

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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COMPONENTS OF THE BREAST AND CERVICAL CANCER PROGRAM

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

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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.

- **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
<p>A woman age 50-64 who:</p> <ul style="list-style-type: none"> - meets the income guidelines (Appendix B) and is uninsured or underinsured. 	All screening and diagnostic services are provided at no charge to the client (Pap test, CBE, pelvic exam, mammogram).
<p>A woman age 40-49 who:</p> <ul style="list-style-type: none"> - 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. 	<p>She is provided at no charge a screening mammogram as long as funds are available.</p> <p>She is provided at no charge a diagnostic mammogram (if indicated from CBE), Pap, and pelvic exam.</p> <p>PAP PAID ONLY IF HYSTERECTOMY WAS DUE TO CANCER OR PRE-CANCEROUS LESIONS OF THE CERVIX.</p>
<p>A woman age 19-39 who:</p> <ul style="list-style-type: none"> - 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 specially 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 test.

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	07/03/07	99203	\$92.09
Sally Smith	333-33-3333	07/10/07	99213	\$59.97

Total Due July 2007 \$152.06

(HOSPITAL EXAMPLE)

Name	Social Security #	Date of Service	CPT	Hospital Fee	Contract
Jane Doe	123-45-6789	07/03/07	77057	\$116.22	\$78.82
Sally Smith	333-33-3333	07/10/07	77056	\$120.33	\$94.03

Total Amount Billed \$236.55 (This amount is usual and customary fees)
**Disallowed Amount \$ 63.70 (This amount is disallowed for the BCCP
contract)**
Total Due July 2007 \$172.85 (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, page 9) and *Timeliness and Adequacy of Follow-up for Cervical Cancer Screening* (Section 3.0, page 6).

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 CANCER

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 at no charge a screening mammogram as long as funds are available. She is provided at no charge a diagnostic mammogram (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 specially 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

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include the following:

- 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, or on the encounter form utilized by the clinician.

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 CBE. The client should then demonstrate the proper technique. Instructions are done 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.

Alcohol/Drugs

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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. See Appendix D for appropriate 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.

MISSED APPOINTMENT FOLLOW-UP

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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, 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.

SURVEILLANCE, TRACKING AND FOLLOW-UP

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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 prodedure 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 = **Probably benign – short term follow-up**
SA = **Suspicious abnormality**
HSM = **Highly suggestive of malignancy**
AI = **Assessment incomplete**

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

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

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CERVICAL CANCER

CERVICAL CANCER SCREENING

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

IF	THEN
<p>A woman age 40-64 who:</p> <ul style="list-style-type: none"> - meets the income guidelines (Appendix B) and is uninsured or underinsured and is not participating in a program that provides these services. 	<p>She is provided at no charge a Pap smear and pelvic exam.</p> <p>PAP PAID ONLY IF HYSTERECTOMY IS DUE TO CANCER OR PRE-CANCEROUS LESIONS OF THE CERVIX.</p>
<p>A woman age 19-39 who:</p> <ul style="list-style-type: none"> - is ineligible for the BCCP due to her age but who meets all other program criteria and has an abnormality of the cervix. 	<p>She may be specially approved for enrollment in the BCCP at the discretion of the program director.</p>
<p>A woman is ineligible for the BCCP and is symptomatic.</p>	<p>A referral is made to a community provider.</p>
<p>A woman is a Medicaid and/or Medicare recipient.</p>	<p>A referral is made to a community provider.</p>

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 in the client's record or on Form #694, *Client Record* (Appendix M). 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

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CANCER DRUGS

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 chemo and/or radiation. The objective of program is to increase the proportion of indigent clients with cancer drug treatment on an out patient basis. The drug program will enhance the number of poor, minority women by reducing health disparities in regard to adequate and timely cancer treatment. The following cancer drugs are available through Mississippi State Department of Health's Pharmacy: Arimidex, 1mg; Aromasin, 25mg; and Tamoxifen/Nolvadex, 10mg.

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 the county health departments.

APPENDIX A

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.

APPENDIX B

MISSISSIPPI BREAST AND CERVICAL CANCER PROGRAM

2009 ELIGIBILITY GUIDELINES

EFFECTIVE FOR FY (JULY 1, 2009 – JUNE 30, 2010)

MAXIMUM ALLOWABLE GROSS INCOME

Household	Monthly*	Annual
1	\$2,256	\$27,075
2	\$3,035	\$36,425
3	\$3,815	\$45,775
4	\$4,594	\$55,125
5	\$5,373	\$64,475
6	\$6,152	\$73,825
7	\$6,931	\$83,175
8	\$7,710	\$92,525

For family unit with more than 8 members, add \$779 per month/\$9,350 per year for each additional member.

*The monthly figures were rounded to the nearest dollar.

APPENDIX C
LISTING OF COVERED SERVICES/FEE SCHEDULE

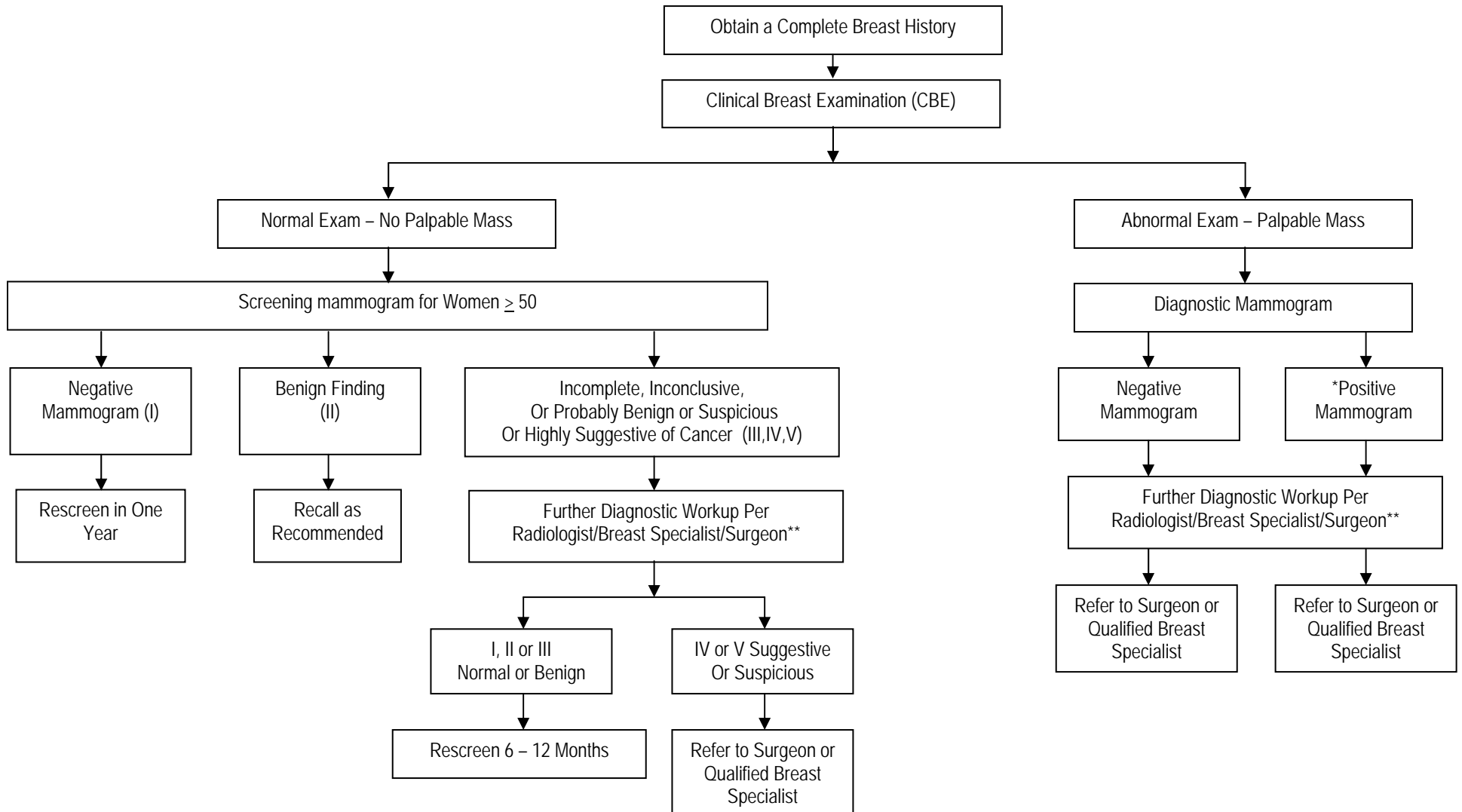
Mississippi Breast and Cervical Cancer Program Fee Schedule

DESCRIPTION OF SERVICES	CPT CODES	2009-10 Rates 7/1/09-6/30/10
Office visit, Initial	99203	\$85.45
Office/Follow-up	99213	\$57.16
Consultation-Problem Focused/Surgical	99242	\$84.51
Diagnostic Mammography; Unilateral, Global	77055	\$75.92
Diagnostic Mammography; Unilateral, Technical	77055-TC	\$41.79
Diagnostic Mammography; Unilateral, Professional	77055-26	\$34.13
Diagnostic Mammography; Bilateral, Global	77056	\$96.19
Diagnostic Mammography; Bilateral, Technical	77056-TC	\$53.79
Diagnostic Mammography; Bilateral, Professional	77056-26	\$42.40
Screening Mammography, Global	77057	\$73.13
Screening Mammography, Technical	77057-TC	\$39.00
Screening Mammography, Professional	77057-26	\$34.13
Aspiration of Cyst of Breast	19000	\$92.07
Fine Needle Aspiration, Breast, with/without smears	88170	\$114.94
Biopsy (nonexcisional)	19100	\$114.23
Excisional Biopsy	19101	\$261.99
Ultrasound, Global	76645	\$80.02
Ultrasound, Technical	76645-TC	\$53.80
Ultrasound, Professional	76645-26	\$26.22
Stereotactic Localization of Breast Biopsy, Global	77031	\$173.53
Level IV-Surgical Pathology, Global	88305	\$92.54
Colposcopy	57452	\$96.61
Colposcopy, with Biopsy (s) of Cervix	57454	\$137.78
Cytopathology, Cervical, Automated Thin Layer (Liquid)	88142	\$29.58*
Cytopathology, Slides, Cervical, Technical (Conventional)	88164	\$15.42
Conization of Cervix (Cone)	57520	\$269.74
Loop Electrode Excision (LEEP)	57522	\$231.52
Endometrial Sampling (biopsy) (prior approval only)	58100	\$97.39
HPV	87621	\$51.25

*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 for the procedure.

