# Table of Contents

**Introduction**

- Program Overview ......................................................... 1
- Program Responsibilities .................................................. 3
- Eligibility ............................................................................ 5
- Enrollment ........................................................................... 7
- Reimbursable Screening Services ...................................... 9
- Reimbursable Diagnostic Services ..................................... 12
- Case Management .............................................................. 20
- Medicaid Assistance for Treatment of Breast and Cervical Cancer .......... 21
- Reimbursement and Billing Procedures ................................ 23
- Women’s Health Connection Directory ................................. 26
- Provider Resources ............................................................. 27

**Attachments** ................................................................... 28

- Presumptive Eligibility Enrollment Form (English/Spanish)
- Annual Screening Visit Form Women Ages 40+
- Annual Screening Visit Form Women Ages 21-39
- Mammography and Ultrasound Referral Form
- Breast Specialist Referral Form
- Cervical Specialist Referral Form
- Breast Algorithm
- Cervical Algorithm
- Client Refusal Form
- Fact Sheet
- Reimbursement Schedule
Return Claims Denial Code

Introduction

Dear Provider,

Welcome to the Nevada Women’s Health Connection (WHC). This Policy and Procedure Manual provides information to **contracted** health care providers with the Women’s Health Connection. It contains policy and procedures of the WHC and serves as an operational reference for provider’s participating in the WHC. This manual is divided into sections for easy reference and to address the scope of the program. Providers are expected to conform to the policy and procedures in this manual and all other revisions.

We appreciate your participation in the WHC and are looking forward to collaborate with you in administering this program that provides preventative breast and cervical screening services to Nevada women.

Sincerely,

The Women’s Health Connection
Access to Healthcare Network

**WHC Mission Statement:**

“Providing Breast and Cervical Services to the Women of Nevada Who couldn’t otherwise afford it.”
Program Overview

About Women’s Health Connection

To improve access to screening, Congress passed the Breast and Cervical Cancer Mortality Prevention Act of 1990, and the Centers for Disease Control and Prevention (CDC) created the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). The NBCCEDP funds all 50 states, the District of Columbia, 5 U.S. territories, and 11 American Indian/Alaska Native tribes or tribal organizations to provide screening services for breast and cervical cancer. The program helps low-income, uninsured, and underinsured women gain access to breast and cervical cancer screening and diagnostic services.

The Division of Public and Behavioral Health receives funding from NBCCEDP to conduct the Women’s Health Connection (WHC) Program through a competitive grant process. Since its inception in 1997, WHC has been 100% federally funded through NBCCEDP and has provided breast and cervical cancer screening services to over 50,373 women in Nevada. The goal of this program is to reduce breast and cervical cancer morbidity and mortality rates of medically underserved women in Nevada. This is accomplished through education, screening, diagnosis, and treatment. As a result of the Breast and Cervical Cancer Prevention and Treatment Act of 2000 (Public Law 106-354), eligible women screened and diagnosed with breast or cervical cancer, or found to have high grade cervical pre-cancer diagnosed through the Women’s Health Connection Program have access to treatment services through Medicaid if eligible.

The priority populations for WHC cervical screenings are 21 to 64 years old women, and for WHC breast screenings the priority populations are 50 to 64 years old women. Below is a summary of the screening services that are available to Nevada eligible women:

- Cervical services age 21-29 years old:
  - Annual pelvic exam
  - Pap test
  - Diagnostic services after an abnormal screening result
  - Referral for treatment

- Cervical services age 30-64 years old:
  - Annual pelvic exam
Pap test or co-testing (Pap and HPV test) as recommended by the examining clinician
Diagnostic services after an abnormal screening result
Referral for treatment

Breast services age 40-49 years old:
Annual clinical breast exam
Diagnostic services after an abnormal screening result
Referral for treatment

Breast services age 50 and older:
Annual clinical breast exam
Annual screening mammogram
Diagnostic services after an abnormal screening result
Referral for treatment

Note: Only certain providers are eligible to render cervical cancer screening services for women 21-64. Contact AHN for prior to service to ensure reimbursement.

The Division of Public and Behavioral Health entered into a multi-year contract in 2011 with Access to Healthcare Network (AHN) to administer the Women’s Health Connection program. This partnership increases the access to primary and specialty healthcare services for breast and cervical cancer screening to Nevada women.

Care coordination/case management services ensure that WHC clients receive timely and appropriate screening and diagnostic testing and if necessary, treatment services. Care coordination also supports clients in overcoming barriers that may prevent them from receiving follow-up and regular screening services. Care coordination/case management services are a collaborative process with all providers to meet the women’s health needs.

