Medical Protocol

AUGUST 2025

Breast and Cervical Cancer Control Navigation Program

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I. Introduction

Guidelines in the BC3NP Medical Protocol are to be used to assist clinicians in providing breast and cervical cancer screening and diagnostic services, if needed, to clients enrolled in the program.

BC3NP funds cannot be used for the time and materials needed to assess and manage problems unrelated to breast or cervical cancer. Approval for reimbursement of breast and/or cervical services not described in this protocol need to be obtained from the MDHHS Program Director or Nurse Specialists prior to the client receiving the service.

Guidelines for providing breast cancer screening services were developed based on recommendations from the following organizations:

- American Cancer Society (ACS) 2023 Breast Cancer Screening Guidelines
- United States Preventive Services Task Force (USPSTF) 2024 Breast Cancer Screening Guidelines
- National Comprehensive Cancer Network (NCCN) 2025 Breast Cancer Screening and Diagnosis Guidelines

Diagnostic services required for clients as follow-up of an abnormal breast finding or imaging result are according to the NCCN 2025 Breast Cancer Screening and Diagnosis Guidelines.

Guidelines for providing cervical cancer screening services were developed based on recommendations from the following organizations:

- United States Preventative Task Force (USPSTF) 2018 Cervical Cancer Screening Guidelines

Diagnostic services required for follow-up of an abnormal Pap and/or HPV test are according to the 2019 ASCCP Cervical Risk-Based Management Guidelines.

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 NCCN or ASCCP management guidelines.

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II. BC3NP Clinical Services Provided to Eligible Clients

The Breast and Cervical Cancer Control Navigation Program (BC3NP) provides breast and cervical cancer screening and/or diagnostic services to program eligible clients to **confirm or rule-out a breast or cervical cancer diagnosis**.

Breast Services Provided by BC3NP

Breast Screening Services

Breast cancer screening services provided by BC3NP are defined as services used to detect unsuspected disease in asymptomatic clients.

BC3NP-Reimbursable Breast Cancer Screening Services

Screening services reimbursable by BC3NP are based on age and risk of the client. A combination of the services listed below may be ordered for enrolled clients:

- Partial Office Visit – receives CBE only
- Full Office Visit – receives both CBE and Pelvic
- Clinical Breast Exam (CBE)
- Screening Mammogram with Tomosynthesis
- Screening Magnetic Resonance Imaging (MRI)
  This service must be approved by a BC3NP Nurse Specialist before scheduling.
- Supplemental Screening Imaging
  Providers may request additional imaging due to density and/or complexity of breast tissue. These services must be approved by a BC3NP Nurse Specialist before scheduling.
  - Molecular Breast Imaging (MBI) **OR**
  - Ultrasound

For details on what breast cancer screening services are reimbursable based on NCCN (2025) and under what conditions, refer to Table 1.

For additional information refer to the BC3NP FY Rate Schedule at www.michigan.gov/bc3np.

Table 1. BC3NP-Reimbursable Breast Cancer Screening Services

Population	Risk Status[1]	Recommendation	Reimbursable by BC3NP
Aged 18-39 years	Average	No screening	No.
Aged 40-64 years	Average	▪ Clinical Breast Exam (CBE) ▪ Screening mammogram	Yes, every 1-2 years.
Aged 64-74 years[2]	Average	▪ Screening mammogram	Yes, every 2 years if the client does not have Medicare Part B.
Clients with History of Breast Cancer[3]	Average	▪ Screening mammogram	Yes, annually.
Clients with Dense Breasts + other risk factors[4]	Average	Supplemental imaging options: ▪ Ultrasound OR ▪ Molecular Breast Imaging (MBI)	Yes, approved on a case-by-case basis.
Clients After Breast Altering Surgery[5]	Average or **High**[6]	▪ CBE ▪ Screening mammogram, if appropriate	Yes, every 1-2 years.
Aged 25-29 years	**High**[6]	▪ Screening MRI[7] ▪ Genetic counseling[8] ▪ Genetic testing[9]	Yes. Requires BC3NP Nurse Specialist approval before scheduling.
Aged 30-39 years	**High**[6]	▪ Screening mammogram ▪ Screening MRI[7] ▪ Genetic counseling[8] ▪ Genetic testing[9]	Yes. Requires BC3NP Nurse Specialist approval before scheduling.
Aged 40-64 years	**High**[6]	▪ CBE ▪ Screening mammogram ▪ Screening MRI[7] ▪ Genetic counseling[8] ▪ Genetic testing[9]	Yes. Requires BC3NP Nurse Specialist approval before scheduling.
Men	Average or **High**[6]	Per Public Law 101-354, men are not eligible to receive BC3NP screening and/or diagnostic services.	No.