APPENDIX D

MAMMOGRAPHY CLIENT MANAGEMENT PROTOCOL



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.

APPENDIX E

MSDH SNOB CODE LISTING

Code	Description	Level	Group	QA	AP	Age Range
0011	DELTA STUDY PLEASE FORWARD A COPY OF THIS REPORT TO TAMEKA WALLS, DELTA WOMEN'S HEALTH PROJECT, LEFLORE CO.H.D. OR CALL 1888MSWOMEN.	tech	5	0	0	0-199
0045	SAT-FEW CELLS SATISFACTORY, FEW CELLS PRESENT.	tech	1	2	0	0-199
0046	SAT-PARTIAL AIRDRYING SATISFACTORY, PARTIAL AIRDRYING AND/OR TECHNICAL ARTIFACTS	tech	1	2	0	0-199
0047	4-SAT-OBSC INFLAMMATION SATISFACTORY, PARTIALLY OBSCURING INFLAMMATION	tech	1	2	0	0-199
0048	SAT-CYTOLYSIS SATISFACTORY, PARTIAL CYTOLYSIS OR DEGENERATION	tech	1	2	0	0-199
0050	SAT-OTHER(SEE COMMENT) SATISFACTORY-OTHER PROBLEM.(SEE COMMENT).	tech	1	2	0	0-199
0052	2-SAT-NO ENDOCERVICAL COMP. SATISFACTORY, NO ENDOCERVICAL COMPONENT.	tech	1	2	0	0-199
0053	SAT-THICK SMEAR SATISFACTORY, EXCESSIVE CELLULAR THICKNESS.	tech	1	2	0	0-199
0057	SAT-OBSCUR. BLOOD SATISFACTORY, PARTIALLY OBSCURING BLOOD.	tech	1	2	0	0-199
0067	SAT-OBSCUR. BACTERIA SATISFACTORY, PARTIALLY OBSCURING BACTERIA.	tech	1	2	0	0-199
0099	4-SAT-VAG CUFF &OR ATROPHIC SATISFACTORY FOR EVALUATION OF VAGINAL CUFF AND/OR ATROPHIC SMEAR.	tech	1	2	0	0-199
0100	1-SATISFACTORY SATISFACTORY FOR EVALUATION WITH ENDOCERVICAL COMPONENT PRESENT.	tech	1	2	0	0-199
0101	2-SPECIAL COMMENT COMMENT:	tech	5	0	0	0-199
0901	*1 -QA. QUALITY ASSURANCE REVIEW.	path	5	0	0	0-199
0902	*2-QA. QUALITY ASSURANCE REVIEW.	path	5	0	0	0-199
0903	*3-QA. QUALITY ASSURANCE REVIEW	path	5	0	0	0-199
0904	RESEARCH SPECIAL CODE	tech	5	0	0	0-199

<http://path.umsmed.edu/mdh/PrSnopList.aspx?SRT=Code&ACT=1 &FUL=1> 2/27/2007

0905	QA, RANDOM, "A" QA,RANDOM, "A"	supv	5	0	0	0-199
0906	QA, RANDOM, "B" QA, RANDOM, "B"	supv	5	0	0	0-199
0907	QA, RANDOM, "C" QA, RANDOM, "C"	supv	5	0	0	0-199
911	3-BX/PAP SMEAR HX CORRELATE INTERNAL QUALITY ASSURANCE CODE	path	5	0	0	0-199
0912	4-BX/PAP HX PARTIAL CORRELATE INTERNAL QUALITY ASSURANCE CODE	path	5	0	0	0-199
0913	5-BX/PAP HX DON'T CORRELATE INTERNAL QUALITY ASSURANCE CODE	path	5	0	0	0-199
0914	6-BX-INSUFFICIENT FOR EVAL. BIOPSY MATERIAL IS INSUFFICIENT FOR EVALUATION	path	5	0	0	0-199
0918	BX/PAP:REFER TO SURG REPORT BIOPSY AND CYTOLOGY CORRELATION: PLEASE REFER TO SURGICAL REPORT FOR ELABORATION	path	5	0	0	0-199
0921	QA, HIGH RISK, "A" QA, HIGH RISK, "A"	supv	5	0	0	0-199
0922	QA, HIGH RISK, "B" QA, HIGH RISK, "B"	supv	5	0	0	0-199
0923	QA, HIGH RISK, "C" QA, HIGH RISK, "C"	supv	5	0	0	0-199
0925	QA, SUPERV, NON-NEOP, RANDOM QA, SUPERVISOR, NON-NEOPLASTIC, RANDOM	supv	5	0	0	0-199
0926	QA, SUPERV, NON-NEOP,HIGH RISK QA, SUPERVISOR, NON-NEOPLASTIC, HIGH RISK	supv	5	0	0	0-199
1000	1-N EG-NIL NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY.	tech	2	3	1	0-199
1001	2-NEG-NIL, ATROPHIC NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY, ATROPHIC PATTERN.	tech	2	3	1	0-199
1130	RADIATION. RADIATION EFFECT.	path	2	4	0	0-199
1490	GARDNERELLA/BACT. GARDNERELLA/BACTERIAL VAGINOSIS.	tech	2	4	0	0-199
2040	CHLAMYDIA. CHLAMYDIAL EFFECTS.	path	2	4	0	0-199
4084	HERPES. HERPESVIRAL CYTOPATHIC EFFECT.	path	2	4	0	0-199

<http://path.umsmmed.edu/mdh/PrSnopList.aspx?SRT=Code&ACT=1 &FUL=1> 2/27/2007

4300	3-ACUTE INFLAMMATION ACUTE INFLAMMATION.	tech	2	4	0	0-199
4302	IMMUNOSUPPRESSED IMMUNOSUPPRESSED	path	2	4	0	0-199
4303	4-CANDIDA. CANDIDA.	tech	2	4	0	0-199
4304 5-	REPAIR/REACTIVE REPAIR/REACTIVE CHANGES.	path	2	4	0	0-199
4310	FOLLICULAR CERVICITIS CHRONIC INFLAMMATION/FOLLICULAR CERVICITIS.	tech	2	4	0	0-199
4461 6-	TRICHOMONAS TRICHOMONAS.	tech	2	4	0	0-199
4463	ACTINOMYCETES ACTINOMYCETES	path	2	4	0	0-199
4500	SQUAMOUS METAPLASIA SQUAMOUS METAPLASIA.	tech	2	4	0	0-199
5001	1-1ST PAP POST ASC/SIL FIRST PAP POST NEOPLASIA AND/OR TREATMENT FOR ASC OR SIL	supv	4	0	0	0-199
6001	2-1 ST PAP POST AGC FIRST PAP POST NEOPLASIA AND/OR TREATMENT FOR AGC	supv	4	0	0	0-199
6807	ENDOMETRIALS IN PREG/PMP ENDOMETRIAL ELEMENTS IN A PREGNANT OR PMP WOMAN	path	3	4	0	0-199
6808	EMS >40 YRS OLD ENDOMETRIAL ELEMENTS IN A WOMAN GREATER THAN 40 tYEARS OF AGE	path	3	0	0	0-199
7009	2-LSIL *LSIL, LOW-GRADE SQUAMOUS INTRAEPITHELIAL LESION	path	3	7	4	0-199
7911 1-	ASC-US ATYPICAL SQUAMOUS CELLS OF UNDETERMINED SIGNIFICANCE-LIQUID-BASED PREPARATION, HPV REPORT TO FOLLOW PER MDH PROTOCOL.	path	3	5	3	21-199
7912 6-	ASC-H ATYPICAL SQUAMOUS CELLS OF UNDETERMINED SIGNIFICANCE, RULE OUT HIGH GRADE SQUAMOUS INTRAEPITHELIAL LESION (ASC-H)	path	3	5	3	0-199
79131-	ASCUS, PT 20YRS AND < ATYPICAL SQUAMOUS CELLS OF UNDETERMINED SIGNIFICANCE, LIQUID-BASED, NO HPV REPORT TO FOLLOW PER MDH PROTOCOL.	path	3	5	3	0-20
7957	AGC > 35 AGC-ATYPICAL GLANDULAR CELLS, PATIENT OLDER THAN 35 YEARS OF AGE	path	3	6	2	0-199
7958	AGC-W/ABNL BLEEDING AGC-ATYPICAL GLANDULAR CELLS WITH ABNORMAL UTERINE BLEEDING	path	3	6	2	0-199

<http://path.umsmmed.edu/mdh/PrSnopList.aspx?SRT=Code&ACT=1 &FUL=1> 2/27/2007

7959	AGC-NOS ATYPICAL GLANDULAR CELLS, NOT OTHERWISE SPECIFIED.	path	3	6	2	0-199
7960	AGC-ATYP ENDOMETRIAL CELLS AGC-ATYPICAL ENDOMETRIAL CELLS.	path	3	6	2	0-199
7961	AGC-ATYP ENDOCERVICAL CELLS ATYPICAL ENDOCERVICAL CELLS.	path	3	6	2	0-199
8000	ASC,AGC,OR SIL S/P BX &OR TX ASC, AGC, OR SIL POST BIOPSY AND/OR TREATMENT	path	3	0	0	0-199
8004	3-HSIL (CIN II - MODERATE) HSIL-HIGH GRADE SQUAMOUS INTRAEPITHELIAL LESION (CIN II).	path	3	8	5	0-199
8005	4-HSIL (CIN III - SEVERE) HSIL- HIGH GRADE SQUAMOUS INTRAEPITHELIAL LESION (CIN III - SEVERE DYSPLASIA).	path	3	8	5	0-199
8006	5-HSIL (CIN III- CIS) HSIL-HIGH GRADE SQUAMOUS INTRAEPITHELIAL LESION (CIN III - CARCINOMA IN SITU).	path	3	8	5	0-199
9010	x-MALIGNANCY, SEE COMMENT MALIGNANCY, SEE COMMENT.	path	3	0	7	0-199
9016	x-METASTATIC CARCINOMA CARCINOMA, METASTATIC.	path	3	9	7	0-199
9071	HSIL-R/O INVASION HIGH GRADE SQUAMOUS INTRAEPITHELIAL LESION, CANNOT RULE OUT INVASION.	path	3	9	7	0-199
9073	x-INVASIVE SQUAMOUS CELL CA INVASIVE SQUAMOUS CELL CARCINOMA.	path	3	9	7	0-199
9074	x-MICROINV. SQUAMOUS CELL CA MICROINVASIVE SQUAMOUS CELL CARCINOMA.	path	3	9	7	0-199
9103	x-CHORIOCARCINOMA CHORIOCARCINOMA.	path	3	9	7	0-199
9142	ENDOCERVICAL AIS ENDOCERVICAL ADENOCARCINOMA IN SITU (AIS).	path	3	8	5	0-199
9143	x-ENDOMETRIAL ADENOCA ENDOMETRIAL ADENOCARCINOMA.	path	3	9	7	0-199
9483	x-ENDOCERVICAL ADENOCA INVASIVE ENDOCERVICAL ADENOCARCINOMA.	path	3	9	7	0-199
9563	x-ADENO-SQUAMOUS CA INVASIVE ADENOSQUAMOUS CARCINOMA.	path	3	9	7	0-199
9953	x-CARCINOSARCOMA CARCINOSARCOMA.	path	3	9	7	0-199