The NBCCEDP evaluates the program performance through Minimum Data Elements (MDE’s), which are quality assurance measures. MDE’s contain screening and diagnostic data that is submitted in April and October of each year. The NBCCEDP has set core performance indicators with benchmarks to ensure timely, complete, and accurate data is collected so we can better serve clients in the WHC.

### Breast Core Performance Indicators

<table>
<thead>
<tr>
<th>Indicator Type</th>
<th>Indicator Description</th>
<th>CDC Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening</td>
<td>Mammograms provided to women &gt; 50 years of age</td>
<td>&gt; 75%</td>
</tr>
<tr>
<td>Completeness of</td>
<td>Abnormal screening results with complete follow-up</td>
<td>&gt; 90%</td>
</tr>
<tr>
<td>Clinical Follow-up</td>
<td>Diagnosed cancers with treatment initiated</td>
<td>&gt; 90%</td>
</tr>
<tr>
<td>Timeliness of</td>
<td>Abnormal screening results: Time from screening to</td>
<td>&gt; 75%</td>
</tr>
</tbody>
</table>
Clinical Follow-up diagnosis within 60 days
Breast Cancer: Time from diagnosis to treatment within 60 days ≥ 80%

Cervical Core Performance Indicators

<table>
<thead>
<tr>
<th>Indicator Type</th>
<th>Indicator Description</th>
<th>CDC Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening</td>
<td>Initial Program Pap tests: never or rarely screened</td>
<td>≥ 20%</td>
</tr>
<tr>
<td>Completeness of Clinical Follow-up</td>
<td>Abnormal screening results with complete follow-up</td>
<td>≥ 90%</td>
</tr>
<tr>
<td></td>
<td>Diagnosed pre-cancers and cancers with treatment initiated</td>
<td>≥ 90%</td>
</tr>
<tr>
<td>Timeliness of Clinical Follow-up</td>
<td>Abnormal screening results: Time from screening to diagnosis within 90 days</td>
<td>≥ 75%</td>
</tr>
<tr>
<td></td>
<td>HSIL, CIN2, CIN3, CIS: Time from diagnosis to treatment within 90 days</td>
<td>≥ 80%</td>
</tr>
<tr>
<td></td>
<td>Invasive Cancer: Time from diagnosis to treatment within 60 days</td>
<td>≥ 80%</td>
</tr>
</tbody>
</table>

Program Responsibilities

WHC Responsibilities

The WHC has the following responsibilities to WHC providers:

- Ensure provider contracts are established
- Provide training, technical assistance, and professional education resources to enrolled providers
- Provide WHC enrollment forms, reporting forms, and promotional materials
- Develop screening guidelines and reporting requirements
- Ensure all mammography facilities have Mammography Quality Standards Act (MQSA) certification
- Ensure all laboratories have Clinical Laboratory Improvement Amendments (CLIA) certification
- Reimburse providers for screening and diagnostic services within 30 days of reimbursement request
- Ensure case management services are provided to eligible women
- Refer eligible women for treatment services
- Maintain ongoing provider communication in regards to policies and procedures and screening data
- Maintain client confidentiality
- Maintain a central client tracking system
- Set, monitor and maintain assurance standards
Submit data to the NBCCEDP for evaluation

Provider Responsibilities

Enrolled WHC providers have the following responsibilities:

- Providers must attend WHC orientation training
- Providers are responsible to determine a woman’s eligibility to be enrolled in the WHC following the eligibility guidelines
- Providers should encourage eligible women to enroll in an insurance product through the ACA or Expanded Medicaid
- Enrollment form must be completed and signed by client and submitted with initial screening visit form within 30 days of initial screening date
- Ensure that clients receive eligible screening and diagnostic services covered under the program
- Notify women, orally or in writing, of results within 10 days of result receipt and explain abnormal results and the process for obtaining diagnostic services
- Initial screening visit form must be completed and signed by clinician and submitted within 30 days of initial screening date
- Provide clients with education and recommendation for breast and cervical screening intervals as per screening guidelines
- Additional screening results must be submitted within 30 days of procedure date
- Ensure clients with abnormal or inadequate screening results receive timely follow up services as per screening guidelines
- All abnormal results must be faxed within 48 hours to ensure timely follow-up and to initiate case management services
- Diagnostic results must be submitted within 30 days of procedure date
- If a woman refuses diagnostic procedures/treatment, the Client Refusal Form must be completed and faxed to WHC within 48 hours of date signed
- All billing claim forms must be submitted within 30 days of service date
- Ensure clients should not be billed for reimbursable program services
- All women should be recalled at appropriate intervals for breast and cervical cancer screening
- Maintain client confidentiality
- Assemble documents for provider compliance site visits
Eligibility

Determining Eligibility

The Affordable Health Care Act (ACA) and the Nevada Medicaid Expansion will provide essential health benefits such as breast and cervical cancer screening at no cost to the participant. Before providers perform any clinical service the client should be assessed for their insurance status. This includes re-assessing insurance status at the time of follow-up or diagnostic services occurring within the same screening cycle.

