



Providing Clinical Services in Michigan

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Introduction

This manual is to be used as a guide for BC3NP Clinicians in administering the Breast and Cervical Cancer Control and Navigation Program (BC3NP).

I. Program History

National Breast and Cervical Cancer Early Detection Program (NBCCEDP)

Breast and cervical cancers affect thousands of women each year across the United States with greater impact on those with limited access to care. Early detection and treatment of breast and cervical cancer through screening reduces mortality rates and greatly improves cancer patients' survival. However, there is a disproportionately low rate of screening among women of racial and ethnic minorities and among under- or uninsured women, which creates a wide gap in health outcomes between these women and other women in the United States.

To address this health inequity, Congress authorized the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) through the Breast and Cervical Cancer Mortality Prevention Act of 1990, directing the Centers for Disease Control and Prevention (CDC) to implement a national strategic effort for increasing access to breast and cervical cancer screening and diagnostic services for women in need. The goal of the NBCCEDP is to decrease cancer incidence, morbidity, and mortality by focusing on underserved populations, who have increased cancer risk due to health inequities.

The NBCCEDP is administered by CDC's Division of Cancer Prevention and Control (DCPC) through cooperative agreements. Since 1991, the program has grown to include all 50 U.S. states, the District of Columbia, 6 U.S. territories or freely associated states, and 13 tribes or tribal organizations. Women diagnosed with cancer through the program may be eligible for treatment through Medicaid coverage as authorized by the Breast and Cervical Cancer Treatment and Prevention Act passed by Congress in 2000.

Through the NBCCEDP, CDC implements specific strategies to help low-income, uninsured, and underinsured women gain access to timely breast and cervical

cancer screening, diagnostic, and treatment services. NBCCEDP also provides patient navigation services to help women overcome barriers and get timely access to quality care.

Michigan Breast and Cervical Cancer Control Navigation Program (BC3NP)

The Michigan Department of Health and Human Services (MDHHS) has implemented a comprehensive statewide **Breast and Cervical Cancer Control Navigation Program (BC3NP)** since 1991.

Breast and cervical cancer screening and diagnostic services are coordinated through local coordinating agencies (LCAs) throughout Michigan. Fourteen of these LCAs are Local Health Departments and the remaining agency is the Tri-County Breast and Cervical Cancer Program through Karmanos Cancer Institute located in Detroit. Four agencies are in the Upper Peninsula and the remaining 11 (including the Tri-County Breast and Cervical Cancer Program) are in the lower peninsula. Agency information is available on [BC3NP website](http://www.michigan.gov/BC3NP) at www.michigan.gov/BC3NP.

These agencies have enlisted the cooperation and participation of physicians, hospitals, and other health care organizations in their communities to assure that screening services are scheduled, and all follow-up care is provided to confirm or rule out a cancer diagnosis. Program recruitment efforts and navigation services focus on hard-to-reach populations such as minorities, particularly African American, Asian, Arabic, Hispanic, LGBT, and Native American women, as well as women who otherwise would not complete needed screening, diagnostic and/or cancer treatment services.

Since 1991, the program has provided over 660,000 screenings to over 240,000 women. Women diagnosed with breast or cervical cancer through the program are eligible to apply for cancer treatment through the Breast and Cervical Prevention and Treatment Act known as the Medicaid Treatment Act (MTA) program for BC3NP.

The Michigan BC3NP strives to reduce mortality and morbidity of breast and cervical cancer across the state. The program achieves this through providing education, state-of-the-science screening, patient navigation to reduce client barriers to access care, and evaluating outcomes of all provided services.

Client Eligibility Criteria for Enrollment

Policy to Review: BC3NP Client Eligibility Policy

The BC3NP serves women who are at or below 250% of the federal poverty level (FPL). Services are provided to women based on age and need for breast or cervical screening and/or diagnostic services. This includes women:

- 21-39: requiring breast diagnostics for a breast or imaging abnormality.
- 40-64: requiring **breast** cancer screening and/or diagnostic services.
- 21-64: requiring **cervical** cancer screening and/or diagnostic services.

Clients are enrolled in program as either Caseload clients or Navigation clients.