<http://path.umsmed.edu/mdh/PrSnopList.aspx?SRT=Code&ACT=1 &FUL=12/27/2007>

9955	1-HPV TYPING REQUESTED HPV TYPING ORDERED BY CLINICIAN	path	5	0	0	21-199
9970	5-UNSAT-TOO FEW CELLS UNSATISFACTORY DUE TO TOO FEW CELLS.	path	1	1	6	0-199
9971	UNSAT-AIRDRIED/TECH ARTIFACTS UNSATISFACTORY DUE TO AIRDRYING AND/OR TECHNICAL ARTIFACTS	path	1	1	6	0-199
9972	UNSAT-OBSCURING INF. UNSATISFACTORY DUE TO OBSCURING INFLAMMATION.	path	1	1	6	0-199
9973	UNSAT-CYTOLYSIS/DEGENERATION UNSATISFACTORY DUE TO EXCESSIVE CYTOLYSIS OR DEGENERATION	path	1	1	6	0-199
9974	UNSAT-INADEQUATE CLIN. DATA UNSATISFACTORY DUE TO INADEQUATE CLINICAL DATA	supv	1	1	6	0-199
9975	UNSAT-OTHER PROBLEM (SPECIFY) UNSATISFACTORY DUE TO OTHER PROBLEM (SPECIFY)	supv	1	1	6	0-199
9977	UNSAT-OBSCURING BLOOD UNSATISFACTORY DUE TO OBSCURING BLOOD.	path	1	1	6	0-199
9978	UNSAT-INADEQ. IDENTIFICATION UNSATISFACTORY DUE TO INADEQUATE PATIENT IDENTIFICATION	supv	1	1	6	0-199
9982	UNSAT-OBSCURING BACTERIA UNSATISFACTORY DUE TO OBSCURING BACTERIA.	path	1	1	6	0-199
9983	UNSAT-THICK SMEAR UNSATISFACTORY DUE TO EXCESSIVELY THICK SMEAR.	path	1	1	6	0-199
9996	Test Code TEST CODE	tech	0	0	0	0-199
9998	xx-DC CASE SMEAR ACCOMPANIED BY BIOPSY	path	5	0	0	0-199
9999	xx-PROTOCOL OVERRIDE PROTOCOL OVERRIDE	supv	5	0	0	0-199

APPENDIX F

Mississippi State Department of Health PAP / Biopsy Protocol – 2007 UPDATE/Revised Nov. 2007

Flow Chart Responses to Liquid Based PAP Test Reports and Biopsy Reports

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

Glossary of Terms

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)

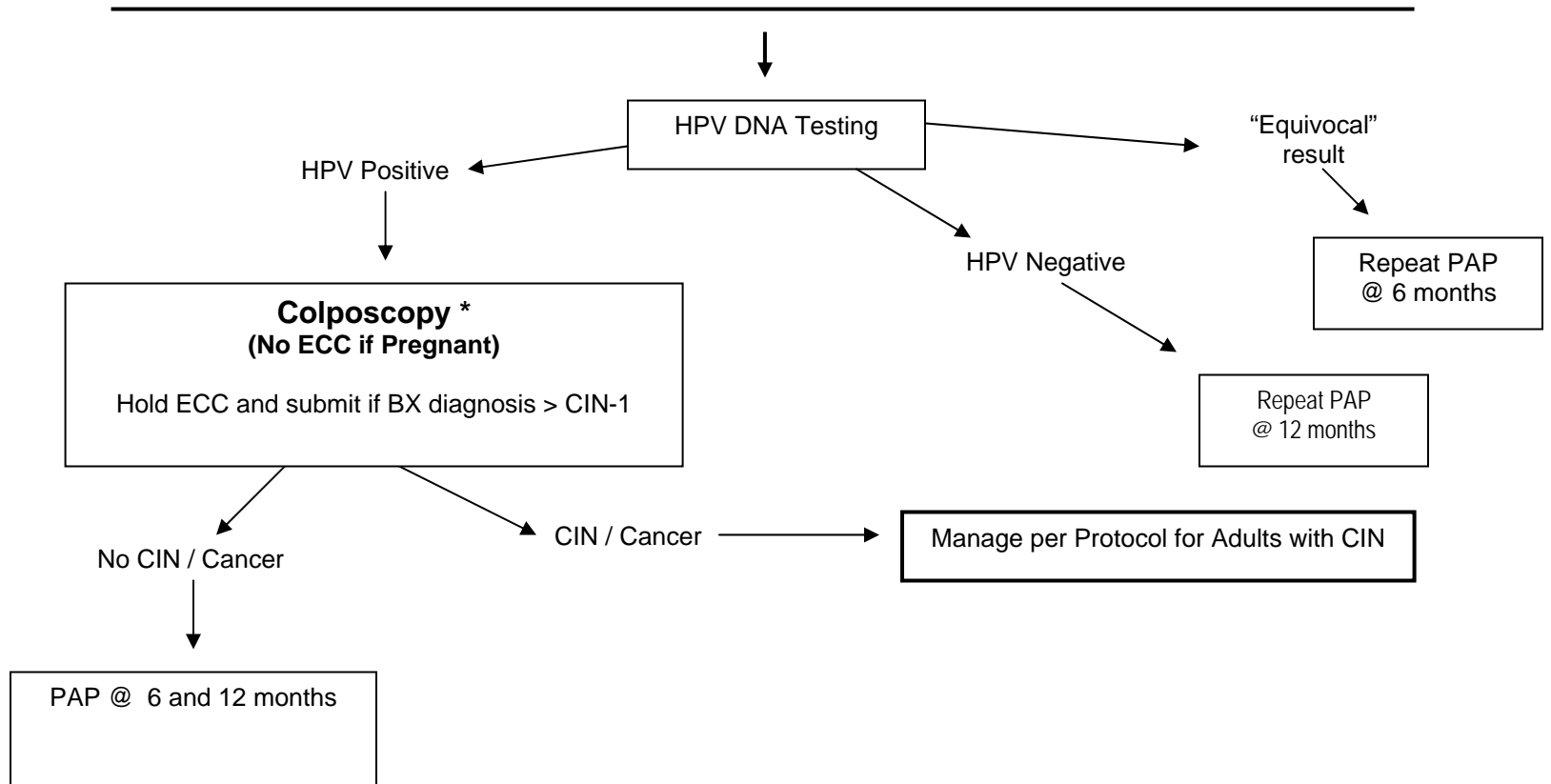
Other Non-Neoplastic Findings or Organisms: Refer to the Cervical Cytology Codes Guidelines in the Manual.

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.

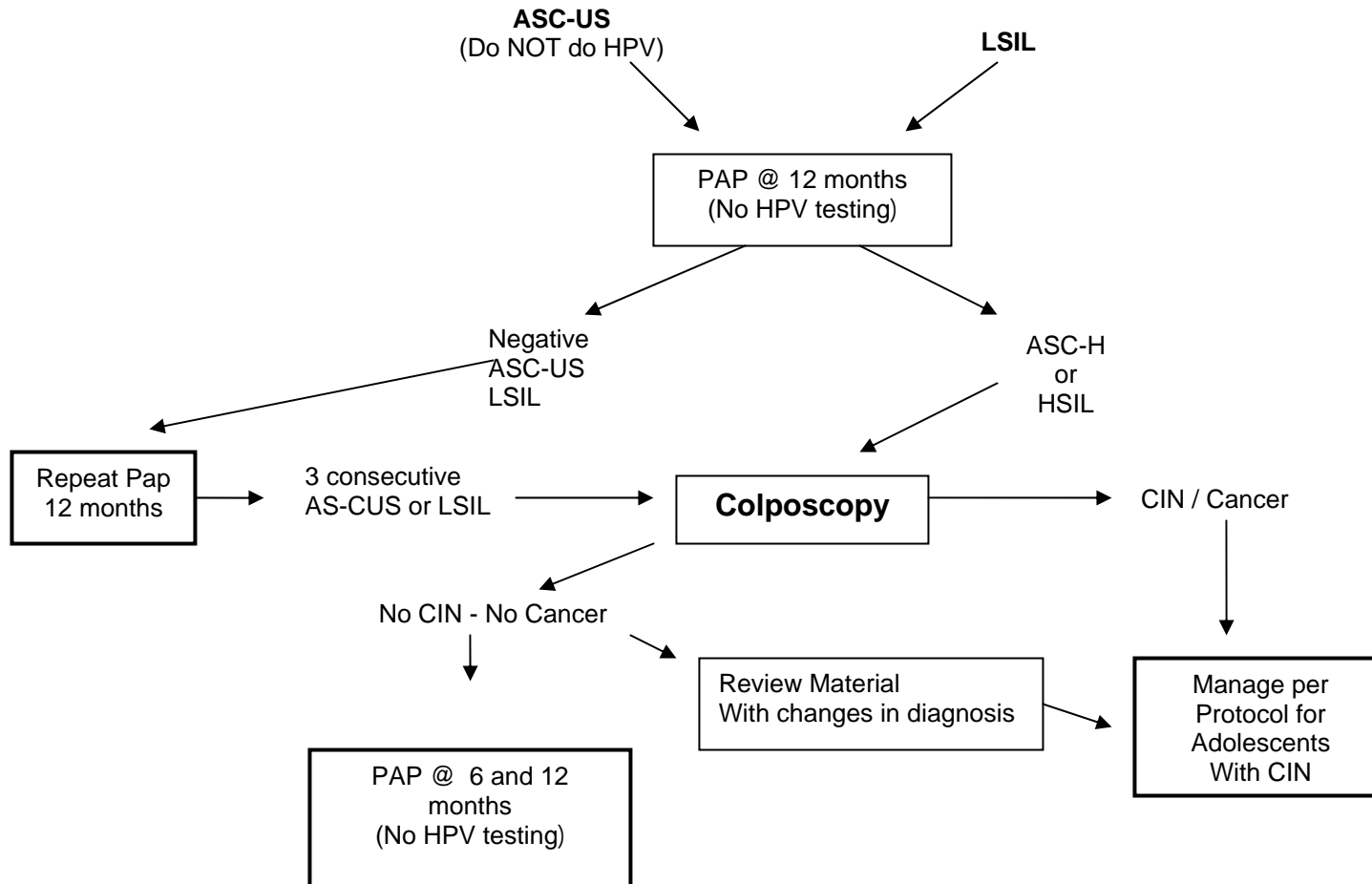
Reference: American Society for Colposcopy and Cervical Pathology (ASCCP) Consensus Guidelines 2001, Consensus Conference 2006, and UMC OB/gyn Protocol.
(www.asccp.org)

