

Guidelines for the Breast and Cervical Cancer Program

Mississippi State Department of Health

Office of Health Services

Office of Women's Health

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MISSION/PURPOSE

The Breast and Cervical Cancer Program (BCCP) of the Mississippi State Department of Health (MSDH) is designed to provide high quality, early screening, diagnosis and follow-up to women in an effort to reduce morbidity and mortality due to breast and cervical cancer. The BCCP is dedicated to saving lives of women in Mississippi by detecting breast and cervical cancer early, when they are most successfully treated. Men are not eligible to be enrolled in the BCCP. The program targets women who are low income, minority, under-insured and uninsured who have no other third party reimbursement source (See Appendix B). The target age for breast screening is 50 - 64 years old. The target age for cervical cancer screening is the 40 - 64 year old woman who is not already in a program that provides cervical cancer screening. Participation is voluntary and a consent form must be signed by all women who enroll in the BCCP (See Appendix J). Below are some of the primary components that are essential to this goal:

- **Comprehensive Services:**
 1. Pap Test
 2. Pelvic Exam
 3. Clinical Breast Exam (CBE)
 4. Mammogram
 5. Health Education
 6. Follow-Up and Referral
- **Family Centered:** The client and her family are active members of the health care team. The health care team seeks to help families develop skills and resources for future problem solving and wellness promotion.
- **Interdisciplinary Care:** The disciplines of medicine, nursing, social work, and nutrition join the client to form the health care team. Team members communicate often and work closely to implement a comprehensive plan to meet client-identified needs, using each member's unique skills and expertise.
- **Common Record:** All providers will use the *Breast and Cervical Cancer Screening Intake*, Form #718 (Appendix K) and the *Consent to Participate in the Breast and Cervical Cancer Screening Program*, Form #701 (Appendix J). Client history information should be documented on the *Women's Health History*, Form #709 (Appendix N). If a woman has had a previous cancer diagnosis, she is required to sign the *Previous Cancer Diagnosis* letter (Appendix S) documenting services covered by the BCCP. Providers will verify client income to determine eligibility for enrollment in the BCCP and this verification is to include all members in the household with an income. All providers are required to make a reasonable attempt to acquire proof of income from the client.

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- **Tracking/Follow-Up:** The provider will maintain contact with clients in a systematic fashion to ensure continued access to services. Clients will be followed after referral to other sources of care throughout the diagnostic and treatment processes to assist them in obtaining affordable services.
- **Quality Assurance:** Records will be monitored for completeness, appropriateness of care, and client outcomes. Vital Statistics and Cancer Registry data will be used to determine impact on the target population. Internal data will be utilized to ascertain how program goals are being met. Findings will be used to improve the program.

All components of the BCCP contribute to the quality of clinical service. Service practices should adhere to accepted guidelines for clinical care and be client-centered. Women should receive a continuum of care that includes risk identification, screening and rescreening, and if needed, diagnostic services. Providers should ensure access to timely and appropriate treatment for women diagnosed with breast or cervical cancer or identified with a pre-cancerous lesion of the cervix.

- **Surveillance:** A statewide surveillance system will be maintained for the collection and evaluation of population-based information on demographics, screening, treatment, diagnosis, staging at diagnosis, resources for care, and mortality and morbidity related to breast and cervical cancer.
- **Mammography Facilities:** Mammography facilities throughout Mississippi are actively recruited to participate in the program. More facilities will increase accessibility to these important services for underserved women. All mammography facilities must use the American College of Radiology (ACR) Breast Imaging Reporting System.
- **Cytology Facility:** CLIA Certified laboratories will be utilized for the reading of Pap test results. The facility will use the Bethesda system of reporting.
- **Professional Education:** Professional education describes a broad range of educational and training opportunities that have the ultimate goal of improving the quality of care for women. By establishing educational opportunities through professional societies or training institutions, an ongoing educational initiative can be developed to influence and maintain future training. Professional education can lead to the development of clinical systems of practice that promote women's participation in screening. Quality-of-care issues should be addressed by improving client care systems that can help providers identify, track clients, and remind them when they are due for rescreening. Opportunities are vast and challenging, but through establishing and cultivating partnerships with key professional groups, the program can create and support leaders for professional education who will influence

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practices for breast and cervical cancer early detection.

- Public Education:** Public education can be a powerful front line force in the early detection of breast and cervical cancer. Using different modes of communication and considering consumers' perspectives, public educators interact with women from priority populations in ways that are sensitive to their needs and interests. Public education motivates women and supports their efforts to adopt behaviors such as having a clinical breast examination and a pelvic examination, obtaining Pap tests and mammograms, and conducting routine breast self-examination. Education provides information to women about their risk for breast and cervical cancer and the importance of early detection, reduces or eliminates barriers that prevent participation in screening, and creates social and environmental support systems that encourage ongoing participation in screening.

PERFORMANCE GUIDELINES

Women ages 50-64 are eligible for all screening/diagnostic breast services. Women ages 40-49 are eligible for a screening mammogram **as long as funds are available**. Women ages 40- 49 are also eligible for a diagnostic mammogram only if they have an abnormal clinical breast exam (CBE) or present with symptoms consistent with malignancy. Women less than 50 years old must not exceed more than 25% of all screenings. At least 75% of all program eligible women screened for breast cancer must be between the ages of 50 - 64 years old.

For cervical cancer screening services, women are routinely screened between the ages of 40-64. Women screened for cervical cancer cannot be enrolled in any other program that provides these services.

After a woman has had three consecutive normal Pap tests within a five-year (60 months) period, while enrolled in the BCCP, the Pap test shall be performed every three years.

The target population consists of the identification and screening of never and rarely screened women. "Never and rarely screened women" are defined as women who have never had a Pap test, or who have not had a Pap test within five years.

A woman may request breast exam/mammogram alone or Pap test and pelvic exam alone. However, the complete package of services (CBE, Pap test, pelvic exam and mammogram) is encouraged for eligible women. Any woman 19-39 years old who meets all other program criteria other than the age category, who has an abnormality of the breast and/or cervix may be specially approved for enrollment in the BCCP at the discretion of the program director. If a woman requires an endometrial biopsy to rule out cervical cancer, this procedure may be covered with prior approval by the Program Director and the Medical Consultant. Females 18 years old or younger do not qualify for the program.

Follow-up of all abnormal results is required. Timeliness of final diagnosis must be

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achieved for all screening tests. Definition of timeliness for normal and abnormal results is specified in the following standards:

- A. For negative screening results, completion for all cases **will be achieved in three months** from date of CBE or Pap test. Completion means Pap test and/or mammogram results are in the chart and reported to the woman and the BCCP. The client record is kept open for annual rescreening.

- B. For abnormal screening results, completion for all cases **will be achieved within 60 days**. If a referral is necessary, complete Form #717, *Breast Follow-up Referral* (Appendix L), or Form #691, *Pap Smear Follow-up* (Appendix Q).
 - 1. The client will receive appropriate diagnostic follow-up within 60 days. The screening provider will work to assure that test results have been received within 10 working days from date procedure was done.

 - 2. As of July 2001, any woman screened and diagnosed with breast or cervical cancer through the BCCP will be eligible for Medicaid during the course of treatment (See Appendix G). Upon diagnosis, the provider should notify the case manager for the BCCP in order to initiate the enrollment process (See Appendix H).

 - 3. If a client refused care or is lost to follow-up, the BCCP should be notified, and all efforts documented in the client's chart. A Refusal of Treatment letter should be signed by all women who refuse follow-up services or treatment (See Appendix I).

- C. All women screened must be recalled at appropriate intervals for Pap tests, clinical breast exams and mammograms.

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**BREAST AND CERVICAL CANCER PROGRAM SERVICES
SCREENING POLICY**

The Mississippi State Department of Health BCCP offers breast and cervical cancer screening services to women according to the following criteria:

IF	THEN
A woman age 50-64 who: meets the income guidelines (Appendix B) and is uninsured or underinsured.	All screening and diagnostic services are provided to the client (Pap test, CBE, pelvic exam, mammogram) at no charge.
A woman age 40-49 who: meets the income guidelines, is uninsured or under-insured, has an abnormal CBE or is symptomatic and is not participating in a program that provides these services.	She is provided a screening mammogram at no charge when funds are available. She is provided a diagnostic mammogram at no charge (if indicated from CBE), Pap, and pelvic exam. PAP PAID ONLY IF HYSTERECTOMY IS DUE TO CANCER OR PRE-CANCEROUS LESIONS OF THE CERVIX.
A woman age 19-39 who: is ineligible for the BCCP due to her age, but who meets all other program criteria and has an abnormality of the breast and/or cervix.	She may be approved for enrollment in the BCCP at the discretion of the program director.
A woman is ineligible for the BCCP and is symptomatic.	A referral is made to a community provider.
A woman is a Medicaid and/or Medicare recipient and is ineligible for the BCCP.	A referral is made to a community provider.

Definitions:

Uninsured -has no medical insurance.

Underinsured -has medical insurance, but insurance does not cover screening mammogram or Pap smear.

Symptomatic for Breast Cancer:

Discrete breast mass

Skin dimpling

Local skin inflammation

Skin ulceration

Discharge from the nipple

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Symptomatic for Cervical Cancer - Client reports the following conditions:

Bleeding after intercourse Unusual vaginal discharge
 Post-menopausal bleeding

HSIL (High Grade Squamous Intraepithelial Lesion) - on Pap test bleeding between menstrual periods

BILLING POLICY

Billing within the BCCP can be individualized. Since contracts are with various health care entities, there will not be a prescriptive method for billing. There may be several clinics and satellites providing services, but the bill should come from one central location. Below is an example of the necessary information for reimbursement.

(PRIMARY CARE PROVIDER EXAMPLE)

Name	Social Security #	Date of Service	CPT	Amount
Jane Doe	123-45-6789	07/03/14	99203	\$99.62
Sally Smith	333-33-3333	07/10/14	99213	\$67.46
Total Due July 2014	\$167.08			

(HOSPITAL EXAMPLE)

Name	Social Security #	Date of Service	CPT	Hospital Fee	Contract
Jane Doe	123-45-6789	07/03/14	77057	\$116.22	\$74.65
Sally Smith	333-33-3333	07/10/14	77056	\$120.33	\$104.22
Total Amount Billed	\$236.55	(This amount is usual and customary fees)			
Disallowed Amount	\$ 57.68	(This amount is disallowed for BCCP contract)			
Total Due July 2014	\$178.87	(This amount is what is due to provider)			

Name	Social Security #	Date of Service	CPT	Hospital Fee	Contract
Jane Doe	123-45-6789	07/03/14	G0202	\$195.20	\$119.89
Sally Smith	333-33-3333	07/10/14	G0204	\$225.30	\$146.36
Total Amount Billed	\$420.50	(This amount is usual and customary fees)			
Disallowed Amount	\$ 154.25	(This amount is disallowed for BCCP contract)			
Total Due July 2014	\$266.25	(This amount is what is due to provider)			

Bills should be submitted in the format above. If all necessary information is submitted to the BCCP, the bill will be paid in a timely manner. If not, and facilities have to be contacted to request information, the reimbursement procedure will be delayed. If procedure is not on the "Billing" sheet description of services, contact the BCCP to determine if procedure is covered. See Appendix C for a listing of the most frequently used CPT codes.

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RESCREENING POLICY

The BCCP has set rescreening goals of at least 50% for all primary care providers statewide. The primary care providers are expected to rescreen all women within forty-five (45) days of their appointed time or to have exhausted all efforts to rescreen. Refer to *Timeliness and Adequacy of Follow-up for Breast Cancer Screening* (Section 2.0) and *Timeliness and Adequacy of Follow-up for Cervical Cancer Screening* (Section 3.0).

SURVEILLANCE, TRACKING AND FOLLOW-UP

The purpose of the computerized tracking system through the CaST System is to ensure that follow-up is current on women who were referred to an appropriate provider for evaluation of an abnormal breast exam/diagnostics or abnormal Pap test. The system will provide follow-up status information to the provider until evaluation has been completed or the case is otherwise closed. The tracking system has a simple format and uses status, diagnostic, and work-up plans to report follow-up.

The BCCP Surveillance Team will notify providers if additional information is needed to close or complete the case. If further follow-up is needed, the case will be referred to the BCCP Case Manager.

The client record documentation should clearly reflect actions taken and the client's understanding and compliance or noncompliance.

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BREAST MRI POLICY

National Breast and Cervical Cancer Early Detection Program (NBCCEDP) will reimburse for screening breast MRI performed in conjunction with a mammogram when a client has:

- BRCA is a Breast Cancer Gene Mutation Test;
- First-degree relative who is a BRCA carrier; or a
- Lifetime risk of 20-25% or greater as defined by risk assessment models such as BRCAPRO(breast and ovarian) that are largely dependent on family history.

Breast MRI can also be reimbursed when used to better assess areas of concern on a mammogram or for evaluation of a client with a past history of breast cancer after completing treatment.

Breast MRI **should never be done** alone as a breast cancer screening tool. Breast MRI **cannot** be reimbursed for by the NBCCEDP to assess the extent of disease in women who have already been diagnosed with breast cancer. Providers should discuss risk factors with all clients to determine if they are at high risk for breast cancer. To be most effective, it is critical that breast MRI is done at facilities with dedicated breast MRI equipment and that can perform MRI-guided breast biopsies. **Please note: these procedures must be prior approved and will be reviewed for approval on a case by case basis.**

There have been changes to the 2014 CPT codes in reference to the image-guided breast biopsies and breast localization codes. These new codes will bundle services of image guided breast biopsy, placement of localization device, and imaging of the specimen when performed in the same setting. There are also separate codes when the image localization procedure is done without a biopsy. These codes 19081–19086 and 19281–19288 will be added to CDC's 2014 Allowable Procedures and Relevant CPT Codes List (see accompanying revised document). CPT codes 19102, 19103, 19290, 19291, 19295, 77031, and 77032 have been deleted from the 2014 CPT codes.

As per CMS, the new CPT changes went into effect on January 1, 2014. Additional CPT codes that have been added include:

- 77058 for unilateral breast MRI;
- 77059 for bilateral breast MRI;
- 77053 for mammary ductogram

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BREAST CANCER SCREENING

The Mississippi State Department of Health BCCP offers breast cancer screening services to women according to the following criteria:

IF	THEN
A woman age 50-64 who: meets the income guidelines (Appendix B) and is uninsured or underinsured.	All screening and diagnostic services are provided at no charge (clinical breast exam - CBE, mammogram).
A woman age 40-49 who: meets the income guidelines, is uninsured or underinsured, has an abnormal CBE or is symptomatic and is not participating in a program that provides these services.	She is provided a screening mammogram at no charge, when funds are available. She is provided a diagnostic mammogram at no charge (if indicated from CBE).
A woman age 19-39 who: is ineligible for the BCCP due to her age but who meets all other program criteria and has an abnormality of the breast.	She may be approved for enrollment in the BCCP at the discretion of the program director.
A woman is ineligible for the BCCP and is symptomatic.	A referral is made to a community provider.
A woman is a Medicaid and/or Medicare recipient.	A referral is made to a community provider.

Definitions:

Uninsured - has no medical insurance

Underinsured - has medical insurance, but insurance does not cover screening mammogram or other related services.

Symptomatic for breast cancer:

Breast mass

Skin ulceration

Skin dimpling

Local skin inflammation

Discharge from the nipple

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HEALTH HISTORY

A health history on all clients is documented on Form #709, *Women's Health History* (Appendix N) at the initial and annual visits. A health history includes, but is not limited to:

- Medical history (personal history of breast disease)
- Surgical history (breast implants, any breast surgery)
- Family history (breast cancer)
- Cancer screening history (date of last mammogram and CBE)
- Current symptoms of breast disease
- Smoking history
- Sexual history

Risk factors for breast cancer include:

- Personal history of breast cancer
- Biopsy-proven atypical hyperplasia of the breast
- Mother, sister, or daughter with breast cancer (pre-menopausal and bilateral disease increases risk)
- Age 30 or older at first live birth
- Nulliparity

Current symptoms of breast cancer are documented in the client record. If symptomatic for breast cancer, the following conditions may be present:

- discrete breast mass
- local skin inflammation
- skin ulceration
- discharge from the nipple
- skin dimpling

PHYSICAL ASSESSMENT/REFERRAL

A physical assessment is documented on all clients using Form #718, *Breast and Cervical Cancer Screening Intake* (Appendix K).

Initial and Annual Rescreening Visits

1. The provider performs the assessment which includes, but is not limited to:
 - Clinical Breast Exam (CBE)
 - Mammography referral
2. The provider refers the client for a screening mammogram if she is 50 years of age or older. A screening mammogram is recommended for the asymptomatic client with a normal CBE.

Diagnostic mammogram is recommended for a client with symptoms, and/or with an abnormal CBE or Abnormal Screening Mammogram. Only screening and diagnostic mammograms may be requested by the provider on the initial and annual rescreening visits. Other studies are requested according to the radiologist's recommendations and/or according to the "Follow-up of Abnormal CBE and Mammography Findings." (see Appendix D).

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NOTE: Always perform a CBE before a mammogram referral is made.

Negative Clinical Breast Examination in Women \geq 50:

1. Refer for screening mammogram.
2. Schedule diagnostic mammogram if screening mammogram is abnormal.
3. Notify client of appointment date.
4. Document receipt of reports and further follow-up plans according to the radiologist's recommendations.

NOTE: The mammogram results are always compared to the CBE result. A diagnostic work-up begins as soon as abnormality is detected. Diagnostic work-up is not complete until it is clearly determined that the client does or does not have an existing malignancy.

Abnormal Clinical Breast Examination:

1. Refer for diagnostic mammogram.
2. Notify client of appointment date.
3. Document receipt of reports and further follow-up plans.
4. Refer to the "Follow-up of Abnormal CBE and Mammography findings." (see Appendix D).

See Appendix A for "Descriptions of Mammography Findings."

Mammography Screening Providers

Mammography providers have agreed to accept reimbursement at the contracted rate for mammography services and must not bill the client for any fee in excess of this amount. If agreed upon by the client, she is responsible for services not covered by the BCCP. However, if provider sends a client for a procedure not covered by BCCP and the client has not consented to pay for the procedure, the payment becomes the responsibility of the referring provider. All mammography providers must use the American College of Radiology (ACR) Breast Imaging Reporting System and must use Form #719, *Mammography Voucher* (Appendix O) to report results to the BCCP.

Mammogram Referral

1. Schedule screening or diagnostic mammogram as appropriate, while client is in the clinic if possible.
2. Document mammogram appointment date in client record.
3. Request that previous mammograms be sent to referral mammography facility.
4. All mammograms, ultrasounds, or other diagnostic tests reported must include the following:

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Client's name
 Client's date of birth
 Client's Social Security number
 Date of test Referring physician
 Test result

COUNSELING STANDARDS

Breast cancer education is provided and documented on Form #694, *Client Record* (Appendix M), or in the client's record.

The following topics should be discussed at the initial visit and annual rescreening visit. All other topics are individualized for the client. Explain the limitations of the BCCP in dealing with health problems unrelated to breast cancer. If such problems are discovered at the time of the visit, refer to the private physician or other provider. Inform the client she must have a plan in the event that an urgent problem arises and should contact her local physician or go to the emergency room.

Breast Self-Examination (BSE)

Inform the client that the purpose of routine self-breast examination is to:

- Allow client to become familiar with breast tissue/structure.
- Preferably, the client is instructed on the proper BSE technique while the clinician is performing a clinical breast exam (CBE). The client should then demonstrate the proper technique with a breast model. Educational materials that stress the importance of performing regular, monthly self-examinations include, but are not limited to the American Cancer Society's pamphlet, "How To Do Breast Self-Examination".

Health Education as to Risk Factors for Breast Cancer

Risk factors for breast cancer include: personal history of breast cancer; biopsy-proven atypical hyperplasia; mother, sister or daughter with breast cancer (premenopausal and bilateral disease increases the risk); age 30 or older at first live birth; Nulliparity.

A woman with a mother or sister who has had breast cancer has a two to four times greater risk of developing it. She is more likely to get cancer at an earlier age, and the disease is often bilateral. The risk increases if the familial occurrence was pre-menopausal, bilateral, or multi-generational.

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Early menarche (less than 12 years) and late menopause (greater than 50 years) are also associated with increased risk. Breast cancer risk is reduced by 75% in women who have their ovaries removed before age 40 in the absence of hormone replacement therapy (HRT).

Certain benign breast diseases increase a woman's risk for breast cancer. The major increase in risk is associated with atypical hyperplasia.

The risk of contracting a second breast cancer is greater for women who have a personal history of breast cancer.

