervical Cancer state diagnostic funds. Other funds refer to instances such as Indigent Care Trust Funds or client's insurance.

**Status of Final Diagnosis/Imaging and Date:**

Check the appropriate value and complete date field.

Question	Mark Form According To Answer	
Work-up complete?	<b>Yes- diagnosis received</b> - check (1) and enter <b>8-digit date of diagnosis</b> (Use date of definitive diagnostic procedure, e.g., biopsy.)	
	No	If time since abnormal screening or referral is <b>less than 60 days</b> mark (2) <b>work-up pending</b> & enter date
		If client <b>lost to follow-up</b> mark (3) & enter date
		If client <b>refused work-up</b> mark (4) & enter date

**Note:** If diagnostic work-up is **pending** and time since date of abnormal screen or referral is 60 days or more, review case with District BCCP Coordinator or State Office Nurse Consultant before making an administrative closeout.

**Note: Lost to Follow-up:** Use this reason for administrative closeout if a woman dies or moves before she receives a final diagnosis. **After appropriate review of care management records indicates that all tracking efforts have failed** regardless of whether the reason is known (i.e., death, moved), a record can be closed as "lost". **This is the field to use when you are unable to contact or locate the woman.** The date for Lost to follow-up is the date the decision is made that no more attempts will be made to contact the woman for this screening cycle. If a woman dies before the diagnostic work up is completed, enter the date of death as the date of administrative closeout and document the information.

No more than **3% of women sent for diagnostic work-up** should be "**Lost to Follow-up**"

**Note: Work-up Refused:** No record should be closed as work-up refused until a full review of the clinical record has been made, and not earlier than 90 days after the work-up was planned. To mark that work-up was refused indicates that the woman has

severed her relationship with the Program and/or had her diagnostic work-up performed by another provider. The case should be reviewed with the District BCCP Coordinator or State Office Nurse Consultant before making an administrative closeout. If work-up is refused, enter the date of administrative closeout and document counseling information.

No more than **2% of women sent for diagnostic work-up** should be “**Refuse Diagnostic Work-up**”

### **Final Diagnosis:**

Final diagnosis is an important outcome measure for the Breast and Cervical Cancer Programs. It is especially important that these data be complete, timely, and of high quality. **This information should come from the surgeon or tumor registrar at hospital where surgery was performed or from your Regional Cancer Registry Coordinator.**

**Check the appropriate box (2, 3, 4, 5 or 6).**

**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.

**Check (6) Recurrent Breast Cancer** if the client has had a previous diagnosis of breast cancer unless the second breast cancer is determined to be a new primary.

### **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.**

### **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?	<b>Yes-</b> Check (1) treatment started & note date started. <b>8-digit date as mm/dd/yyyy</b>	
	<b>No</b>	Check (2) <b>pending</b> if <b>less than 60 days</b> has lapsed since diagnosis.
		Check (3) <b>lost to follow up</b> if administrative close out is made because the client has moved or died.
		Check (4) <b>refused treatment</b> if administrative close out is made because the client continues to refuse treatment after all barriers have been identified and addressed.
		Check (5) <b>treatment not needed</b> if the surgeon counsels a client 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 District BCCP Coordinator or State Office Nurse Consultant before making an administrative close out of the record.

**Treatment Paid by:**

Source of payment for treatment.

**Check YES or NO in each field.**

**Note:** CDC funds refer to Breast and Cervical Cancer federal diagnostic funds. State B&C funds refer to Breast and Cervical Cancer state diagnostic funds. Other funds refer to instances such as Indigent Care Trust Funds or client's insurance.



**GEORGIA DEPARTMENT OF PUBLIC HEALTH**  
Instructions for Cervical Cancer Diagnostic & Treatment Form  
Form 3154C (revised 5/2010)

**Purpose of Form:**

To document the diagnostic work-up for women with Pap results of: SECOND ASCUS, Low SIL, High SIL, Squamous cell carcinomas, other malignant neoplasms, glandular cell abnormalities, endometrial cells found in a postmenopausal woman, AGUS – atypical glandular cells of undetermined significance, and adenocarcinoma. Form must be completed if the result of the field “Diagnostic Work-up Planned to Rule Out Cervical Cancer or Precancer” (on 3152 form) is ‘Yes’.

To document the diagnostic work-up for women with abnormal cervical screening test results and treatment information for women who are diagnosed with cancer or severe dysplasia.

These forms are used for data collection only and are inadequate for care management or legal documentation. The client’s clinical record should be used for more complete clinical and demographic information, for the consent and release forms, for progress notes, teaching, counseling and tracking notes and for maintenance of reports from laboratories and consultants.

**Record Update:** To indicate that new or changed data are being submitted. If the record is being submitted for the first time, leave this field blank.

**Date:** 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 #:** District ID  
**Enter state assigned number**

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

**Clinic #:** Clinic ID  
**Enter 2-digit clinic code**

**Date of Visit:  
(Record ID)** This is the 8-digit date that appears in the Date of Visit field on Form 3152 that identifies this record.  
**Enter 8-digit date: mm/dd/yyyy**

**Name:** Client's full name

**Last:** Client's last name  
**Enter the client's last name**

**First:** Client's first name  
**Enter the client's first name**

**Date of Birth:** Client's Date of Birth  
**Enter 8-digit date: mm/dd/yyyy**

**Social Security Number:** Client's Social Security Number  
**Enter the client's 9-digit Social Security Number**  
**If the client does not have a Social Security Number, leave blank.**

The clinician should provide information for the following fields based on her/his findings and/or written reports from a pathologist/laboratory, a mammography facility, or an examining clinician.

**Diagnostic Work-Up Procedures** (Check all that apply):

Check "Yes" or "No" for each procedure listed below indicating whether the procedure was or was not performed. CPT code is an option for district use unless instructions for completing the field are specified.

Procedure	a. Mark Form According To Answer
Colposcopy <b>without</b> biopsy	<b>Yes-</b> Biopsy <u>was not</u> done. <b>Enter 8-digit date of procedure</b>
	<b>No-</b> Biopsy was done or Colposcopy was not procedure done.
Colposcopy <b>with</b> biopsy and/or ECC	<b>Yes-</b> Biopsy was done. <b>Enter 8-digit date of procedure</b>
	<b>No-</b> Biopsy was not done or Colposcopy was not procedure done.
ECC (alone)	<b>Yes-</b> ECC (alone) was done. <b>Enter 8-digit date of procedure</b>
	<b>No-</b> ECC (alone) was not done
LEEP	<b>Yes-</b> LEEP was done. <b>Enter 8-digit date of procedure</b>
	<b>No-</b> LEEP was not done
Conization	<b>Yes-</b> Conization was done. <b>Enter 8-digit date of procedure</b>
	<b>No-</b> Conization was not done
Other	<b>Yes-</b> Mark the procedure that was done from the list of procedures on the form. Do not include Pap smear or treatments such as cryosurgery, hysterectomy, laser or cautery. See note below. May include cervicography. <b>Enter 8-digit date per procedure</b>
	<b>No-</b> No procedure in this category was performed

**Note:** If both procedures (colposcopy without biopsy and colposcopy-directed biopsy) were performed during a single screening cycle, code the more definitive procedure as **Yes** and the other as **No**.

