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## CERVICAL CANCER SCREENING

### A. General Description

#### 1. Covered Services

All eligible women enrolled in the Montana Cancer Control Programs (MCCP) shall receive the following comprehensive screening services for cervical cancer, annually or as indicated:

- bimanual pelvic examination
- Pap test, if indicated
- diagnostic services including biopsy
- referral to the Montana Breast and Cervical Cancer Treatment Program (MBCCTP) if necessary

See [www.cancer.mt.gov](http://www.cancer.mt.gov) for a complete list of screening and diagnostic procedures and reimbursement rates.

Please note that MCCP funds may not be used for treatment services.

#### 2. Enrollment and Screening Steps

- a. Determine whether a woman is eligible for services, either by telephone or an in-person interview.
- b. Complete MCCP cervical enrollment forms, paying particular attention to the following:
  - Ensure that each client answers the enrollment question about whether she has ever had a Pap test and the date of the last Pap test.<sup>1</sup>
  - Ensure that each client signs an “Informed Consent and Authorization to Disclose Health Care Information.” This form must be signed before any services can be provided.
- c. Determine which screening services a client needs.
- d. Perform appropriate screening and refer the client for diagnostic tests in accordance with the algorithms approved by the MCCP. Diagnostic tests will be eligible for MCCP reimbursement only if recommended and referred by an enrolled medical service provider.
- e. Notify all clients of all test results.

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<sup>1</sup> Data on prior Pap tests is needed in order to meet the MCCP goal to increase cervical screening for MCCP-eligible women who have never been screened or have not been screened within the past 5 years.

### 3. Reimbursement

MCCP will provide reimbursement for liquid-based cytology for primary cervical cancer screening, up to the allowable Medicare rate (effective July, 2007). The screening interval when using liquid-based tests is every two years.

## B. Eligibility

### 1. General Criteria

As set forth in Public Law 101-354, the MCCP will provide screening services to women who meet all of the following criteria:

- Are 50 through 64 years of age for breast cancer screening and 30 through 64 for cervical cancer screening.
- Are uninsured or underinsured.
- Have a family gross income at or below 200 percent of the current Federal Poverty Level (FPL) scale (see the MBCHP Website, [www.cancer.mt.gov](http://www.cancer.mt.gov), under Income Guidelines)<sup>2</sup>.

If a client misrepresents her eligibility, the MCCP will deny reimbursement for screening services and refer the client to the health or social service agency that may be able to assist her.

### 2. Exception to the Age Criteria for Eligibility

Presuming a woman is otherwise MCCP eligible; the following criteria for age will be used to determine eligibility for cervical cancer screening and diagnostic funds:

- Women ages 30-64 and ages 65 and older that do not have Medicare part B, are MCCP eligible for cervical cancer screening services based on an allocated percentage of available funds.
- Women ages 18-29 are pre-approved for eligibility for cervical cancer screening if they have a:
  - Pap test result of High Grade SIL or more severe.
  - Diagnostic colposcopy result of CIN II, CIN III or invasive cervical cancer.
  - Documented history of a previous biopsy diagnosis of cervical cancer or a pre-cancerous condition that was not treated and/or treatment with no documented Pap test for these conditions.

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<sup>2</sup>The Federal Poverty Level scale is updated each year.

### **3. Additional Eligibility Guidelines for Women Who have had a Hysterectomy**

The MCCP anticipates that some women who meet the eligibility criteria described above will have had a hysterectomy. In these cases, the MCCP will reimburse enrolled medical service providers for initially determining whether a client requires continued cervical screening services. If a woman is recommended for continued cervical screening, the MCCP will employ the following guidelines:

- The MCCP will pay for Pap test screening for clients who have had a hysterectomy and still have a cervix. (A small percentage of women with hysterectomies have had a supracervical hysterectomy, which leaves the cervix intact).
- The MCCP will not pay for Pap test screening on clients whose hysterectomy included removal of the cervix, unless the client had a hysterectomy due to cervical neoplasia. (A small percentage of women have had hysterectomies for cervical neoplasia and have no cervix).

### **4. Additional Requirements for Cervical Screening**

In addition to the above requirements for normal and abnormal results, requirements for cervical screening include:

- Provide Pap tests on an annual basis until a client has received three consecutive normal results within a 5-year (60-month) period. The MCCP will provide reimbursement for Pap tests provided according to these guidelines.
- After a client has had three consecutive normal Pap test results within a 5-year (60-month) period, provide subsequent Pap tests every 3 years. The MCCP will provide reimbursement for these subsequent Pap tests.