Signs/Symptoms of Breast Cancer

Instruct the client to watch for the following changes: contour, symmetry, puckering, dimpling, redness, nipple inversion, scaling, or discharge, retraction of skin, swelling, orange peel appearance, ulceration, increase in venous pattern, thickening, lumps, or masses. Masses can be painful as well as painless. Instruct client to see a physician immediately if changes appear.

Benefits of Early Detection

Early detection means a better prognosis, allows for conservative surgery, more treatment options, quicker recovery, and greater chance of cure. The five year survival rate for localized breast cancer is 90%. If breast cancer has spread regionally, the survival rate drops to 68%. For persons with distant metastasis, the survival rate is 18%.

Annual Rescreening

Client education to include the importance of follow-up appointments and rescreening should be provided.

Smoking

Lung cancer is the number one cause of cancer deaths in women. Breathing secondhand smoke also increases the chance of developing cancer. Instruct clients on the risks of smoking and encourage them to quit.

Nutrition and Exercise

According to the American Cancer Society, approximately 35% of cancer deaths in the United States are attributable to dietary factors. Studies have shown that a diet high in fruits and vegetables has been associated with lower risk for cancers.

Studies have also shown that regular physical activity is associated with reduced risk of chronic illness. Among women, physical activity in adolescence and early adulthood may protect against development of breast cancer.

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Alcohol/Drugs

Oral cancer and cancers of the larynx, throat, esophagus, and liver occur more frequently among heavy drinkers of alcohol, especially when accompanied by smoking cigarettes or chewing tobacco.

NOTIFICATION OF MAMMOGRAM RESULTS AND FOLLOW-UP

All mammogram results are sent to the referring provider. The referring provider sends all results to the BCCP. Mammogram results should be received at the BCCP within 10 working days from the date the mammogram was done. (See Appendix A for descriptions of mammography findings and Appendix D for protocol based on mammogram results.)

Mammography facilities should fax and/or call the referring provider about abnormal mammogram results needing immediate notification and referral for follow-up.

1. Negative Mammogram Results

If the CBE is normal and the mammogram results are reported as negative or benign finding, no follow-up is necessary. The client receives a mammogram at the recommended interval and is sent written reminders by the provider.

2. Abnormal Mammogram Results

The provider should make every effort to notify the client of any abnormal mammogram result within two weeks of the date they are notified of or receive the results. This includes all mammograms that are to be repeated or need diagnostic follow-up before the next annual exam. The initial attempt may be by telephone and/or letter.

If the initial letter is returned with no known forwarding address and the provider has no other reasonable means of communicating with the client, follow-up efforts may be stopped.

Exception: If mammogram results are **suspicious abnormality or highly suggestive of malignancy** and there is no response within **two weeks, send a Certified Letter to be accepted only by the client.** If no response or the certified letter is returned, document in record. Place returned letter in client's record.

Refer to Social Worker or other appropriate staff for home visit. If unable to locate client, document in record and consult BCCP Case Manager.

Upon client notification of abnormal mammogram results, the provider arranges for counseling and/or follow-up services. Refer clients who require non-covered services and are uninsured for care to the social worker. Enter the referral in record.

All attempts to contact the client must be documented in the client's record.

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MISSED APPOINTMENT FOLLOW-UP

The provider is responsible for follow-up from the time of screening through treatment. The provider checks with mammography facilities if results have not been received within one month.

Abnormal Finding on Mammogram/CBE Follow-up

After one missed appointment the provider:

Attempts to notify clients of missed appointments for follow-up of abnormal mammograms and subsequent diagnostic studies or consultations. The attempt may be by telephone or letter. If the woman does not keep the appointment as scheduled, a second appointment will be made by provider. If client does not keep the appointment, contact the client and make one more appointment for the client. After a total of three missed appointments, refer to District Health Officer if MSDH client, or primary care provider if non-MSDH client, for follow-up recommendations and/or closure.

Note: If client requests additional appointments, but does not keep the appointment, follow-up efforts may stop.

If unable to reach the client, consult District Health Officer if MSDH client, or primary care provider if non-MSDH client, for closure.

Exception: If mammogram results are **suspicious abnormality or highly suggestive of malignancy** and attempt to reach the client has failed, send a **Certified Letter to be Accepted Only by the Client**. If no response or the certified letter is returned, document in record. Place returned letter in client's record.

Refer to Social Worker or other appropriate staff for home visit. If unable to locate client, document in record and consult BCCP Case Manager.

ANNUAL RESCREENING

At the time of the initial visit, and each subsequent visit, all women, regardless of screening outcomes, are given a rescreening appointment (one year or appropriate) by the primary care provider. The appointment for annual rescreening is made before the woman exits the clinic. If the woman does not keep the appointment as scheduled, a second appointment will be made and she will be notified by mail or telephone. If she does not keep the second appointment, another appointment will be scheduled, and again she will be notified by mail or telephone. If the woman does not keep the third (3rd) appointment, she will be referred to the BCCP case manager and/or local Social Worker for investigation and assistance as needed. The provider may use their discretion to close the case. The client record documentation should clearly reflect actions taken and the client's understanding and compliance or noncompliance. Routine rescreens are sent a reminder two weeks prior to yearly return date. Women who previously had abnormal screens that were resolved as negative or benign are also sent a reminder two weeks prior to the appropriate annual return date.

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SURVEILLANCE, TRACKING AND FOLLOW-UP

The purpose of the computerized tracking through the CaST System is to ensure that follow-up is current on women who were referred to an appropriate provider for treatment of an abnormal breast exam/diagnostics. The system will provide follow-up status information to the provider until treatment has been completed or the case is otherwise closed. The Tracking Log has a simple format and uses status, diagnostic and work-up plans to report follow-up.

The BCCP Surveillance Team will notify providers if additional information is needed to close or complete the case. If further follow-up is needed, the case will be referred to the BCCP Case Manager.

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TIMELINESS AND ADEQUACY OF FOLLOW-UP FOR BREAST CANCER SCREENING

Principles: A diagnostic work-up must be planned whenever there is an abnormal CBE, and/or when the screening mammography result is SA, HSM, or AI.

Whenever a diagnostic work-up is planned, a final diagnosis **MUST** be recorded for follow-up to be considered adequate.

Whenever a diagnostic work-up is planned, the time from screening mammogram or CBE to final diagnosis must be no more than 60 days.

No.	CBE	Mammo*	Diagnostic Procedures	F/U	Comments
1	Nor	Neg, Ben PB	No work-up need be planned. If work-up is planned at least one diagnostic procedure must be done and a final diagnosis is recorded.		
2	Abn	Neg, Ben PB, AI	≥1(RBE/Surgical Consult,US, BXL,FNA)	Adeq	Mamm or AMV as only procedure is not adequate
3	Abn	SA, HSM	BXL or FNA	Adeq	
4	Nor	SA	RBE/Surgical Consult,US,BXL	Adeq	
5	Nor/Abn	HSM	FNA BXL or FNA	Adeq	
6	Nor	AI	AMV or US	Adeq	
7	Abn and/or (SA or HSM or AI)- If no final diagnosis is recorded---Inadequate				

*Screening mammogram if not preceded by suspicious symptoms or abnormal CBE; Diagnostic mammogram if post abnormal CBE.

Abbreviations:

CBE **Nor** = Normal/Benign findings (Previously diagnosed benign or fibrocystic)
Abn = Abnormality suspicious for cancer

Mammogram **Neg** = **Negative**
Ben = **Benign finding**
PB SA = **Probably benign – short term follow-up**
HSM AI = **Suspicious abnormality**
 = **Highly suggestive of malignancy**
 = **Assessment incomplete**

Procedure **AMV** = **Additional mammographic views Repeat Breast**
RBE US = **Exam/Surgical consult Ultrasound**
BXL = **Biopsy/Lumpectomy**
FNA = **Fine needle aspiration**
 =

Follow-up **Adeq** = **Adequate**

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CERVICAL CANCER SCREENING

The Mississippi State Department of Health BCCP offers cervical cancer screening services to women according to the following criteria:

IF	THEN
A woman age 40-64 who: meets the income guidelines (Appendix B) and is uninsured or underinsured and is not participating in a program that provides these services.	She is provided at no charge a Pap smear/test and pelvic exam. PAP PAID ONLY IF HYSTERECTOMY IS DUE TO CANCER OR PRE-CANCEROUS LESIONS OF THE CERVIX.
A woman age 19-39 who: is ineligible for the BCCP due to age but meets all other program criteria and has an abnormality of the cervix.	She may be approved for enrollment in the BCCP at the discretion of the program director.
A woman is ineligible for the BCCP and is symptomatic.	A referral is made to a community provider.
A woman is a Medicaid and/or Medicare recipient.	A referral is made to a community provider.

Definitions:

Uninsured - has no medical insurance.

Underinsured - has medical insurance, but insurance does not cover screening Pap test or other related services.

Symptomatic for cervical cancer -

bleeding after intercourse

Bleeding between menstrual periods

post-menopausal bleeding

Unusual vaginal discharge

HSIL (High Grade Squamous Intraepithelial Lesion) on Pap smear

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HEALTH HISTORY

A health history on all clients is documented on Form #709, *Women's Health History* (Appendix N) at the initial and annual visits.

A health history includes, but is not limited to:

- Medical history (personal history of abnormal Pap test)
- Surgical history (hysterectomy, including type)
- Family history
- Cancer screening history (date of last Pap test)
- Current symptoms of cervical disease
- Smoking history
- Sexual history

Risk factors for cervical cancer include:

- History of abnormal Pap tests
- Multiple partners (currently or in the past five years)
- Early age of first intercourse
- HIV positive
- DES exposure
- Smoking
- HPV Positive

Current symptoms of cervical cancer are documented in the client record.

PHYSICAL ASSESSMENT/REFERRAL

A physical assessment of all clients is documented in the client's record or on Form #694, *Client Record* (Appendix M). The use of Form #694 is optional.

Initial and Annual Rescreening Visits

The provider performs the assessment which includes, but is not limited to:

- Pelvic exam
- Pap test

Post Hysterectomy

A woman who has had a total hysterectomy receives a pelvic exam on her initial visit only to determine anatomy and assess for abnormalities. If client has a normal exam and no cervix, Pap tests are not done. Pelvic exam should be done at the provider's discretion. BCCP will not cover annual Pap tests on these women, unless the hysterectomy was due to cancer or pre-cancerous lesions of the cervix.

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Exception: If the cervical stump remains, or if the woman has had cancer of the reproductive tract, or is currently symptomatic, she continues to receive regular pelvic exams and Pap tests on her annual visits.

Note: Screening of asymptomatic women for ovarian cancer is not recommended, although it is prudent to examine the uterine adnexa when performing a Pap test (U.S. Preventive Services Task Force and NIH Consensus Statement, 1994.)

After a woman has had three consecutive normal Pap tests within a five year (60 months) period, while enrolled in the BCCP, the Pap test shall be performed every three years.

COUNSELING STANDARDS

Cervical cancer education is provided and documented on Form #694, *Client Record* (Appendix M) or in the client's record. The use of Form #694 is optional.

The following topics should be discussed at the initial visit and annual rescreening visit. All other topics are individualized for the client. Explain the limitations of the BCCP in dealing with health problems unrelated to cervical cancer. If such problems are discovered at the time of the visit, refer to the private physician or other provider. Inform the client she must have a plan in the event that an urgent problem arises and should contact her local physician or go to the emergency room.

Health Education as to Risk Factors for Cervical Cancer

Risk factors for cervical cancer include: history of abnormal Pap tests, multiple partners (currently or in the past five years), early age of first intercourse, HIV positive, DES exposure, smoking, and HPV positive.

Signs and Symptoms of Cervical Cancer

Instruct the client to watch for the following changes: bleeding after intercourse, bleeding between menstrual periods or after menopause, and unusual vaginal discharge. Instruct client to see a physician immediately if changes appear.

Benefits of Early Detection

Early detection means a better prognosis, allows for conservative surgery, more treatment options, quicker recovery, and greater chance of cure. Most precancerous cervical conditions can be detected with regular Pap tests and treated before cancer develops. Most invasive cancers can be prevented.

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Annual Rescreening

Client education to include the importance of follow-up appointments and rescreening should be provided.

Smoking

Lung cancer is the number one cause of cancer deaths in women. Breathing secondhand smoke also increases the chance of developing cancer. Instruct clients on the risks of smoking and encourage them to quit.

Nutrition and Exercise

According to the American Cancer Society, approximately 35% of cancer deaths in the United States are attributable to dietary factors. Studies have shown that a diet high in fruits and vegetables has been associated with lower risk for cancers.

Studies have also shown that regular physical activity is associated with reduced risk of chronic illness.

Alcohol/Drugs

Oral cancer and cancers of the larynx, throat, esophagus, and liver occur more frequently among heavy drinkers of alcohol, especially when accompanied by smoking cigarettes or chewing tobacco.

NOTIFICATION OF PAP TEST RESULTS/FOLLOW-UP

Refer to Appendix E and F for Cervical Cytology Codes Guidelines and Flow Chart of Responses for follow-up of specific Pap test results.

Notify client of results. If results are abnormal and require additional procedures, stress the importance of compliance to the client. All attempts to contact the client must be documented in the client's record.

MISSED APPOINTMENT FOLLOW-UP

The provider is responsible for follow-up from the time of screening through treatment. The provider checks with the laboratory if results have not been received within one month.

The client record documentation should clearly reflect actions taken and the client's understanding and compliance or noncompliance.

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ANNUAL RESCREENING

At the time of the initial visit and each subsequent visit, all women, regardless of screening outcomes, are given a rescreening appointment (one year or appropriate) by the primary care provider. The appointment for annual rescreening is made before the woman exits the clinic.

If the woman does not keep the appointment as scheduled, a second appointment will be made and she will be notified by mail or telephone. If she does not keep the second appointment, another appointment will be scheduled, and again she will be notified by mail or telephone. If the woman does not keep the third (3rd) appointment, she will be referred to the social worker or BCCP Case Manager for investigation and assistance as needed. The provider may use their discretion to close the case. The client record documentation should clearly reflect actions taken and the client's understanding and compliance or noncompliance.

Routine rescreens are sent a reminder two weeks prior to yearly return date.

SURVEILLANCE, TRACKING AND FOLLOW-UP

The purpose of the computerized tracking through the CaST System is to ensure that follow-up is current on women who were referred to a provider for treatment of an abnormal Pap test. The system will provide follow-up status information to the provider until treatment has been completed or the case is otherwise closed. The Tracking Log has a simple format and uses status, diagnostic, and work-up plans to report follow-up.

The BCCP Surveillance Team will notify providers if additional information is needed to close or complete the case. If further follow-up is needed, the case will be referred to the BCCP Case Manager.

The client record documentation should clearly reflect actions taken and the client's understanding and compliance or noncompliance.

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TIMELINESS and ADEQUACY of FOLLOW-UP for CERVICAL CANCER SCREENING

Principles: A diagnostic work-up must be planned whenever there is a Pap test that is ASC-US and HPV +, ASC-H, LSIL, HSIL, CxCa, or AGC.

Whenever a diagnostic work-up is planned, a final diagnosis MUST be recorded for follow-up to be considered adequate.

Whenever a diagnostic work-up is planned, the time from Pap test to final diagnosis must be no more than 60 days.

No.	Pap	Diagnostic Procedures	F/U	Comments
1	Neg	No Work-up should be planned.		
2	ASC-US	HPV Test , If HPV +, Colpo or Colpo/BX. If HPV -, no additional workup needed.	Adeq	Final Diagnosis MUST be present
3	LSIL	Colpo or Colpo/Bx	Adeq	Final Diagnosis MUST be present
4	ASC-H HSIL CxCa HSIL AGC	Colpo or Colpo/Bx	Adeq	Final Diagnosis MUST be present
5	Other	Adequacy cannot be assessed		

Abbreviations:

Pap	Neg	=	Negative
	ASC-US	=	Atypical Squamous Cells of Unknown Significance
	LSIL	=	Low Grade Squamous Intraepithelial lesion
	ASC-H	=	Atypical squamous cells cannot exclude HSIL
	HSIL	=	High Grade Squamous Intraepithelial lesion
	CxCa	=	Squamous Carcinoma of the cervix
	AGC	=	Abnormal Glandular Cells
Procedure	Colpo	=	Colposcopy
	Bx	=	Biopsy
Follow-up	Adeq	=	Adequate

MS STATE DEPARTMENT OF HEALTH BREAST & CERVICAL CANCER MANUAL	TOPIC: CANCER DRUGS
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CANCER DRUGS

The Office of Women's Health has a cancer drug program to assist women who have had breast cancer with their treatment regimen after chemotherapy and/or radiation. The objective of the program is to increase the proportion of indigent clients with cancer drug treatment on an outpatient basis and reduce health disparities in regard to adequate and timely cancer treatment in poor minority women. The following cancer drugs are available through Mississippi State Department of Health's Pharmacy: Arimidex, 1mg; Aromasin, 25mg; and Tamoxifen/Nolvadex, 10 mg.

To participate, a person must apply for the cancer drug program using Form #778 (*Application for Cancer Drugs-Appendix R*). The application must be completed by their physician/social worker and an original prescription provided for one of the three drugs. The completed application must be submitted to the Office of Women's Health for approval. The income criterion is the same as for the Breast and Cervical Cancer Program, which is 250% above the Federal Poverty Guideline, no Medicare, no Medicaid nor health insurance. Once approved by the Office of Women's Health a copy of the form and the prescription will be submitted to the pharmacy to be filled and returned to the county health department where the client resides for pick- up.

There is no paper work involved for county health departments.

MISSISSIPPI STATE DEPARTMENT OF HEALTH BREAST AND CERVICAL CANCER MANUAL	TOPIC: APPENDIX A SUBTOPIC: DESCRIPTION OF MAMMOGRAPHY FINDINGS
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Descriptions of Mammography Findings

Negative - This category applies when there is nothing to comment on. The breasts are symmetrical and no masses, architectural disturbances or suspicious calcifications are present.

Benign Finding – This category applies when there is no mammographic evidence of malignancy, but the mammographer may wish to describe a finding such as multiple secretory calcifications, calcified fibroadenomas, fat containing lesions, and any other findings that may be labeled with confidence. The client may not need any follow-up other than the annual rescreening.

Probably Benign - Short-term Follow-up - A finding placed in this category should have a very high probability of being benign. It is not expected to change over the follow-up interval, but the radiologist would prefer to establish its stability.

Suspicious Abnormality - Biopsy Should be Considered - This category applies to lesions that are not characteristic of breast cancer, but have a definite probability of being malignant and may be of sufficient concern to warrant a biopsy.

Highly Suggestive Of Malignancy – This category applies when there is a high probability of cancer. Appropriate actions should be taken.

Assessment is Incomplete - This category applies if additional studies are needed immediately, such as additional mammographic views, ultrasound, aspiration, etc. Procedures not reimbursable by the BCCP program must be fully disclosed.

Unsatisfactory - This category applies if the mammogram was technically unsatisfactory and could not be interpreted by the radiologist.

Mississippi Breast and Cervical Cancer Program

2016 Income Eligibility Guidelines

Effective for FY 2017 (July 1, 2016 – June 30, 2017)

Maximum Allowable Gross Income

Household Number	Monthly*	Annual
1	\$2,475	\$29,700
2	\$3,338	\$40,050
3	\$4,200	\$50,400
4	\$5,063	\$60,750
5	\$5,925	\$71,100
6	\$6,788	\$81,450
7	\$7,652	\$91,825
8	\$8,519	\$102,225

For family units with more than 8 members, add \$867 per month*/\$10,400 per year for each additional member.

*The monthly figures were rounded to the nearest dollar.