[1] All BC3NP clients will undergo an annual risk assessment to determine if they are at high risk for breast cancer.

[2] BC3NP's priority is enrolling clients 40-64 but will pay for clients over 64 if they are ineligible or cannot afford Medicare Part B. Contact a BC3NP Nurse Specialist for screening services for clients ≥ 75.

[3] Clients with a history of breast cancer are eligible to receive services post cancer treatment. Follow-up of imaging will be based on provider's assessment.

[4] Provider submits a request for additional imaging due to breast density and other risk factors. There should be a discussion between the patient and provider regarding any additional testing, so the patient is informed about breast density and the balance between benefits and risks. Contact BC3NP Nurse Specialist for approval before scheduling.

[5] Clients should have a CBE whether they have breast tissue or not. If breast tissue is present, screening mammogram should be considered.

[6] High-risk status for clients ages 25 to 64 are based on risk factors and/or genetic counseling recommendations. Refer to Table 9 for risk factors identifying clients at increased risk for breast cancer.

[7] Screening MRIs are reimbursed annually and ideally scheduled 6 months apart from the screening mammogram. BC3NP can cover sedation for MRI if deemed medically necessary (e.g., claustrophobia).

[8] BC3NP will reimburse for up to 2 genetic counseling sessions. Additional sessions may be reimbursable for clients who have not received genetic testing and report personal or family history changes that increase risk status.

[9] Reimbursement is based on genetic counseling recommendations.

Breast Diagnostic Evaluation

BC3NP clients identified with incomplete or abnormal breast cancer screening results are referred for appropriate diagnostic follow-up procedures to confirm or rule out a breast cancer diagnosis.

- **Clients 18-39** are eligible for **breast diagnostic services** if the following apply:
  1. Client complains of a breast abnormality
  2. It is confirmed by a physician with a CBE
  3. The abnormality could be related to breast cancer – See Table 4

Table 2. Breast Diagnostics Eligibility Criteria for Clients ≥18 by Symptom Type

Breast Symptom	Eligible	Ineligible
Palpable Mass	▪ In 1 breast only ▪ Lasting 4-6 weeks ▪ New onset asymmetric breast enlargement, asymmetric thickening/nodularity, axillary mass with no suspicion of lymphoma, or change in shape/contour unrelated to breast implants	Fibrocystic Breast Disease ▪ Lumps present in both breasts due to presence of fibrous tissue or cysts.

Table 2. Breast Diagnostics Eligibility Criteria for Clients ≥18 by Symptom Type Continued