- Caseload clients are defined as uninsured or underinsured women who receive clinical services that are reimbursed through the BC3NP.
 - Navigation clients are defined as insured women who require assistance from BC3NP staff/navigators to receive screening or diagnostic services. These services are paid by the client's insurance.
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II. Monitoring Clinical Services for BC3NP Caseload and Navigation Enrolled Women

Monitoring Services for Caseload Enrolled Women

Policy to Review: BC3NP Medical Protocol

- Guidelines in the Breast and Cervical Cancer Control Navigation Program (BC3NP) Medical Protocol are to be used to assist clinicians in providing breast and cervical cancer screening and diagnostic services, if needed, to program enrolled women.

Providing Telehealth Visits in Place of In-Person Office Visits for Caseload Clients

- Telehealth services include telemedicine and telephone-only visits with BC3NP clients and their health care providers that occur in place of in-person office visits.

- These services are reimbursable through BC3NP at the current Fiscal Year (FY) office visit reimbursement rates.

CDC Clinical Performance Indicators for Caseload Clients

- Performance indicators are used to measure clinical performance by assessing timeliness and completeness of follow-up for women with abnormal screening results.
- Data sent to CDC contains no client personal identifying information. A unique patient identification number is assigned to each client and tracks screening services to a woman over time.
- Timeliness of Follow-up for Women with Abnormal Screening Results
 - a. CDC has established standards for time women should receive diagnostic services and a final diagnosis (cancer/not cancer) for breast and cervical abnormalities.
 - b. 60 days is the interval between an abnormal **breast or cervical** cancer screening result and final diagnosis.
- Timeliness of Treatment for Women Diagnosed with Cancer
 - a. The interval between diagnosis of invasive breast or cervical cancer and initiation of treatment should be no more than 60 days.
 - b. The interval between diagnosis of cervical intraepithelial neoplasia (CIN) and initiation of treatment should be no more than 60 days.
- Complete Follow-up Care for Women with Abnormal Screening Results
- A woman whose breast or cervical cancer screening was abnormal or suspicious must receive appropriate diagnostic procedures to arrive at a final diagnosis.

Monitoring Services for Navigation Enrolled Women

Policy to Review: BC3NP Patient Navigation Policy

CDC Clinical Performance Indicators for Patient Navigation

- Providing navigation services to insured women is optional for BC3NP agencies.
- Agencies that do provide navigation services must document the following information on the Patient Navigation Summary form:

- a. Dates of 2 encounters
- b. Barriers/problems identified
- c. Mammogram Date and Result (If received by client)
- d. Pap test Date and Result (if received by client)
- e. HPV test Date and Result (if received by client)
- f. If a breast or cervical abnormality is identified, then breast or cervical final diagnosis and date of final diagnosis

Agency Requirements in Assisting BC3NP Women to Obtain Cancer Treatment

Policy to Review: BC3NP MTA Eligibility

- Women with a diagnosis of breast or cervical cancer may be eligible to enroll in Michigan's Medicaid Treatment Program to receive cancer treatment.
- This is a special Medicaid program that provides cancer treatment services for women meeting the BC3NP eligibility requirements.

Women diagnosed outside BC3NP with breast or cervical cancer but meet the BC3NP eligibility requirements may be eligible to enroll in MTA. For questions about client eligibility please contact:

- Kristin Pribyl (PribylK@michigan.gov) or
- Kanika Lewis ([Lewisk27@michigan.gov](mailto:LewisK27@michigan.gov)) or
- EJ Siegl (SieglE@michigan.gov) or
- Tory Doney (DoneyT@michigan.gov)

Clinicians are responsible for:

- Timely referral of BC3NP eligible clients to the agency for enrollment in the BC3NP Medicaid Treatment Act if breast or cervical cancer is diagnosed.
- Assisting clients not eligible for the BC3NP Medicaid Treatment Act to obtain cancer treatment.

III. Data Collection and Quality Review

Agency Staff Obtaining Access to Michigan Breast and Cervical Information System (MBCIS)

Agency staff entering data in MBCIS must:

- **Fully complete** the MBCIS User Agreement/User Access Form with required signatures
- **Fax** the form to MDHHS at 517-763-0290
- **Complete** the online application request for MBCIS
- **Contact** Tory Doney (DoneyT@michigan.gov) to arrange for data entry training prior to entering data in MBCIS

Staff Maintaining Access to MBCIS

- User Agreement Forms are effective for one calendar year January 1 through December 31
- Agency staff responsible for accessing MBCIS must annually complete a new User Agreement form prior to December 31
- MBCIS access will be terminated by MDHHS if updated User Agreement form is not received by December 31

MBCIS Access Is Not to Be Shared

- Each user **MUST** gain their own login information to MBCIS. Client protected health information (PHI) is protected in MBCIS and only the current agency staff will have access to their agency's client's data.
- Sharing MBCIS access will result in termination of access to MBCIS for both the user and the person sharing the login information.