Listing of Covered Services
Mississippi Breast and Cervical Cancer Program (BCCP) Fee Schedule

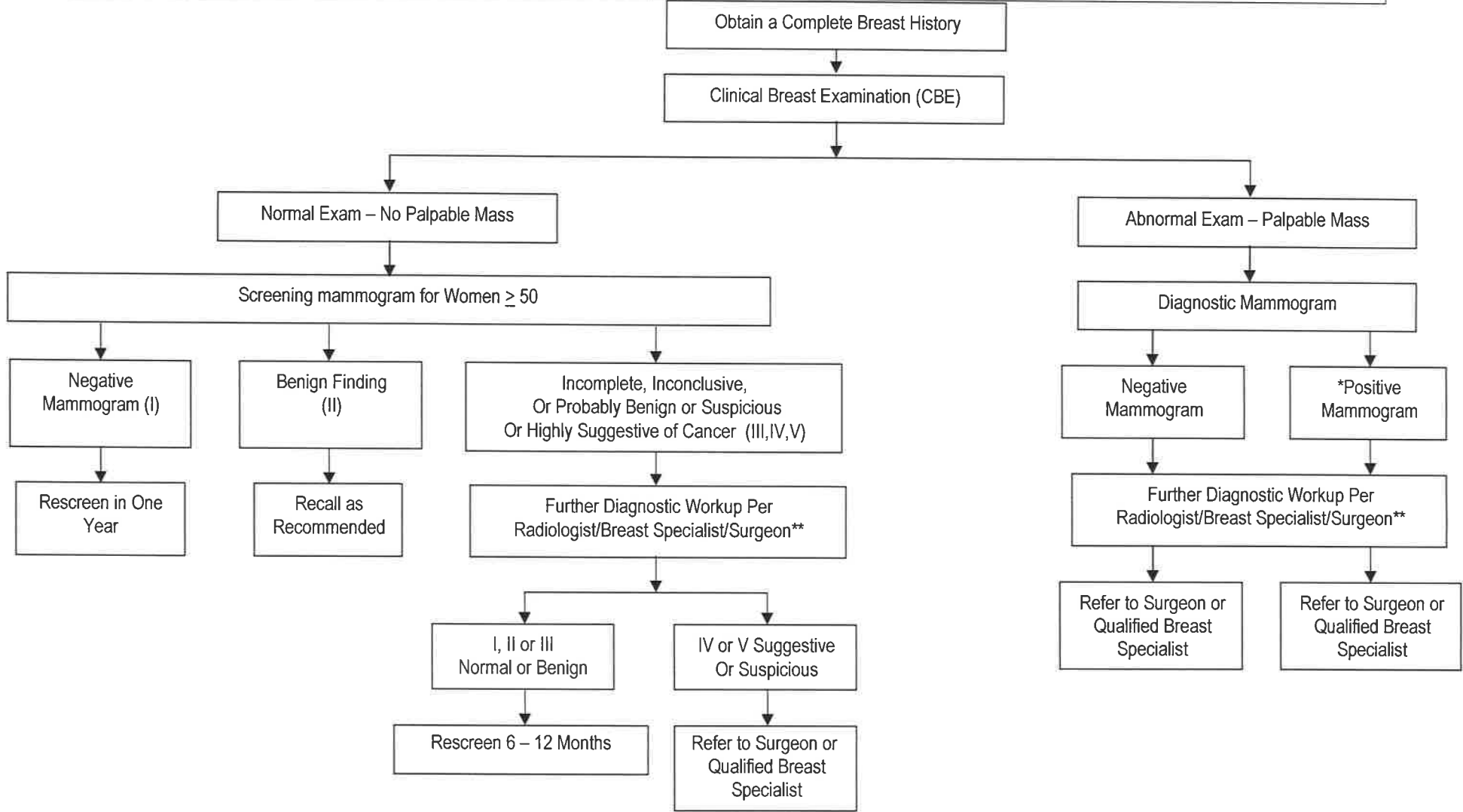
DESCRIPTION OF SERVICES	CPT CODES	2016-17 RATES 7/1/16-6/30/17
Aspiration of Cyst of Breast	19000	\$102.40
Breast Biopsy, with Placement of Localization Device and Imaging of Biopsy Specimen, Percutaneous: Stereotactic Guidance	19081	\$621.93
Breast Biopsy, with Placement of Localization Device and Imaging of Biopsy Specimen, Percutaneous; Ultrasound Guidance	19083	\$601.35
Biopsy (Nonexcisional)	19100	\$135.98
Excisional Biopsy	19101	\$309.46
Colposcopy	57452	\$101.10
Colposcopy, with Biopsy(s) of Cervix	57454	\$142.78
Conization of Cervix (Cone)	57520	\$284.15
Loop Electrode Excision (LEEP)	57522	\$244.11
Endometrial Sampling (biopsy) (prior approval only)	58100	\$101.33
Ultrasound, complete examination of breast including axilla, unilateral	76641	\$97.15
Ultrasound, complete examination of breast including axilla, unilateral, Technical	76641-TC	\$61.78
Ultrasound, complete examination of breast including axilla, unilateral, Professional	76641-26	\$35.37
Ultrasound, limited examination of breast including axilla, unilateral	76642	\$80.20
Ultrasound, limited examination of breast including axilla, unilateral, Technical	76642-TC	\$47.24
Ultrasound, limited examination of breast including axilla, unilateral, Professional	76642-26	\$32.96
Diagnostic Mammography, Unilateral, Global	77055	\$80.92
Diagnostic Mammography; Unilateral, Technical	77055-TC	\$46.93
Diagnostic Mammography; Unilateral, Professional	77055-26	\$33.98
Diagnostic Mammography, Bilateral, Global	77056	\$103.93
Diagnostic Mammography; Bilateral, Technical	77056-TC	\$61.78
Diagnostic Mammography; Bilateral, Professional	77056-26	\$42.15
Screening Mammography, Global	77057	\$74.42
Screening Mammography, Technical	77057-TC	\$40.43
Screening Mammography, Professional	77057-26	\$33.98
Magnetic Resonance Imaging (MRI), Breast, with and/or without Contrast. Unilateral, Global	77058*	\$469.95
Magnetic Resonance Imaging (MRI), Breast, with and/or without Contrast, Unilateral, Technical	77058-TC*	\$391.06
Magnetic Resonance Imaging (MRI), Breast, with and/or without Contrast, Unilateral, Professional	77058-26*	\$78.90
Magnetic Resonance Imaging (MRI), Breast, with and/or without Contrast. Bilateral, Global	77059*	\$469.95
Magnetic Resonance Imaging (MRI), Breast, with and/or without Contrast, Bilateral, Technical	77059-TC*	\$391.06
Magnetic Resonance Imaging (MRI), Breast, with and/or without Contrast, Bilateral, Professional	77059-26*	\$78.90
Human Papillomavirus, high-risk types	87624**	\$47.80
Cytopathology, Smears, Cervical, Technician	88141**	\$30.33
Cytopathology, Cervical, Automated Thin Layer (Liquid)	88142**	\$27.60
Cytopathology, Cervical, Automated Thin Layer	88143**	\$27.60
Cytopathology, Slides, Cervical, Technical (Conventional)	88164**	\$14.39

Listing of Covered Services
MS BCCP Fee Schedule
Page 2

Fine Needle Aspiration, Breast, with/without Smears	88170	\$134.95
Cytopathology, Cervical, Automated Thin Layer, Automated System Screening	88174**	\$29.11
Cytopathology, Cervical, Auto Thin Layer, Auto System Screening & Rescreening	88175**	\$36.09
Level IV-Surgical Pathology, Global	88305	\$67.42
Office Visit, Initial	99203	\$99.61
Office Visit/Consultation-Problem Focused/Surgical	99204	\$153.39
Office/Follow-up	99213	\$67.51
Screening Mammogram, Digital, Bilateral, Global	G0202	\$119.58
Screening Mammogram, Digital, Bilateral, Technical	GO202-TC	\$85.91
Screening Mammogram, Digital, Bilateral, Professional	GO202-26	\$33.67
Diagnostic Mammogram, Digital, Bilateral, Global	G0204	\$146.31
Diagnostic Mammogram, Digital, Bilateral, Technical	GO204-TC	\$104.16
Diagnostic Mammogram, Digital, Bilateral, Professional	GO204-26	\$42.15
Diagnostic Mammogram, Digital, Unilateral, Global	G0206	\$114.94
Diagnostic Mammogram, Digital, Unilateral, Technical	GO206-TC	\$81.27
Diagnostic Mammogram, Digital, Unilateral, Professional	GO206-26	\$33.67

*Magnetic Resonance Imaging and magnetic resonance guided/based procedures **REQUIRE** prior approval from the Breast and Cervical Cancer Program.

**The BCCP reimbursement cannot exceed the Medicare reimbursement rate. However, no provider may submit a claim to the BCCP for more than the physician/laboratory bills or has contracted for the procedure.



Note-All reports should be reviewed by a nurse

I & II – file in patient record or tracking system

III – V – refer to physician for review

* Positive refers to benign finding, incomplete, inconclusive, or probably benign, suspicious or highly suggestive of cancer.

**Additional diagnostic workup should be done within 30 days

MISSISSIPPI STATE DEPARTMENT OF HEALTH BREAST AND CERVICAL CANCER MANUAL	TOPIC: APPENDIX E
	SUBTOPIC: MSDH SNOP CODE LISTING
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<u>Code</u>	<u>Description</u>	Active Last Edited: 8/6/2010
0045	SAT-FEW CELLS	✓
0046	SAT-PARTIAL AIRDRYING	✓
0047	4-SAT-OBSC INFLAMMATION	✓
0048	SAT-CYTOLYSIS	✓
0050	SAT-OTHER(SEE COMMENT)	✓
0052	2-SAT-NO ENDOCERVICAL COMP.	✓
0053	SAT-THICK SMEAR	✓
0057	SAT-OBSCUR. BLOOD	✓
0067	SAT-OBSCUR. BACTERIA	✓
0099	4-SAT-VAG CUFF &/OR ATROPHIC	✓
0100	1-SAT- ECC PRESENT	✓
0101	2-SPECIAL COMMENT	✓
0102	CORRECTED - SPECIFY CHANGE	✓
0103	CORRECTED - S.S. #	✓
0104	CORRECTED - CLINIC CODE	✓
0105	CORRECTED - MEDICAID #	✓
0106	CORRECTED - BIRTHDATE	✓
0107	CORRECTED - PATIENT NAME	✓
0108	CORRECTED - DIAGNOSIS	✓
0109	CORRECTED - SP COMMENT FIELD	✓
0110	CORRECTED - EARLY SIGNOUT	✓
0111	CORRECTED - PATIENT HISTORY	✓
0112	CRITICAL RESULTS PHONED/READ	✓
0113	CORRECTED - NO CHANGE IN DIAG.	✓
0200	SAMPLE REPROCESSED - GAA	✓

0201	SAMPLE REPROCESSED	✓
0801	z1-QA FELLOW	✓
0802	z2-QA-FELLOW	✓
0803	z3-QA FELLOW	✓
0901	*1-QA.	✓
0902	*2-QA.	✓
0903	*3-QA.	✓
0905	QA, RANDOM, "A"	✓
0906	QA, RANDOM, "B"	✓
0907	QA, RANDOM, "C"	✓
0911	3-BX/PAP SMEAR HX CORRELATE	✓
0912	4-BX/PAP HX PARTIAL CORRELATE	✓
0913	5-BX/PAP HX DON'T CORRELATE	✓
0914	6-BX-INSUFFICIENT FOR EVAL.	✓
0918	BX/PAP:REFER TO SURG REPORT	✓
0921	QA, HIGH RISK, "A"	✓
0922	QA, HIGH RISK, "B"	✓
0923	QA, HIGH RISK, "C"	✓
0925	QA, SUPERV, NON-NEOP, RANDOM	✓
0926	QA, SUPERV, NON-NEOP,HIGH RISK	✓
1000	1-NEG-NIL	✓
1001	2-NEG-NIL, ATROPHIC	✓
1130	RADIATION.	✓
1490	GARDNERELLA/BACT.	✓
2040	CHLAMYDIA.	✓
4084	HERPES.	✓
4300	3-ACUTE INFLAMMATION	✓
4302	IMMUNOSUPPRESSED	✓
4303	4-CANDIDA.	✓
4304	5-REPAIR/REACTIVE	✓
4310	FOLLICULAR CERVICITIS	✓
4461	6-TRICHOMONAS	✓

4463	ACTINOMYCETES	✓
4500	SQUAMOUS METAPLASIA	✓
5001	1-1ST PAP POST ASC/SIL	✓
6001	2-1ST PAP POST AGC	✓
6807	ENDOMETRIALS IN PREG/PMP	✓
6808	EMS >40 YRS OLD	✓
7009	2-LSIL	✓
7911	1-ASC-US	✓
7912	6-ASC-H	✓
7913	1-ASCUS, PT 20YRS AND <	✓
7957	AGC > 35	✓
7958	AGC-W/ABNL BLEEDING	✓
7959	AGC-NOS	✓
7960	AGC-ATYP ENDOMETRIAL CELLS	✓
7961	AGC-ATYP ENDOCERVICAL CELLS	✓
8000	ASC,AGC,OR SIL S/P BX &/OR TX	✓
8004	3-HSIL (CIN II - MODERATE)	✓
8005	4-HSIL (CIN III - SEVERE)	✓
8006	5-HSIL (CIN III- CIS)	✓
9010	x-MALIGNANCY, SEE COMMENT	✓
9016	x-METASTATIC CARCINOMA	✓
9071	HSIL-R/O INVASION	✓
9073	x-INVASIVE SQUAMOUS CELL CA	✓
9074	x-MICROINV. SQUAMOUS CELL CA	✓
9103	x-CHORIOCARCINOMA	✓
9142	ENDOCERVICAL AIS	✓
9143	x-ENDOMETRIAL ADENOCA	✓
9483	x-ENDOCERVICAL ADENOCA	✓
9484	x-ADENOCARCINOMA, NOS	✓
9563	x-ADENO-SQUAMOUS CA	✓
9953	x-CARCINOSARCOMA	✓
9955	1-HPV TYPING REQUESTED	✓

9970	5-UNSAT-TOO FEW CELLS	✓
9971	UNSAT-AIRDRIED/TECH ARTIFACTS	✓
9972	UNSAT-OBSCURING INF.	✓
9973	UNSAT- CYTOLYSIS/DEGENERATION	✓
9974	UNSAT-INADEQUATE CLIN. DATA	✓
9975	UNSAT-OTHER PROBLEM (SPECIFY)	✓
9977	UNSAT-OBSCURING BLOOD	✓
9978	UNSAT-INADEQ. IDENTIFICATION	✓
9982	UNSAT-OBSCURING BACTERIA	✓
9983	UNSAT-THICK SMEAR	✓
9996	Test Code	✓
9998	xx-DC CASE	✓
9999	xx-PROTOCOL OVERRIDE	✓

MISSISSIPPI STATE DEPARTMENT OF HEALTH BREAST AND CERVICAL CANCER MANUAL	TOPIC: APPENDIX F PAP/Biopsy Protocol-Revised Nov. 2007 <hr/> SUBTOPIC: Flow Chart Responses to Liquid Based Pap/Biopsy Reports
EFFECTIVE DATE: JULY 15, 2014	REFERENCE:
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Glossary of Terms

Negative -----Annual PAP
ASC-US Adults ----- Page 11
ASC-US or LSIL Adolescents ----- Page 12
LSIL Adults ----- Page 13
ASC-H Adults ----- Page 14
ASC-H and HSIL Adolescents ----- Page 15
HSIL Adults ----- Page 16
AGC Adults and Adolescents ----- Page 17
BIOPSY CIN-1 Adults ----- Page 18
BIOPSY-CIN-1 Adolescents ----- Page 19
BIOPSY CIN-2 Adolescents ----- Page 20
BIOPSY CIN-2 and CIN-3 Adults ---- Page 21
BIOPSY CIN-3 Adolescents ----- Page 22

- AIS** – Adenocarcinoma in situ
AGC – Atypical Glandular Cells
AGC-NOS – Atypical Glandular Cells, Not Otherwise Specified
ASC-H – Atypical Squamous Cells, Cannot Exclude High-Grade Lesion
ASC-US – Atypical Squamous Cells of Undetermined Significance
CKC – Cold Knife Cone
ECC – Endocervical Curettage / Endocervical Sampling
HPV – Human Papilloma Virus
HPV Positive / Negative –refers High-Risk types of HPV identified by DNA Probe
HSIL – High Grade Squamous Intraepithelial Lesion
LEEP – Loop Electrical Excisional Procedure
LSIL – Low Grade Squamous Intraepithelial Lesion
Protocol – refers to this document (the Mississippi Department of Health PAP / Biopsy Protocol)

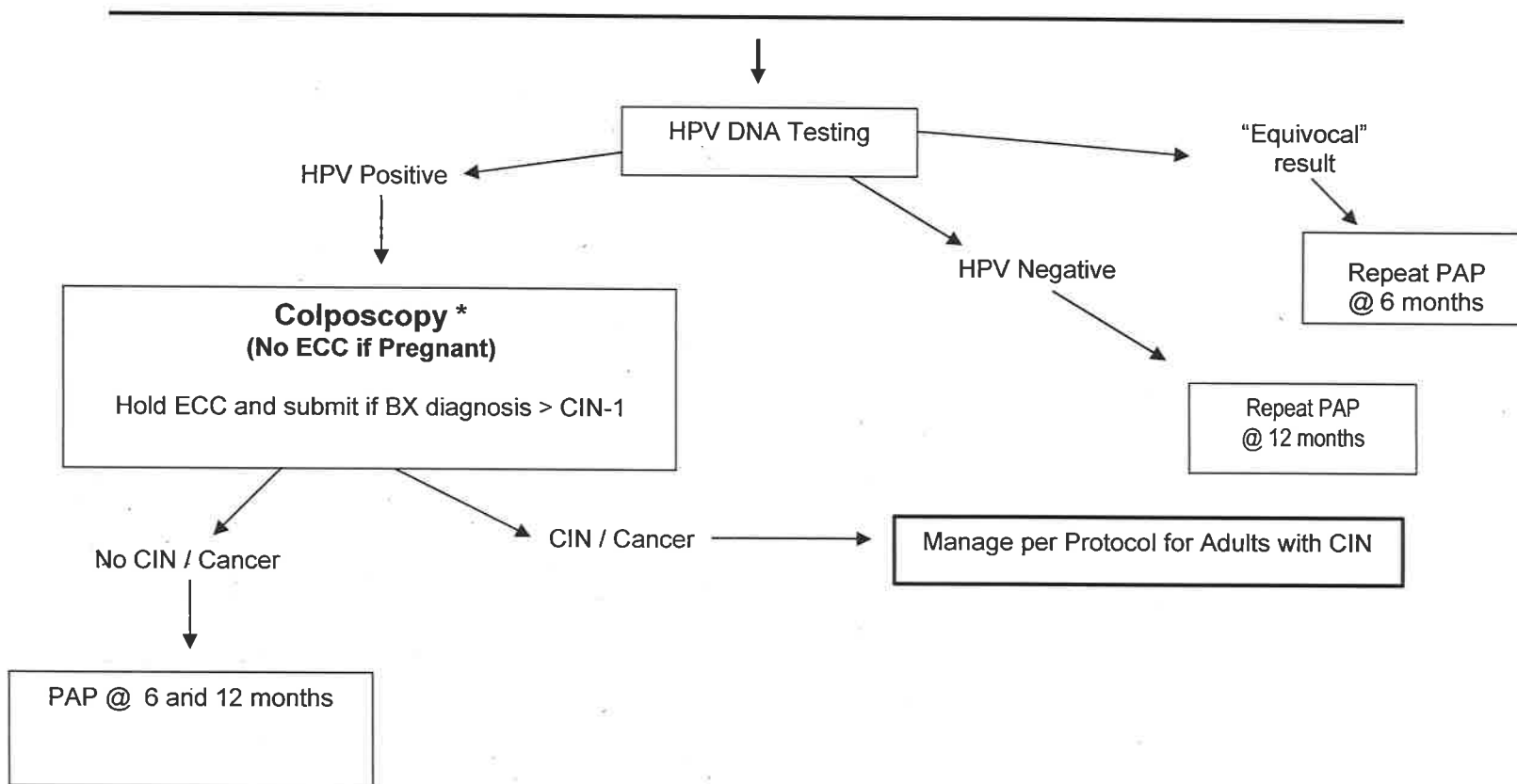
Non-Neoplastic Findings or Organisms: Refer to the Cervical Cytology Codes Guidelines in the Manual.

Note:

If you have a pregnant patient with an abnormal pap you may Colpo in the first 6 months of pregnancy. Do not biopsy or perform ECC. For any specific situation not covered in the Flow Charts, consult the State GYN Consultant using Referral for Services, Form # 78.