**Note:** This should include diagnostic procedures and gynecologic consultation and not include additional Pap smears or treatment such as cryosurgery, hysterectomy, laser, or cautery.

Only procedures such as excision of endocervical polyps and biopsy of other structures such as vagina and vulva should be reported as Other Procedures. In addition, if cervicography is performed, this could be reported here. Procedures on the form with an asterisk (\*) may not be paid for by the Program.

**Cervical Diagnostic Procedure(s) Paid by:**

Source of payment for the procedure(s).

**Check either YES or NO in each field.**

**Note:** CDC funds refer to Breast and Cervical Cancer federal diagnostic funds. State B&C funds refer to Breast and Cervical Cancer state diagnostic funds. Family Planning funds refer to state and federal Family Planning funds. Other funds refer to instances such as Indigent Care Trust Fund or client’s insurance.

**Status of Final Diagnosis and Date:**

Check the appropriate value and complete the date field.

Question	Mark Form According To Answer	
Work-up complete?	<b>Yes-</b>	<b>Diagnosis received</b> - check (1) and enter <b>8-digit date of diagnosis</b> (Use date of definitive diagnostic procedure, e.g., biopsy.)
	<b>No</b>	If time since abnormal screening or referral is <b>less than 60 days</b> or this is a <b>Delay due to pregnancy</b> , mark (2) <b>work-up pending</b> , enter date and check the box as appropriate.
		If client <b>lost to follow-up</b> , mark (3) & enter date
		If client <b>refused work-up</b> , mark (4) & enter date

**Note:** If diagnostic work-up is **pending** and time since date of abnormal screening or referral is 60 days or more, review case with District BCCP Coordinator or State Office Nurse Consultant before making an administrative close out.

**Note: Lost to Follow-up:** Use this reason for administrative closeout if a woman dies or moves before she receives a final diagnosis. After appropriate review of care management records indicates that all tracking efforts have failed regardless of whether the reason is known (i.e. death, moved), a record can be closed as “lost”. This is the field to use when you are unable to contact or locate the woman. The date for Lost to Follow-up is the date the decision is made that no more attempts will be made to contact the woman for this screening cycle. If a woman dies before the diagnostic work-up is completed, enter the date of death as the date of administrative closeout. Document information.

No more than **3% of women sent for diagnostic work-up** should be “**Lost to Follow-up**”

**Note: Work-up Refused:** No record should be closed as work-up refused until a full review of the clinical record has been made, and not earlier than 90 days after the work-up was planned. To mark that work-up was refused indicates that the woman has severed her relationship with the Program and/or had her diagnostic work-up performed by another provider. The case should be reviewed with the District BCCP Coordinator or State Office Nurse Consultant before making an administrative closeout. If work-up is refused, enter the date of administrative closeout, document-counseling information.

No more than <b>2% of women sent for diagnostic work-up</b> should be <b>“Refuse Diagnostic Work-up”</b>
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**Final Diagnosis:**

Final diagnosis is an important outcome measure for the Breast and Cervical Cancer Program. It is especially important that these data be complete, timely, and of high quality. **These results should come from the surgeon, the tumor registry or the hospital where surgery was performed, or your Regional Registry Coordinator.**

**Check the appropriate box (1, 2, 3, 4, 5, 6 or 7).**

Note: Category 5 – Added guidance that Adenocarcinoma In Situ of the Cervix should be coded as “5 – CIN3/Severe Dysplasia/CIS/AIS”

Category 6 – Added guidance that Adenocarcinoma of cervix should be coded as “6 – Invasive Cervical Carcinoma or adenocarcinoma”

**Note:** If, in diagnosis, multiple primaries are detected, **report the most serious.** For example, if a woman has both CIN II and invasive cervical cancer, report the invasive cancer as the final diagnosis.

**Check (10) Recurrent Cervical Cancer** if the client has had a previous diagnosis of cervical cancer unless the second cervical cancer is determined to be a new primary.

•

**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.**

**Enter the 8-digit date as mm/dd/yyyy.**

Date should be date that final diagnosis is complete.

If more than one procedure is performed, use the date for the procedure that provides a definitive diagnosis.

**Treatment Status and Date:**

It must be completed if final diagnosis is “4-CIN II/severe dysplasia/CIS”, “5-CIN III/ severe dysplasia/CIS/AIS”, “6-Invasive Cervical Carcinoma or adenocarcinoma” or “7-Other GYN cancer diagnosis or pre-malignant GYN condition”. It is also completed if HPV or CIN I is being treated.

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?	<b>Yes-</b> Check (1) treatment started & note date started. <b>8-digit date as mm/dd/yyyy</b>	
	<b>No</b>	Check (2) <b>pending and</b> check the box as appropriate if <b>less than 60 days</b> has lapsed since diagnosis or if this is a <b>“Delay Due to Pregnancy”</b>
		Check (3) <b>lost to follow up</b> if administrative close out is made because the client has moved or died.
		Check (4) <b>refused treatment</b> if administrative close out is made because the client continues to refuse treatment after all barriers have been identified and addressed.
		Check (5) <b>treatment not needed.</b>

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

**Treatment Paid by:**

Source of payment for treatment.

**Check YES or NO in each field.**

**Note:** CDC funds refer to Breast and Cervical Cancer federal diagnostic funds. State B&C funds refer to Breast and Cervical Cancer state diagnostic funds. Other funds refer to instances such as Indigent Care Trust Funds or client's insurance.