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

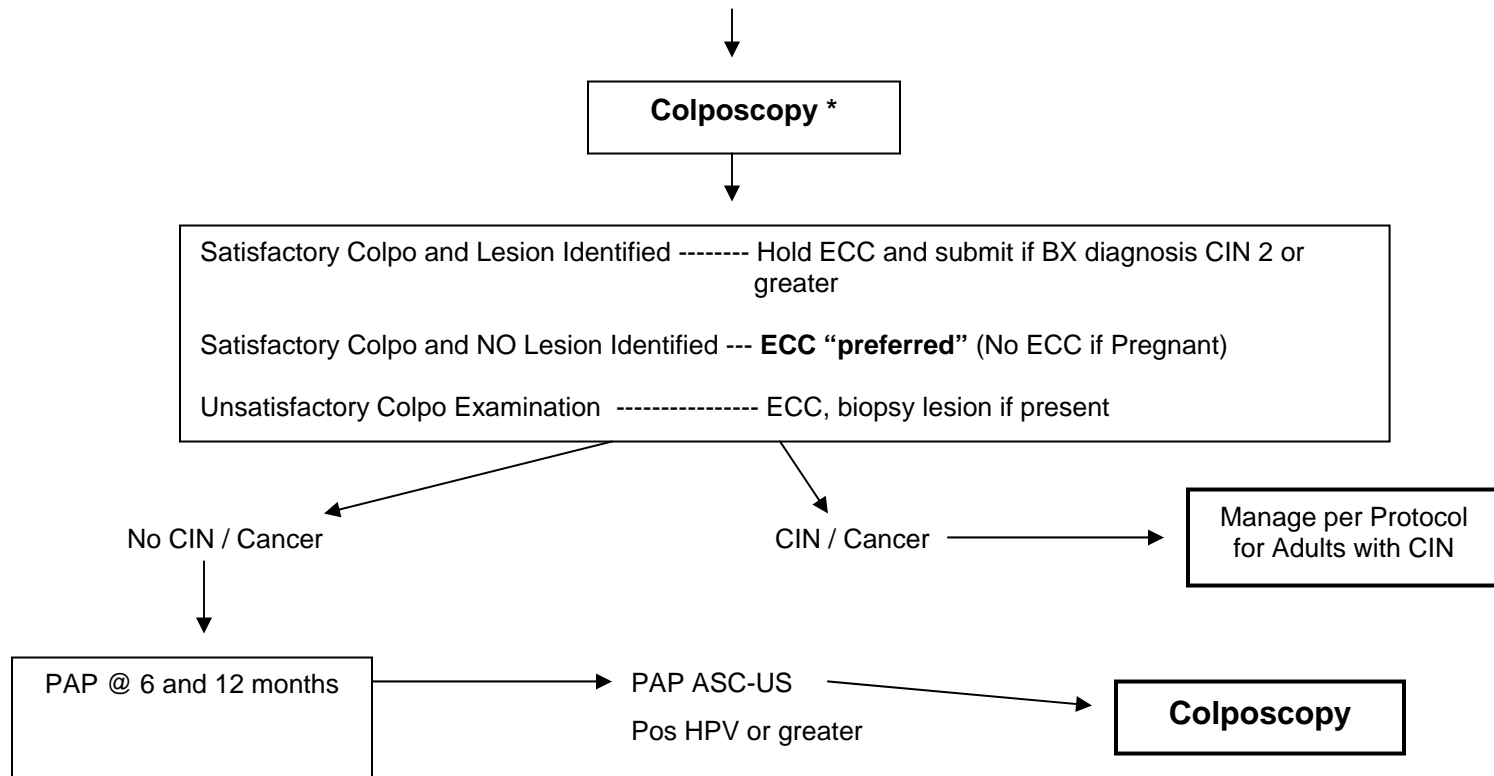


* Colposcopy is preferred. If colposcopy is not available, or if patient is non-compliant, then a repeat PAP in 6 months is acceptable (one time only).

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

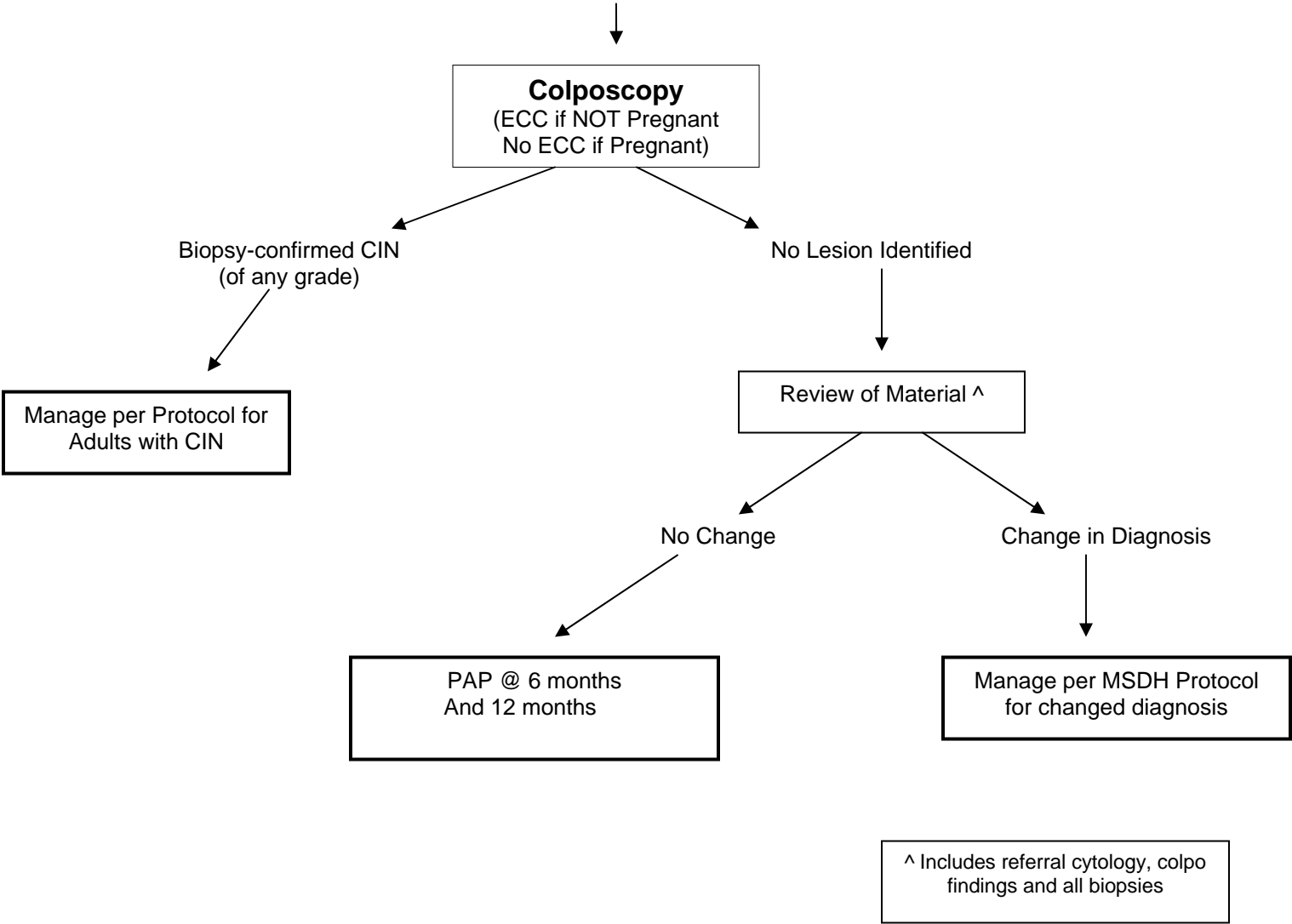


ADULTS – 21 y/o or older
Low Grade Squamous Epithelial Lesion (LSIL)