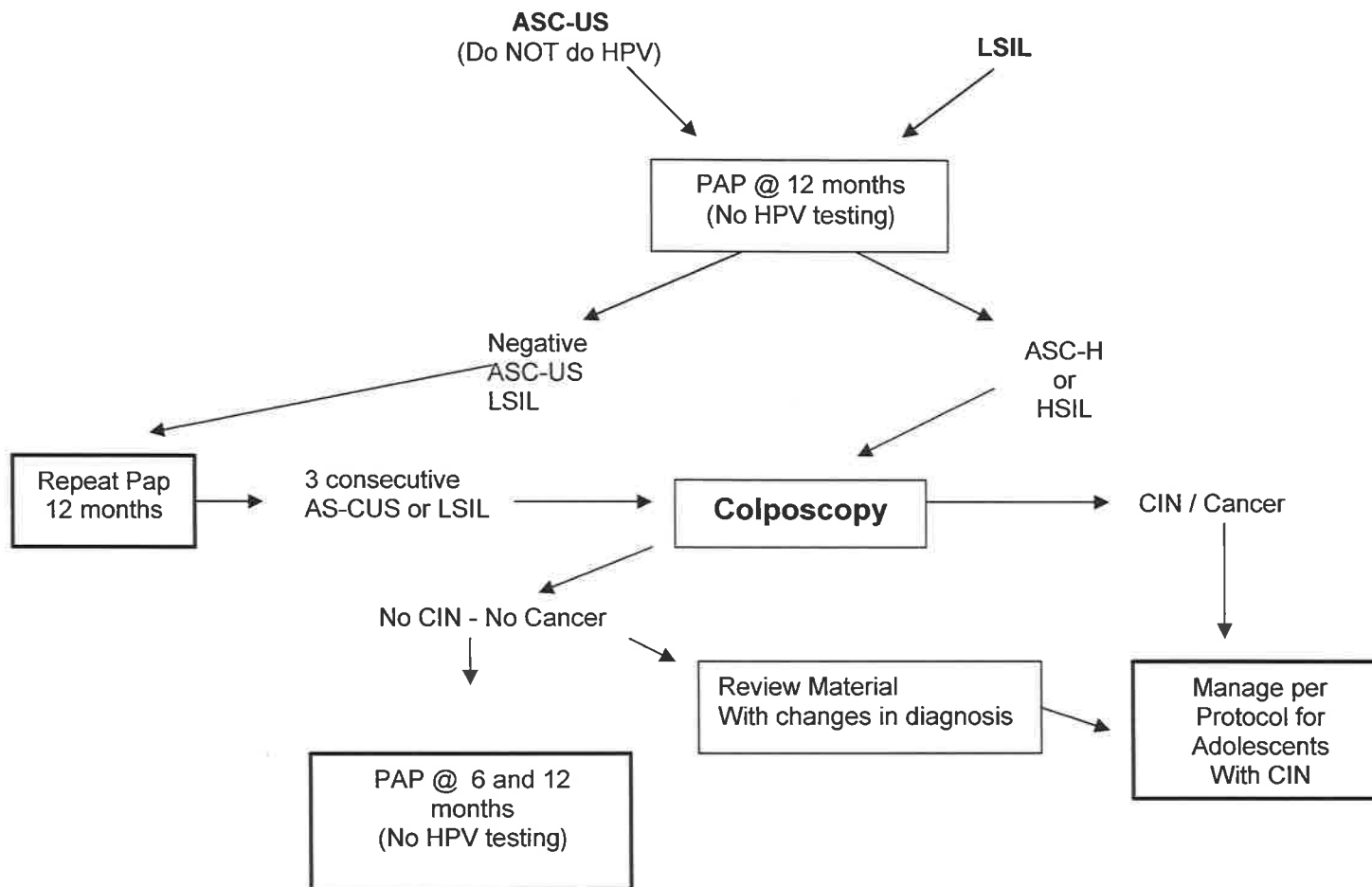
Reference: American Society for Colposcopy and Cervical Pathology (ASCCP) Consensus Guidelines 2001, Consensus Conference 2006, and UMC OB/gyn Protocol.
(www.asccp.org)

ADULTS – 21 y/o or older
Atypical Squamous Cells of Undetermined Significance (ASC-US)

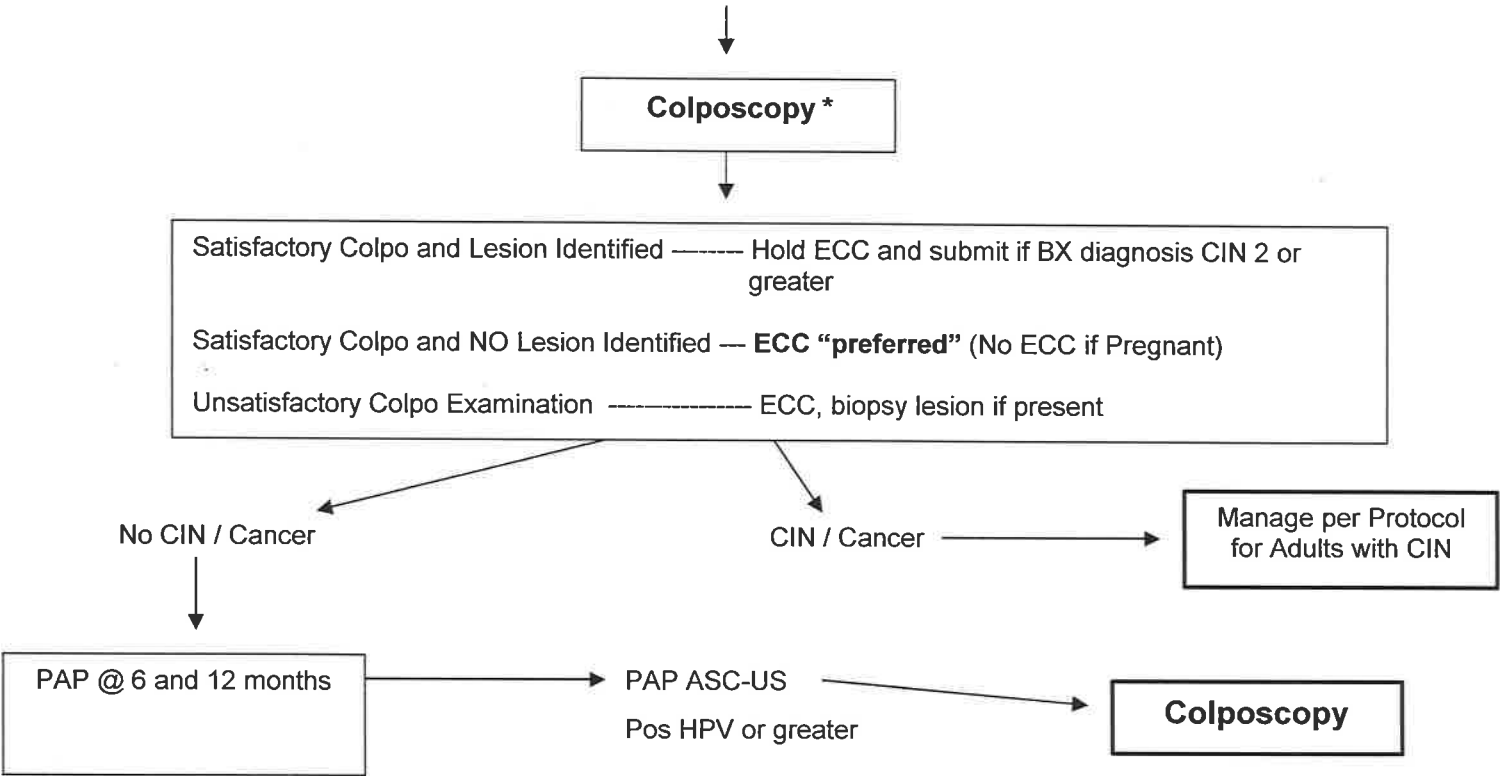


* Colposcopy is preferred. If colposcopy is not available, or if patient is non-compliant, then a repeat PAP in 6 months is acceptable (one time only).

Adolescents – 20 y/o or younger
ASC-US or LSIL

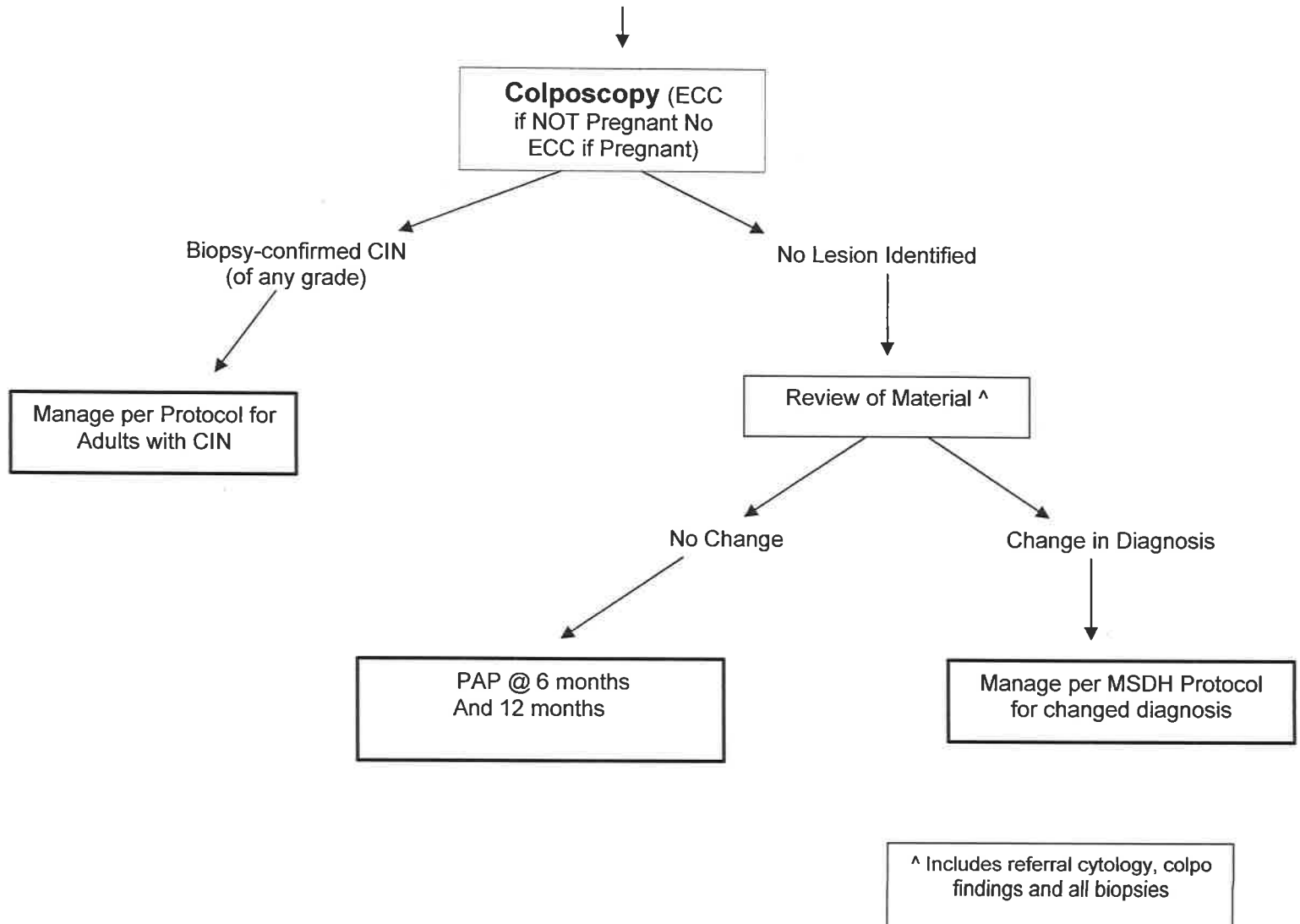


ADULTS – 21 y/o or older
Low Grade Squamous Epithelial Lesion (LSIL)

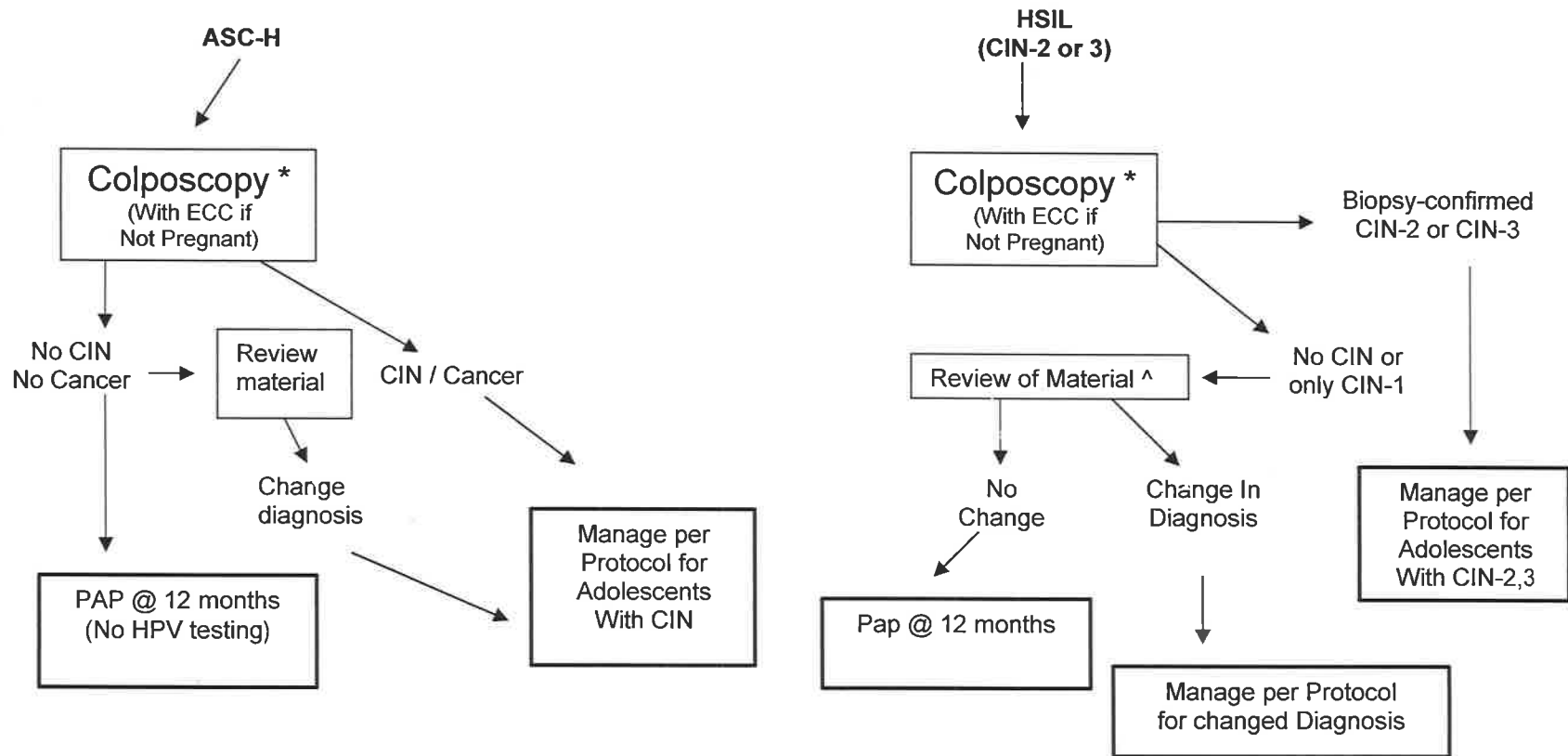


* Colposcopy is preferred. If colposcopy is not available, or if patient is non-compliant, then a repeat PAP in 6 months is acceptable (one time only).

ADULTS – 21 y/o or older
Atypical Squamous Cells: Cannot Exclude High-Grade SIL (ASC-H)



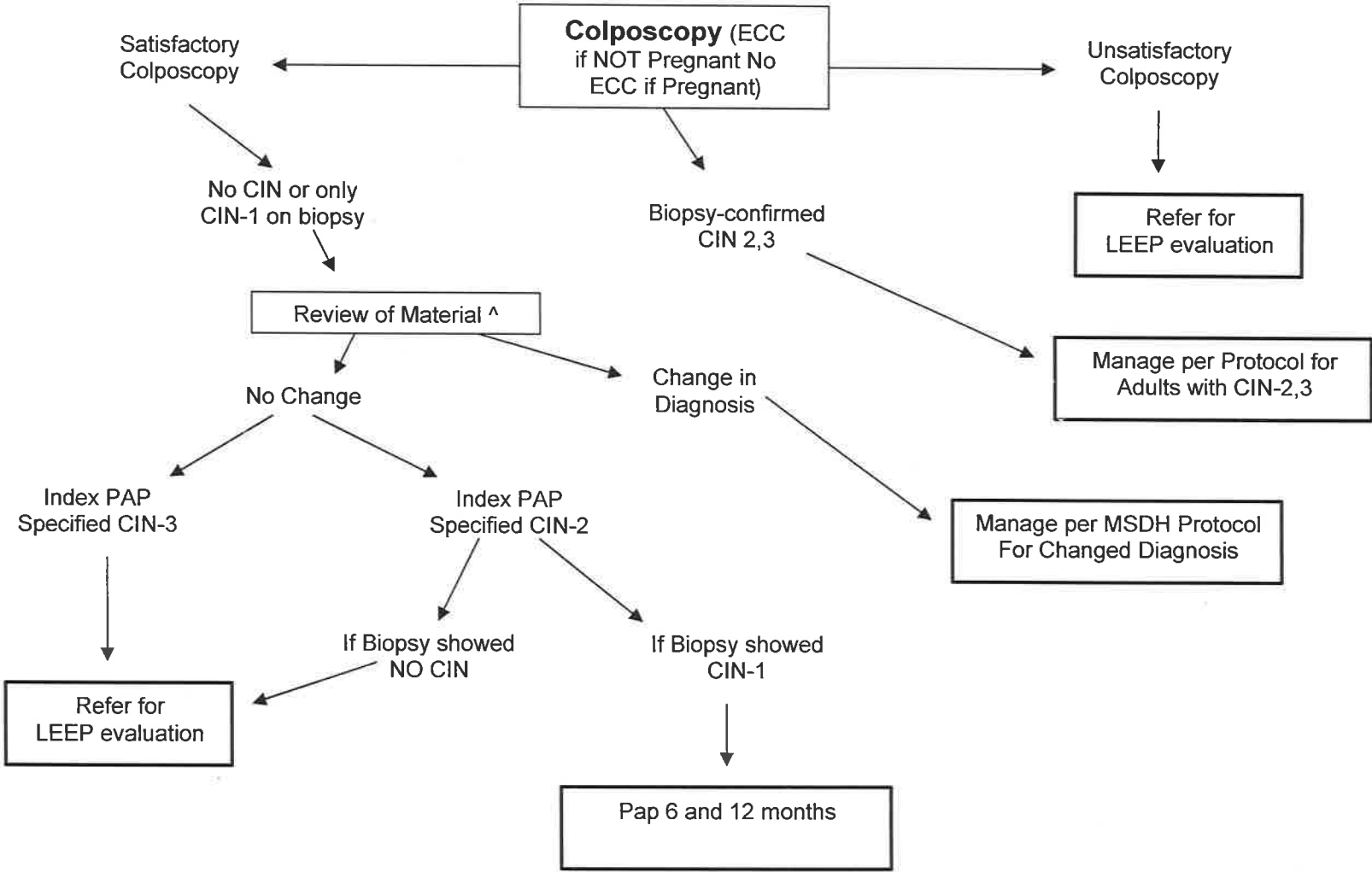
**Adolescents – 20 y/o or younger
ASC-H and HSIL**