- 5. 3150 – Cervical Cancer Screening Form with Instructions

**GA DIVISION OF PUBLIC HEALTH  
CERVICAL CANCER SCREENING REPORT  
(PLEASE PRINT)**

Pathologist Name/Address/Vendor No. # _____		Form # <div style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">BB#####</div> Specimen Collection Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <span style="margin: 0 5px;">-</span> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <span style="margin: 0 5px;">-</span> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex; justify-content: space-around; font-size: 0.8em;"> <span>MM</span> <span>DD</span> <span>YYYY</span> </div>		Clinic Name and Address District # _____ CHD # _____ Clinic # _____	
Last Name _____ MI _____		Hispanic Ethnicity 1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No      3 <input type="checkbox"/> Unknown			
First Name _____		Race (Check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander			
Maiden Name _____		Date of Birth <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <span style="margin: 0 5px;">-</span> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <span style="margin: 0 5px;">-</span> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex; justify-content: space-around; font-size: 0.8em;"> <span>MM</span> <span>DD</span> <span>YYYY</span> </div>			
Soc. Sec. # _____		Payment Type 1 <input type="checkbox"/> State Screening    2 <input type="checkbox"/> Fam. Plan/State    3 <input type="checkbox"/> CDC/BreasTEST & More 4 <input type="checkbox"/> Medicaid            5 <input type="checkbox"/> Medicare            6 <input type="checkbox"/> Private Insurance			
Address _____		Ever Had Pap <input type="checkbox"/> Never <input type="checkbox"/> Within 5 Yrs <input type="checkbox"/> > 5 Yrs			
Phone _____		Type of Specimen 1 <input type="checkbox"/> LBC      2 <input type="checkbox"/> Conventional			
Bill Medicare <input type="checkbox"/> Medicare No. _____ Dx Code _____	CLASSIFICATION THIS PAP SMEAR (Laboratory Use ONLY) <b>Adequacy of Specimen (Check one category only)</b> 1 <input type="checkbox"/> Satisfactory 3 <input type="checkbox"/> Unsatisfactory, specify _____				
Bill Medicaid <input type="checkbox"/> Medicaid No. _____ Dx Code _____	<b>Descriptive Category (Check one category only)</b> 1 <input type="checkbox"/> Negative for intraepithelial lesion or malignancy. If any inflammatory/infection/reactive changes, specify _____  2 <input type="checkbox"/> Atypical Squamous Cells - Undetermined Significance (ASC-US) 3 <input type="checkbox"/> Low Grade SIL, include HPV changes, Mild Dys/CIN1 4 <input type="checkbox"/> Atypical Squamous Cells, cannot exclude HSIL (ASC-H) 5 <input type="checkbox"/> High Grade SIL, include Mod/Severe Dys/CIS/CIN2, CIN3 6 <input type="checkbox"/> Squamous Cell Carcinoma 7 <input type="checkbox"/> Abnormal Glandular Cells (Check below as applicable) ___ Atypical (NOS), specify <input type="checkbox"/> Endocervical <input type="checkbox"/> Endometrial <input type="checkbox"/> Glandular ___ Atypical - Favor Neoplastic, specify <input type="checkbox"/> Endocervical <input type="checkbox"/> Glandular ___ Endocervical Adenocarcinoma in situ ___ Adenocarcinoma 8 <input type="checkbox"/> Other results, specify _____				
Bill Insurance <input type="checkbox"/> Name _____ Group No. _____ Subscriber No. _____	Date of Last Pap ____/____/____				
<b>Results of Last Pap (Check one)</b> <input type="checkbox"/> Negative <input type="checkbox"/> ASC-US <input type="checkbox"/> ASC-H <input type="checkbox"/> LSIL <input type="checkbox"/> HSIL <input type="checkbox"/> Squamous Cell Cancer <input type="checkbox"/> AGC <input type="checkbox"/> Other Cancer <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown		<b>Patient Status</b> <b>Date LMP</b> ____/____/____ <input type="checkbox"/> Menstruant <input type="checkbox"/> Abnormal Bleeding <input type="checkbox"/> Post Menopausal <input type="checkbox"/> Post Hysterectomy <input type="checkbox"/> Pregnant <input type="checkbox"/> Post Partum			
<b>Prior Cervical/Uterine History</b> <input type="checkbox"/> Hysterectomy for cervical cancer/Dysplasia <input type="checkbox"/> Hysterectomy for other gyn condition <input type="checkbox"/> Biopsy Date _____ Results _____ <input type="checkbox"/> Conization Date _____ Results _____ <input type="checkbox"/> Cryo Date _____ <input type="checkbox"/> Chemo Date _____ <input type="checkbox"/> Laser Date _____ <input type="checkbox"/> Radiation Date _____ <input type="checkbox"/> LEEP Date _____		<b>Patient Is Currently Using</b> <input type="checkbox"/> Birth Control Pill <input type="checkbox"/> IUD <input type="checkbox"/> Depo Provera <input type="checkbox"/> HRT <input type="checkbox"/> Other			
(Check all that apply) Site <input type="checkbox"/> Cervix <input type="checkbox"/> Endocervix <input type="checkbox"/> Vagina <input type="checkbox"/> Vaginal Cuff					
Additional Clinical Comments  _____ _____		Pathologist Comments  _____ _____			
RN/MD Signature  _____		Pathologist Signature  _____			

Form 3150 (Rev. 5/2010)

**GEORGIA DEPARTMENT OF PUBLIC HEALTH**  
Instructions for Cervical Cancer Screening Report  
Form 3150 (revised 5/2010)

**Purpose of Form:**

To include with each Pap smear specimen submitted to the designated laboratory.

To collect personal identification information, pertinent GYN history, and Pap smear results on each client served through the Georgia Breast and Cervical Cancer Program or Family Planning Program.

The form is for data collection only and is inadequate for care management or legal documentation. All fields and sections must be completed – unless instructions for leaving the field blank are specified. Please use adequate pressure to make legible copies.

**Pathologist:** Pathology lab or Pathologist's name, address and vendor number should be entered here by the designated laboratory when the specimen is received at the facility.

**Specimen Collection Date:**

Date Pap Smear specimen is collected.

**Enter 8-digit date: mm/dd/yyyy.**

**Clinic Address** Clinic/Health Department name and mailing address should be stamped or entered here.

From this point on and for ease of instruction purposes, the completion of all fields on the **left** side of the form will be covered first.

**Please note:** The following personal identification elements are consistent with the Data Collection Standards established by the Data Policy Committee, Health Assessment Section, Division of Public Health, Georgia Department of Human Resources.

**Last Name:** Client's last name  
**Enter the client's last name**

**First Name:** Client's first name  
**Enter the client's first name**

**M.I.:** Client's middle initial  
**Enter, if applicable, the client's middle initial**

**Maiden name:** Client's maiden name  
**Enter if different from client's last name**

**Social Security Number:** Client's Social Security Number  
**Enter the client's 9-digit Social Security Number**  
**If the client does not have a Social Security Number, leave blank.**

**Address:** Client's street number and name, city and zip code  
**Enter the street number and name.**  
**If applicable, enter the apartment number.**  
**Enter name of city and 9-digit zip code.**

**Phone:** Client's home phone number  
**Enter area code and 7-digit phone number**

**Bill Medicare:** Does client have Medicare insurance coverage?  
**Check box only if client has Medicare.**

**Medicare Number:** Client's Medicare number  
**Enter Medicare number and whether "A", "B" or both coverage.**

**Dx Code:** Diagnostic code of procedure  
**Enter the appropriate diagnostic code.**

**Bill Medicaid:** Does client have Medicaid insurance coverage?  
**Check box only if client has Medicaid.**

**Medicaid Number:** Client's Medicaid number  
**Enter Medicaid number.**

**Dx Code:** Diagnostic code of procedure  
**Enter the appropriate diagnostic code.**

**Bill Insurance:** Does client have other insurance coverage?  
**Check box only if client has other insurance coverage.**

**Name of Insurance:** Name of the insurance company  
**Enter the name of the client's insurance company.**

**Group Number:** Client's place of employment group number  
**Enter the appropriate number.**

**Subscriber Number:** Client's subscriber number if applicable  
**Enter the appropriate number.**

**Date of Last Pap:** The date of the client's last Pap smear  
**Enter an 8-digit date: mm/dd/yyyy**

**Result of Last Pap:** Client's last Pap smear results  
**Check only one appropriate box from the selection of results.**

**Patient Status:** Client's current menstrual history and date of last menstrual period.  
**Check all boxes that apply.**  
**Enter 8-digit date: mm/dd/yyyy.**

**Prior Cervical/  
Uterine History:** Client's history of previous cervical or uterine problems.  
**Check all boxes that apply.**  
**Enter 6-digit date where appropriate: mm/dd/yyyy.**  
Document any additional pertinent information in the progress notes of the client's record.