Providers should refer uninsured clients to the Health Insurance Marketplace for assessment of eligibility for expanded Medicaid plans or subsidized Marketplace health coverage.

For FY 15 the WHC will continue to provide services to women who would otherwise qualify for an insurance product or Nevada Medicaid Expansion. The WHC expects providers to encourage eligible women to pursue health insurance coverage. Federal law mandates that the WHC Program is the "payor of last resort." If breast and cervical cancer services are available through any other state compensation program, under an insurance policy, under a federal or state health benefits program, or prepaid health service, funding may not be used.

As an enrolling provider, it is the clinic’s responsibility to determine a woman’s eligibility in the program using the following guidelines:

- Must fall within 250% of federal poverty level (see chart)

<table>
<thead>
<tr>
<th>Number of People in Household</th>
<th>Household Income Before Taxes</th>
<th>Yearly 250% FPL</th>
<th>Monthly 250% FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$29,175</td>
<td>$2,431</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>$39,325</td>
<td>$3,277</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>$49,475</td>
<td>$4,123</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>$59,625</td>
<td>$4,969</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>$69,775</td>
<td>$5,815</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>$79,925</td>
<td>$6,660</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>$90,075</td>
<td>$7,506</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>$100,225</td>
<td>$8,352</td>
<td></td>
</tr>
</tbody>
</table>

For each additional person, add $4,060 per year
Must be Nevada resident

Are uninsured. Women may be eligible to receive federal financial assistance when purchasing health insurance if income level is between 139% and 400% of the Federal Poverty Level (FPL) through the Health Insurance Marketplace

Are underinsured

Underinsured is defined as:

- Having health insurance that does not cover cancer screening or diagnostic services
- Being a Medicare beneficiary and not having Part B
- Having health insurance that does not provide coverage for breast or cervical cancer screening
- Having health insurance with an annual deductible, monthly spend down, or co-payment that is high enough to prevent you from obtaining cancer screening services

Have no Medicaid. Women may be eligible to apply for Medicaid coverage if income level is at or below 138% FPL

Transgender women (male to female) 40 years and above who have taken or are taking hormones can receive breast cancer screening services

Program eligibility can be determined by the provider at the time the client is seen. Those who do not meet the eligibility requirements should be referred to other agencies for assistance. Program eligibility must be determined each year of program participation.
Enrollment

Methods of Enrollment into WHC Program

1. At the Primary Care Provider (PCP) site using the Presumptive Eligibility Enrollment Form
2. Through the AHN Helpline by calling 1-877-385-2345
3. All women enrolled in the WHC must be assigned a Women’s Health Connection Member ID Card

1. Enrollment at the PCP’s Office

Women enroll in the program by completing the Women’s Health Connection Presumptive Eligibility Enrollment Form. As a participating provider for the WHC Program it is your responsibility to determine eligibility based on a woman’s age, income and insurance status. A woman is considered enrolled in WHC Program on the date that eligible screening services were performed and not before. WHC will not pay for services performed before the date of service at the provider’s office.

2. Enrollment through the AHN Helpline Call Center

A woman who established eligibility for the WHC through the AHN Helpline will receive in the mail a welcome letter, list of participating providers, and the Presumptive Eligibility Enrollment Form. When the client arrives at the PCP’s office for her scheduled appointment she should present the partially completed Presumptive Eligibility Enrollment Form (page 1 of the form). A woman is considered enrolled in WHC Program on the date that eligible screening services were performed and not before. WHC will not pay for services performed before the date of service at the provider’s office.