Breast Symptom	Eligible	Ineligible
Nipple Inversion/ Retraction	▪ Acquired, new onset ▪ Without palpable mass, nipple discharge or evidence of inflammation	▪ Congenital/lifelong nipple inversion
Nipple Discharge Without palpable mass	▪ In 1 breast only ▪ Spontaneous, single duct, reproducible on exam, clear, bloody or mix.	▪ Bilateral ▪ Nonspontaneous ▪ **Color:** cloudy, whitish, milky, green, gray, yellow, brown **Common causes**: ▪ Hormonal imbalance • Meds may include – birth control, psychoactive drugs, opiates, BP meds, antidepressants • Squeezing, stimulation • Galactorrhea • Breast infection or abscess • Fibrocystic breast changes • Intraductal papilloma
Pain	▪ In 1 breast only ▪ Focal ▪ Persistent or severe ▪ Lasting 4-6 weeks	▪ Bilateral ▪ Diffuse, larger than a quadrant ▪ Cyclic (linked w/menses) **Common causes**: Hormone fluctuations • Breast cysts • Meds – antidepressants, birth control, hormone therapy • Mastitis • Large breast size • Hi fat, low carb diets
Skin Changes	Suspicion of inflammatory breast cancer or Paget's disease other manifestations of breast cancer: ▪ Pitted or dimpled appearance ▪ Skin thickening ▪ Edema ▪ Erythema ▪ Nipple excoriation ▪ Scaling ▪ Skin ulceration	

BC3NP-Reimbursable Breast Cancer Diagnostic Services

Diagnostic services reimbursable by BC3NP are based on age, abnormal screening results, abnormal imaging, and/or reported symptoms:

- **Clients 18-64** are eligible for **breast diagnostic services** based on the BC3NP Breast Follow-up Algorithms – See NCCN Screening and Diagnostic Guidelines.
- For details on what breast cancer diagnostic services are reimbursable and under what conditions, see Table 3.
- For additional information refer to the BC3NP FY Rate Schedule at www.michigan.gov/bc3np.

Table 3. Breast Cancer Diagnostic Services and Conditions for Reimbursement

Breast Services	Conditions for Reimbursement	Reimbursable by BC3NP
Diagnostic Scans for clients with **History of Breast Cancer**	Scans such as CT, PET, etc. requested to confirm or rule out breast metastasis.	Yes, on case-by-case basis. *Requires BC3NP Nurse Specialist approval before scheduling.
Diagnostic Mammography Average-Risk Clients age ≥ 40	Performed on a client with: ▪ Clinical signs or symptoms that suggest breast cancer ▪ History of breast cancer ▪ Abnormality requiring ongoing monitoring ▪ Incomplete finding following a screening mammogram	Yes.
Diagnostic Mammography Average Risk Clients age < 40	▪ Abnormal CBE and/or breast imaging results with **suspicion of breast cancer** are required for BC3NP enrollment. See criteria in Table 2.	Yes. *Requires BC3NP Nurse Specialist approval before scheduling.
Ultrasound: Axilla	▪ To determine a cystic mass from a solid mass. ▪ To assess a breast tumor or abnormal node found in diagnostic imaging.	Yes.

Table 3. Breast Cancer Diagnostic Services and Conditions for Reimbursement Continued

Breast Services	Conditions for Reimbursement	Reimbursable by BC3NP
Ultrasound: Breast	Ultrasounds are used for **diagnostic evaluation** and may be performed as: ▪ An **immediate follow-up** to a screening mammogram result of ACR 0: Assessment is Incomplete, to identify the type of NEW abnormality. ▪ A **short-term follow-up** within a 12-month time-period (<365 days) OR ▪ A **post-biopsy** as per radiologist recommendation. ▪ The **primary diagnostic imaging modality used for clients < age 30** to evaluate a breast abnormality due to dense breasts.	Yes.
Magnetic Resonance Imaging (MRI)	BC3NP will reimburse for diagnostic breast MRI performed in conjunction with a mammogram when: ▪ 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. Breast MRI **cannot** be reimbursed when: ▪ Performed alone as a breast cancer screening tool except for high-risk clients 25-39. Performed right after the diagnosis of breast cancer to assess the extent of disease for staging to determine treatment modality.	Yes. *Requires BC3NP Nurse Specialist approval before scheduling.
Fine Needle Aspiration	May be performed to: ▪ To evaluate a mammographic abnormality or palpable breast lesion. ▪ As a therapeutic cyst aspiration for pain relief.	Yes.
Biopsy (Core Needle or Excisional)	To evaluate a diagnostic imaging abnormality or palpable breast lesion.	Yes.