**Patient is  
Currently Using:** Client's current method of birth control method or hormone replacement therapy.  
**Check only one box.**

**Site:** Site from which Pap smear specimen was obtained.  
**Check all boxes that apply.**

**Additional Clinical  
Comments:** Any additional comments nurse or physician feels will assist the pathologist in interpreting the Pap smear results. For example, if the client has a history of external genital warts, sexually transmitted diseases, or smoking, it could be helpful information for the pathologist.  
**Enter information as appropriate.**

**RN/MD Signature:** Clinician's signature

**District #** Health District/Program Service Provider Number  
**Enter the state assigned number for Health District/Program Service Provider.**

**CHD#:** County ID  
**Enter the state assigned number.**

**Clinic #:** Clinic site/program in which Pap smear specimen was collected.  
**Enter the 2-digit number.**

**Hispanic ethnicity:** The client's self-identification of Hispanic origin.  
**Ask the client "Do you consider yourself to be of Hispanic origin?"**  
**Check only one appropriate box.**

**Race:** The client's racial self-identification  
Say to the client **"When I read each name from a list of racial groups, please answer 'YES' if it describes you and 'NO' if it does not describe you."** The client may respond **"YES"** or **"NO"** to more than one race group.  
**Check boxes of all that apply.**

**Date of Birth:** Client's date of birth.  
**Enter client's 8-digit date of birth: mm/dd/yyyy.**

**Payment Type:** Source of payment for the Pap smear screening. Indicate only one source of payment for the Pap smear screening.  
**Check only one appropriate box.**

**Ever had Pap:** This information is needed to determine if client is in our priority population of women who have "never or rarely" had Pap smear screening.  
**Check the appropriate box (never, within 5 yrs, >5 yrs).**

**Type of Specimen:** Check the appropriate box.

**THE REMAINDER OF THIS FORM IS TO BE COMPLETED BY THE PATHOLOGIST FOLLOWING THE EXAMINATION OF THE PAP SMEAR SPECIMEN.**

- **K. Georgia Breast and Cervical Cancer Program Guidelines for Electronic Data Transmission**

- 1. Standards for Electronic Transmission

Introduction: Since 2003 electronic transmission has been an optional mode of data receipt from districts that prefer to submit data electronically and demonstrate their ability to do so according to established standards and practices. The Breast and Cervical Cancer Program management team continues to accept requests from interested districts that meet the readiness criteria specified below. The program objective is to initiate electronic transmission in additional health districts.

2. Criteria for Assessing Readiness of Breast and Cervical Cancer Program Provider to Begin Electronic Transmission

- The Breast and Cervical Cancer Program provider has a data management system that has functioned efficiently for six (6) months or more.
- The Provider:
  - Uses an electronic data management system that contains each client and her records and has a data entry application consistent with the data elements and/or fields on the current Breast and Cervical Cancer Program data collection forms:
    - 3151 – Rev. 08/2008
    - 3152 – Rev. 08/2008
    - 3154B – Rev. 08/2008
    - 3154C – Rev. 08/2008
  - Submits 75% or more of client records to the state office within 60 days of the date of the mammogram, or, if no mammogram, the date of visit.
  - Sends monthly submissions that arrive in the state office by the 10th of each month.
  - Processes pink copies in the month received and returns them to the state office by the date requested.
  - Has a monthly error rate of no more than 2%.
  - Monitors incomplete records and completes them according to program guidelines.
- The Breast and Cervical Cancer Program provider has technical staff who, with minimal assistance from Breast and Cervical Cancer Program data staff, can:
  - Create and maintain a unique ID number for each client.

- Monitor the database for possible duplicate clients and records; and track all deletions.
  - Use a state-prepared Edit Program to identify data errors.
  - Prepare a flat file using Georgia Breast and Cervical Cancer Program Data Definition Table for transmission.
  - Interact with state staff to solve any state-identified problems relative to the electronic file and/or the submission process.
- 3. 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 Breast and Cervical Cancer Program Data Definition Table. The data file consists of fixed length records in an ASCII format.
    - Run the Edit Program to identify and correct errors before the electronic file is submitted to the state.
    - File Naming Conventions for data files sent to the designated Data Manager.
      - 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 of submission for the month
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: 20. The current version is based on data reported on the following data collection forms:

3151	–	Rev. 08/2008
3152	–	Rev. 08/2008
3154B	–	Rev. 08/2008
3154C	–	Rev. 08/2008

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	2009	02	1	S	20	012009021S20.txt

- Complete form needed to submit new or additional information to the state:
  - If the provider is reporting a new clinic site:  
Complete the 'NEW CLINIC SITE LOG'. Contact the Data Unit for the log.
  - If the provider is reporting mammography results from a new mammography facility.  
Complete the 'NEW MAMMOGRAPHY FACILITY LOG'. Contact the Data Unit for the log.
- Prepare files for transmission:
  - All .txt and .doc files containing confidential information should be encrypted before transferring electronically via e-mail.
  - The provider may encrypt files with the state- provided Advanced Encryption Package software, or other software approved by the state office.
- 4. Standards for Reporting Data Corrections
  - Make corrections in the Health District's data system and include updated records in next month data submission file.
- 5. Guidelines for Transition to Electronic Transmission
  - Using the criteria listed in the Standards, state Breast and Cervical Cancer Program staff assesses the Breast and Cervical Cancer Program providers and chooses one to invite to initiate electronic transmission.
  - If the Breast and Cervical Cancer Program provider wants to submit their data electronically, the Data Manager and Epidemiologist will schedule a meeting or conference call.
    - Both program and district technical staff should attend the site visit.
    - District staff will demonstrate their electronic data management system.
    - The Data Manager will review the technical issues with appropriate district staff.
    - Together a plan to initiate will be prepared.

- During the 3 – 6 Months Testing Period
  - The Breast and Cervical Cancer Program provider submits both an electronic file and the usual paper records with the accompanying log.
  - The state staff enters the records and matches their file with the provider's file to assess the accuracy of data entry.
  - The feedback report will be sent to the Breast and Cervical Cancer Program provider.
  - District staff uses the report to identify possible problems with data entry and plan how to increase the accuracy of data entered in the provider's office.
  - The Data Manager will provide technical assistance via e-mail and the phone as needed.
  - The Data Manager evaluates the quality of data submitted, the timeliness of monthly submission, and other components of data management.
  - The testing period continues until the Data Manager is satisfied that the quality of data entered is satisfactory and the provider has demonstrated that all other aspects of data management have been addressed.
  
- 6. Guidelines for Maintenance of Electronic Transmission
  - The Breast and Cervical Cancer Program provider maintains a data management system that functions efficiently
  - The Provider:
    - Maintains an electronic data management system that:
      - a. Includes each client and her records and
      - b. Has a data entry application consistent with the data elements and/or fields on the current Breast and Cervical Cancer Program data collection forms.
    - Submits 75% or more of client records to the state office within 60 days of the date of the mammogram, or, if no mammogram, the date of visit.
    - Sends monthly submissions that arrive in the state office by the 10th of each month.
    - Processes data requests from the state office in a timely fashion.
    - Has a Monthly Error Rate of no more than 2%.
    - Monitors incomplete records and complete them according to program guidelines.