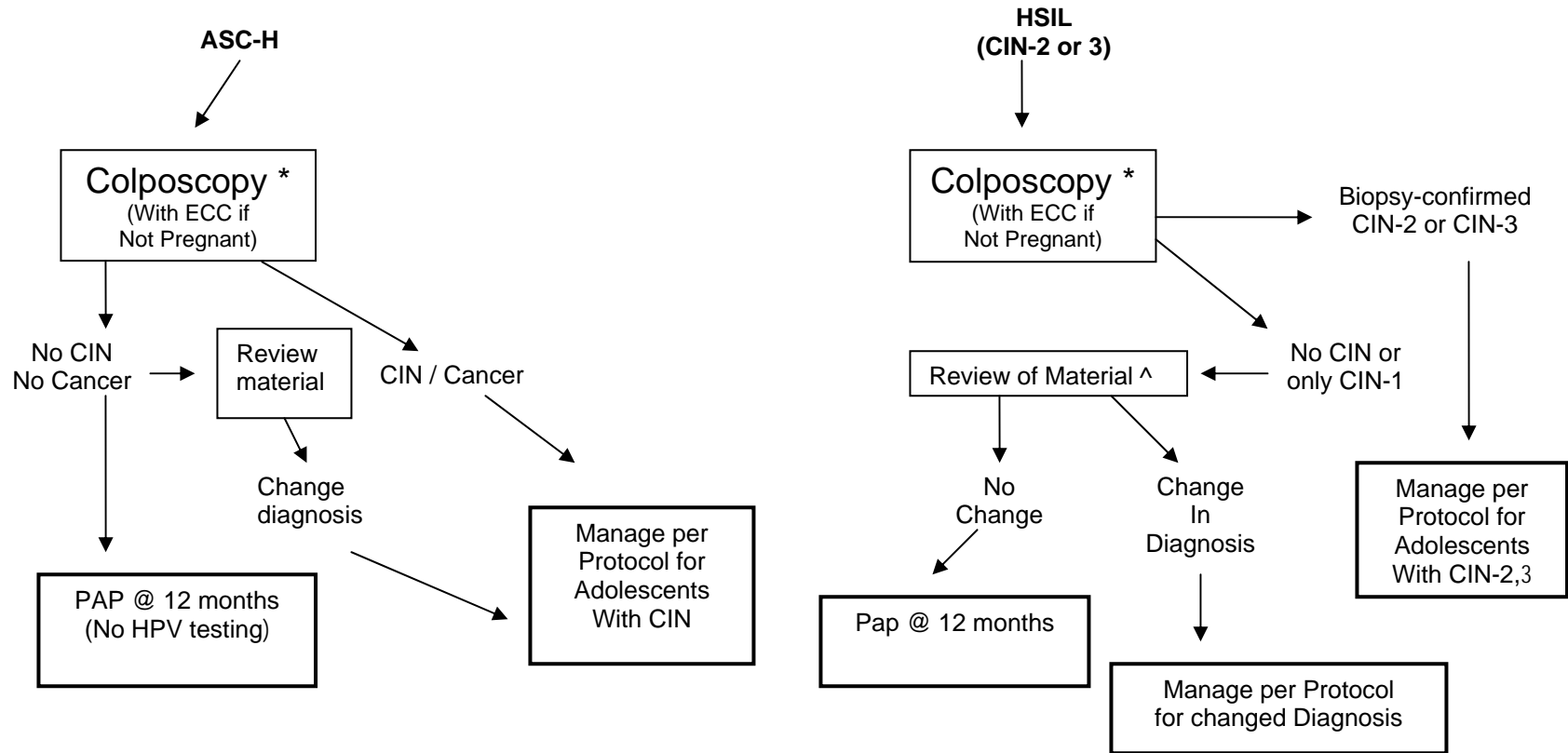


* Colposcopy is preferred. If colposcopy is not available, or if patient is non-compliant, then a repeat PAP in 6 months is acceptable (one time only).

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



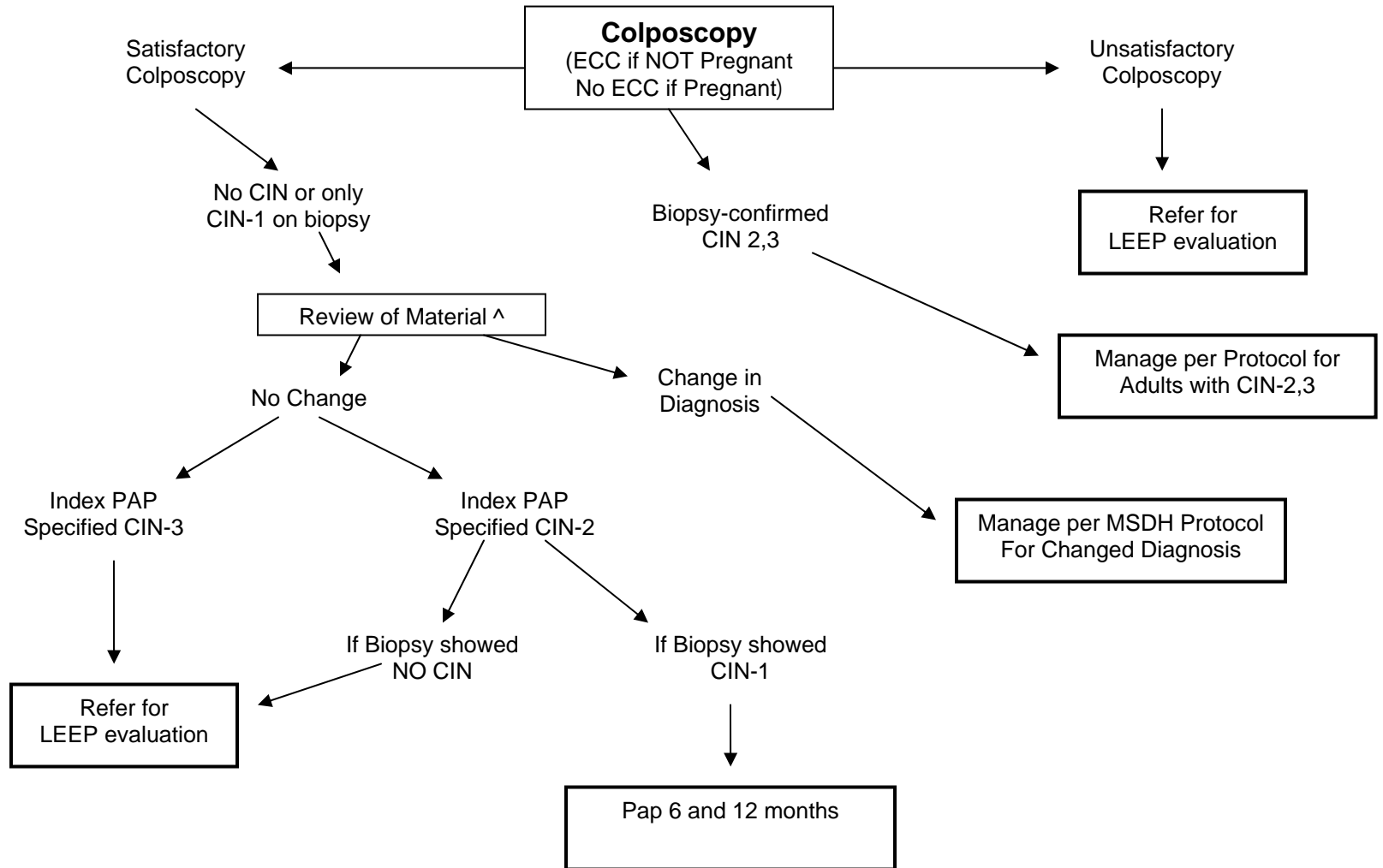
Adolescents – 20 y/o or younger
ASC-H and HSIL



^ Includes referral cytology, colpo findings, and all biopsies

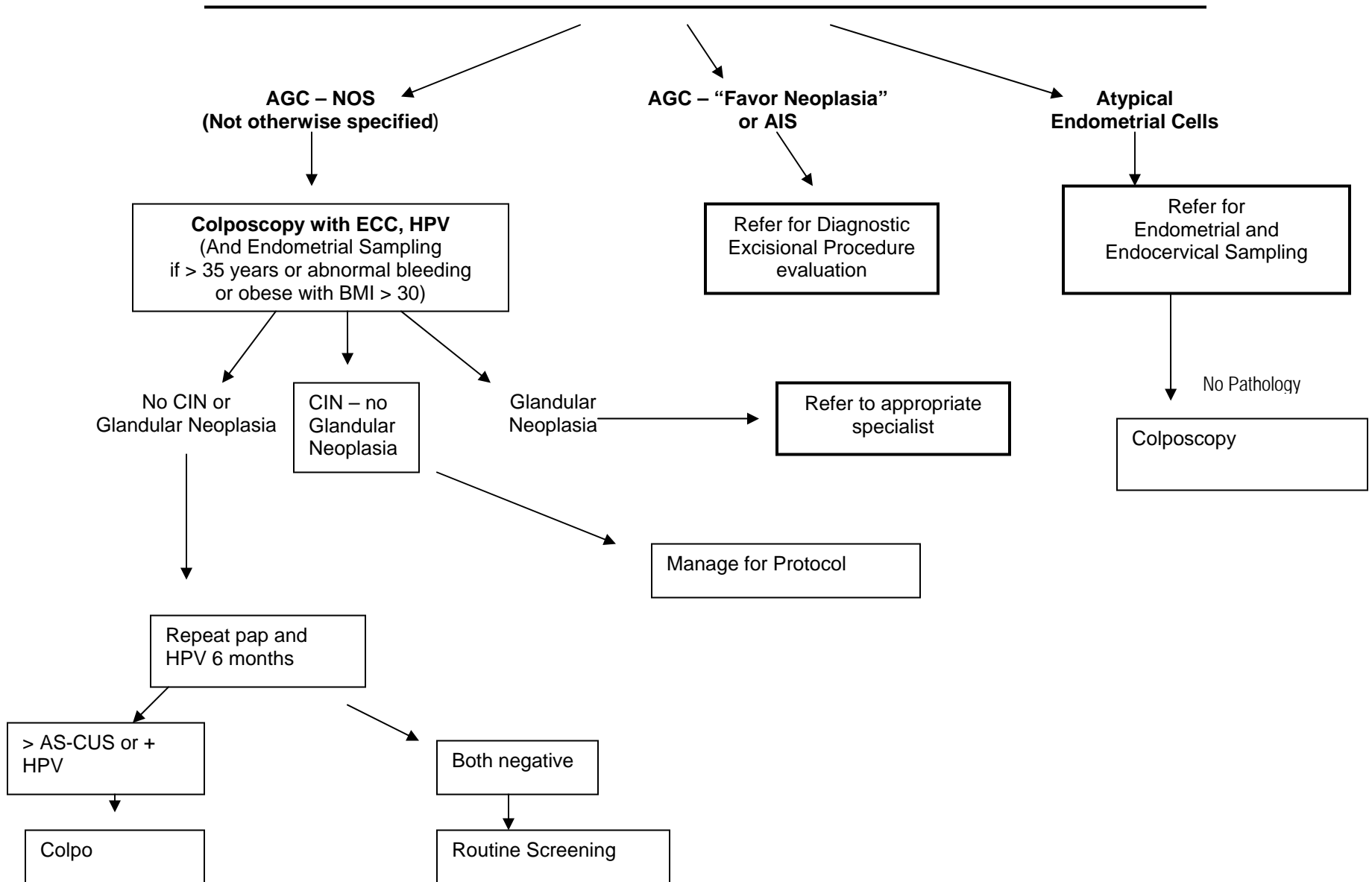
* If Colposcopy is Unsatisfactory, refer to LEEP evaluation