^ Includes referral cytology, colpo findings, and all biopsies

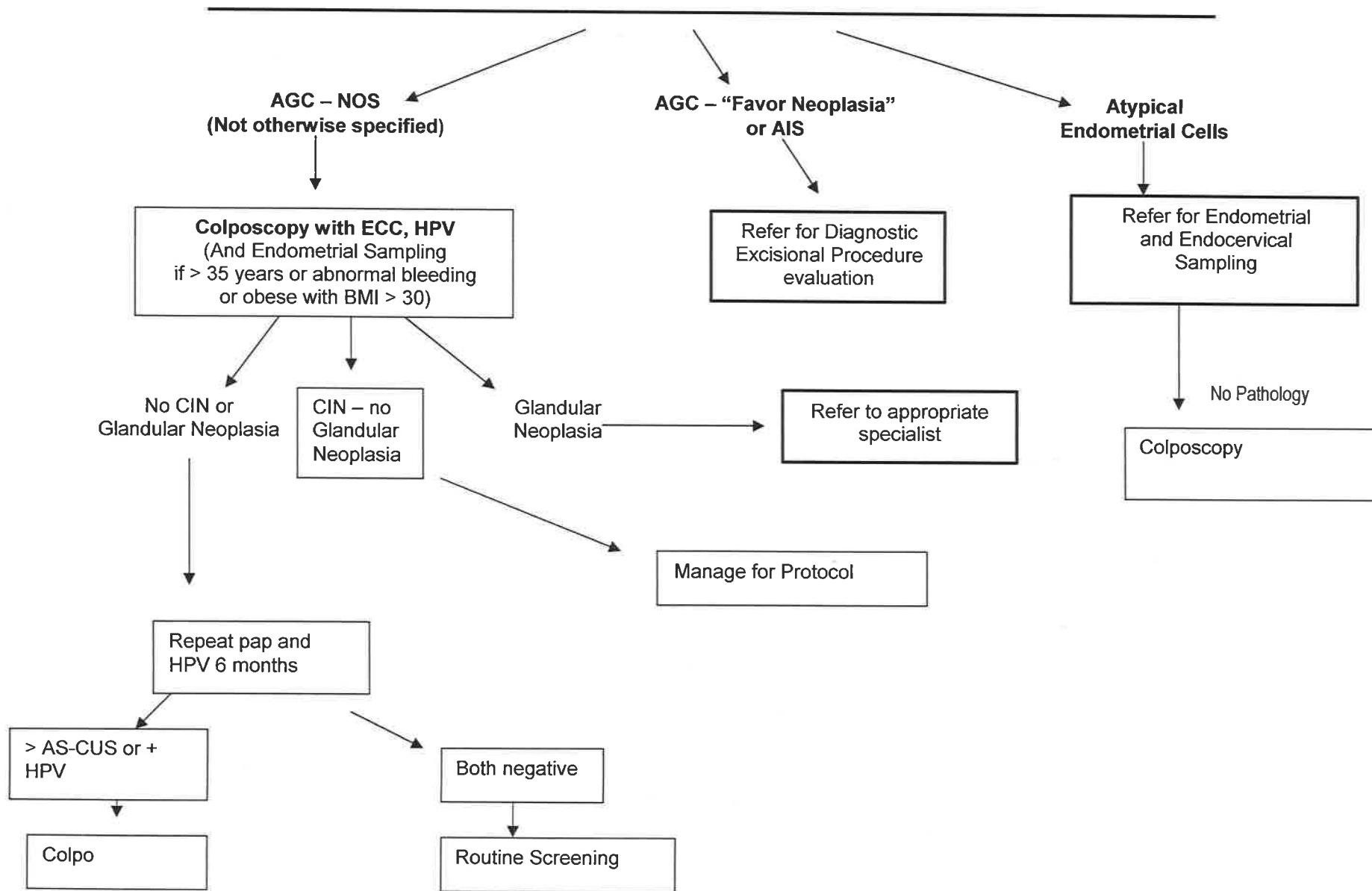
* If Colposcopy is Unsatisfactory, refer to LEEP evaluation

ADULTS – 21 y/o or older
High Grade Squamous Intraepithelial Lesion (HSIL)

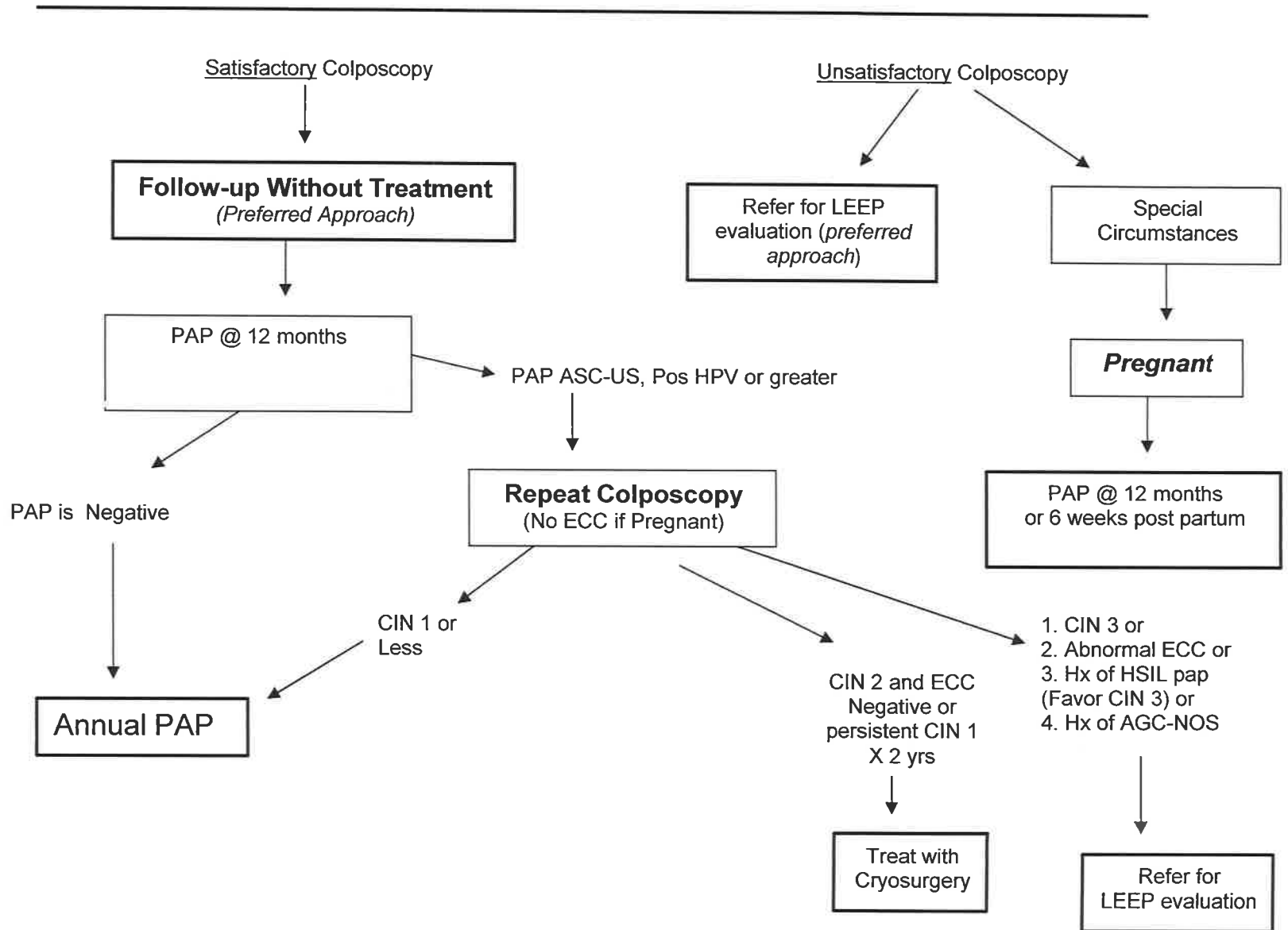


^ Includes referral cytology, colpo findings and all biopsies

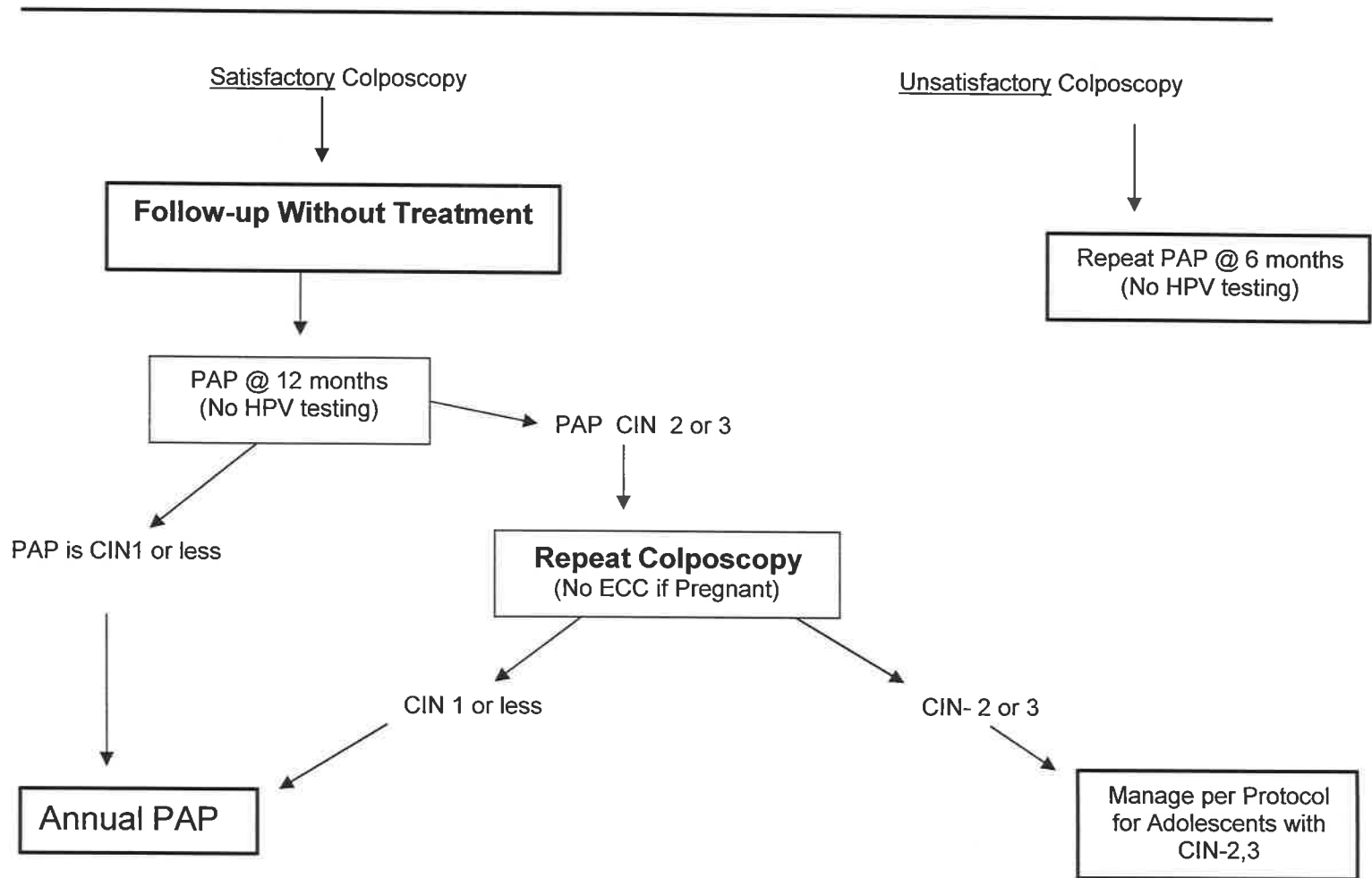
ADULTS and Adolescents
Atypical Glandular Cells (AGC)
 (If Pregnant, refer to OB-GYN)



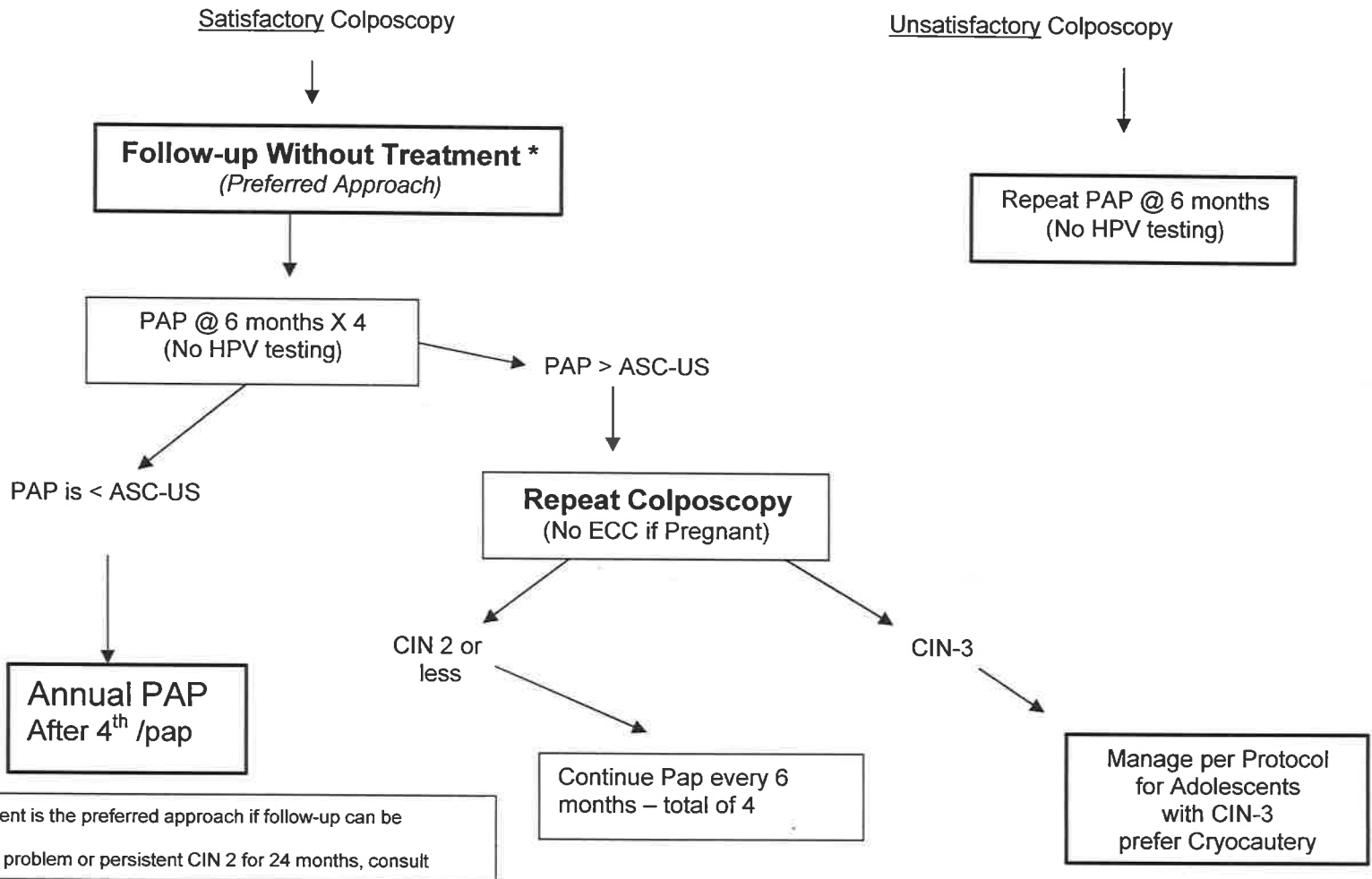
ADULTS – 21 y/o or Older
Biopsy Confirmed CIN-1



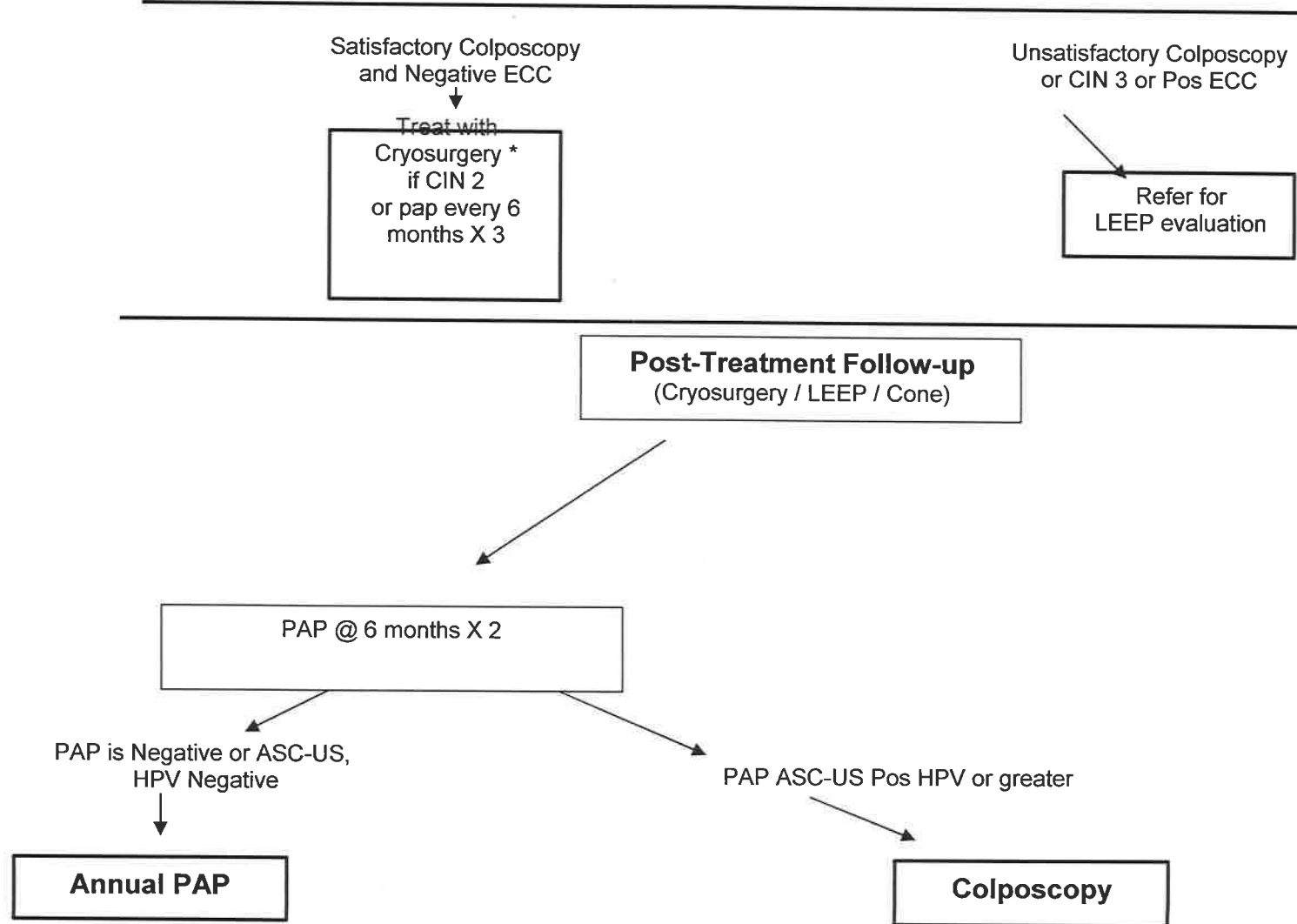
Adolescents – 20 y/o or younger
Biopsy Confirmed CIN-1



Adolescents – 20 y/o or younger
Biopsy Confirmed CIN-2

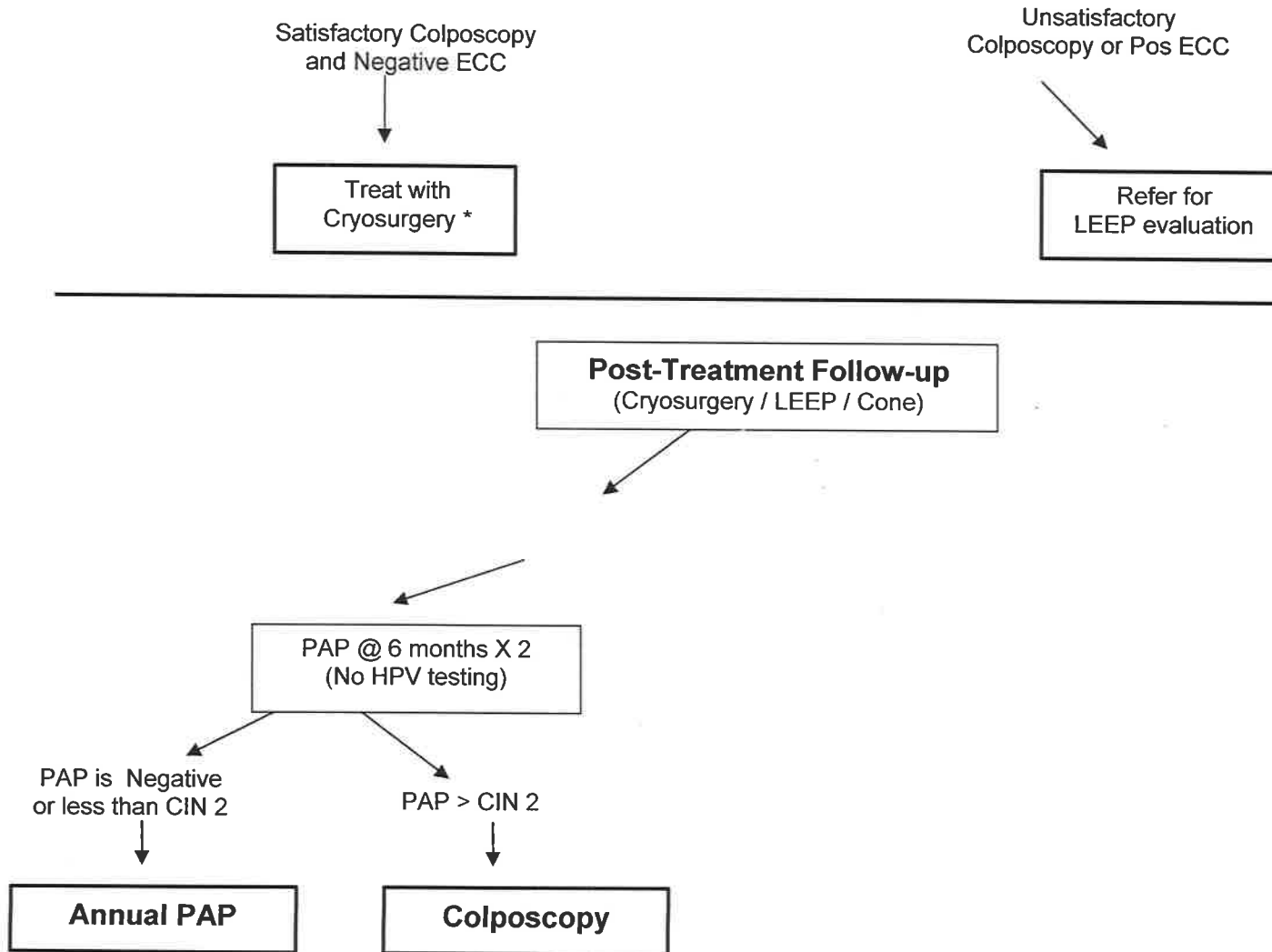


ADULTS – 21 y/o or older
Biopsy Confirmed CIN-2 and CIN-3



* Excisional modalities preferred for recurrent CIN-2,3

Adolescents – 20 y/o or younger
Biopsy Confirmed CIN-3



* Excisional modalities preferred for recurrent CIN-3

MISSISSIPPI STATE DEPARTMENT OF HEALTH BREAST AND CERVICAL CANCER MANUAL	TOPIC: APPENDIX G
	SUBTOPIC: House Bill #881OF 2000
EFFECTIVE DATE: JULY 15, 2014	REFERENCE: As Signed by the Governor
REVISION DATE: JUNE 4, 2014	SECTION 5.0 PAGE 23 OF 53

SECTION 24 OF HOUSE BILL 881 IN THE YEAR 2000

- (24) Individuals who have not attained age sixty-five (65), are not otherwise covered by creditable coverage as defined in the Public Services Act, and have been screened for breast and cervical cancer under the Centers of Disease Control and Prevention Breast and Cervical Cancer Early Detection Program established under Title XV of the Public Health Service Act in accordance with the requirements of that act and who need treatment of breast and cervical cancer. Eligibility of individuals under this paragraph (24) shall be determined by the Division of Medicaid.