Monitoring Clinical Data

- Agency staff is responsible for reviewing all MDHHS clinical and data reports and addressing identified quality issues at least monthly.

Reports requiring tracking:

- **Abnormal Follow-up Report:** Specifies clients requiring follow-up diagnostics for breast or cervical abnormalities
- **Pending Report:** Financial report showing claims submitted for service not yet entered in MBCIS

IV. Program Forms

Agencies are not required to use the BC3NP clinical forms to document clinical data on enrolled program women. However, ALL information on the forms MUST be collected and entered in MBCIS. Forms can be obtained from the [BC3NP website](http://www.michigan.gov/BC3NP) at www.michigan.gov/BC3NP.

A. Caseload Forms

To be used on uninsured and underinsured women enrolled in BC3NP.

1. Enrollment Form with Risk Assessment and Personal/Family History
2. Agreement for Program Participation
3. Breast and Cervical Screening Form (Documenting Pap/Mammogram results)
4. Breast/Cervical Follow-up Form
5. Quit Line Referral Form

Form	Optional Information	Mandated Data Requirements
BC3NP Enrollment Form (Page 1)	<ol style="list-style-type: none"> 1. Under Client Contact Information <ul style="list-style-type: none"> • Gender Identity–<i>optional</i> 2. Demographics–<i>optional</i> 3. How client learned about the program–<i>optional</i> 	<ol style="list-style-type: none"> 1. Under Client Contact Information <ul style="list-style-type: none"> • All bolded sections 2. Barriers Identified Section (if applicable) 3. Race and Ethnicity 4. Number of Household members/income 5. Insurance Information (if applicable), need front and back copy of insurance card

Form	Optional Information	Mandated Data Requirements
BC3NP Enrollment Form Medical History and Risk Assessment (Page 2)	None	1. Breast Exam History 2. Breast Cancer Risk must be completed <ul style="list-style-type: none"> • Screening MRI for women at increased risk of breast cancer–Nurse Specialist preapproval required 3. Cervical Test History–Previous Pap test must be completed 4. Cervical Cancer Risk must be completed 5. Personal Cancer Risk 6. Family History of Cancer 7. Tobacco History must be completed
Breast and Cervical Screening Form	None, if test performed results must be documented on form or copies of clinician notes for CBE/Pelvic Exam and actual copies of Mammogram, MRI, Pap test, and HPV test results.	1. Results are needed for any exam or test performed. 2. Breast/Cervical follow-up assessed based on screening test result.
Breast Follow-up Form	None, if test performed results must be documented on form or copies of all imaging and/or breast diagnostic procedures performed.	Completed Breast Follow-up form to include: <ul style="list-style-type: none"> • Results of Diagnostic Mammogram, US and Diagnostic MRI performed • Dates of breast diagnostic procedures • Client work-up disposition • Breast final diagnosis and diagnosis date • If cancer diagnosed– document treatment start date

Form	Optional Information	Mandated Data Requirements
Cervical Follow-up Form	None, if test performed results must be documented on form or copies of all pathology and/or cervical diagnostic procedures performed.	Completed Cervical Follow-up form to include: <ul style="list-style-type: none"> • Results of Pap and HPV test if performed • Dates of cervical diagnostic procedures • Client work-up disposition • Cervical final diagnosis and diagnosis date • If cancer diagnosed– document treatment start date
Quit Line Patient Referral Form	None	All Provider and Patient sections to be completed. Completed form to be faxed to 800-261-6259.

B. Patient Navigation Forms

To be used on **insured** women receiving assistance from local agency staff to ensure the women receive their screening services due to a barrier (transportation, childcare, education, etc.) where, without local agency staff assistance, they might not receive those screenings.