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

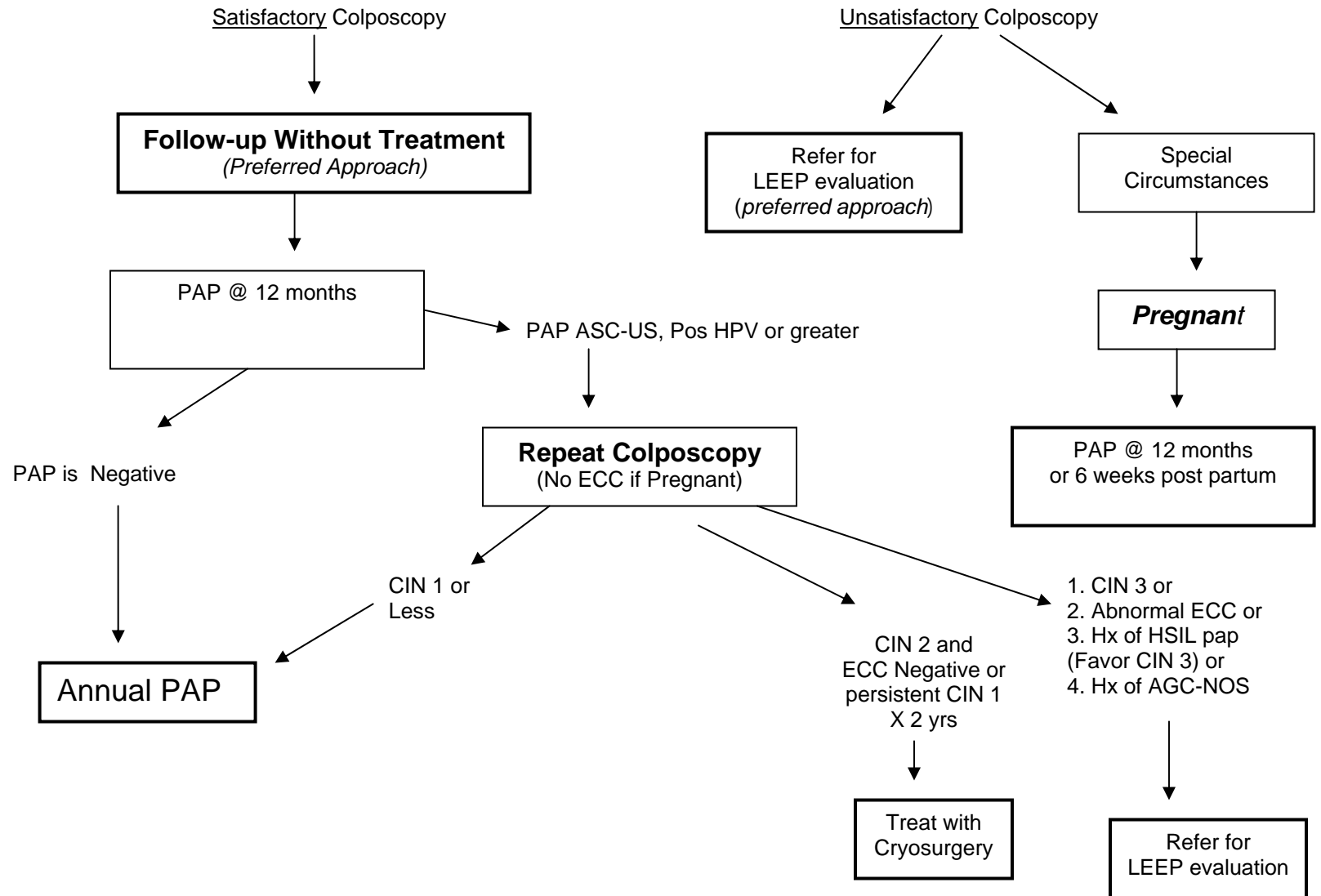


^ Includes referral cytology, colpo findings and all biopsies

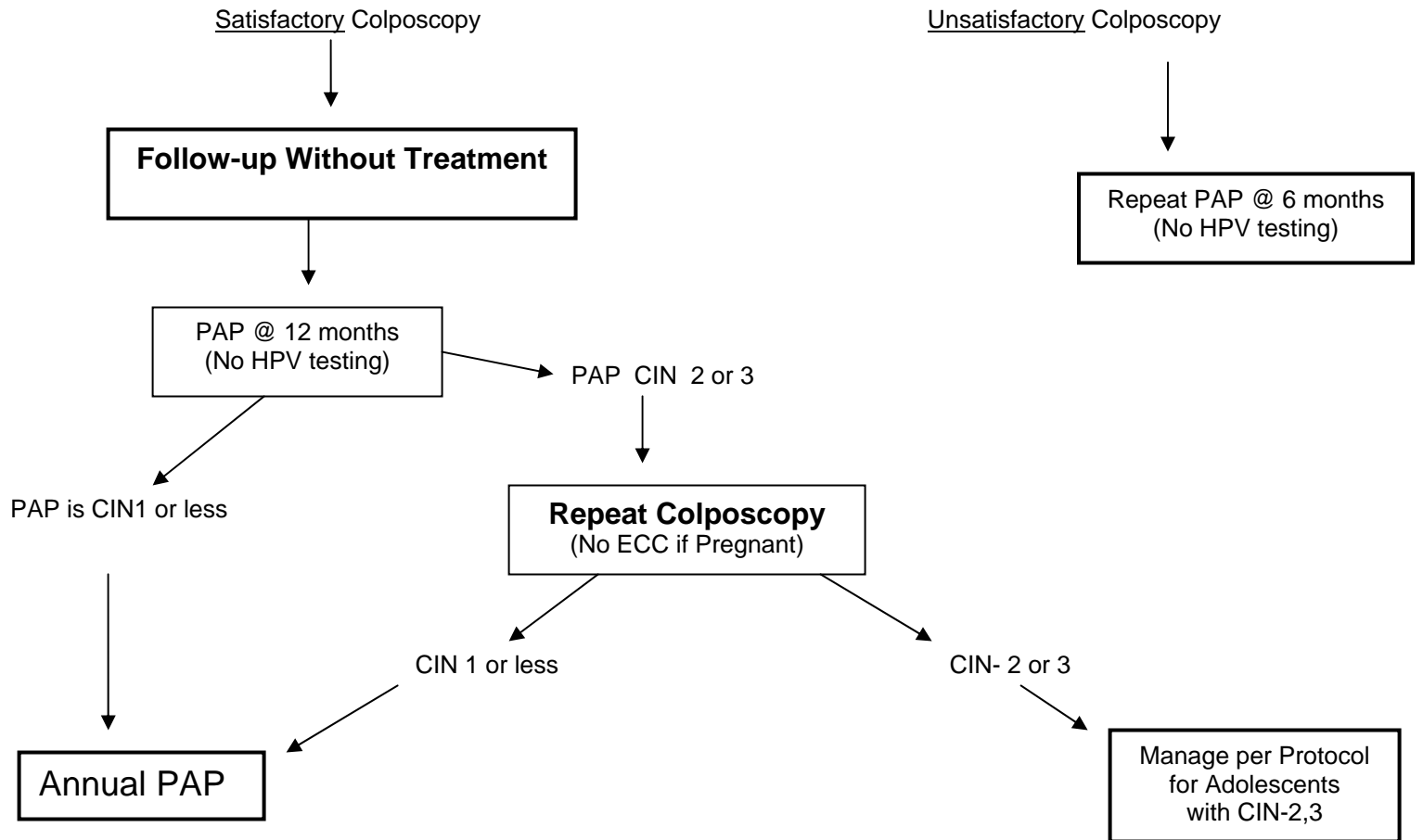
ADULTS and Adolescents
Atypical Glandular Cells (AGC)
 (If Pregnant, refer to OB-GYN)



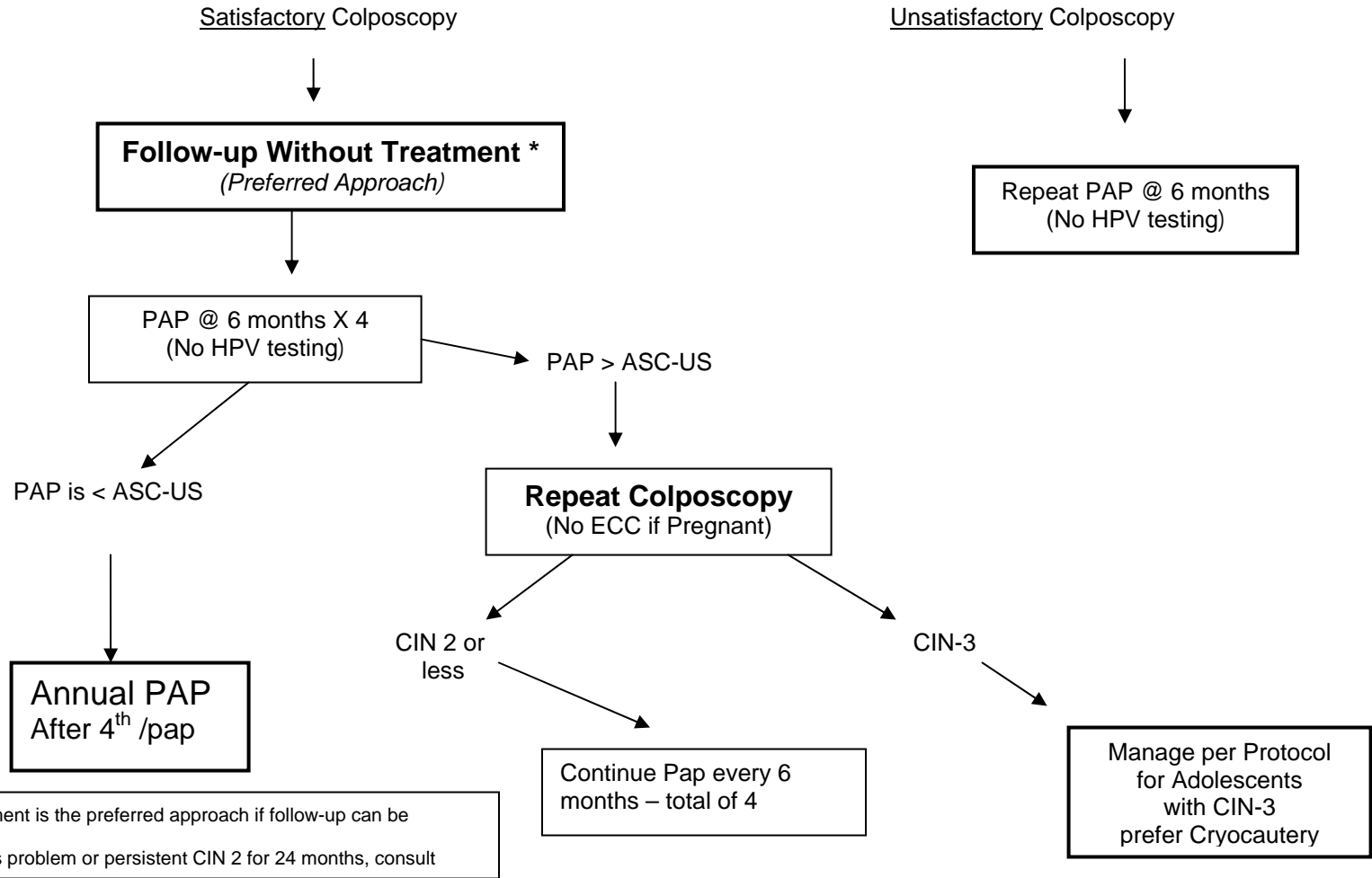
ADULTS – 21 y/o or Older
Biopsy Confirmed CIN-1