PUBLIC LAW 106-354 BREAST AND CERVICAL CANCER PREVENTION AND TREATMENT ACT OF 2000

Below are "screened under the program" options for Medicaid eligibility allowed under Breast and Cervical Cancer Prevention and Treatment Act of 2000 Public Law 106-354. **Mississippi opted for #2.**

1. CDC Title XV funds paid for all or part of the costs of her screening.
2. The woman is screened under a state Breast and Cervical Cancer Early Detection Program in which her particular clinical service has not been paid for by CDC Title XV funds; the service was rendered by a provider and/or an entity funded in part by CDC Title XV funds; the service was within the scope of a grant, sub-grant or contract under the State program; and the State CDC Title XV grantee has elected to include such screening activities by that provider as Screening activities pursuant to the CDC Title XV.
3. The woman is screened by any provider and/or entity and the state in which the CDC Title XV grantee operates elects to include screening activities by that provider as screening activities pursuant to CDC Title XV. For example, if a family planning or community health center provides breast or cervical cancer screening or diagnostic services, the state could opt to include the provider(s) screening activities as part of overall CDC Title XV activities.

MISSISSIPPI STATE DEPARTMENT OF HEALTH BREAST AND CERVICAL CANCER MANUAL	TOPIC: APPENDIX H
	SUBTOPIC: Policy & Procedure for Medicaid Coverage
EFFECTIVE DATE: JULY 15, 2014	REFERENCE:
REVISION DATE: JUNE 4, 2014	SECTION 5.0 PAGE 23 OF 53

Effective Date: July 1, 2001

The Breast and Cervical Cancer Prevention and Treatment Act of 2000 was signed into law by President Bill Clinton on October 24, 2000. This act affords women who are diagnosed with breast and cervical cancer or a pre-cancerous condition (CIN II or higher) through the National Breast and Cervical Cancer Program, eligibility to receive Medicaid benefits for treatment.

Mississippi legislation was signed by Governor Ronnie Musgrove in 2001. According to this legislation, individuals are eligible for Medicaid benefits providing they have not attained age 65, have no other creditable coverage, and have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention Breast and Cervical Cancer Program, Title XV. Women will be eligible if they have a diagnosis of breast/cervical cancer or a pre-cancerous condition.

Purpose: This policy introduces the process for coverage of Mississippi Medicaid for women who are screened and/or diagnosed with cancer through the Mississippi Breast and Cervical Cancer Program (BCCP).

Background: Prior to the enactment of the treatment bill, women screened and diagnosed through the Breast and Cervical Cancer Program encountered lack of funding, which was a barrier to medical treatment. Options were limited, posing yet another obstacle for these women. The central aim of the Mississippi Breast and Cervical Cancer Program is to address the screening needs of women at the highest risk. Typically, these women are uninsured, medically under-served poor and elderly, African American, and other minorities. These women are more likely to have advanced disease at the time of presentation, reflecting differences in access to screening, to care, and fear of a cancer diagnosis.

With funding from the Centers for Disease Control and Prevention (CDC), and matching non-federal funds, the Mississippi State Department of Health has implemented a plan which makes available early detection services.

Eligibility: To be eligible for Mississippi Medicaid coverage through the BCCP, a woman must first meet all eligibility criteria, which is detailed on the following page.

MISSISSIPPI STATE DEPARTMENT OF HEALTH BREAST AND CERVICAL CANCER MANUAL	TOPIC: APPENDIX H CONT'D
	SUBTOPIC: Policy & Procedure for Medicaid
EFFECTIVE DATE: JULY 15, 2014	REFERENCE:
REVISION DATE: JUNE 4, 2014	SECTION 5.0 PAGE 24 OF 53

To be eligible for treatment through Mississippi Medicaid Coverage, a woman must meet **all** criteria listed below:

1. Qualify for the Mississippi Breast and Cervical Cancer Program (BCCP), based on program guidelines.
2. Screening and/or diagnostic procedures funded by the BCCP.
3. Pathology results are breast cancer.
or
Pathology results are cervical cancer or a precancerous condition of the cervix, which requires hysterectomy, LEEP or Conization.

Procedure for Referral for Mississippi Medicaid Coverage

To receive Mississippi Medicaid Coverage, the provider must submit the following information to the BCCP:

1. Notify the case manager for the BCCP of the client's cancer diagnosis.
2. Mail or fax the *Breast and Cervical Cancer Screening Intake* Form #718 (Appendix K), and a copy of the pathology report to the case manager for BCCP.

Once this procedure is completed, the case manager submits the information to the Division of Medicaid. Coverage will continue until treatment is complete.

MISSISSIPPI STATE DEPARTMENT OF HEALTH BREAST AND CERVICAL CANCER MANUAL	TOPIC: APPENDIX I
EFFECTIVE DATE: JULY 15, 2014	SUBTOPIC: Refusal of Further Evaluation and/or Treatment from Abnormal
REVISION DATE: JUNE 4, 2014	REFERENCE: SECTION 5.0 PAGE 25 OF 53

(Sample / Use Agency Letterhead)

REFUSAL OF FURTHER EVALUATION AND/OR TREATMENT FROM ABNORMAL

On _____, I _____ was advised by

The _____ that my _____

Was reported as _____. My questions have been answered to my satisfaction. The need for treatment has been explained to me and I understand the meaning of this _____, the need for further evaluation and risk involved of not seeking further diagnosis and treatment. I do, of my own free will and against medical advice, refuse further treatment and/ or diagnosis. I release the Mississippi State Department of Health, its staff, and contracted care providers from any and all liability for the outcome resulting from my choice(s).

(Patient's signature)

(Witness's Signature)

(Date of Signatures)

MISSISSIPPI STATE DEPARTMENT OF HEALTH BREAST AND CERVICAL CANCER MANUAL	TOPIC: APPENDIX J
EFFECTIVE DATE: JULY 15, 2014	SUBTOPIC: Consent Form #701
REVISION DATE: JUNE 4, 2014	REFERENCE:
	SECTION 5.0 PAGE 26 OF 53

CONSENT TO PARTICIPATE IN THE MISSISSIPPI BREAST AND CERVICAL CANCER SCREENING PROGRAM

I have voluntarily consented to be screened in the Mississippi Breast and Cervical Cancer Screening Program (BCCP). I understand that the BCCP will provide payment for eligible services. Results of all procedures performed will be sent to the BCCP.

Print Name: _____ Date: _____

Signature: _____ Date: _____

Mississippi State Department of Health

06/05/08

Form #701

MISSISSIPPI STATE DEPARTMENT OF HEALTH BREAST AND CERVICAL CANCER MANUAL	TOPIC: APPENDIX J
	SUBTOPIC: Form #701 Instructions
EFFECTIVE DATE: JULY 15, 2014	REFERENCE:
REVISION DATE: JUNE 4, 2014	SECTION 5.0 PAGE 27 OF 53

Purpose

To provide documentation of patient consent to voluntarily participate in the Mississippi Breast and Cervical Cancer Program (BCCP).

Instructions

All eligible patients must sign and date the consent form prior to the initial screening.

Office Mechanics and Filing

The original should be placed in the patient’s record and a copy sent to the BCCP.

All patients returning for an annual re-screening should complete the consent form upon re- enrollment in the program.

Retention Period

This form becomes a part of the patient’s medical record and is retained according to the retention requirements for this type patient record.

- White - BCCP
- Yellow – Patient Record
- Pink - Provider

MISSISSIPPI STATE DEPARTMENT OF HEALTH BREAST AND CERVICAL CANCER MANUAL	TOPIC: APPENDIX K
	SUBTOPIC: Breast and Cervical Cancer Program Screening Intake Form 718
EFFECTIVE DATE: JULY 15, 2014	REFERENCE:
REVISION DATE: JUNE 4, 2014	SECTION 5.0 PAGE 28 OF 53

PLEASE PRINT AND COMPLETE ALL FIELDS Enrollment Site _____ Enrollment Date ____/____/____

1. Name _____ 2. Social Security Number _____ 3. Age _____
 Last First Middle Maiden

4. DOB ____/____/____ 5. Place of Birth _____ 6. Monthly Income \$ _____ 7. Household size _____
 City State

8. Address _____
 Number and Street City State County of Residence zip

9. (____) _____ (____) _____ 10. (____) _____
 Day Phone Night Phone Name of person to contact Phone Relationship

11. Hispanic Origin Yes No Unknown
12. Race (can check more than one) White Black Asian Native American Native Hawaiian Unknown

13. How did you hear of the program?
 Reminder Rec'd Friend/Relative Newspaper
 Outreach Worker Pamphlet/Brochure Witness Project
 TV/Radio Education Program Deep South Network
 Employer Clinic or Doctor Circle of Friend

14. Health Insurance (can check more than one)
 1. Uninsured 3. Medicare 4. Private _____
 2. Medicaid Part A Only Screening Not Covered
 Part A & B Screening Covered

15. Family History of Breast Cancer
 Mother Daughter Other Self
 Sister Don't Know None Youngest age of Diagnosis ____

Section Below To Be Completed By Provider

<p>16. Breast Self Exam: Never Sometimes Monthly 17. Previous Mammogram: Yes ____/____/____ No Unknown</p> <p align="center">Breast Screening</p> <p>18. CBE Date ____/____/____ 19. _____ Reported Symptoms by patient</p> <p align="center">Clinical Breast Exam (CBE) Results</p> <p>1. Normal Exam 6. Nipple/areola scaliness 2. Benign Finding 7. Skin dimpling/retraction 3. Discrete palp mass (Dx Benign) 8. Not done- Normal CBE 4. Discrete palp mass-Susp for Ca past 12 months 5. Bloody/ Serious nipple dish</p> <p>21. Mammogra Date ____/____/____ Site _____</p> <p>22. Indication for Initial Mammogram 1. Routine Screening 2. Mammogram performed to evaluate symptoms, positive, CBE, or previous abnormal mammogram result 3. Mammogram done by non-program prov., referred for diag. 4. Mammogram not done. CBE only or proceeded to diagnostic 5. Cervical record only, breast services not done 6. Unknown</p> <p>23. Initial Mammogram Results 1. Negative 7. Assess Income-Flim comp. needed 2. Benign finding 8. Result presumed abn. Not funded 3. Probably benign 9. Unsatisfactory 4. Susp abn (consider Bx) 10. Result Pending 5. Highly suggestive of malign 6. Assess Income.-Needs further eval</p> <p>24. Additional Mammogram Views\Sched Date ____/____/____ 1. Repeat Mammogram Type of Diagnostic: _____ 2. Ultrasound 3. Film Comparison 4. No Add. Tests needed Recommendation _____ (Referral Form #717 needed)</p>	<p>25. Hyst Yes No Was hyst due to cancer? Yes No 26. Previous Pap Test: Yes ____/____/____ No Unknown Date</p> <p align="center">Cervical Screening</p> <p>27. Pelvic Exam/Pap Test Date ____/____/____</p> <p>28. Pelvic Exam Results 1. Normal 5. Not done-other/unknown reason 2. Abnormal Pelvic 6. Not Indicated/Not needed 3. Abnormal-not susp for ca 7. Not done-Normal PE in past 12 months 4. Abnormal- susp for ca 8. Refused</p> <p>29. Indication for Pap Test/ Date ____/____/____ 1. Routine Pap 4. Pap not done. Proceed 2. Patient monitored for to diagnostic procedure previous abnormal Pap 5. Breast only, cervical Not done 3. Referred in for diagnosis eval 6. Unknown</p> <p>30. Pap Test Specimen Adequacy 31. Specimen Type 1. Satisfactory 1. Conventional Smear 2. Unsatisfactory 2. Liquid Based 3. Unknown 3. Unknown</p> <p>32. Pap Test Results\Date ____/____/____ 1. Negative for intra. Lesion or mailing 7. Squamous cell carcinoma 2. ACG\Adenocarcinoma 8. Presumed abn, non- funded 3. Low grade SIL/HPV 9. Other _____ 4. ASC-US 10. Result pending 5. High Grade SIL 6. ASC-H</p> <p>33. HPV Test Result\Date of HPV ____/____/____ 1. Positive 2. Negative 3. Test Not Done 4. Unknown Recommendation (Referral Form #691 Needed)</p>
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MISSISSIPPI STATE DEPARTMENT OF HEALTH BREAST AND CERVICAL CANCER MANUAL	TOPIC: APPENDIX K
	SUBTOPIC: Form #718 Instructions
EFFECTIVE DATE: JULY 15, 2014	REFERENCE:
REVISION DATE: JUNE 4, 2014	SECTION 5.0 PAGE 29 OF 53

PURPOSE

To capture screening and enrollment data needed for program reporting and management and for submission of minimum data elements to the Centers for Disease Control and Prevention (CDC).

INSTRUCTIONS

This form is to be completed on all women screened through the Mississippi Breast and Cervical Cancer Program (BCCP). After completion, a copy of the form is to be sent to the BCCP Office.

This section can be completed by the patient

Enrollment Site - Enter name of clinic or physician's office.

Enrollment Date - Enter today's date.

Name - Enter patient's last name, first name and middle initial. If applicable enter patient's maiden name.

Social Security Number - Enter patient's Social Security Number.

Age - Enter patient's age

DOB - Enter patient's date of birth.

Place of Birth - Enter patient's place of birth.

State - Enter patient's state of birth.

Monthly Income - Enter total monthly from all sources in the household.

Household Size - Enter total number of people who live in the household.

Address - Enter name of street and number where patient lives.

Enter city, state, county and zip code where patient lives.

Day Phone - Enter phone number where patient can be reached during the day.

Night Phone - Enter phone number where patient can be reached at night.

Name and Number of someone to call if you cannot be reached - Enter name and number for this person.

Hispanic Origin - Check yes, no, or unknown - **Do not leave blank.**

Race - Check all that apply.

How you heard about the program - Check the appropriate box.

Health Insurance - Check all that apply.

Family History of Breast Cancer - Check all that apply.

This section to be completed by Provider

Breast Self-Exam - Check appropriate box.

Previous Mammogram - Check appropriate box. Enter month, date, year.

MISSISSIPPI STATE DEPARTMENT OF HEALTH BREAST AND CERVICAL CANCER MANUAL	TOPIC: APPENDIX K
EFFECTIVE DATE: JULY 15,2014	SUBTOPIC: Form #718 Instructions
REVISION DATE: JUNE 4, 2014	REFERENCE: SECTION 5.0 PAGE 30 OF 53

Breast Screening

CBE Date -Enter month, day and year.

Reported Symptoms - Enter yes or no based on patient's complaints.

Clinical Breast Findings - Clinician should check appropriate box based on clinical exam.

Mammogram Date and Site- Enter scheduled date and location of screening or diagnostic mammogram and where is to be performed.

Indication for Initial Mammogram- Reason for mammogram

Initial Mammogram Results - Check one box only based on findings.

Additional Mammogram Views and Scheduled Date (if needed) -Type of procedure that needs to be performed in addition to initial mammogram.

Recommendation- Recommendation of the clinician

Cervical Screening

Hysterectomy- Check appropriate box.

Hysterectomy due to cancer- Check yes or no, if applicable

Previous Pap Test- Check appropriate box and enter date month, date, and year.

Date of Pelvic with Pap Test - Enter date of exam and location. Pelvic Exam

Findings - Check appropriate box based on clinical exam. Indication for Pap

Test\Date- Check the reason for Pap and date performed. Pap Test Specimen

Adequacy - Check appropriate box based on lab results. Specimen Type –

Check appropriate results.

Pap Test Results\Date - Enter only one result based on the most significant lab finding and date of results.

HPV Test Result\Date of HPV- If applicable, check the appropriate box and fill in the date of the test.

Recommendation- Based on results of Pap, complete the Pap Smear Follow-up Referral Form if applicable.

Office Mechanics and Filing

White - Send completed form to the Breast and Cervical Cancer Program.

Yellow- Patient Record

Pink- With Mammography Voucher or follow up/referral form as needed

Retention Period

Retain according to agency policy for that type of patient retention schedule.

MISSISSIPPI STATE DEPARTMENT OF HEALTH BREAST AND CERVICAL CANCER MANUAL	TOPIC: APPENDIX L SUBTOPIC: Breast Follow-Up Referral Form 717
EFFECTIVE DATE: JULY 15, 2014	REFERENCE:
REVISION DATE: JUNE 4, 2014	SECTION 5.0 PAGE 31 OF 53

Date ___/___/___ Facility Name _____ Social Security No. _____

Patients Name _____

Day Phone (____) _____ Last _____ First _____ MI _____ Maiden _____
Night Phone (____) _____ DOB ___/___/___

Address _____
Street, Rural Route or Box Number _____ City _____ State _____ Zip Code _____

Reason For Referral _____

Surgical Clinic/MD Name _____ Phone (____) _____ Appt. Date ___/___/___

Physicians Instructions- please (✓) all that apply, complete this form and return it to MSDH at the address above.