If a client receives an abnormal screening result at any time, follow the MCCP policies related to the follow-up of abnormal Pap tests and reimbursement of diagnostic procedures. Once the client has received the recommended follow-up services, the MCCP will provide reimbursement for additional annual Pap tests until three consecutive Pap tests within a 5-year (60-month) period yield normal results.

### **5. Women who have the following abnormal test results are eligible for patient navigation.**

Cervical Screening Results:

- ASC-H (Atypical Squamous Cells: Cannot Exclude High-grade SIL)
- AGC (Atypical Glandular Cells)
- HSIL (High grade Squamous Intraepithelial Lesions)
- Squamous Cell Cancer

## C. Reporting Systems

### Cervical Screening and Diagnostic Tests

Use the following when reporting on services provided to MCCP clients:

- Cervical screenings
  - “Cervical Screening Results” form
  - “Abnormal Cervical Screening Results” form
- Pap test results
  - Bethesda System
- Cervical cancer staging
  - Staging of Carcinoma of the Uterine Cervix

## D. Summary of Performance Indicators:

Proposed Indicator Type, Number and Description			CDC Benchmark
Screening Priority Population	1	Initial Program Pap tests; never or rarely screened (no Pap done within past 60 months.)	≥ 20%
Completeness of Clinical Follow-up	2	Abnormal screening results with complete follow-up	≥ 90%
	4	Percent of diagnosed cancers with treatment initiated	≥ 90%
Timeliness of Clinical Follow-up	5	Percent of abnormal screening results; time from screening to diagnosis within 90 days	≥ 75%
	6	Percent of HSIL, CIN2, CIN3, CIS diagnosed with treatment initiated within 90 days.	≥ 80 %
	7	Percent of invasive cancers diagnosed with treatment initiated within 60 days	≥ 80%

## **E. Montana Breast and Cervical Cancer Treatment Program**

The Montana Breast and Cervical Cancer Treatment Program (MBCCTP) provides basic Medicaid benefits to women in need of treatment for breast cancer, including pre-cancerous conditions.

In order to be eligible for MBCCTP services:

- The woman must be screened and/or diagnosed through the MCCP.
- The woman must have a diagnosis of breast cancer or a pre-cancerous condition dated July 1, 2001 or later.
- The woman may not have creditable insurance or other coverage to pay for treatment.
  - Medicaid will determine if the insurance coverage is creditable.
  - Medicaid will determine MBCCTP eligibility for women who may be eligible for Indian Health or Tribal Health services.
  - Medicaid will determine if the woman is eligible for any other Medicaid program which will cover these services.
- The woman must be less than 65 years of age. If she is over 65 years of age she will be referred to Medicare.

Beneficiaries will receive Basic Medical Coverage and will remain eligible until one of the following occurs:

- The treatment recommended by the medical services provider is complete.
  - All approved cases will be reviewed according to the estimated length of treatment indicated by their medical service provider.
- The woman turns 65 years of age.
- The woman obtains creditable insurance coverage.
- The woman is eligible for other Medicaid coverage.
- The woman becomes a resident of another state.

### **1. Process for Application and Eligibility Requirements**

- a. The State Public Assistance Bureau and the Montana Cancer Screening Program will facilitate applications and establish eligibility of potential clients.
- b. The State Public Assistance Bureau will accept and approve all applications.