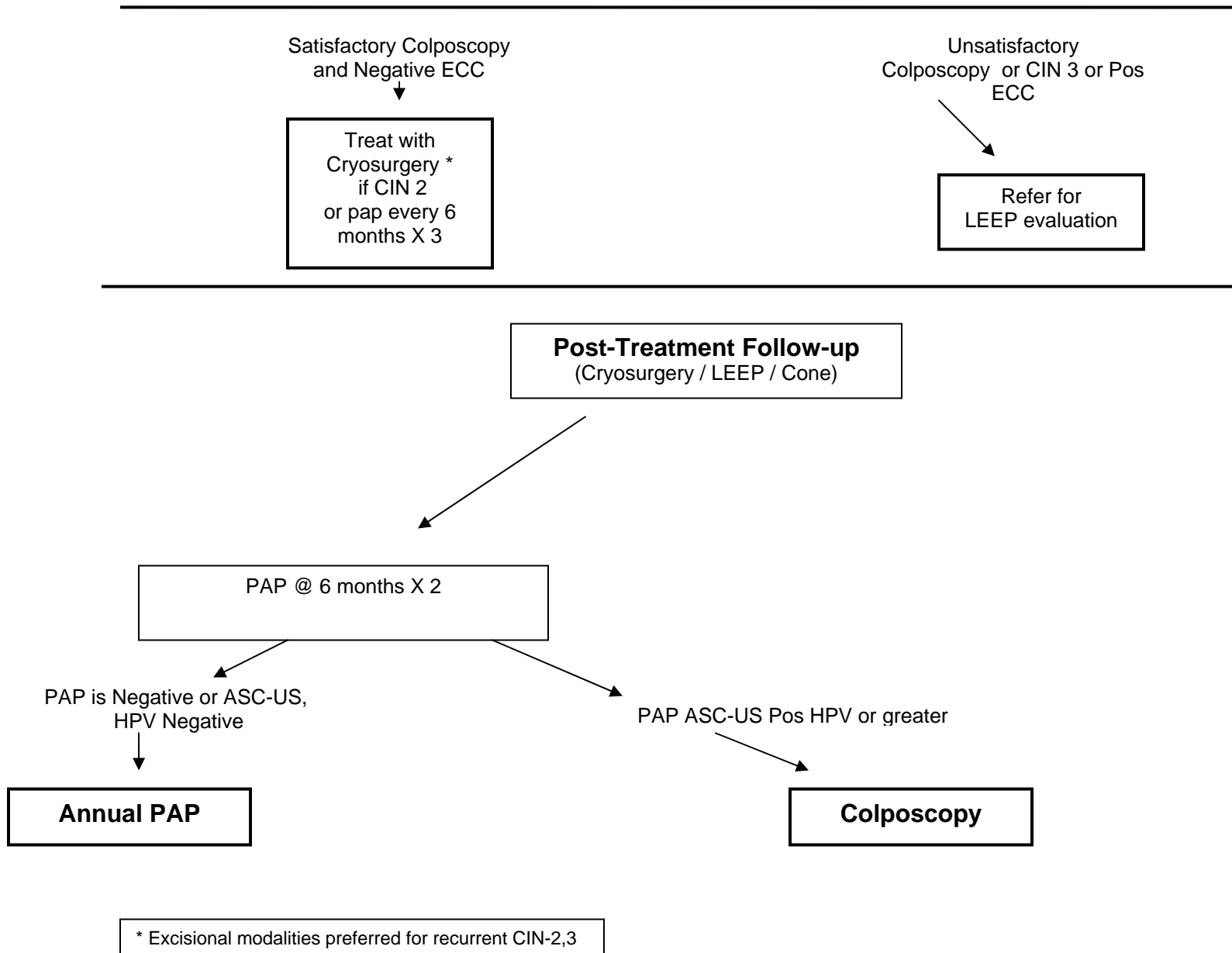
Adolescents – 20 y/o or younger
Biopsy Confirmed CIN-1



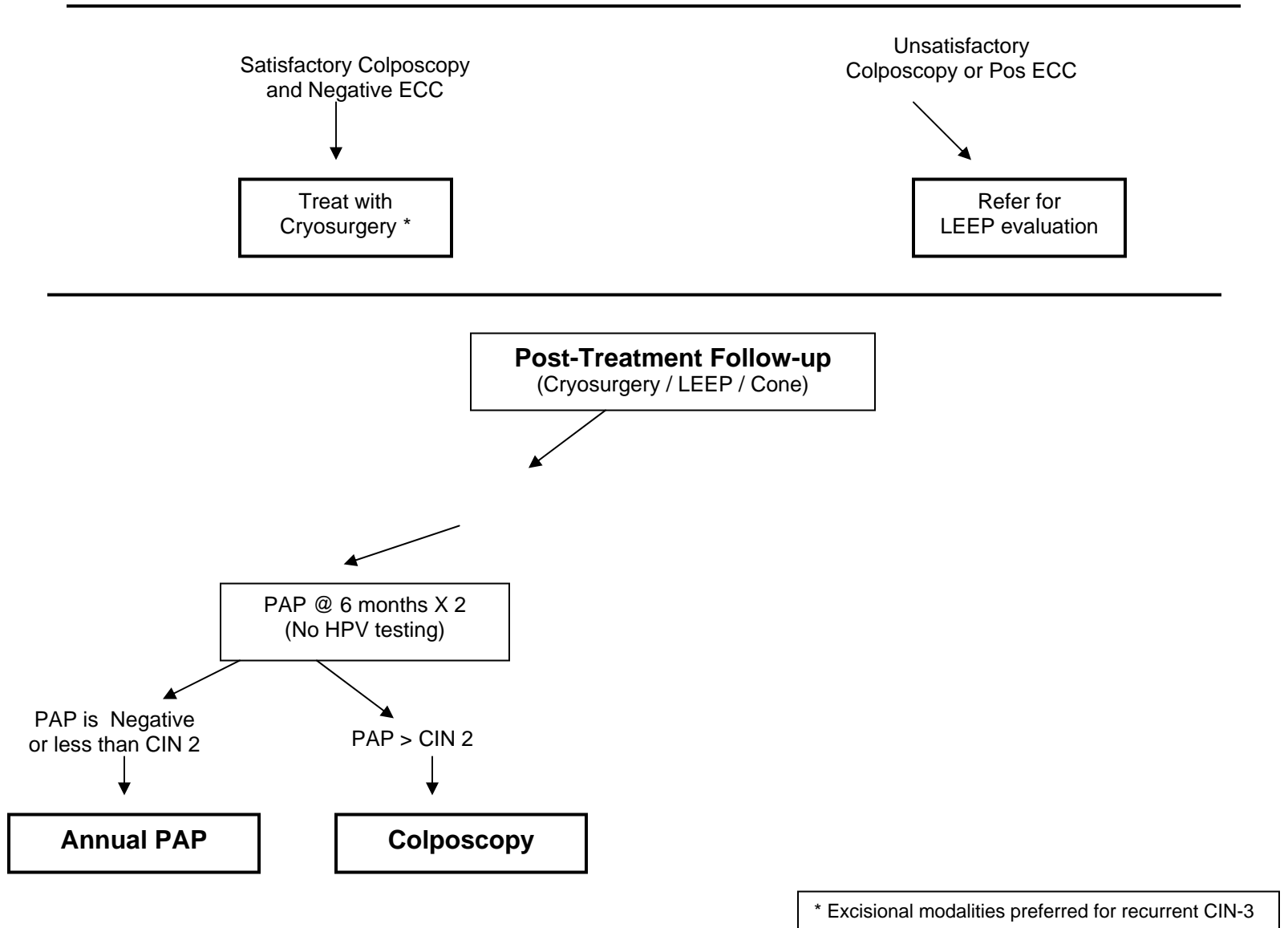
Adolescents – 20 y/o or younger
Biopsy Confirmed CIN-2



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



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



APPENDIX G

HOUSE BILL NO. 881 (Signed by the Governor)

- (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.

Below are "screened under the program" options for Medicaid eligibility allowed under the 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.

APPENDIX H

BREAST AND CERVICAL CANCER POLICY AND PROCEDURE FOR MEDICAID COVERAGE

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 Medicaid Coverage Eligibility

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 notify the case manager for the BCCP of the client's cancer diagnosis. The provider is then required to 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 the BCCP. Once this procedure is completed, the case manager submits the information to the Division of Medicaid. Coverage will continue until treatment is complete.

APPENDIX I

(Sample letter. Use agency letterhead.)

REFUSAL OF FURTHER EVALUATION AND/OR TREATMENT FOR ABNORMAL

On _____, I _____ was advised by
(date) (print patient's name)

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 the 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)

APPENDIX J

**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

Do Not Photocopy

**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

**CONSENT TO PARTICIPATE IN THE MISSISSIPPI BREAST AND
CERVICAL
CANCER PROGRAM
FORM NO. 701**

Purpose

To provide documentation of patients 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

APPENDIX K

MISSISSIPPI BREAST AND CERVICAL CANCER PROGRAM - SCREENING INTAKE FORM

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 Outreach Worker TV/Radio Employer
 Friend/Relative Possible Teacher Educator/Program Clinic or Doctor
 Newspaper Witness Project Deep South Network Circle of Friends

14. Health Insurance (can check more than one)
 1. Uninsured 2. Medicaid 3. Medicare 4. Private
 Screening Not Covered Screening Covered
 Parts A & B
15. Family History of Breast cancer
 Mother Sister Don't Know None
 Other Self
 Youngest age of Diagnosis _____

Section Below To Be Completed By Provider

16. Breast Self Exam: Never Sometimes Monthly
 17. Previous Mammogram: Yes ____/____/____ No Unknown
Date
 25. Hyst. Yes No Was hyst due to cancer? Yes No
 26. Previous Pap Test: Yes ____/____/____ No Unknown
Date

Breast Screening

Cervical Screening

18. CBE Date ____/____/____ 19. Reported symptoms by provider _____
20. Clinical Breast Exam (CBE) Results
 1. Normal exam 2. Benign Finding 3. Discrete palp mass (Dx Benign)
 4. Discrete palp mass - Susp for Ca 5. Bloody/Serosus nipple discharge
 6. Nipple/areola localness 7. Skin dimpling/retraction 8. Not done - Normal CBE in past 12 months
 21. Mammogram Date ____/____/____ Site _____
22. Indication for Initial Mammogram
 1. Routine Screening
 2. Mammogram performed to evaluate symptoms, positive CBE, or previous abnormal mammogram result
 3. Mamm. done by non-program provider referred for diag.
 4. Mammogram not done - CBE only or proceeded to diagnostic
 5. Cervical rec'd only, breast services not done
 6. Unknown
23. Initial Mammogram Results
 1. Negative 2. Benign finding 3. Probably benign
 4. Susp abn (consider Bx) 5. Highly sugg of malign 6. Ass. Incom.-Needs further eval
 7. Ass. Incom.-Film comp. needed 8. Result presumed abn. not funded 9. Unsatisfactory
24. Additional Mammogram Views/Sched Date ____/____/____
 1. Repeat Mammo Type of Diagnostic: _____
 2. Ultrasound
 3. Film Comparison
 4. No Add. Tests Needed