1. Patient Navigation Screening Summary Form
2. Permission to Receive Navigation Services
3. Transportation Reimbursement Form

Form	Optional Information	Mandated Data Requirements
<p>Patient Navigation Screening Summary</p>	<ol style="list-style-type: none"> 1. Form to be completed on: <ul style="list-style-type: none"> • New navigation-only clients • Clients enrolled in MTA from outside BC3NP 2. Do Not complete this form on currently enrolled MTA clients renewing coverage 	<p>Complete the following information on the form prior to faxing to MDHHS:</p> <ol style="list-style-type: none"> 1. First and Last contact date 2. Client contact information (all bolded items) 3. Box checked that client has signed the "Agreement to Obtain Test Results Form" <ul style="list-style-type: none"> • Copy of form to be sent with Patient Screening Summary 4. Race and Ethnicity 5. Barriers Identified. At least one barrier must be checked. 6. Last contact date 7. Results of mammogram/Pap/HPV tests <ul style="list-style-type: none"> • Copy of results to be faxed to MDHHS 8. Diagnostic Services Completed 9. Final Diagnosis (if diagnostics performed) 10. Navigation Complete 11. Navigator Name and date

Form	Optional Information	Mandated Data Requirements
Permission to Receive Navigation Services Form	None	<ol style="list-style-type: none"> 1. If client is a clinic patient for the agency, the form does not need to be signed. 2. Signing the agency consent form will cover these services.
Screening Results	Copy of Screening Results	Copy of client screening results
Transportation Reimbursement Form	None	<ol style="list-style-type: none"> 1. Complete form if client requires transportation reimbursement to complete screening or diagnostic services.

C. Medicaid Treatment Act Forms

To be used on all clients enrolling/renewing Medicaid coverage.

1. Medicaid Application (DCH-1088)
2. Medical Verification for Transportation (for MTA clients only) (DHS-5330)
3. MTA Client Status Update
4. MTA Client Renewal for Continued Breast or Cervical Cancer Treatment

Form	Optional Information	Mandated Data Requirements
Medicaid Application DHS-1088	None	1. To be completed on all new and renewing MTA clients.
Medical Verification for Transportation	NEW FORM to be completed ONLY on MTA clients renewing coverage	<ol style="list-style-type: none"> 1. Complete all bolded information under Contact Information. 2. Answer all questions under "Verification of Client Eligibility." 3. Check appropriate boxes if referrals were made for the client. 4. Sign the form and date when the form is faxed to MDHHS.
MTA Client Status Update	Optional	<ol style="list-style-type: none"> 1. Form can be used to document client status update and sent to Venetta Tucker. 2. Email to Venetta Tucker can be sent in place of form with Client ID, Date Medicaid should end, and reason for termination.
MTA Client Renewal or Breast or Cervical Treatment	Optional	<ol style="list-style-type: none"> 1. Option to send form to client's provider for completion or document continuing or termination of cancer treatment in client record.

D. BC3NP Record Retention

1. Client data needs to be retained for the time-period specified in the BC3NP Record Retention Policy.

V. Clinical Management/Reimbursement Policies for Breast and Cervical Cancer Services

Clinical Services Reimbursed by BC3NP

- BC3NP Unit Cost Reimbursement Guidelines is updated yearly with Medicare rates and services CDC has approved for reimbursement through the program.
- BC3NP cannot reimburse for services above the Medicare rate.
- Due to limited program funding, and CDC policy restrictions on the type of screening and follow-up tests that may be reimbursed by the program, the BC3NP may not be able to reimburse for all recommended follow-up testing according to the ASCCP or NCCN management guidelines.
- Any questions regarding coverage for BC3NP services should be directed towards one of the MDHHS clinical or reimbursement staff PRIOR to the service being performed to determine if the service will be reimbursed by the BC3NP.

Exams that Require MDHHS Nurse Specialist Approval Prior to Scheduling

- The following tests/procedures require prior approval by a MDHHS Nurse Specialist. Contact Kristin Pribyl (PribylK@michigan.gov) or Kanika Lewis (LewisK27@michigan.gov) to determine eligibility.

Breast Cancer Screening

- MRI-Screening
- MRI-Diagnostic
- Ductogram/Galactogram
- Duct Excision

Cervical Exams

- Conization
- Endometrial Biopsy
- Diagnostic LEEP

- Due to limited program funding, and CDC policy restrictions on the type of screening and follow-up tests that may be reimbursed by the program, the BC3NP may not be able to reimburse for all recommended follow-up testing according to the ASCCP or NCCN management guidelines.
- As part of yearly contract renewals with BC3NP providers, BC3NP coordinators should discuss the program's limitations regarding covered and non-covered program services provided to enrolled women.
- Any questions regarding coverage for BC3NP services should be directed towards one of the MDHHS clinical or reimbursement staff PRIOR to the service being performed to determine if the service will be reimbursed by the BC3NP.