Table 3. Breast Cancer Diagnostic Services and Conditions for Reimbursement Continued

Breast Services	Conditions for Reimbursement	Reimbursable by BC3NP
PRE-Biopsy Imaging Performed on same day	Ultrasound will be reimbursed separately from biopsy **ONLY** if used to **determine if abnormality still present** prior to performing biopsy. Ultrasound will **NOT** be reimbursed if performed as part of a provider's routine practice prior to performing biopsy.	Yes.
POST-Biopsy Imaging	Post breast biopsy mammogram/ultrasound imaging reimbursed to confirm clip placement and/or to determine specimen adequacy.	Yes.
Biopsy of skin, subcutaneous tissue and/or mucous membrane	To rule out inflammatory breast cancer.	Yes.
Excisional procedure	Procedure may be breast nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct. **To rule out Paget's disease.**	Yes. *Requires BC3NP Nurse Specialist approval before scheduling.
Axillary Node Biopsy	May be performed to confirm or rule/out breast cancer diagnosis in absence of abnormal mammogram.	Yes. *Requires BC3NP Nurse Specialist approval before scheduling.
Mammary Ductogram or Galactogram AND Incision – Injection procedure	If performed for unilateral bloody, serous or serosanguineous discharge.	Yes. *Requires BC3NP Nurse Specialist approval before scheduling.

Cervical Services Provided by BC3NP

Cervical Screening Services

Screening services reimbursable by BC3NP are based on age and risk of the client. A combination of the services listed below may be ordered for enrolled clients:

- Partial Office Visit – receives Pelvic only
- Full Office Visit – receives both CBE and Pelvic
- Pap test
- HPV test
- Pap/HPV co-test

For additional information refer to the BC3NP FY Rate Schedule at www.michigan.gov/bc3np.

Table 4. BC3NP-Reimbursable Cervical Cancer Screening Services

Client Age	Risk Status*	Recommendation	Reimbursable by BC3NP
Aged less than 21 years	Average	No screening	No
Aged 21-29 years	Average	Cytology alone every 3 years *Reflex HPV testing after ASC-US cytology will be reimbursed for clients aged 21-29	Yes
Aged 30-64 years	Average	Any **one** of the following: • Cytology alone every 3 years • FDA-approved primary hrHPV testing alone every 5 years • Co-testing (hrHPV testing and cytology) every 5 years	Yes
Aged greater than 65 years	Average	No screening after adequate negative prior screening results[1, 2]	No
Hysterectomy with removal of the cervix	Average	No screening in individuals who do not have a history of high-grade cervical precancerous lesions or cervical cancer [3, 4, 5]	No
Aged 21-64	**High***	Individualized care based on condition	Yes Contact BC3NP Cervical Nurse Specialist for questions.

*These recommendations apply to individuals with a cervix who do not have any signs or symptoms of cervical cancer regardless of their sexual history or HPV vaccination status. These recommendations **DO NOT APPLY** to individuals who are considered high-risk for cervical cancer (HIV infection, a compromised immune system, in-utero exposure to Diethylstilbestrol, and previous treatment of a high-grade precancerous lesion or cervical cancer). BC3NP funds can be used for annual or more frequent cervical cancer screening in high-risk individuals. Individuals with these risk factors should receive individualized care and follow-up.

[1] Adequate negative prior screening is defined by the American College of Obsteticians and Gynecologists (AGOC) as three consecutive negative cytology results, two consecutive negative co-testing results, or two consecutive negative hrHPV test results within 10 years before stopping screening, with the most recent test occurring within the recommended screening interval for the test used.

[2] If an individual over 65 years of age is considered high-risk, is recommended to continue screening, is not enrolled in Medicare Part B, and meets all other program criteria, they may be eligible to receive clinical services through BC3NP with approval from a Nurse Specialist.

[3] BC3NP funds can be used for screening or surveillance of individuals who had hysterectomy performed for treatment of CIN2, CIN3, or AIS using guidelines recommended by ASCCP.