- Maintains a staff with adequate skills and training for managing electronic transmission.
- The Breast and Cervical Cancer Program provider informs the Program Director and the Data Manager of any changes in staff that will impact its ability to do electronic data transmission
- The Breast and Cervical Cancer Program provider provides the Data Manager complete documentation of major changes in its data management system, including, significant revisions to its current software, installation of new software, or any other changes that would alter the distribution of any data field in the dataset.
- The Data Manager may ask the provider to submit paper records so that a matching of files can be done to assess quality of data.

- 7. Georgia Breast and Cervical Cancer Program Data Definition Table (Version 20)

### Georgia Breast and Cervical Cancer Program Data Definition Table (Version 20)

Item ID	Field Name	Start	Width	Format	Valid Values	Note
1	Client Unique ID	1	12	Left Justify		It should be unique and constant for each client in order to track the client over time
2	Record ID	13	9			It should be unique and constant for each record of a client
3	Social Security Number	22	12	Left Justify	9-digit Social Security Number	If no Social Security Number, blank fill.
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	Residence city
11	State of Residence	165	2			Residency State. Using USPS Postal Abbreviation
12	Zip Code of Residence	167	9	Left Justify	5 + 4-digit number	Valid ZIP Code
13	Date of Birth	176	8	MMDDYYYY (i.e. Jan 3, 1942 = 01031942)	Valid Date	Check for validity, i.e. no one too old or too young at date of enrollment
14	Hispanic or Latino Ethnicity	184	1		1 – Yes 2 – No	

Item ID	Field Name	Start	Width	Format	Valid Values	Note
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	Yearly family income equal to or below 200% of the federal poverty level	190	1		1 – Yes 2 – No	
21	Health Insurance	191	1		1 – Yes 2 – No	
22	Special Needs	192	1		1 – Yes 2 – No	
23	How did you hear about the program	193	2	Left Justify	1 - Private Provider 2 - Health department staff 3 - American Cancer Society 4 - Client Navigator 5 - Family/Friend 6 - Media (Newspaper, magazine, radio, television) 7 - Other	
24	How did you hear about the program other description	195	20			If "How did you hear about the program" = '7', this field should be completed.

Item ID	Field Name	Start	Width	Format	Valid Values	Note
25	Provider ID Number	215	2	Left Justify	1 - District 1.1 Northwest (Rome) 2 - District 1-2 North Georgia (Dalton) 3 - District 2 North (Gainesville) 4 - District 3-1 Cobb-Douglas 5 - District 3-2 Fulton 6 - District 3-3 Clayton (Morrow) 7 - District 3-4 East Metro (Lawrenceville) 8 - District 3-5 DeKalb 9 - District 4 La Grange 10 - District 5-1 South Central (Dublin) 11 - District 5-2 North Central (Macon) 12 - District 6 East Central (Augusta) 13 - District 7 West Central (Columbus) 14 - District 8-1 South (Valdosta) 15 - District 8-2 Southwest (Albany) 16 - District 9-1 Coastal (Savannah & Brunswick) 17 - District 9-2 Southeast (Waycross) 19 - District 10 Athens 20 - FH Family Health Enterprise 21 - MC St. Joseph's Hospital Mercy Care Services 22 - MCW GAAPHC – West End 24 - GH Grady Health System 25 - OMC Oakhurst Medical Center 26 – Wellness on Wheels	State assigned number.
26	County Number	217	3		001 – 159	Client's enrollment county
27	Clinic Number	220	3	Left Justify		Valid clinic code
28	Residence County	223	3		001-159 for GA counties	Residence county
29	Visit Type	226	1		1 – Comprehensive 2 – Partial 6 – Referral	
30	Enrollment Status	227	1		1 – New 4 – Established	

Item ID	Field Name	Start	Width	Format	Valid Values	Note
31	Current Breast Symptoms	228	1		1 - Yes 2 - No 3 - Unknown	
32	Date of CBE	229	8	MMDDYYYY	Valid date	If "CBE Results" = '1', '2' or '3', this field must be filled. If "CBE Results" = '4' or '5', blank fill
33	CBE Results	237	1		1 – Normal 2 – Benign 3 – Abnormal - Suspicious for Cancer 4 – Not needed 5 – Needed, not performed	
34	Discrete palpable mass	238	1		1 – Yes 2 – No	If "CBE Result" is '3', this field should be completed as appropriate.
35	Nipple discharge	239	1		1 – Yes 2 – No	If "CBE Result" is '3', this field should be completed as appropriate.
36	Nipple/Areola changes	240	1		1 – Yes 2 – No	If "CBE Result" is '3', this field should be completed as appropriate.
37	Skin changes	241	1		1 – Yes 2 – No	If "CBE Result" is '3', this field should be completed as appropriate.
38	CBE not performed Description	242	1		1 - Refused 2 - Other or unknown reason	If "CBE Result" is '5', this field should be completed.
39	CBE paid by*	243	2	Left Justify	1 - CDC funds 2 - State B&C funds 3 - FP funds 4 - Other funds 6 - State Komen funds 7 – Breast Cancer Tag funds	*New value '7 – Breast Cancer Tag funds' is added.

Item ID	Field Name	Start	Width	Format	Valid Values	Note
40	Previous Mammogram	245	1		1 – Yes 2 – No 3 – Unknown	
41	Date of Previous Mammogram	246	6	MMYYYY	Valid Month and Year	If "Previous Mammogram" = '1', enter MMYYYY (if known), blank fill (if unknown), or enter __YYYY (if partially known); If "Previous Mammogram" = '2' then blank fill.
42	Indication for Mammogram this Cycle	252	1		1 - Routine screening mammogram 2 - Diagnostic mammogram 3 - Referred in for diagnostic evaluation 4 - Not done, CBE only or proceeded directly to other imaging or diagnostic work-up 5 - Cervical record only	If the indication is '1','2' or '3', Mammogram test section should be completed as appropriate; If the indication is '4', Items 44 to 48 should be blank; If the indication is '5', Items 44 to 49 should be blank
43	Mammogram Not done description	253	1		1 - Refused 2 - Other or unknown reason	If "Indication for Mammogram this cycle is '4', this field should be completed.
44	Date of Mammogram this Cycle	254	8	MMDDYYYY	Valid Date	If Mammogram Results field is '0' to '7' or '13', enter MMDDYYYY. If not blank, must be a valid date and >"Date of Previous Mammogram"
45	Type of Mammogram	262	1		1-Screening CPT 77057 2-Diagnostic, unilateral CPT 77055 3-Diagnostic, bilateral CPT 77056 4-Screening CPT G0202 5-Diagnostic, unilateral CPT G0206 6-Diagnostic, bilateral CPT G0204	1-3 Conventional Mammogram 4-6 Digital Mammogram