1. Repeat Breast Exam a. Normal / Benign b. Abnormal c. Suspicious for Cancer d. Other Abnormalities e. Refused/ Not Done	2. Film Comp. a. Negative (BI-RADS 1) b. Benign (BI-RADS 2) c. Probably Benign (BI-RADS 3) d. Suspicious Abnormality (BI-RADS 4) e. Highly Suggestive (BI-RADS 5) f. None	3. Ultrasound- a. Negative b. Cystic Mass c. Solid Mass d. Indeterminate e. Refused/ Not Done f. Not Done	4. Additional Mammogram Results a. Negative b. Benign c. Probably Benign d. Suspicious Abnormality e. Highly Suggestive
5. Final Imaging Outcome Date ___/___/___ a. Negative (BI-RADS 1) b. Benign (BI-RADS 2) c. Probably Benign (BI-RADS 3) d. Suspicious Abnormality (BI-RADS 4) e. Highly Suggestive (BI-RADS 5) f. Unsatisfactory g. Refused	6. Breast Biopsy/ Lumpectomy a. Benign b. Benign with Atypia c. Malignant d. Indeterminate e. Refused/Not Done	7. Fine Needle/ Cyst Aspiration a. Negative for malignancy b. Abnormal, Suspicious for Malignancy c. Positive for Malignant Cells d. Indeterminate e. Refused/Not Done	
8. Other Diagnostic Procedures			
9. Final Diagnosis-- a. LCIS b. DCIS c. Cancer, invasive d. Breast Cancer Not Diagnosed	10. Stage At Diagnosis (see Reverse side)-- a. TNM Stage I b. TNM Stage II c. TNM Stage III d. TNM Stage IV e. Unknown	11. If cancer Is Invasive Indicate Tumor Size a. 0 to < 1 cm b. 1 to < 2 cm c. 2 to < 5 cm d. ≥ 5 cm e. Unknown	
12. What is the Status of the Patient's Work- Up? a. Work-up is Complete b. Patient is Lost to follow-up c. Patient Refused Work-up	14. When was Treatment Initiated, Refused, or the Patient Lost to follow-up? Date ___/___/___		
13. What is the Patient's Treatment Status? a. Treatment started b. Patient Lost to Follow-up(includes women who die before treatment starts) c. Patient Refused Treatment d. Treatment not Needed	15. Treatment a. Surgical – <input type="radio"/> Mastectomy <input type="radio"/> Lumpectomy b. Chemotherapy c. Radiation d. Hormonal e. Other _____		
16. Where was treatment initiated? Hospital/ Facility _____	17. Please Check (✓) Service(s) Provided— CPT___ Office Visit Date ___/___/___ CPT___ Fine Needle Aspiration Date ___/___/___ CPT___ Biopsy Date ___/___/___ CPT___ Follow-up Office Visit Date ___/___/___ CPT___ _____ Date ___/___/___		
18. Remarks _____			

White = MBCCP

Yellow = To Follow-up

Physician's Signature

License Number

Date

Pink = Provider

Stage Grouping- This should be completed if cancer is invasive.

Stage 0	Tis	NO	MO
Stage I	T1	NO	MO
Stage IIA	TO	N1*	MO
	T1	N1	MO
	T2	NO	MO
Stage IIB	T2	N1	MO
	T3	NO	MO
Stage IIIA	TO	N2	MO
	T1	N2	MO
	T2	N2	MO
	T3	N1	MO
Stage IIIB	T3	N2	MO
	T4	Any N	MO
	Any T	N3	MO
Stage IV	Any T	N3	M1

*Note—Pager's disease associated with a tumor is classified according to the size of the tumor

Primary Tumor (T)

TX	Primary tumor cannot be assessed
TO	No evidence of primary tumor
Tis	Carcinoma in situ: intraductal carcinoma, lobular in situ, or Paget's disease of the nipple with no tumor
T1	Tumor 2 cm or less in greatest diameter
	51a 0.5 cm or less in greatest dimension
	T1c More than 1 cm but not more than 5 cm in greatest dimension
T2	Tumor more than 2cm but not more than 2cm in greatest dimension
T3	Tumor more than 5cm in greatest dimension
T4	Tumor of any size with direct extension to chest wall or skin
	T4a Extension to chest wall
	T4b Edema (including peau d' orange) or ulceration of the skin of the breast or satellite skin nodules confines to the same breast
	T4c Both (T4a and T4b)
	T4d Inflammatory carcinoma (See definition of inflammatory carcinoma in the introduction)

*Note—Pager's disease associated with a tumor is classified according to the size of the tumor

Regional Lymph Nodes (N)

NX	Regional lymph nodes cannot be assessed (e.g., previously removed)
NO	No regional lymph node associated
N1	Metastasis to movable ipsilateral axillary lymph node(s)
N2	Metastasis to ipsilateral axillary lymph node(s) fixed to one another or to other structures
N3	Metastasis to ipsilateral internal mammary lymph node(s)

Distant Metastasis (M)

MX	Presence of distant metastasis cannot be assessed
MO	No distant metastasis
M1	Distant metastasis (includes metastasis to ipsilateral supraclavicular lymph node[s])

Reproduced with permission from the American Joint Committee on Cancer: Manual for staging of Cancer, ed 4, Philadelphia, J.B. Lippencott-Raven Publishers

MISSISSIPPI STATE DEPARTMENT OF HEALTH BREAST AND CERVICAL CANCER MANUAL	TOPIC: APPENDIX L
	SUBTOPIC: Form #717 Instructions
EFFECTIVE DATE: JULY 15, 2014	REFERENCE:
REVISION DATE: JUNE 4, 2014	SECTION 5.0 PAGE 33 OF 53

PURPOSE

To provide a written document for follow-up of abnormal mammogram and/or breast problems

INSTRUCTIONS

This form is to be completed on all women screened through the Mississippi Breast and Cervical Cancer Program requiring a referral for suspicious findings.

Patient Identification Information

Use label, if available

Mammography Voucher No.

Vouchers are not currently numbered; therefore, this should not be completed.

Reason for Referral - Enter reason patient is being referred.

Physician Name - Enter name of referral physician.

Phone # - Enter telephone number of referral physician.

Appointment Date - Enter date of patient's appointment with referral physician.

The remainder of this form should be completed by the referral physician.

OFFICE MECHANICS AND FILING

White - Referral physician keeps original

Yellow - Filed in patient's medical record.

Pink - Send to the BCCP

RETENTION PERIOD

Retain according to agency policy for that type of patient retention schedule.

**MISSISSIPPI STATE DEPARTMENT OF
HEALTH BREAST AND CERVICAL CANCER
MANUAL**

EFFECTIVE DATE: JULY 15, 2014

REVISION DATE: JUNE 4, 2014

TOPIC: APPENDIX M

SUBTOPIC: BCCP Client Record Form 694

REFERENCE:

SECTION 5.0 PAGE 34 OF 53

Mississippi Breast and Cervical Cancer Program
570 East Woodrow Wilson • Post Office Box 1700
Jackson, Mississippi 39215-1700 • 601/576-7466

PIMS Label

Client Record

Date ____/____/____	Age	Weight	Blood Pressure	LMP ____/____/____
Clinical Breast Exam <input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	Comments			
Pelvic Exam <input type="checkbox"/> WNL <input type="checkbox"/> Abnormal Pap done? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Pap Results				

Clinician's Signature _____

Life-Style	Information Provided	Life-Style	Information Provided
Nutrition	<input type="checkbox"/> Yes <input type="checkbox"/> No	Breast Self-Exam Counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exercise	<input type="checkbox"/> Yes <input type="checkbox"/> No	Risk Factors For Breast Cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alcohol/Drugs	<input type="checkbox"/> Yes <input type="checkbox"/> No	S/S Breast Cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Smoking	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cervical Cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stress	<input type="checkbox"/> Yes <input type="checkbox"/> No	Benefits of Early Detection	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	Information Provided	Other	
High Risk for HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Previous Mammogram ____/____/____

Mammogram Appointment ____/____/____

Referral Results WNL Abnormal

RN's Signature _____

MISSISSIPPI STATE DEPARTMENT OF HEALTH BREAST AND CERVICAL CANCER MANUAL	TOPIC: APPENDIX M
	SUBTOPIC: BCCP Client Record Form 694 Instructions
EFFECTIVE DATE: JULY 15, 2014	REFERENCE:
REVISION DATE: JUNE 4, 2014	SECTION 5.0 PAGE 35 OF 53

PURPOSE

To be used for documenting pertinent information related to the patient visit in the Breast and Cervical Cancer Program (BCCP).

INSTRUCTIONS

Completion of this form is optional for women enrolled in the BCCP.

Patient Identification Information

Apply patient label if applicable, in upper right corner of form.

Date/comment- Enter today's date.

Age – Age of patient

Weight/Height- Enter patient's weight and height. Blood Pressure - Enter patient's blood pressure. LMP- Enter first day of last menstrual period.

Breast Exam- In comments section enter results of clinical breast exam.

Mammogram - Write in date of mammogram and where referred for mammogram.

Pap/Pelvic Exam - In comments section, enter results of pelvic exam and check if Pap was done.

Pap results – Document results of Pap, if Pap performed

Clinician Signature – Signature of clinician

Life Style Counseling- Check yes if counseling provided or no if not provided.

Other- Check yes if counseling provided or no if not provided.

Previous Mammogram Date – Enter previous mammogram date

Mammogram Appointment Date – Date of upcoming mammogram appointment.

Referral Results – Results of referred exam.

RN's Signature – Clinician's Signature

OFFICE MECHANICS AND FILING

White- Provider/MSDH - incorporated into patient record

Yellow - BCCP (Keep four years)

Pink – Patient Record

RETENTION PERIOD

Retain according to agency policy for this type of patient record.

MISSISSIPPI STATE DEPARTMENT OF
HEALTH BREAST AND CERVICAL CANCER
MANUAL

TOPIC: APPENDIX N

SUBTOPIC: Women's Health History Form
#709

EFFECTIVE DATE: JULY 15, 2014

REFERENCE:

REVISION DATE: JUNE 4, 2014

SECTION 5.0 PAGE 37 OF 53

Family Planning

Women's Health History

Patient History –

Menstrual (Period) History

Age at Onset _____ Frequency _____ No. of
Past Birth Control Methods _____ Days of Flow _____

Number of Pregnancies _____ Number of
Deliveries _____

(-if Negative + if Positive)

1. Medications _____
2. Allergies to Medicines _____
3. Smoking Tobacco Use _____
4. Recreational Drugs (Including injectable)/ Alcohol Use _____
5. Diabetes _____
6. Cancer _____
7. Hospitalization (including pregnancies/ surgeries) _____
8. Mother exposed to DES (1940-1970) _____
9. Blood Trans fusion or Blood Properties _____

Diseases of—

10. Thyroid _____
11. Lung _____
12. Heart/High Blood Pressure _____
13. Breast _____
14. Kidney/Bladder _____
15. Liver/ Gall Bladder _____
16. Stomach/ Bowel _____
17. Pelvic Infection/ Sexually Transmitted Diseases _____
18. Vagina/ Cervix/ Abnormal Paps _____
19. Blood (Anemia/ Sickle Cell/Clots) _____
20. Nervous System (seizures/ Depression/ Headaches) _____

Immunizations—

21. Immunization Up To Date? Yes Declined
22. Rubella Immune? Yes Declined NMR

Sexual History—

- Age of First Sex _____
23. More than one Sex Partner at Present
 24. Bisexual _____ 25. Pain with Sex _____

Partner History—

26. More than one Sex Partner at Present
27. Bisexual _____ 28. Injectable drug use _____

Family History—

29. Heart Disease _____ 30. High Blood Pressure _____
31. Diabetes _____ 31. Cancer _____

Social Security No. _____

Name _____

Date of Birth _____

Medicaid No. _____

H/D Clinic _____

Phone #1 _____ May We Contact Yes No

Phone #2 _____ May We Contact Yes

No

Detail Positive Findings Below

Signature _____ Date _____

History Update _____
Signature _____ Date _____

History Update _____
Signature _____ Date _____

History Update _____
Signature _____ Date _____

History Update _____
Signature _____ Date _____

MISSISSIPPI STATE DEPARTMENT OF
HEALTH BREAST AND CERVICAL CANCER
MANUAL

TOPIC: APPENDIX N

SUBTOPIC: Women's Health History Form
#709 (BACK)

EFFECTIVE DATE: JULY 15, 2014

REFERENCE:

REVISION DATE: JUNE 4, 2014

SECTION 5.0 PAGE 38 OF 53

Date	Service Type	Progress, Services Rendered, Comments and Signature

History Update _____
Signature Date

History Update _____
Signature Date

History Update _____
Signature Date

History Update _____
Signature Date

History Update _____
Signature Date

History Update _____
Signature Date

MISSISSIPPI STATE DEPARTMENT OF HEALTH BREAST AND CERVICAL CANCER MANUAL	TOPIC: APPENDIX N
	SUBTOPIC: FORM #709 Instructions
EFFECTIVE DATE: JULY 15, 2014	REFERENCE:
REVISION DATE: JUNE 4, 2014	SECTION 5.0 PAGE 38 OF 53

PURPOSE

The purpose of this form is to document past and present medical history of the client.

INSTRUCTIONS

Patient Identification Information - Use PIMS label.

Phone – Enter the client’s home phone number and whether the client can be contacted at home or not. Record an alternate phone number (cell phone, neighbor or friend) where the client can be contacted.

Menstrual History - Complete all information listed.

Medical History and Diseases of – Indicate (+) if positive and (-) if negative
Detail positive findings and any prescribed medications in space on right.

Sexual history – Enter the age of the client’s first sexual encounter/ Indicate (+) if positive and (-) if negative on the remaining information.

Family History – Indicate (+) if positive and (-) if negative. Detail positive findings in space on right. How did you hear about the program at the health Department? – Ask the client the question and check the response given.

Signature – After initial completion of this form, the nurse/clinician will sign and date the form in the space provided.

History Updated/Signature – The history form will be updated, signed and dated each year at the annual visit. The history will be reviewed at each client encounter but only signed and dated at the annual visit. Additional lines are provided on the lower back section of the form.

Progress, Services Rendered, Comments and Signature – The upper back section of the form is for additional information or notes if needed. Each entry will be dated and signed.

OFFICE MECHANICS AND FILING

This form is to be filed in the client’s record and will be retained as a permanent part of the record.

RETENTION PERIOD

This form will be incorporated into the client’s medical record and retained according to Agency policy for that record type.

MISSISSIPPI STATE DEPARTMENT OF HEALTH BREAST AND CERVICAL CANCER MANUAL	TOPIC: APPENDIX O
	SUBTOPIC: Form #719 Instructions
EFFECTIVE DATE: JULY 15, 2014	REFERENCE:
REVISION DATE: JUNE 4, 2014	SECTION 5.0 PAGE 40 OF 53

Purpose

To provide written documentation of mammography for reimbursement by the Mississippi Breast and Cervical Cancer Program (BCCP).

INSTRUCTIONS

This form is to be completed on all women screened through the BCCP who are eligible for a screening or diagnostic mammogram.

Patient Identification Information

Can use patient label, otherwise write in information

Date Issued - Enter today's date, month and year

To Be Completed by Referring Provider - This section should be completed by provider referring patient for mammogram.

Appointment Date - Enter date of mammogram

Referring Physician - Enter name of clinician referring patient for mammogram. **Mammography Site** - Enter name of site where patient is to have mammogram. **Telephone** - Enter telephone number of mammography site.

Referring Provider and Address - Enter name and address of screening site.

Reason for Exam - Should be completed by provider referring patient for mammogram.

1. **Routine Screening/Asymptomatic** - Check if the patient is scheduled for screening and annual mammogram.
2. **Abnormal CBE** - Check if the patient is scheduled for a diagnostic mammogram, due to a discrete palpable mass or suspicious CBE.
3. **Abnormal Mammogram** - Check if the patient is scheduled for diagnostic due to an abnormal screening as BCCP patient.

The remainder of this form should be completed by the radiologist performing/reading the mammogram.

1. **Screening services provided Date** – Enter the date of the procedure
2. **Select the CPT code of the procedure performed**
3. **Radiologist Assessment** – Check the proper selection

4. **Radiologist's Recommendation** – Check the proper selection
5. **Additional Comments** – Radiologist comments
6. **Radiologist's Signature, License Number, Date**

OFFICE MECHANICS AND FILING

White - Patient/radiologist
Yellow - BCCP
Pink - File
Goldenrod - Hospital

RETENTION PERIOD

White – No retention
Yellow – Retain four years
Pink – Retain according to agency retention requirements for this type patient record
Goldenrod – No retention

MISSISSIPPI STATE DEPARTMENT OF HEALTH BREAST AND CERVICAL CANCER MANUAL	TOPIC: APPENDIX P
EFFECTIVE DATE: JULY 15, 2014	SUBTOPIC: Cytology Request Form 206
REVISION DATE: JUNE 4, 2014	REFERENCE:
	SECTION 5.0 PAGE 42 OF 53

Source:		SS# _____	Clinic Code _____
<input type="checkbox"/> Cervix <input type="checkbox"/> Endocx <input type="checkbox"/> Vagina <input type="checkbox"/> Vulva <input type="checkbox"/> Cuff <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Repeat		Name _____	
Type of PAP:		Birth _____	
<input type="checkbox"/> Thinprep <input type="checkbox"/> Surepath <input type="checkbox"/> Conventional		Married _____	
Hormones/IUD:		Address _____	
<input type="checkbox"/> Combined <input type="checkbox"/> Progestin only <input type="checkbox"/> Estrogen only <input type="checkbox"/> IUD		City _____	Zip _____
Menstrual History:		<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other	
<input type="checkbox"/> Hysterectomy <input type="checkbox"/> Abnormal bleeding <input type="checkbox"/> Postmenopausal <input type="checkbox"/> Postpartum <input type="checkbox"/> Pregnant Gravida: _____ Para: _____ Abortions: _____		<input type="checkbox"/> Maternity <input type="checkbox"/> Family Planning <input type="checkbox"/> BCOP	
Treatment History:		Practitioner (Initials Only) _____	
<input type="checkbox"/> Previous Colpo/Biopsy Year: _____ <input type="checkbox"/> Previous Conization, Cryo, LEEP or Laser tx Year: _____ <input type="checkbox"/> Previous Pelvic Radiation Year: _____ <input type="checkbox"/> Previous Outside Pap Year: _____		LMP: _____	Date of Smear: _____
Special:		Lab Use Only	
<input type="checkbox"/> HPV requested if pap is negative <input type="checkbox"/> _____ & Body Fluid <input type="checkbox"/> Dysplasia Clinic Pap accompanied by _____ Precautions			
Other:			
Mississippi State Department of Health	Jackson, MS	Revised: 6/17/08	Cytology Cytology MSDH Form No. 206

DO NOT PHOTOCOPY

MISSISSIPPI STATE DEPARTMENT OF HEALTH BREAST AND CERVICAL CANCER MANUAL	TOPIC: APPENDIX P
EFFECTIVE DATE: JULY 15, 2014	SUBTOPIC: Form # 206 Instructions
REVISION DATE: JUNE 4, 2014	REFERENCE: SECTION 5.0 PAGE 43 OF 53

PURPOSE

To provide a mechanism to submit a specimen and request a GYN cytology report.

INSTRUCTIONS

To Be Completed by the Clerk

Top Right side of the request:

Apply the PIMS label on each copy or enter the information requested below manually.

Computer generated labels may be placed at the top right hand portion of the request form. **Any identifying information contained on the label need not be repeated on the form.** Generate 2 labels: one for the white copy and one for the yellow copy.

1. **SS#** - Enter patient's social security number.
2. **Name** - Enter patient's complete name with correct spelling and make sure it matches the name on the specimen label.
3. **Birthdate** - Enter patient's date of birth.
4. **Clinic Code** - Enter the county/clinic number of the clinic submitting the specimen.
5. **Medicare #** - Enter the patient's Medicaid number
6. **Provider #** - Not eligible for BCCP
7. **Address** - Enter complete physical address including zip code
8. **Race** - Check box which corresponds to patient's race.
9. **Program** - Check box that corresponds to the program that obtained the Pap test.
10. **Practitioner** - Enter PIMS id code for practitioner collecting the smear test.
11. **LMP** - Enter the date of the last menstrual period (month, day, yr)
12. **Date of Test** - Enter date cytology test was obtained (month, day, year).
13. **Accession #** - Not a required field. Used by UMC laboratory

To Be Completed by the Nurse

Top Left Side of the Request:

1. **Source of TEST** - Check the box that corresponds to the anatomical site of the Pap test; instrument used to obtain the test; type of visit
2. **Clinical Impression** - Check any and all boxes that correspond to Vaginitis present on exam
 - Trich** - Trichomonas Present on exam
 - Bacterial Vaginosis** - Bacterial Vaginosis present on the wet prep
 - Immunosuppressed** - Patients who are HIV +, diagnosed with AIDS, on immunosuppressive therapy, etc.