27. Pelvic Exam/ Pap Test Date ____/____/____
28. Pelvic Exam Results
 1. Normal 2. Abnormal Pelvic 3. Abn - not susp for ca
 4. Abn - susp for ca 5. Not done - oth/unlk reason 6. Not indicated/Not needed
 7. Not done - Normal PE in past 12 months 8. Refused
29. Indication for Pap Test (Date ____/____/____)
 1. Routine Pap 2. Patient monitored for previous abnormal Pap
 3. Referred in for diag eval 4. Pap not done. Proceed to diagnostic procedure
 5. Breast only, cerv. not done 6. Unknown
30. Pap Test Specimen Adequacy
 1. Satisfactory 2. Unsatisfactory 3. Unknown
31. Specimen Type
 1. Conventional smear 2. Liquid Based 3. Unknown
32. Pap Test Results (Date ____/____/____)
 1. Negative for intra. lesion or malign 2. AGC/Adenocarcinoma
 3. Low grade SIL/HPV 4. ASC-US 5. High Grade SIL
 6. ASC-H 7. Squamous cell carcinoma 8. Presumed abn, non-funded
 9. Other _____
33. HPV Test Result (Date of HPV ____/____/____)
 1. Positive 2. Negative
 3. Test Not Done 4. Unknown

Recommendation _____ (Referral Form 717 needed) Recommendation _____ (Referral Form 691 needed)

**BREAST AND CERVICAL CANCER SCREENING
FORM 718**

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 physicians office.

Enrollment Date- Enter today's date.

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

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

Age – Patients 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.

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- The recommendation of the clinician.

Cervical Screening

Hysterectomy- Check appropriate box.

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

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

Date of Pelvic with Pap Smear - 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 Smear Specimen Adequacy - Check appropriate box based on lab results.

Specimen Type – Check appropriate results.

Pap Smear 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.

APPENDIX L

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

Breast Follow-Up Referral

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

Patient's Name _____
Last First MI Maiden

Day Phone (____) _____ Night Phone (____) _____ DOB ____/____/____

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

Reason for Referral _____

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

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

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

White = MBCCP
Yellow = To Follow-up
Pink = Provider

Physician's Signature License Number Date

**MSDH BREAST FOLLOW-UP
FORM No. 717**

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.

APPENDIX M

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 _____

**BCCP CLIENT RECORD
FORM No. 694**

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 – The 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.

APPENDIX N

Family Planning

Women's Health History

Patient History —

Menstrual (Period) History

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

Number of Pregnancies _____ Number of Deliveries _____
(- if Negative + if Positive)

- 1. Medications
2. Allergies to Medicines
3. Smoking/Tobacco Use
4. Recreational Drugs (Including Injectables)/Alcohol Use
5. Diabetes
6. Cancer
7. Hospitalization (including pregnancies/surgeries)
8. Mother exposed to DES (1940-1970)
9. Blood transfusion 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 Infections/Sexually Transmitted Diseases
18. Vagina/Cervix/Abnormal Paps
19. Blood (Anemia/Sickle Cell Disease)
20. Nervous System (Seizures/Depression/Headaches)

Immunizations —

- 21. Immunization Up to Date Yes Declined
22. Rubella Immune Yes Declined MMR

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 32. Cancer

Social Security No.

Name

Date of Birth

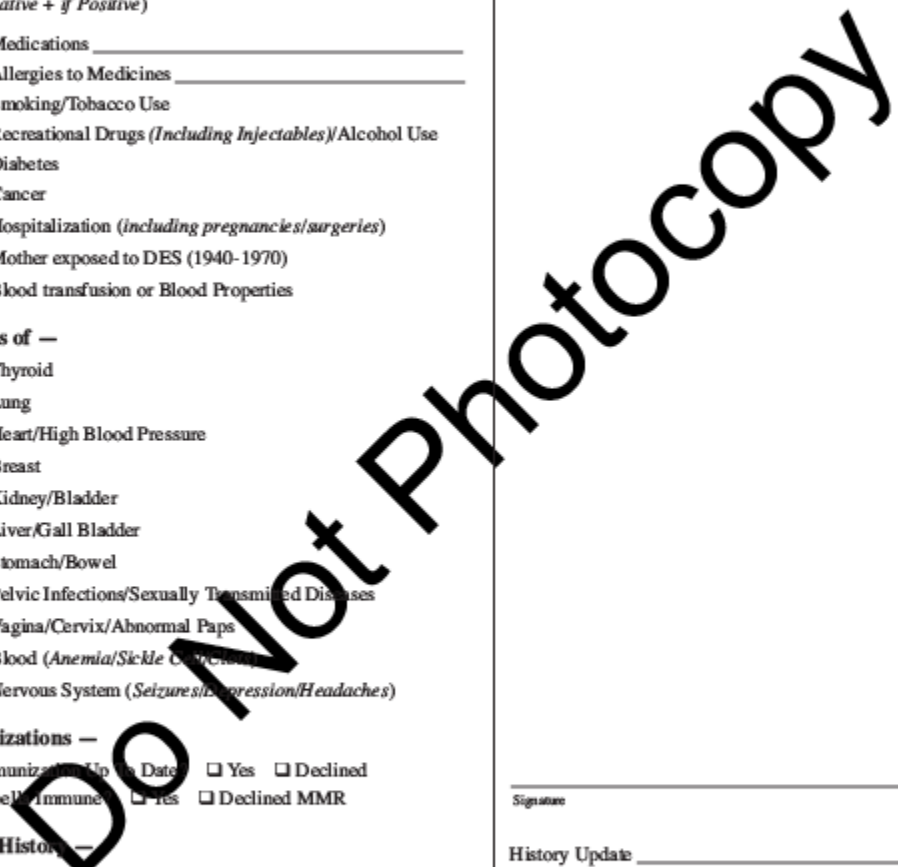
Medicaid No.

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 _____

Form #709

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 Family Planning 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.

**MSDH MAMMOGRAPHY VOUCHER
FORM 719**

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/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 Assesment – 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

APPENDIX P

GYN: CYTOLOGY REQUEST FORM

Source: <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		SS# _____ Clinic Code _____	
Type of PAP: <input type="checkbox"/> Thinprep <input type="checkbox"/> Surepath <input type="checkbox"/> Conventional		Name _____ Birth _____	
Hormones/IUD: <input type="checkbox"/> Combined <input type="checkbox"/> Progestin only <input type="checkbox"/> Estrogen only <input type="checkbox"/> IUD		Address _____ City _____ Zip _____	
Menstrual History: <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"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Maternity <input type="checkbox"/> Family Planning <input type="checkbox"/> BCCP	
Treatment History: <input type="checkbox"/> Previous Colposcopy 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 _____		Practitioner (Initials Only) _____	
Special: <input type="checkbox"/> HPV requested if pap is negative <input type="checkbox"/> _____ & Body Fluid <input type="checkbox"/> Dysplasia Clinic Pap accompanied by _____ Precursors		LMP: _____ Date of Smear: _____	Lab Use Only
Other: _____			
Mississippi State Department of Health Jackson, MS Revised 6/17/08		Gyn Cytology MSDH Form No. 206	

DO NOT PHOTOCOPY

GYN: CYTOLOGY REQUEST FORM
FORM NO. 206

PURPOSE

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

INSTRUCTIONS

Right side of the request:

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 yellow copy and one for the white copy.

1. SSN - Enter patient's social security number.
2. Name - a. Enter patient's complete name with correct spelling.
 b. The name appearing in the blank must match the name that is written
 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 # - Not eligible for BCCP
6. Medicaid # - Not eligible for BCCP
7. Address - Enter complete address with zip code.
8. Race - Check box which corresponds to patient's race.
9. Program - Check box that corresponds to the program through which the Pap Smear
 was obtained.
10. Practitioner - Enter PIMS identification code for practitioner collecting the smear
 (MSDH ONLY).
11. LMP - Give date of last menstrual period (month, day, year).
12. Date of Smear - Enter date cytology smear was obtained (month, day, year).
13. Accession # - This section is utilized by the UMC laboratory - completion not
 required.

Left Side of the Request:

1. Source of Smear - Check the box that corresponds to the anatomical site of the Smear.

- Check the box that corresponds to the type of smear.
- Check the box that corresponds to the type of visit.

2. Clinical Impression - Check any and all boxes that correspond to Vaginitis present on exam.

Trichomonas - Present on exam

Bacterial Vaginosis - Present on exam

Immunosuppressed - Patients are HIV +, diagnosed with AIDS, on immunosuppressive therapy, etc.

Condyloma - Visualized on exam

HSV (Hx) - History of Herpes Simplex

HSV (Active) - Viral lesions present on exam

Monilia - Present on wet prep

IUD - Intrauterine Device currently in place

3. Hormones - Check the box that corresponds to current hormonal therapy.

Combined - Birth control pills with estrogen/progesterone

Progestin Only - Birth control pills with progestin only, including Depo Provera and Norplant.

Estrogen Only - Supplemental therapy.

4. Menstrual Hx - Check the box that corresponds to the patient's menstrual history at time of smear.

5. G: Enter number pregnancies for this patient.

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. Give the date (month, year) of treatment.

7. Outside Pap Hx - Use this section to record any abnormal Pap Smear history information from an outside laboratory or provider including date of smear (month, year) of treatment.
8. Dx - Give brief diagnosis of abnormal Pap Smear done by outside laboratory.
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 yellow copy of the request should accompany the cytology smear. The white copy may be used by the clinic staff as a tickler or tracking copy.

**PAP SMEAR FOLLOW-UP
FORM No. 691**

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.

3. Pap Smear - Attach necessary records/information.
4. Previous Biopsy Results - Attach additional information if necessary.
5. Previous Treatment - Attach additional information if 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)

APPENDIX R

APPLICATION FOR CANCER DRUGS

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 _____

Approval Information

Drug/s approved 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 216A
P. O. Box 1700
Jackson, MS 39215-1700

APPLICATION FOR CANCER DRUGS
FORM No. 778

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.

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 _____