Item ID	Field Name	Start	Width	Format	Valid Values	Note
46	Mammogram Results	263	2	Left Justify	1 – Negative 2 – Benign 3 – Probably Benign 4 – Suspicious Abnormality 5 – Highly suggestive 0 – Assessment incomplete 7 – Unsatisfactory 11 – Unknown, presumed abnormal 13 – Film comparison required	If the result is '4', '5', '0', '11' or '13', "Additional Procedures Needed/Planned to Complete Breast Cycle" should be set to '1' and Form 3154B must be completed.
47	Mammography Facility	265	6		Valid Facility FDA number	FDA number
48	Mammogram paid by*	271	2	Left Justify	1 - CDC funds 2 - State B&C funds 4 - Other funds 6 - State Komen funds 7 – Breast Cancer Tag funds	*New value '7 – Breast Cancer Tag funds' is added.
49	Additional Procedures Needed/Planned to Complete Breast Cycle	273	1		1 – Yes, complete Form 3154B 2 – No	If this is '1', Form 3154B must be completed.
50	Previous Pap Smear	274	1		1 – Yes 2 – No 3 – Unknown	
51	Date of Previous Pap	275	6	MMYYYY	Valid Month and Year	If "Previous Pap" = '1', then enter MMYYYY (if known), blank fill (if unknown), or enter _ _YYYY (if partially know). If "Previous Pap" = '2' or '3', blank fill.
52	Hysterectomy	281	1		1 – Yes 2 – No	If this is '1', "Is cervix present" and "Was Hysterectomy for cervical cancer/dysplasia" fields need to be completed.
53	Is cervix present	282	1		1 – Yes 2 – No	
54	Was Hysterectomy for cervical cancer/dysplasia	283	1		1 – Yes 2 – No	

Item ID	Field Name	Start	Width	Format	Valid Values	Note
55	Indication for Pap test this cycle	284	1		1 – Routine Pap test 2 – Follow-up for a previous abnormal test 3 – Referred in for diagnostic evaluation from outside provider 4 – Not done 5 – Breast record only	If the indication is '1', '2' or '3', Result of Pap test should be complete as appropriate; If the indication is '4', Items 57- 66 should be blank; If the indication is '5', Items 50-70 should be blank.
56	Pap Not done description	285	1		1 – Refused 2 – Other or unknown reason	If "Indication for Pap test this cycle" is '4', this field should be completed.
57	Date of Pap this Cycle	286	8	MMDDYYYY	Valid date	If "Result of Pap Smear" ≤ '8', enter MMDDYYYY If not blank, must be a valid date and >"Date of Previous Pap Test"
58	Specimen Type	294	1		1 - Liquid Based 2 - Conventional smear	
59	Specimen Adequacy	295	1		1 – Satisfactory 3 – Unsatisfactory	If this result is a 1, "Result of Pap Smear" field must be completed. If this result is a 3, "Result of Pap Smear" must be blank.
60	Result of Pap Smear	296	2	Left Justify	1 – Negative 2 – Atypical squamous cells – undetermined significance (ASC-US) 3 – Low Grade SIL 4 – Atypical squamous cells - cannot exclude HSIL (ASC-H) 5 – High grade SIL 6 – Squamous Cell Carcinoma 7 – Abnormal Glandular Cells 8 – Other results 12 – Result unknown, presumed abnormal	If the result is a 4, 5, 6, 7 or 12, set "Diagnostic work-up for Cervical cancer or precancer planned" should be set to '1' and Form 3154C must be completed.
61	Atypical glandular cells-NOS	298	1		1 – Yes 2 – No	
62	Atypical glandular cells-favor neoplastic	299	1		1 – Yes 2 – No	

Item ID	Field Name	Start	Width	Format	Valid Values	Note
63	Endocervical adenocarcinoma in situ	300	1		1 – Yes 2 – No	
64	Adenocarcinoma,	301	1		1 – Yes 2 – No	
65	Result of Pap Smear Other specify	302	20	Left Justify		If "Result of Pap Smear" is '8', fill in this field, otherwise leave it blank.
66	Pap paid by	322	2	Left Justify	1 – CDC funds 2 – State B&C funds 3 – FP funds 4 – Other funds	
67	Date of HPV Test	324	8	MMDDYYYY	Valid Date	This field should be blank if "Indication for Pap Test" is '5'
68	HPV Results	332	1		1 – Positive 2 – Negative 3 – Not Done	This field should be blank if "Indication for Pap Test" is '5'
69	HPV Paid by	333	1		1 – CDC funds 3 – FP funds 4 – Other funds	This field should be blank if "Indication for Pap Test" is '5'
70	Diagnostic Work-up Planned for Cervical Cancer or Precancer	334	1		1 – Yes (Complete Form 3154C) 2 – No	If this field is coded as '1', Form 3154C must be completed.
71	Additional Mammographic Views	335	1		1 – Yes 2 – No	
72	Date of Additional Mamm Views	336	8	MMDDYYYY	Valid Date	If result of "Additional Mamm Views" is a 1, this date field must be filled.
73	CPT Code for Additional Mamm Views	344	6	Left Justify		
74	Ultrasound	350	1		1 – Yes 2 – No	
75	Date of Ultrasound	351	8	MMDDYYYY	Valid Date	If result of "Ultrasound" is a 1, this date field must be filled.
76	Film Comparison	359	1		1 – Yes 2 – No/NA	

Item ID	Field Name	Start	Width	Format	Valid Values	Note
77	Date of Film Comparison	360	8	MMDDYYYY	Valid Date	If "Film Comparison" is a 1, this date field must be filled.
78	Final Imaging Outcome	368	2		1 – Negative (BI-RADS 1) 2 – Benign Finding (BI-RADS 2) 3 – Probably Benign - short screening interval (BI-RADS 3) 4 – Suspicious Abnormality (BI-RADS 4) 5 – Highly suggestive (BI-RADS 5) 7 – Unsatisfactory 8 – Additional Imaging pending	
79	Date of Final Imaging Outcome	370	8	MMDDYYYY	Valid Date	
80	MD Consultation	378	1		1 - Yes 2 - No	
81	Date of MD Consultation	379	8	MMDDYYYY	Valid Date	If result of "MD Consultation" is '1', this date field must be filled.
82	CPT Code of MD Consultation	387	6	Left Justify		
83	Fine Needle/Cyst Aspiration	393	1		1 – Yes 2 – No	
84	Date of Fine Needle/Cyst Aspiration	394	8	MMDDYYYY	Valid Date	If result of "Fine Needle/Cyst Aspiration" is a 1, this date field must be filled.
85	CPT Code for Fine Needle/Cyst Aspiration	402	6	Left Justify		
86	Biopsy	408	1		1 – Yes 2 – No	
87	Date of Biopsy	409	8	MMDDYYYY	Valid Date	If result of "Biopsy" is a 1, this date field must be filled.
88	CPT Code for Biopsy	417	6	Left Justify		
89	Other Breast Diagnostic Procedure	423	1		1 – Yes 2 – No	
90	Date of Other Breast Diagnostic Procedure	424	8	MMDDYYYY	Valid Date	If result of "Other Procedure" is a 1, this date field must be filled.
91	Date2 of Other Breast Diagnostic Procedure	432	8	MMDDYYYY	Valid Date	