[4] For individuals whom the reason for hysterectomy or final diagnosis of no cervical cancer/precancer cannot be confirmed by prior documentation, BC3NP funds can be used for cervical cancer surveillance until there is a 10-year history of negative screening results.

[5] If it is unknown if the cervix was removed at the time of the hysterectomy, BC3NP funds can be used for a pelvic examination to determine absence or presence of cervix.

Table 5. Self-collected Vaginal Specimens for HPV testing in Health Care Settings

Cervical Services	Conditions for Reimbursement	Reimbursable by BC3NP
Self-collected vaginal specimen HPV test	▪ Primary HPV screening of **asymptomatic**, **average-risk** individuals ▪ **MUST BE** collected in a health care setting ▪ Use the current CPT codes **87624** or **87625** ▪ ICD-10 Visit Code: use **Z12.4** for self-collection and also for return visit if needed for speculum exam (screening cytology or dual stain). ▪ Not recommended for high-risk clients or for surveillance following abnormal screening tests, colposcopy or treatment. Clinician-collected specimens are preferred. ▪ **FDA-Approved Lab Platforms and Collection Devices:** BD Onclarity with Copan 522C.80 swab Roche Cobas with Evalyn brush or Copan 522C.80 swab	**Yes,** every 3 years if negative *Per Enduring Guidelines Committee

Table 6. Clinical Scenarios for Which Self-Collection CANNOT be Used as HPV Testing Alone is Not Currently Recommended:

Clinical Scenario	Current recommended screening test
People living with HIV	Cytology with or without HPV testing, depending on age
In utero DES exposure	Cytology
Surveillance after colposcopy for AGC in which no CIN2+ found	Cytology with HPV testing (co-testing)
Surveillance after diagnosis of adenocarcinoma in situ (after excision with negative margins and no cancer found in patients not undergoing hysterectomy)	Cytology with HPV testing (co-testing)

Table 7. Management of Self-collected HPV Test Results

Result	Recommendation
HPV negative	Repeat screening in three (3) years
HPV 16 or HPV 18 detected	Colposcopy
Other HPV detected (without extended genotyping)	Return visit for clinician-collected cervical specimen for cytology or dual stain
HPV types 56/59/66 detected	Re-testing in one year at clinician's discretion
Other HPV detected	Return visit for clinician-collected cervical specimen for cytology or dual stain

Reimbursement of HPV DNA Testing

HPV DNA testing is reimbursable when used for screening or follow-up of abnormal Pap 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 PHPV DNA panel is not reimbursable.

Cervical Diagnostic Services

Diagnostic services reimbursable by BC3NP are based on abnormal screening results and/or reported symptoms. **Clients 21-64** are eligible for **cervical diagnostic services** based on the ASCCP Risk-Based Management Consensus Guidelines. Refer to the ASCCP website or ASCCP Mobile App. For additional information refer to the BC3NP FY Rate Schedule at www.michigan.gov/bc3np.

Managing Individuals with Abnormal Cervical Cancer Screening Results

BC3NP clients identified with incomplete or abnormal cervical cancer screening results are to be referred for appropriate diagnostic follow-up procedures to confirm or rule out a cervical cancer diagnosis.

To arrive at a definitive diagnosis for an individual with an abnormal cervical cancer screening test, BC3NP funds may be used to reimburse for:

- Colposcopy
- Colposcopy-directed biopsy
- Endocervical curettage
- Endometrial biopsy
- Diagnostic excisional procedures (such as LEEP and cold-knife excisions)
- Associated pathology
- Referral for gynecological consultation

It is a program requirement that cervical abnormalities coded as requiring **immediate follow-up** should complete all diagnostic services and **reach a final diagnosis within 60 days**. If this requirement cannot be met, the reason for delay must be provided for documentation in MBCIS.