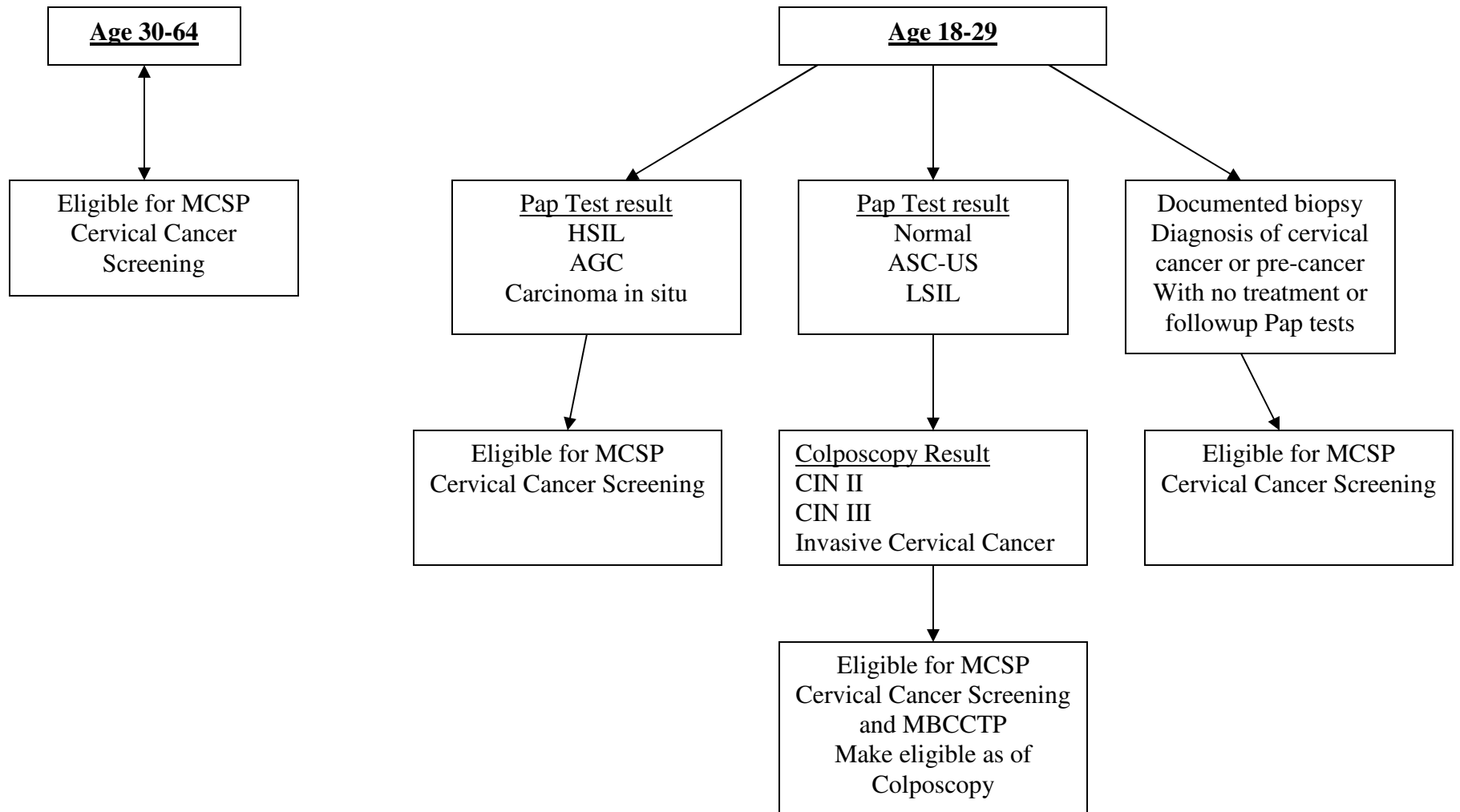
Required documents include:

  - MBCCTP Medicaid Enrollment form, #HCS-BCC-002 (completed and signed by the client).
  - MBCCTP Medicaid Referral Form, #HCS-BCC-003 (completed and signed by the provider).
  - Montana Cancer Control Programs Enrollment form.
  - Proof of:
    - Age
    - U.S. Citizenship, U.S. National or Alien Status
    - Montana residence (see list on application form)
  - Insurance card or policy name and number if applicable.