Item ID	Field Name	Start	Width	Format	Valid Values	Note
92	Consultation	440	1		1 – Yes 2 – No	
93	Stereotactic localization	441	1		1 – Yes 2 – No	
94	Magnetic resonance imaging	442	1		1 – Yes 2 – No	
95	Metastatic work-up such as a bone survey	443	1		1 – Yes 2 – No	
96	CPT Code for Consultation	444	6	Left Justify		
97	Breast Diagnostic/Imaging Procedure(s) paid by CDC funds	450	1		1 – Yes 2 – No	
98	Breast Diagnostic/Imaging Procedure(s) paid by State B&C funds	451	1		1 – Yes 2 – No	
99	Breast Diagnostic/Imaging Procedure(s) paid by Other funds	452	1		1 – Yes 2 – No	
100	Breast Diagnostic/Imaging Procedure(s) paid by Other Funds Description Code	453	2	Left Justify	State Assigned Other funds code: 1 - State Komen Funds 2 – State BC Tag Funds	Use only a state assigned Other Funds Description Code.  If 'Breast Diagnostic/Imaging Procedures Paid by Other' is NO, this field should be blank.
101	Status of Final Diagnosis/Imaging	455	1		1 - Work-up complete 2 - Work-up pending 3 - Lost to follow-up 4 - Work-up refused	
102	Date of Status of Final Diagnosis/Imaging	456	8	MMDDYYYY	Valid Date	

Item ID	Field Name	Start	Width	Format	Valid Values	Note
103	Breast Final Diagnosis	464	1		2 - Invasive breast cancer 3 - Breast cancer not diagnosed 4 - Lobular carcinoma in situ (LCIS) 5 - Ductal carcinoma in situ (DCIS) 6 - Recurrent breast cancer	This field must be completed if "Status of Final Diagnosis/Imaging" = '1'
104	Breast Date of Final Diagnosis	465	8	MMDDYYYY	Valid Date	
105	Breast Treatment status	473	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.
106	Breast Date of Treatment status	474	8	MMDDYYYY	Valid Date	
107	Breast Treatment paid by State B&C funds	482	1		1 - Yes 2 - No	
108	Breast Treatment paid by Cancer State Aid	483	1		1 - Yes 2 - No	
109	Breast Treatment paid by Medicaid B&CC	484	1		1 - Yes 2 - No	
110	Breast Treatment paid by Medicaid	485	1		1 - Yes 2 - No	
111	Breast Treatment paid by Private Insurance	486	1		1 - Yes 2 - No	
112	Breast Treatment paid by Other	487	1		1 - Yes 2 - No	
113	Colposcopy without biopsy	488	1		1 - Yes 2 - No	"Colposcopy without biopsy" and "Colposcopy with biopsy" are mutually exclusive options. Both fields should not be coded 1.
114	Date of Colposcopy without biopsy	489	8	MMDDYYYY	Valid Date	
115	Colposcopy with biopsy &/or ECC	497	1		1 - Yes 2 - No	"Colposcopy without biopsy" and "Colposcopy with biopsy" are mutually exclusive options. Both fields should not be coded 1.

Item ID	Field Name	Start	Width	Format	Valid Values	Note
116	Date of Colposcopy with biopsy &/or ECC	498	8	MMDDYYYY	Valid Date	
117	CPT code for Colposcopy with biopsy &/or ECC	506	6	Left Justify		
118	ECC (alone)	512	1		1 – Yes 2 – No	
119	Date of ECC	513	8	MMDDYYYY	Valid Date	
120	LEEP	521	1		1 – Yes 2 – No	
121	Date of LEEP	522	8	MMDDYYYY	Valid Date	
122	Conization	530	1		1 – Yes 2 – No	
123	Date of Conization*	531	8	MMDDYYYY	Valid Date	*New field added.
124	Other Cervical Diagnostic Work-up Procedures	539	1		1 – Yes 2 – No	
125	Date of Other Cervical Diagnostic Work-up Procedures	540	8	MMDDYYYY	Valid Date	
126	Date2 of Other Diagnostic Work-up Procedures	548	8	MMDDYYYY	Valid Date	
127	GYN Consultation	556	1		1 – Yes 2 – No	
128	CPT code for GYN Consultation	557	6	Left Justify		
129	Excision of Endocervical Polyps	563	1		1 – Yes 2 – No	
130	CPT code for Excision of Endocervical Polyps	564	6	Left Justify		
131	Biopsy Vulva/Vagina	570	1		1 – Yes 2 – No	
132	CPT code for Biopsy Vulva/Vagina	571	6	Left Justify		

Item ID	Field Name	Start	Width	Format	Valid Values	Note
133	Cervicography	577	1		1 – Yes 2 – No	
134	CPT code for Cervicography	578	6	Left Justify		
135	Cervical Diagnostic Procedure(s) paid by CDC funds	584	1		1 - Yes 2 - No	
136	Cervical Diagnostic Procedure(s) paid by State B&C funds	585	1		1 – Yes 2 – No	
137	Cervical Diagnostic Procedure(s) paid by Other funds	586	1		1 – Yes 2 – No	
138	Reserved Field	587	2	Left Justify		
139	Cervical Status of Final Diagnosis	589	1		1 - Work-up complete 2 - Work-up pending 3 - Lost to follow-up 4 - Work-up refused	
140	Cervical Final Diagnosis Delayed Due to Pregnancy	590	1		1 - Yes 2 - No	If Status of Final Diagnosis is “2- Work-up pending”, this field may be completed.
141	Cervical Date of Final Diagnosis Status	591	8	MMDDYYYY	Valid Date	

Item ID	Field Name	Start	Width	Format	Valid Values	Note
142	Cervical Final Diagnosis	599	2	Left Justify	1 - Normal/ Benign/ Reactive/ Inflammation 2 - HPV/Condylomata/Atypia 3 - CIN I/mild dysplasia 4 - CIN II/moderate dysplasia 5 - CIN III/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 must be completed if "Cervical Status of Final Diagnosis" = '1'.
143	Cervical Final Diagnosis Other Specify	601	20	Left Justify		
144	Cervical Date of Final Diagnosis	621	8	MMDDYYYY	Valid Date	
145	Cervical Treatment Status	629	1		1 - Treatment Started 2 - Treatment Pending 3 - Lost to follow-up 4 - Refused Treatment 5 - Treatment not needed	If this field is coded as '1', "Cervical Final Diagnosis" and "Cervical Date of Final Diagnosis" must be completed.
146	Cervical Treatment Delayed Due to Pregnancy	630	1		1 - Yes 2 - No	If Status of Treatment is "2- Treatment pending" then this field may be completed.
147	Date of Treatment Status	631	8	MMDDYYYY	Valid date	
148	Treatment paid by State B&C funds	639	1		1 - Yes 2 - No	
149	Treatment paid by Cancer State Aid	640	1		1 - Yes 2 - No	
150	Treatment paid by Medicaid B&CC	641	1		1 - Yes 2 - No	
151	Treatment paid by Medicaid	642	1		1 - Yes 2 - No	

Item ID	Field Name	Start	Width	Format	Valid Values	Note
152	Treatment paid by Private Insurance	643	1		1 – Yes 2 - No	
153	Treatment paid by Other	644	1		1 – Yes 2 - No	
154	Record Type	645	1		1 - New Record 2 - Updated Record	
155	Last Update	646	8	MMDDYYYY	Valid date	Data Entry Date if record type is 1 Last update Date if record type is 2

- **L. Sample Forms**

Forms included in this section are samples only. Original forms as word documents can be found under the "forms" unit of your manual CD.  
 --Sample Only--

**Georgia Breast and Cervical Cancer Screening Program Submit by the 7<sup>th</sup> of each month to: BCCP Data Unit**

**PAPER RECORDS SUBMISSION LOG FORM**

TODAY'S DATE \_\_\_/\_\_\_/\_\_\_ PROVIDER NAME/#: \_\_\_\_\_ PAGE \_\_\_ OF \_\_\_

**INSTRUCTIONS:** All records submitted to the state office must be attached to a completed log. Check the appropriate box(es) for each record to indicate forms included in this submission. **List clients in alphabetical order.** Total each form's column in last row. Noncompliance with data submission protocols will result in delays in processing.