BC3NP Reimbursement Policies for Breast Cancer Screening and Diagnostic Procedures

The MI BC3NP reimburses for the following services for uninsured/underinsured women < 250% FPL based on history and clinical presentation:

- Average risk women aged 40–64: Can receive breast cancer **screening and diagnostic** services.
- Average risk women aged 25-39: Can receive breast cancer **diagnostic** services for an identified breast problem.
- High-Risk women aged 25-64, (with no identified breast problems) can receive breast cancer screening services (E.g., MRI, Ultrasound, Mammogram, and a high-risk consult office visit).

Mammography Modality

BC3NP will reimburse for film, digital, and 3-D mammography (tomosynthesis) up to the Medicare reimbursement rate. All women should be counseled on the benefits and risks of mammography. If a woman has the option of having a 3-D mammography along with her screening mammogram, she should be counseled on the benefits and risks of 3-D mammograms versus 2-D mammograms to make an informed decision. Three-D mammography augments 2-D mammography, but it does not replace 2-D mammography as the main modality for breast cancer screening.

Breast Services	Supporting Information	BC3NP Reimbursement
Screening Mammography Average risk women aged 40-64	Priority population for BC3NP mammography services is uninsured women between the ages of 50 and 64.	Screening Mammogram every 1-2 years
Screening Mammography High risk women aged 25-64	<p>All BC3NP newly enrolled women will undergo a risk assessment to determine if they are at high risk for breast cancer.</p> <p>BC3NP funds can be used for annual breast cancer screening among women who are considered at high-risk for breast cancer.</p> <p>Refer to BC3NP medical protocol for risk factors identifying women at increased risk for breast cancer.</p>	<p>Annual Screening Mammogram and MRI* (ideally scheduled every 6 months apart)</p> <p>*Requires Nurse Specialist pre-approval</p>
Screening Mammography for women with History of Breast cancer	<p>Post cancer treatment, eligible women can be enrolled in BC3NP to receive services.</p> <p>Follow-up of these women will be based on their providers assessment.</p>	Annual Screening Mammogram
Diagnostic Scans (CT, PET, etc.) for women with History of Breast Cancer	Women with a history of breast cancer may be eligible to receive diagnostic scans reimbursed through the program to confirm or rule out breast metastasis.	*Evaluated on an individual basis and requires Nurse Specialist approval.

Breast Services	Supporting Information	BC3NP Reimbursement
<p>Screening Mammography Women aged 65-70</p>	<p>Women 65 and older who are eligible to receive Medicare benefits should be encouraged to enroll in Medicare.</p> <p>Women enrolled in Medicare Part B are not eligible for the BC3NP.</p> <p>Women who are not eligible to receive Medicare Part B and Medicare-eligible women who cannot pay the premium to enroll in Medicare Part B are eligible to receive mammograms through the BC3NP.</p>	<p>Annual Screening Mammogram (if client meets program eligibility criteria).</p> <p>Contact MDHHS Nurse Specialist for screening services for women aged 70 or older.</p>
<p>Diagnostic Mammography Women under age 40</p>	<p>BC3NP can reimburse for a diagnostic mammogram to evaluate women under age 40 who are symptomatic for abnormal breast findings (E.g., breast mass, unilateral nipple discharge, unilateral breast pain, etc.).</p> <p>Breast services (clinical breast examination, diagnostic mammogram, ultrasound, MRI, and/or a surgical consultation) are reimbursable through BC3NP.</p>	<p>Diagnostic Mammogram, Ultrasound and other diagnostic procedures as ordered.</p> <p>MRI requires prior approval by Nurse Specialist.</p>

Breast Services	Supporting Information	BC3NP Reimbursement
<p>Breast Cancer Screening Transgender Women</p>	<p>Transgender women (male-to-female), who have taken or are taking hormones and meet all program eligibility requirements, are eligible to receive breast cancer screening and diagnostic services through the BC3NP.</p> <p>Providers should counsel all eligible women, including transgender women, about the benefits and harms of screening and discuss individual risk factors to determine if screening is medically indicated.</p>	<p>Mammogram every 2 years</p> <ul style="list-style-type: none"> • Beginning at age 50* or • 5-10 years of feminizing hormone use have been taken* <p>*Center for Excellence for Transgender Health</p>
<p>Breast Cancer Screening Transgender Men</p>	<p>Transgender men (female-to-male), who have not undergone a bilateral mastectomy, or who have only undergone breast reduction*, and meet all program eligibility requirements, are eligible to receive breast cancer screening and diagnostic services.</p>	<p>Mammogram every 1-2 years beginning at age 40</p> <p>*Center for Excellence for Transgender Health</p>