Table 8. Cervical Cancer Diagnostic Services and Conditions for Reimbursement

Cervical Services	Conditions of Reimbursement	Reimbursable by BC3NP
Colposcopy	▪ Evaluation of an abnormal Pap or HPV test. ▪ May include a biopsy and/or endocervical curettage. ▪ Can include a pregnancy test. ▪ Colposcopy with endocervical sampling (ECC) is recommended for clients with all subcategories of atypical glandular cells (AGC) (AGC “not otherwise specified [NOS],” AGC “favor neoplasia”) and adenocarcinoma in situ (AIS).	Yes.

Table 8. Cervical Cancer Diagnostic Services and Conditions for Reimbursement
Continued

Cervical Services	Conditions of Reimbursement	Reimbursable by BC3NP
LEEP/Cold Knife Conization (Can include anesthesia reimbursement)	**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 ○ Unsatisfactory	Yes. *Requires BC3NP Nurse Specialist approval before scheduling.
Endometrial Biopsy (EMB) (includes anesthesia reimbursement)	▪ For clients with **AGC Pap results ONLY.** ▪ **Triage of AGC Pap results with HR-HPV is unacceptable.** ▪ Colposcopy with endocervical sampling (ECC) is recommended for clients with all subcategories of atypical glandular cells (AGC) (AGC "not otherwise specified [NOS]," AGC "favor neoplasia") and adenocarcinoma in situ (AIS).	Yes. *Requires BC3NP Nurse Specialist approval before scheduling.

Cancer Treatment

The BC3NP cannot pay for cancer treatment.

In the event a breast or cervical cancer is diagnosed, all BC3NP enrolled clients are assisted in obtaining necessary breast or cervical cancer-related treatment in a timely manner.

Clients meeting BC3NP eligibility criteria may also be eligible for Michigan's BC3NP Medicaid Treatment Act (MTA) Program for cancer treatment. Refer to BC3NP MTA Enrollment Policy for eligibility criteria. See the BC3NP MTA Enrollment Policy for eligibility criteria.

For questions regarding the MTA Program, contact a BC3NP Nurse Specialist.

III. Clinical History

Breast Health History

Clinical history of breast health should consist of the following:

- History of breast health
  - Current breast symptoms, if any.
  - History of breast abnormalities including abnormal CBEs or breast imaging, breast biopsies and biopsy results.
- Date of last mammogram **before enrolling in BC3NP.**
- Personal risk factors that increase one's risk for breast cancer – See table 9.
- Family history of breast/ovarian/colorectal cancer including – See table 9:
  - Maternal and paternal first and second-degree family members
  - Type of cancer
  - Age at diagnosis

Table 9. Breast Cancer Risk Assessment Based on BC3NP Requirements

Breast Risk Factors	Additional Information
Personal History of Breast Cancer	History of breast cancer elevates risk but **does not qualify** as high-risk for BC3NP.
Dense Breast Tissue	Dense breast tissue elevates risk but **does not qualify** as high-risk for BC3NP.
Personal history/family member* with gene mutations and genetic syndromes	Examples of gene mutations: ▪ BRCA1/2 (hereditary breast and ovarian cancer syndrome), ATM, BARD1, CDH1, CHEK2, NF1, PALB2, PTEN (Cowden syndrome), RAD51C, RAD51D, STK11, TP53 (Li-Fraumeni syndrome)
Personal **lifetime risk of ≥ 20% or ≥ 1.7% (Gail model)** based on risk assessment models	**Lifetime risk ≥ 20%** can be assessed by the risk assessment tool of the providers choice. Tool options include: ▪ Tyrer-Cuzick Risk Model (IBIS Breast Cancer Risk Evaluation Tool) ▪ Claus Model ▪ Software Options – BRCAPRO or BOADICEA The **Gail Model** **(Breast Cancer Risk Assessment Tool – BCRAT) risk ≥ 1.7** is used for clients age ≥ 35 years.