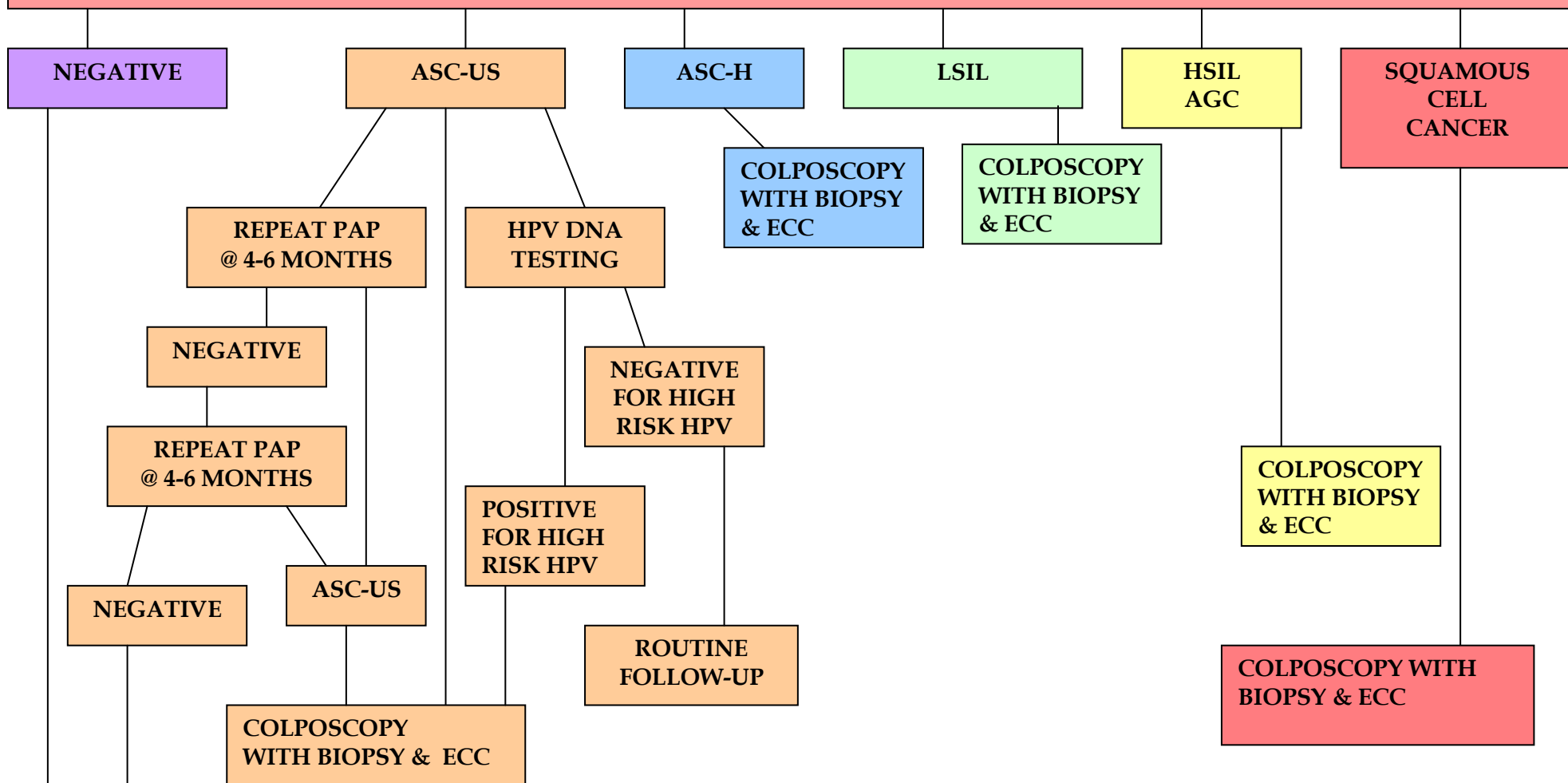
- c. The State Public Assistance Bureau will notify clients of their eligibility status.
  - Medicaid cards will be issued to MBCCTP eligible clients monthly.
  - Women who are eligible for other Medicaid programs will be referred for application and must follow through to be eligible for MBCCTP coverage.
  
- d. MBCCTP eligible clients will be required to participate in PASSPORT to Health.
  - MBCCTP clients will receive a welcome packet and a letter that instructs them to choose a PASSPORT Primary Care Provider (PCP).
  - If the woman does not complete the PASSPORT forms and chose a PCP, one will be assigned and the woman will be notified.
  - The PCP must provide “most” services for the client or give a referral to another provider or Medicaid *will not* pay the claim. (Referral # must be on the claim).
  
- e. All applicants will be reviewed for continued eligibility three (3) months after the initial date of eligibility and annually thereafter.
  - Continued eligibility will be determined based on the recommendation of the client’s PASSPORT Provider.
  
- f. Eligibility will be discontinued when/if the:
  - Woman’s PASSPORT Provider indicates treatment is complete.
  - Woman becomes eligible for other Medicaid coverage.
  - Woman turns 65 years old.
  - Woman fails to cooperate or complete an eligibility redetermination.
  
- g. All women will be notified when their MBCCTP eligibility is discontinued and for what reason eligibility is ending.

## Exception to the Age Criteria Eligibility for Cervical Cancer Screening

Presuming a client is otherwise eligible, and if she meets the conditions listed below you do NOT have to call the MCSP for pre-approval. Write “meets criteria” on the pre-approval line on the eligibility form.



**PAP TEST**



**KEY:**

- ASC-US: Atypical Squamous Cells of Undetermined Significance
- ASC-H: Atypical Squamous Cells: cannot exclude High-Grade SIL
- AGC: Atypical Glandular Cells
- LSIL: Low-Grade Squamous Intraepithelial Lesions
- HSIL: High-Grade Squamous Intraepithelial Lesions