Breast Services	Supporting Information	BC3NP Reimbursement
Magnetic Resonance Imaging (MRI)	<p>BC3NP will reimburse for screening breast MRI performed in conjunction with a mammogram when:</p> <ul style="list-style-type: none"> • Client has been identified at increased risk for developing breast cancer per criteria in the medical protocol • Used for diagnostic follow-up to better assess areas of concern on a mammogram • Used for evaluation of a client with a history of breast cancer after completing treatment <p>Breast MRI cannot be reimbursed when:</p> <ul style="list-style-type: none"> • Performed alone as a breast cancer screening tool • Performed right after the diagnosis of breast cancer to assess the extent of disease for staging to determine treatment modality 	MRI requires prior approval by Nurse Specialist
Mammography Men	Per Public Law 101-354, men are not eligible to receive BC3NP screening and/or diagnostic services.	No services reimbursed

Breast Services	Supporting Information	BC3NP Reimbursement
<p>Ultrasounds All women</p>	<p>Ultrasounds are used for diagnostic evaluation and may be performed:</p> <ul style="list-style-type: none"> • On the same day as a screening mammogram to confirm a finding found on the mammogram. • As immediate follow-up to a screening mammogram result of BIRADS 0: Assessment is Incomplete, to identify the type of NEW abnormality • As a short-term follow-up within a 12-month time-period (<365 days) or post biopsy as per radiologist recommendation <p>Note: Ultrasound may be the primary imaging modality used for women under age 30 to evaluate a breast abnormality due to dense breasts.</p>	<p>Ultrasound for diagnostic evaluation in conjunction or as follow-up to a mammogram finding.</p> <p>Will be evaluated on a case-by-case basis if ordered to evaluate breast density.</p>
<p>Imaging Tests Pre-Biopsy Ultrasound performed prior to Ultrasound guided biopsy performed on same day</p>	<p>Ultrasound will be reimbursed separately from biopsy only if used to determine if abnormality still present prior to performing biopsy.</p> <p>Ultrasound will not be reimbursed if performed as part of a provider’s routine practice prior to performing biopsy.</p>	<p>Reimbursed if used to determine evidence of abnormality prior to performing biopsy</p>

Breast Services	Supporting Information	BC3NP Reimbursement
Imaging Tests Post-Biopsy	Post Breast Biopsy mammogram/ultrasound imaging for: clip placement and/or to determine specimen adequacy.	Reimbursed as ordered
Biopsy of skin, subcutaneous tissue and/or mucous membrane	To rule out inflammatory breast cancer.	Reimbursed as ordered
Excisional procedure: Breast nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct	To rule out Paget’s disease.	Reimbursed as ordered
Ultrasound: Axilla	To determine a cystic mass from a solid mass.	Reimbursed as ordered
Axillary Node Biopsy	If performed to confirm or rule/out breast cancer diagnosis in absence of abnormal mammogram.	Contact MDHHS Nurse Specialist to determine if service can be reimbursed
Mammary Ductogram or Galactogram and Incision–Injection procedure only for mammary Ductogram/ Galactogram	If performed for unilateral bloody, serous or serosanguineous discharge.	Reimbursed as ordered

BC3NP Reimbursement Policies for Cervical Cancer Screening and Diagnostic Procedures

The MI BC3NP reimburses for the following services for uninsured/underinsured women < 250% FPL based on her history and clinical presentation:

- a. Women aged 21-29: Pap test **alone** every 3 years
- b. Women aged 30-64:
 - o Pap test alone every 3 years **or**
 - o Pap/HPV Co-test every 5 years **or**
 - o Primary HPV test every 5 years