Table 9. Breast Cancer Risk Assessment Based on BC3NP Requirements Continued

Breast Risk Factors	Additional Information
Prior thoracic radiation therapy (RT) between ages of 10 and 30 years	Those treated with radiation therapy to the chest for another cancer such as Hodgkin or non-Hodgkin lymphoma have a significantly higher risk for breast cancer.
History of Atypical ductal hyperplasia **(ADH)** or Lobular neoplasia **(LCIS/ALH)**	
History of **ovarian cancer**	This can be personal or family history of ovarian cancer.
3+ family members with breast cancer	▪ 3 or more family members on one side of the family – 3 on maternal side or 3 on paternal side – no mixture between the two sides. ▪ This applies to first- or second-degree family members.
Family member diagnosed with BC **age < 50 years**	This applies to first- or second-degree family members.

***First-degree:** parents, sibling, or child
***Second-degree:** aunt, uncle, grandparent, grandchild, niece, nephew, or half-sibling

Cervical Health History

Clinical history of cervical health should consist of the following:

- History of gynecological health
  - Current gynecological symptoms, if any.
  - History of cervical abnormalities including abnormal Pap and/or HPV test results.
- Date of last Pap/HPV test **before enrolling in BC3NP.**
- Hysterectomy history, if applicable, and reason for hysterectomy.
- Personal risk factors that increase one's risk for cervical cancer – See Table 8.

Table 10. Cervical Cancer Risk Assessment Based on BC3NP Requirements

Cervical Risk Factors	Additional Information
History of CIN 2, CIN3/CIS or cervical cancer	
Diethylstilbestrol (DES) exposure	Rare cause of a type of cervical cancer called clear cell adenocarcinoma.
Immunocompromised from another health conditions	A **weaker immune system puts people at higher risk for HPV infections** which is the most important risk factor for cervical cancer. HPV infections are more likely to be persistent and progress to cancer in people who are immunocompromised.
HIV/AIDS infection	
Organ transplantation	

Smoking History

Assessment of smoking history should consist of the following:

- Assess past and current history, number of packs per day and duration.
- Assess readiness to quit smoking.
- Provide resources to help with smoking cessation:
  - See smoking cessation guidelines, www.nccn.org.
  - Refer to MI Tobacco Quitlink
    - Fax form
    - Web referral

Physical Examination

Physical exam as indicated (all are included as part of the Clinical Encounter).

- Clinical Breast Exam
- Pelvic Exam

Breast Imaging Based on Physical Examination and Client History
Order the appropriate imaging based on clinical breast exam findings and/or client history:

- Screening Bilateral Mammogram
- Screening Magnetic Resonance Imaging
- Diagnostic Bilateral Mammogram

- Supplemental Imaging – may be performed based on breast density.
  - **Breast density**: ratio of fat to fibroglandular tissue in the breast
  - Breast density has a **two-fold effect** on mammographic screening:
    - High breast density is known to result in **decreased mammographic sensitivity** for the detection of breast cancer.
    - Individuals with dense breast are at **mildly increased risk** for breast cancer compared to those of average breast density.
  - All individuals are informed of their breast density after their mammogram per federal law. The possible need for supplemental imaging can be discussed with their provider.
  - The NCCN, ACS, and American College of Obstetricians and Gynecologists (ACOG) recommend shared decision-making with providers to determine appropriateness of supplemental screening on an individual basis.
  - If supplemental screening is desired, MRI has been shown to be more sensitive than ultrasound for cancer detection.
    - Pre-approval for MRI is required by a BC3NP Nurse Specialist prior to scheduling.
    - Ultrasound may be performed based on provider discretion.

Request a copy of mammogram and other breast imaging reports. Review report(s) to determine appropriate follow-up per radiologist's recommendations.

IV. Patient Education

BC3NP clients should receive patient education on components of the clinical encounter, benefits and limitations of screening procedures, and BC3NP limitations on reimbursement of services.

Clinical Encounter

- Clinical Breast Exam
  - Discuss findings and need for follow-up if abnormal.
  - Discuss Breast Self-Awareness: **Emphasize that any time a client detects a breast change or a palpable mass, they should seek evaluation from a health care provider even following a recent normal mammogram**.