	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										
9										
10										
11										
12										
13										
<b>Totals this page</b>										

Sample Only

\* New: form submitted to state office for first time.

\*\* Update: form has been submitted before; on update, remit only revised information.

Version 06/30/2006 COORDINATOR'S INITIALS: \_\_\_\_\_ DATE MAILED: \_\_\_\_\_







# Appendix

# Appendix A

## MANAGEMENT OF COMMON BREAST SYMPTOMS

### ETIOLOGY:

A variety of breast lesions including breast cyst, fibroadenoma, fibrocystic breast changes, duct ectasis, gynecomastia, trauma, intraductal papilloma, or carcinoma. Eight out of ten breast lesions are benign, but breast cancer is a leading cause of death from cancer in women. Age is an important factor with most women <25 years of age with masses benign and 75% of women >70 years of age with palpable masses having cancer. Every breast mass must be considered suspicious for breast malignancy until proven otherwise. Every breast complaint must be evaluated individually.

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

**Dominant breast mass/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:

- Patient history
- Clinical breast exam to include entire breast and the opposite breast with documentation specific to:
  - Mass Characteristic: approximation of size, location, shape, consistency, delineation, tenderness to palpation, mobility
  - Nipple inversion and/or drainage
  - Secondary signs: skin changes, asymmetry, or retraction
  - Node status: in axilla and supraclavicular regions

## Assessment (R/O)

- Breast Mass
- Fibrocystic breast
- Fibroadenoma
- Carcinoma

## Plan

### Age <30:

- Reexamine during days 5-10 of menstrual cycle;
- May consider referral to District 2 Nurse Practitioner-OR-
- Consider referring for breast ultrasound and/or surgical consult if highly suspicious for malignancy;

NOTE: Etiologies for discrete breast lumps:

- Age under 20 – Fibroadenoma: 50%, Benign Breast mass: 50%
- Age 20-29 – Fibroadenoma: 35%, Benign Breast mass: 52%, Breast cyst 10%, Breast cancer 3%

### Age>30

- Refer for bilateral mammogram and surgical consult (May or may not be eligible for the BCCP Program);

NOTE: Etiologies of discrete breast lumps:

- Age 30-39 – Fibroadenoma: 18%, Benign Breast mass 62%, Breast cyst 10%, Breast cancer 10%
- Age 40-45 – Fibroadenoma: 9%, Benign Breast mass 31%, Breast cyst 25%, Breast cancer 35%
- Age over 55 – Benign Breast mass 13%, Breast cyst 2%, Breast cancer 85%

## Nipple Discharge

Definition- Under certain conditions, an abnormal fluid may be expressed from the breast(s) or flow spontaneously. Up to 50% of women in their reproductive years may express discharge when the nipple is compressed. Most nipple discharge is associated with a benign process but malignancy should be ruled out with all new onset of nipple discharge.

Categorize by appearance:

- Milky – Usually premenopausal women who have had children  
Prolactin secreting pituitary tumors rare.
- Bloody – Usual cause is benign intraductal papilloma  
May be a sign of cancer (invasive or insitu) – only 5-10% due to malignancy
- Serous – Thin, yellowish, brown, green, or gray – Usually indicates fibrocystic

### Subjective

- Patient complain of spontaneous discharge unilaterally or bilaterally
- Patient complaint of non-spontaneous discharge unilaterally or bilaterally

### Objective

- Clinical Breast Exam to include documentation of findings specific to breast discharge, mass, etc. Include appearance of discharge, odor, single or multiple duct discharge.

- Trying to elicit a discharge is NOT considered a part of the clinical exam
- Spontaneous discharge from a single duct
- Non spontaneous non bloody discharge
- Non spontaneous discharge from multiple ducts

#### Assessment

- Nipple Discharge

#### Plan

- Refer to surgeon for:
  - Bloody discharge (Call surgeon for instructions, i.e. – need to order mammogram and/or ultrasound of the area prior to surgical consult)
  - Spontaneous discharge from a single duct

NOTE: Cytology of fluid is not helpful!!!

- Non spontaneous non bloody discharge or discharge from multiple ducts needs no further evaluation

#### **Breast Pain**

This is the most common symptom among women seeking consultation. Breast pain alone is rarely the presenting symptom in women diagnosed with breast cancer. However, up to 7% of women with newly diagnosed breast cancer presented with breast pain as their only symptom. Breast pain can be cyclic or non-cyclic. Cyclic breast pain begins during the luteal phase and resolves with menses. It is usually bilateral with no focal concern. This is most common in younger women. Non cyclic breast pain does not correlate with the menstrual cycle. It may be unilateral or focal and more common in women age 40 to 50. Referred pain occurs from sites outside the breast.

#### 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, lump, swelling, redness, discharge from nipple, nipple retraction, change in appearance or skin and areola, dimpling, scaliness

#### Objective

- Bilateral clinical breast exam – Additional information to be considered: pain unilateral or bilateral, focal or diffused, correlate with menstrual cycle,

perimenopausal, any mass present, erythema, warmth, swelling, fever, recent trauma, recent weight gain, exogenous hormone use, recent pregnancy or nursing

- Refer to breast mass for documentation specifics

#### Assessment

1. Breast pain, mastalgia

#### Plan

2. If clinical findings are suspicious, refer for surgical consult with mammogram and/or ultrasound as indicated per surgeon
  3. If clinical findings are negative, offer relief recommendations.
- NSAIDS,
  - Well-fitting bra,
  - Caffeine elimination,
  - Weight reduction,
  - Reduction or elimination of exogenous hormones,
  - Vitamin E or evening primrose oil,
  - Vitamin B6,
  - Hot compress

#### Patient Education

1. See above

#### Refer/Consultation

2. As per above guidelines

#### References

Strom, Priscilla R., MD, Management of Common Breast Symptoms Presentation, April 2013. Hawkins, Joellen W., Roberto-Nichols, Diane M. and Stanley-Haney, J. Lynn, Guidelines for Nurse Practitioners in Gynecologic Settings, 10<sup>th</sup> edition, Springer Publishing Company, 2012. Hollier, Amelie, Hensley, Rhonda, Clinical Guidelines in Primary Care, Advanced Practice Education Associates, 2011. To be added: ASCCP Algorithms

BCCP District Coordinators Contact List