Cervical Services	Supporting Information	BC3NP Reimbursement
<p>Pap test Average Risk women Age 21-64</p>	<p>Priority population for BC3NP cervical services is UNINSURED women who have NEVER received a Pap test or not received a Pap test within 10 years.</p> <p>A minimum of 35% of all BC3NP-reimbursed screening Pap tests should be provided to program-eligible women who have NEVER been screened for cervical cancer.</p>	<p>Routine screening based on age.</p>
<p>Pap test High Risk women</p>	<p>All BC3NP newly enrolled women will undergo a risk assessment to determine if they are at high risk for cervical cancer.</p> <p>BC3NP funds can be used for routine cervical cancer screening among women who are considered at high-risk for cervical cancer.</p> <p>Note: This includes women under age 40.</p> <p>Refer to BC3NP medical protocol for risk factors identifying women at increased risk for cervical cancer.</p>	<p>Routine screening for high-risk women is defined as:</p> <p>Annual Pap test x 3 years.</p> <p>If normal, Pap/HPV co-test every 3 years.</p>

Cervical Services	Supporting Information	BC3NP Reimbursement
<p>Pap test for women older than 64 years of age</p>	<p>Cervical cancer screening is not recommended for women older than 65 years of age who have had adequate screening and are not high risk.</p> <p>Women enrolled in Medicare Part B are not eligible for the BC3NP.</p> <p>If a woman over 64 needs to be screened and is eligible to receive Medicare benefits but is not enrolled, she should be encouraged to enroll.</p> <p>Women (at high-risk or with history of abnormal Pap tests) who are not eligible to receive Medicare Part B and Medicare-eligible women who cannot pay the premium to enroll in Medicare Part B are eligible to receive cervical cancer screening through the BC3NP.</p>	<p>Routine screening</p>
<p>Pap test for women post-hysterectomy</p>	<p>Women who have had hysterectomies for non-cervical cancer are ineligible for Pap tests.</p>	<p>Not eligible for screening</p>
<p>Pap test for women post-hysterectomy</p>	<p>Women who have had hysterectomies performed because of a pre-cursor to cancer (CIN 2, CIN 3/CIS) and do not have a cervix.</p>	<p>Routine screening X 25 years</p>
<p>Pap test for women post-hysterectomy</p>	<p>Women who have had hysterectomies performed because of INVASIVE cervical cancer (cervix present or not)</p>	<p>Routine screening indefinitely if the woman is in good health</p>

Cervical Services	Supporting Information	BC3NP Reimbursement
Pap test for women post-hysterectomy	Women whom the reason for the hysterectomy or final diagnosis of no neoplasia (CIN 2, CIN 3/CIS) or invasive cancer cannot be documented.	Routine screening X 10 years
Pap test for women post-hysterectomy	Women who have had a hysterectomy, but it is unknown if she has a cervix.	Reimbursement for Office Visit/pelvic exam
HPV DNA Testing	<ul style="list-style-type: none"> • HPV DNA testing is reimbursable when used for screening or follow-up of abnormal Pap test results. • HPV genotyping is reimbursable when used for follow-up of abnormal cervical cancer screening results as per ASCCP algorithms. • Providers should specify the high-risk HPV DNA panel only. Low-risk HPV DNA panel is not reimbursable. 	Reimburse as ordered
Transgender men	<ul style="list-style-type: none"> • Transgender men (female to male) who have not undergone a total hysterectomy (i.e., still have a cervix) and meet all other eligibility requirements are eligible to receive cervical cancer screening and diagnostic services through BC3NP. • Transgender men (female to male) under the age of 21 should not have Pap tests regardless of age of sexual debut. 	Routine screening

Cervical Services	Supporting Information	BC3NP Reimbursement
<p>LEEP/Cold Knife Conization Includes anesthesia reimbursement</p>	<p>Diagnostic LEEP/Cold Knife Conization is indicated for Pap test results of high-grade dysplasia (HSIL) followed by a colposcopy with biopsy result of “not cancer”, atypia, CIN 1 or unsatisfactory colposcopy.</p>	<p>Diagnostic LEEP/Cold Knife Conization requires pre-approval by MDHHS Nurse Specialist</p>
<p>Endometrial Biopsy (EMB) (for women with AGC Pap result only) Includes anesthesia reimbursement</p>	<ul style="list-style-type: none"> • Colposcopy with endocervical sampling (ECC) is recommended for women with all subcategories of atypical glandular cells (AGC) (AGC “not otherwise specified [NOS],” AGC “favor neoplasia”) and adenocarcinoma in situ (AIS). • Triage of AGC Pap results with HR-HPV is unacceptable. 	<p>EMB requires pre-approval by MDHHS Nurse Specialist</p>