- Pelvic Exam
  - Discuss components of the pelvic exam, including whether a Pap and/or HPV test is performed, and whether the client is being tested for sexually transmitted infections.
  - Discuss abnormal cervical signs/symptoms that require provider notification and possible evaluation.
  - **NOTE**: Strong consideration should be given to providing clients with copies of their Pap test/HPV test results.
- Discussion on the **importance of obtaining regular breast and cervical cancer screenings** at the appropriate intervals as recommended.

Benefits and Limitations of Screening Procedures

Discuss benefits and limitations of screening procedures in detecting cancer.

- Benefits
  - Cancers caught in the early stages are easier to treat.
  - Routine screening decreases cancer mortality.
- Limitations
  - Normal results on a screening exam do not necessarily indicate absence of disease.
  - No screening test is 100% accurate; therefore, some cases of the disease may be unavoidably missed.
  - Normal results never rule out the later development of the disease, which is why regular screening is so strongly recommended.
  - The detection of an abnormality does not mean the abnormality is cancerous.

BC3NP Reimbursement Limitations

Discuss BC3NP limitations regarding reimbursement of services. Inform the client that:

- Not all screening modalities and diagnostic services are paid by the program.
- Providers may order additional screening and follow-up tests which are either not reimbursed by BC3NP or not related to diagnosing a breast or cervical cancer.
- Clients may be responsible for charges incurred for services not paid by the program.

V. Client Notification of Test Results

Each local coordinating agency should develop and implement an agency specific policy/protocol that describes how the client will be notified of test results and procedures for tracking clients who required follow-up.

This protocol should include the process for notifying and tracking clients with the following test results:

- Normal breast or cervical cancer screening results:
  - Continue screening recommendations as per program guidelines or provider recommendation.
  - For breast cancer screening recommendations – See Table 1.
  - For cervical cancer screening recommendations – See Tables 4.
- Results requiring short-term follow-up (6 months or less):
  - Discuss the need for short-term follow-up based on test results.
  - Notify clients of the date of follow-up exams or tests.
- Results requiring immediate follow-up (<2 months):
  - Discuss the need for further testing to provide a definitive diagnosis to confirm or rule out a cancer or pre-cancerous condition.
  - Assist the client with scheduling/referring for appropriate follow-up.

Inability to contact clients with abnormal test results

Each local coordinating agency should develop an agency-specific protocol that describes the procedure to follow if a client is unable to be contacted regarding abnormal test results.

This protocol should include:

- Contacting the client by telephone and/or sending a certified letter.
- Total number of times the agency will initiate the contact.
- Documentation of the attempted contact(s) in the medical record and in the Michigan Breast and Cervical Information System (MBCIS) database at the bottom of the Service Summary tab.

VI. Clinician Guidelines for Follow-up of Abnormal Breast or Cervical Cancer Screening Result

If a client receives an abnormal result, breast or cervical cancer screening or diagnostic result, guidelines for follow-up of that result are as follows:

- For breast diagnostics algorithms – Refer National Comprehensive Cancer Network (NCCN) 2025 Breast Cancer Screening and Diagnosis Guidelines.
- For cervical diagnostic algorithms – Refer to the ASCCP mobile app or web application.
- **Results coded for immediate follow-up** are evaluated according to the Centers for Disease Control and Prevention (CDC) clinical performance indicators for completeness and timeliness.
- **For results coded for immediate follow-up**, all efforts should be made to **reach a final diagnosis within 60 days** from the date of the initial abnormality.
- **For all clients diagnosed** with breast cancer, cervical cancer or a cervical pre-cancerous lesion, all efforts should be made to **start treatment within 60 days**. Actions to start treatment may include:
    - Oncology consult
    - Post-diagnosis imaging
    - Port placement
    - Surgery
    - Chemotherapy or radiation therapy
    - Other therapy