Condyloma - Condyloma Visualized on the exam
HSV (Hx) – Hx of Herpes Simplex Viral lesions present on exam
Monilia -Monilia Present on wet prep
IUD - Intrauterine Device currently in place

3. **HORMONES** - Check the box that corresponds to current hormonal therapy.
BCP-Combined - Birth control pills with estrogen/progesterone
BCP-Progestin - Birth control pills with progestin only (to include Norplant and Depo-Provera)

Estrogen- Supplemental therapy

4. **MENSTRUAL HX** - Check the box that corresponds to the patient's menstrual hx at time of the test
5. **G** - Enter # of pregnancies for this patient, including the current one
P - Enter number of living births for this patient
A - Enter number of induced or spontaneous abortions for this patient.
6. **TREATMENT HX** - Check the box that corresponds to treatment of the patient by any provider and give the date of treatment (month, year)
7. **OUTSIDE PAP HX** - Use this section to record any **abnormal** Pap test information from an outside laboratory or provider including date (month, day, year)
8. **Dx** - Give brief diagnosis of abnormal Pap Test done by outside lab
9. **Other (Specify)** - Use this section to record any pertinent information or additional clinical findings (ulcer, lesion etc.) that the provider may need to convey to the cytologist/pathologist.

*The cytologist/pathologist will review all information in this section.

Office Mechanics/Filing

The white copy of the request should accompany the cytology test. The yellow copy may be used by the clinic staff as a tickler or tracking copy. The clerk should post the results upon return. If positive, please notate in red in the appropriate area and give to the nurse.

Retention:

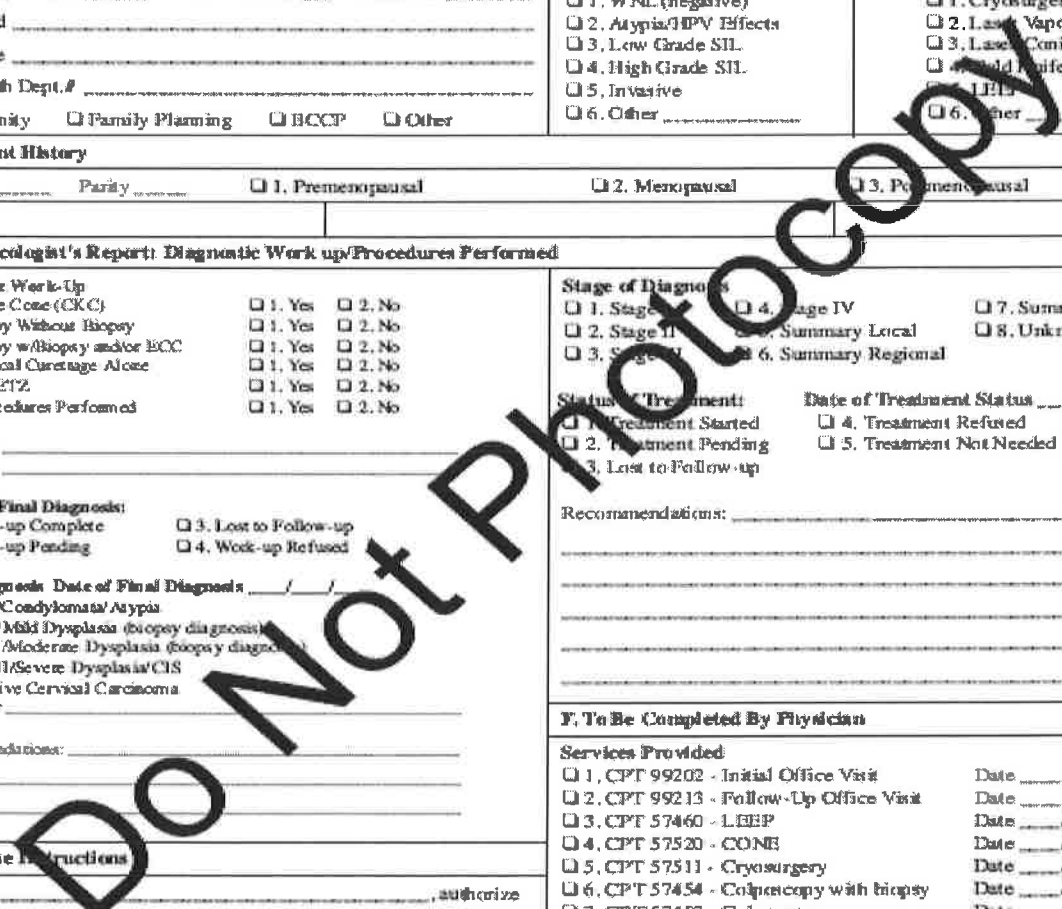
The copy of this form will become part of the patient's permanent record and retained according to agency policy.

To: _____

Pap Smear Follow-Up

For women who have a pap smear history
which indicates follow-up by a gynecologist.

A. Patient Identification Information SS# _____ Phone _____ Name _____ Address _____ Sex _____ Race _____ Marital Status _____ Birthdate _____ Medicaid _____ Medicare _____ Go Health Dept.# _____ <input type="checkbox"/> Maternity <input type="checkbox"/> Family Planning <input type="checkbox"/> BCCP <input type="checkbox"/> Other		B. Previous Referral: <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <table border="1"> <tr> <th>Previous Biopsy Results</th> <th>Previous Treatment</th> </tr> <tr> <td>Date _____ <input type="checkbox"/> 1. WNL (negative) <input type="checkbox"/> 2. Atypia/HPV Effects <input type="checkbox"/> 3. Low Grade SIL <input type="checkbox"/> 4. High Grade SIL <input type="checkbox"/> 5. Invasive <input type="checkbox"/> 6. Other _____</td> <td>Date _____ <input type="checkbox"/> 1. Cryosurgery <input type="checkbox"/> 2. Laser Vaporization <input type="checkbox"/> 3. Laser Conization <input type="checkbox"/> 4. Cold Knife Conization <input type="checkbox"/> 5. LEEP <input type="checkbox"/> 6. Other _____</td> </tr> </table>		Previous Biopsy Results	Previous Treatment	Date _____ <input type="checkbox"/> 1. WNL (negative) <input type="checkbox"/> 2. Atypia/HPV Effects <input type="checkbox"/> 3. Low Grade SIL <input type="checkbox"/> 4. High Grade SIL <input type="checkbox"/> 5. Invasive <input type="checkbox"/> 6. Other _____	Date _____ <input type="checkbox"/> 1. Cryosurgery <input type="checkbox"/> 2. Laser Vaporization <input type="checkbox"/> 3. Laser Conization <input type="checkbox"/> 4. Cold Knife Conization <input type="checkbox"/> 5. LEEP <input type="checkbox"/> 6. Other _____
Previous Biopsy Results	Previous Treatment						
Date _____ <input type="checkbox"/> 1. WNL (negative) <input type="checkbox"/> 2. Atypia/HPV Effects <input type="checkbox"/> 3. Low Grade SIL <input type="checkbox"/> 4. High Grade SIL <input type="checkbox"/> 5. Invasive <input type="checkbox"/> 6. Other _____	Date _____ <input type="checkbox"/> 1. Cryosurgery <input type="checkbox"/> 2. Laser Vaporization <input type="checkbox"/> 3. Laser Conization <input type="checkbox"/> 4. Cold Knife Conization <input type="checkbox"/> 5. LEEP <input type="checkbox"/> 6. Other _____						
C. Patient History Gravida _____ Parity _____ <input type="checkbox"/> 1. Premenopausal <input type="checkbox"/> 2. Menopausal <input type="checkbox"/> 3. Postmenopausal							
D. Gynecologist's Report: Diagnostic Work up/Procedures Performed Diagnostic Work-Up Cold Knife Cone (CKC) <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No Colposcopy Without Biopsy <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No Colposcopy w/Biopsy and/or ECC <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No Endocervical Curettage Alone <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No LEEP/LEEP2 <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No Other Procedures Performed <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No 1. Specify _____ 2. Specify _____ Status of Final Diagnosis: <input type="checkbox"/> 1. Work-up Complete <input type="checkbox"/> 3. Lost to Follow-up <input type="checkbox"/> 2. Work-up Pending <input type="checkbox"/> 4. Work-up Refused Final Diagnosis Date of Final Diagnosis _____ <input type="checkbox"/> 1. HPV/Cervical Dysplasia/Atypia <input type="checkbox"/> 2. CIN I/Mild Dysplasia (biopsy diagnosis) <input type="checkbox"/> 3. CIN II/Moderate Dysplasia (biopsy diagnosis) <input type="checkbox"/> 4. CIN III/Severe Dysplasia/CIS <input type="checkbox"/> 5. Invasive Cervical Carcinoma <input type="checkbox"/> 6. Other _____ Recommendations: _____ _____ _____							
E. Release Instructions I, _____, authorize _____ the _____ County Health Department, and UMC Pathology Department to exchange any and all necessary information and/or slides deemed necessary to my gynecological care when requested in writing by any of the herein named. Signature _____ Date _____		F. To Be Completed By Physician Services Provided <input type="checkbox"/> 1. CPT 99202 - Initial Office Visit Date _____ <input type="checkbox"/> 2. CPT 99213 - Follow-Up Office Visit Date _____ <input type="checkbox"/> 3. CPT 57460 - LEEP Date _____ <input type="checkbox"/> 4. CPT 57520 - CONE Date _____ <input type="checkbox"/> 5. CPT 57511 - Cryosurgery Date _____ <input type="checkbox"/> 6. CPT 57454 - Colposcopy with biopsy Date _____ <input type="checkbox"/> 7. CPT 57452 - Colposcopy Date _____ <input type="checkbox"/> 8. CPT 57505 - ECC Date _____					
G. Billing <input type="checkbox"/> BCCP <input type="checkbox"/> Patient Responsible for Bill <input type="checkbox"/> Third Party (specify) _____							



Gynecologist: Return white copy of this form with Pathology Reports to: _____ Co. Health Department

White-Provider/MSDH
 Pink-Patient Record (obtain 1 up to 4 more if white copy)
 Green-Preventive/Cervical Cancer Program

MISSISSIPPI STATE DEPARTMENT OF HEALTH BREAST AND CERVICAL CANCER MANUAL	TOPIC: APPENDIX Q
	SUBTOPIC: FORM # 691 Instructions
EFFECTIVE DATE: JULY 1, 2014	REFERENCE:
REVISION DATE: JUNE 4, 2014	SECTION 5.0 PAGE 46 OF 53

PURPOSE

To provide a means of obtaining necessary reports of follow-up, procedures and/or treatment provided to patients requiring follow-up of abnormal Pap smears and for whom a referral is made to a gynecologist.

INSTRUCTIONS

MSDH form #691, "Pap Smear Follow-up" will be initiated on all patients referred to a private physician for follow-up of abnormal Pap smear results. The use of this form is optional for patients receiving follow-up care in MSDH Colposcopy clinics.

TO: Enter the name and address of the physician or physician group to whom the patient is being referred.

SECTION A - Patient Identification Information

1. This section is to be completed or use patient label which contains identifying information.
2. County Health Department # - Enter two-digit county alpha code.
3. Check appropriate box- Maternity, Family Planning, BCCP or Other.

SECTION B – Previous Referral

Previous Biopsy Results - Write in date and check appropriate box.

Previous Treatment - Write in date and check appropriate box.

SECTION C - Patient History.

1. Gravida - Enter number of times patient had been pregnant.
2. Parity - Enter number of past pregnancies which have produced an infant which has been of viable age, whether or not the infant was dead or alive at birth.

Check appropriate box: Premenopausal, Menopausal, or Post-menopausal.

Please attach necessary records/information (Pap Smear, Previous Biopsy Results, Previous Treatment), and any additional information as necessary.

SECTION D - Gynecologist Report

This section is to be completed by the physician to whom the patient was referred.

SECTION E - Release Instructions

The health department staff should complete the "Release of Information." In the first blank, type the patient's name; in the second blank, the name of the physician or "physician group to whom she is being referred; and the name of the county making the referral in the third space. Have the patient sign and date the release.

SECTION F-To be completed by physician that provided the service

SECTION G - Billing

1. BCCP
2. Person responsible for bill: Check this box if patient has insurance or is self pay.
If a person has insurance, Medicare, etc., they should not be on BCCP
3. Third Party: Check this box if patient has Medicaid, Medicare, or other funds. Specify which third party payment source.

Enter the name and address of county health dept. in space under gynecologist that says return white copy of this form with Pathology Reports to:

OFFICE MECHANICS AND FILING

1. Mail white copy with stamped, addressed envelope and copies of all available previous Pap Smear reports to the gynecologist/physician to whom the patient is being referred.
2. File pink copy in patient's record-to be discarded when white copy returned from gynecologist/physician.
3. Send canary copy to the Breast and Cervical Cancer Program, Office of Women's Health.

After the patient has been evaluated and treated by the gynecologist/physician, the white copy is returned to the county health department.

1. Clerk will review and give the forms with the patient's record to the county coordinating nurse or designee.
2. County coordinating nurse or designee will determine that follow-up is complete or not.
3. Clerk will place the white copy in the patient's record and discard the pink copy.

RETENTION PERIOD

White- Provider/MSDH (Retain according to agency policy for this type of patient record) Yellow - BCCP (Keep four years)

Pink – Patient Record (Discard once follow-up is complete)

MISSISSIPPI STATE DEPARTMENT OF HEALTH BREAST AND CERVICAL CANCER MANUAL	TOPIC: APPENDIX R
	SUBTOPIC: Cancer Drugs Application Form 778
EFFECTIVE DATE: JULY 15, 2014	REFERENCE:
REVISION DATE: JUNE 4, 2014	SECTION 5.0 PAGE 48 OF 53

Eligibility for drugs under the Cancer Program is based on family size and monthly income. In determining monthly income, DO NOT include payments from SSI, SSDI, or TANF. **PATIENTS WITH MEDICAID OR PRIVATE INSURANCE ARE NOT ELIGIBLE. A PRESCRIPTION WITH THE CLIENT'S NAME FOR THE DRUG PRESCRIBED MUST ACCOMPANY THE APPLICATION.**

A. Patient Identification Information

SS# _____ County of Residence _____

Name _____
(Last) (First) (MI)

Address _____

Race _____ Sex _____ Date of Birth ____ / ____ / ____

Family Size _____ Monthly Income _____

B. Referral Information

Diagnosis _____

Drug/s Requested _____

Referring Individual's Signature & Title _____

Date of Referral ____ / ____ / ____ Service Number _____

Drug/s approval by MSDH _____

Approval Signature & Title _____ Date ____ / ____ / ____

Mail To:
Mississippi State Department of Health
Office of Women's Health
570 E Woodrow Wilson BLVD. Osborne Suite 208
P.O. Box 1700
Jackson, MS 39215-1700

MISSISSIPPI STATE DEPARTMENT OF HEALTH BREAST AND CERVICAL CANCER MANUAL	TOPIC: APPENDIX R
EFFECTIVE DATE: JULY 15, 2014	SUBTOPIC: Form #778 Instructions
REVISION DATE: JUNE 4, 2014	REFERENCE:
	SECTION 5.0 PAGE 49 OF 53

PURPOSE

To document and report on cancer drugs provided to indigent clients statewide.

INSTRUCTIONS

The form must be completed on all clients' request for cancer drugs. The form must be completed by Medical Providers. Eligibility for drugs under the Cancer Program is based on family size and monthly income.

In determining monthly income, DO NOT include payments from SSI, SSDI, or AFDC. PATIENTS WITH MEDICAID OR PRIVATE INSURANCE ARE NOT ELIGIBLE. A PRESCRIPTION WITH THE CLIENT'S NAME FOR THE DRUG PRESCRIBED MUST ACCOMPANY THE APPLICATION.

A. Patient Identification Information

Social Security Number – Enter the client's Social Security number.

County of Residence – Enter the client's county of residence.

Name – Enter the client's last name, first name and middle initial.

Address – Enter the name of the street where the client lives.

Race – Enter the race of the client.

Date of Birth – Enter the client's date of birth 00/00/0000.

Family Size – Enter the total number in the client's household.

Monthly Income – Enter the monthly income of the client.

B. Referral Information

Diagnosis – Enter the client's diagnosis.

Drug(s) Requested – Enter the requested cancer drug for the client.

Referring Individual's Signature & Title – Enter the signature and title of the person completing the form.

Date of Referral – Enter the date the referral is made.

Service Number – Enter the provider number, county and clinic code of health departments.

Mail – Mail to the address on the form.

C. Approval Information

Drug(s) approved by MSDH Office of Women's Health – Enter the name of the cancer drug approved.

Approval Signature & Title – Enter the signature and title of the authorized person.

Date – Enter the date that the request was approved.

OFFICE MECHANICS AND FILING

The original application will remain in the Office of Women's Health and a copy along with the original prescription will be forwarded to pharmacy to be filled. When filled by the pharmacy, the cancer drug will be returned to the county health department where the applicant lives. The applicant will then be able to pick up the drugs from the local county health department of their residence. No records/files will be made on these applicants.

MISSISSIPPI STATE DEPARTMENT OF HEALTH BREAST AND CERVICAL CANCER MANUAL	TOPIC: APPENDIX S
EFFECTIVE DATE: JULY 15, 2014	SUBTOPIC: APP FOR CANCER DRUGS
REVISION DATE: JUNE 4, 2014	REFERENCE: SECTION 5.0 PAGE 51 OF 53

APPENDIX S

(Sample letter. Use agency letterhead.)

Previous Cancer Diagnosis

Dear Participant of the BCCP:

The central aim of the Mississippi Breast and Cervical Cancer Program (BCCP) is to provide screening and early detection of breast and cervical cancer for women in this state. However, some women who have had a previous cancer diagnosis are recommended for some procedures that are **not covered** by the BCCP. Screening and diagnostic procedures for breast and cervical cancer are covered by the BCCP; however the program does not cover PET scans, bone scans, and possible other procedures recommended for a person with a previous cancer diagnosis.

I, _____, understand that the statement above means

that only screening and diagnostic procedures for breast and cervical cancer are allowable charges under the BCCP. I further understand that any other procedures outside of the allowable charges of the BCCP are my financial responsibility.

Patient Signature _____

Date _____

Witness _____

MISSISSIPPI STATE DEPARTMENT OF HEALTH BREAST AND CERVICAL CANCER MANUAL	TOPIC: APPENDIX T
	SUBTOPIC: Breast/Cervical Screening and Diagnostic Procedures/Change in Fee Schedule
EFFECTIVE DATE: JULY 15, 2014	REFERENCE:
REVISION DATE: JUNE 4, 2014	SECTION 5.0 PAGE OF 52 of 53

Deleted CPT Codes/ Procedures		
CPT Codes	Procedures	End Note
19102	Breast biopsy, percutaneous, needle core, using imaging guidance: for placement of localization clip	
19103	Breast biopsy, percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance	
19290	Pre-Operative placement of needle localization wire, breast	
19291	Pre-Operative placement of needle localization wire, breast, additional lesion	
19295	Image guided placement, metallic localization clip, percutaneous, during breast biopsy	
77031	Stereotactic localization guidance for breast biopsy or needle placement	
77032	Mammographic guidance for needle placement, breast	
88342	Immunohistochemistry	
New CPT Codes/Procedures		
CPT Codes	Procedures	End Note
19081	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion	1
19082	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion	1
19083	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion	1
19084	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion	1
19085	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion	1, 3
19086	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion	1, 3
19281	Placement of breast localization device, percutaneous, mammographic guidance, first lesion	2
19282	Placement of breast localization device, percutaneous, mammographic guidance, each additional lesion	2
19283	Placement of breast localization device, percutaneous, stereotactic guidance, first lesion	2
19284	Placement of breast localization device, percutaneous, stereotactic guidance, each additional lesion	2
19285	Placement of breast localization device, percutaneous, ultrasound guidance, first lesion	2
19286	Placement of breast localization device, percutaneous, ultrasound guidance, each additional lesion	2
19287	Placement of breast localization device, percutaneous, magnetic resonance guidance, first lesion	2, 3
19288	Placement of breast localization device, percutaneous, magnetic resonance guidance, each additional lesion	2, 3
77053	Mammary Ductogram or Galactogram, single duct	

77058	Magnetic Resonance Imaging, breast, with and/or without contrast, unilateral	3
77059	Magnetic Resonance Imaging, breast, with and/or without contrast, bilateral	3
G0461	Immunohistochemistry or Immunocytochemistry, per specimen,; first stain	
G0462	Immunohistochemistry or Immunocytochemistry, per specimen,; each additional stain	
End Notes		
1	Codes 19081-19086 are to be used for breast biopsies that include image guidance, placement of localization device, and imaging of specimen. These codes should not be used in conjunction with 19281 – 19288.	
2	Codes 19281-19288 are for image guidance placement of localization device without image-guided biopsy. These codes should not be used in conjunction with 19081-9086.	
3	Magnetic Resonance Imaging (MRI) and magnetic resonance guided and/or based procedures REQUIRE prior approval from the Breast and Cervical Cancer Program (BCCP). **THESE PROCEDURES WILL BE APPROVED ON A CASE-BY-CASE BASIS ONLY**	