3. Women’s Health Connection Member ID Card

The WHC can only provide breast and cervical screening services to Nevada women each year based on federal funds received through the NBCCEDP. To monitor screening services, each provider will receive a pre-assigned number of Women’s Health Connection Member ID cards either on a monthly or yearly basis based on the volume. Every woman screened must be assigned a card, and the ID number must be indicated on the Presumptive Eligibility Enrollment Form. To assist contracted providers to ensure enrollment is established in WHC, please advise every woman to present this card to the provider at the time of each secondary appointment.
Presumptive Eligibility Enrollment Form

- The client must complete all sections of page 1 (If client is eligible through the AHN call center and presented the form at the time of visit, ensure all sections are complete). This form must be completed each year of program participation.
- The client must sign and date the appropriate Informed Consent and Release of Medical Information Form in English or Spanish.
- Ensure client understands program guidelines.
- Review form for completeness and ensure client signed Informed Consent and Release of Medical Information Form.
- Determine program eligibility.
Reimbursable Screening Services

Breast Screening Services reimbursed by WHC

Women 40 years of age or older enrolled in WHC are eligible to receive the following services annually:

- 40 – 49 years: Clinical breast exam only, not eligible for a screening mammogram
- 50 years and older: Clinical breast exam and screening mammogram
  - Screening mammograms must be ordered for all clients aged 50 years and over using the WHC Mammography and Ultrasound Referral Form. The form must include the results of the clinical breast exam and be signed and dated by the ordering clinician.

Cervical Screening Services reimbursed by WHC

Women 21-64 years of age enrolled in WHC shall receive the following services annually or as indicated by the clinician:

- 21-29 years old:
  - Pelvic exam
  - Pap Test
    - Every 3 years, unless there is an abnormal result
  - Diagnostic services after an abnormal screening result
  - Referral for treatment

- 30-64 years old:
  - Pelvic exam
  - Co-test (Pap and HPV)
    - Every 5 years, unless there is an abnormal result
  - Diagnostic services after an abnormal screening result
  - Referral for treatment

- Cervical cancer screening is not recommended for women older than age 65 who have had adequate screening and are not at high risk. If a woman over 64 needs to be screened and is eligible to receive Medicare benefits, but is not enrolled, should be encouraged to enroll in Medicare. Women enrolled in Medicare Part B are not eligible for the WHC
WHC will pay for a PCP visit under the following circumstances:

- WHC will pay for a Pap test or co-testing on women who have had a hysterectomy with removal of the cervix if the hysterectomy was due to cervical cancer
- WHC will pay for a Pap test or co-test for women who have had a hysterectomy without removal of the cervix
- If a Pap test or co-test is unsatisfactory/false-positive. Repeat test should occur immediately. The unsatisfactory result is not to be considered in the Pap (3 year) and co-testing (5 year) period for the cervical cancer screening schedule
- If patient presents new breast symptoms before annual screening date
- To offer a second office visit to another PCP if the first visit was unsatisfactory
- All office visits should be billed through the standard office visit CPT codes: 99201-99203 for “new patients” and 99211-99213 for “established patients”. A “new patient” is defined as a woman who is new to the WHC and/or is at their first annual appointment with the WHC. If the patient hasn’t been seen in three years they are considered a new patient. If less than three years they are considered an established patient. CPT codes 99204 and 99205 are not appropriate for WHC screening visits

WHC will not pay for a PCP under the following circumstances:

- To discuss normal screening results
- If a client returns to her existing provider and is not eligible for a screening test, and the provider performs a screening test anyway, WHC will NOT pay for the office visit or the lab fee for the screening test
- WHC will not pay for an initial screening mammogram without a corresponding performed clinical breast exam
- **WHC will not pay for an office visit with primary care provider to discuss abnormal screening results with a patient.** Primary care provider must contact patient by phone to discuss abnormal screening results and refer patient to specialist. Fax abnormal results and referral for specialist form to AHN within 48 hours of receipt.

**Annual Breast and Cervical Cancer Screening Visit Form**

- Review client history from page 1 (*Presumptive Eligibility Enrollment Form*)
- Fill out the **Clinical Breast Exam Findings** section
  - All clients are eligible to receive an annual clinical breast exam
  - If there is an abnormal finding, refer client for diagnostic services. **Complete Mammography and Ultrasound Referral Form.** Imaging results must be reviewed by clinician before referral to breast specialist
➢ Fill out the *Reason for Imaging* section
   - If the client is eligible for a routine screening mammogram (50 years and above), *complete Mammography and Ultrasound Referral Form*
   - If the client is eligible for diagnostic services (40 years and above) due to abnormal clinical breast exam findings, *complete Mammography and Ultrasound Referral Form*. Results must be reviewed by clinician before referral to breast specialist
   - For breast specialist referral, *complete Breast Specialist Referral Form*

➢ Fill out the *Pelvic Exam Findings* section
   - All clients are eligible to receive an annual pelvic exam, unless the woman had a total hysterectomy not due to cervical cancer
   - If an abnormal pelvic is noted that is referred to the cervical specialist, describe the abnormality in the notes field of the form
   - If an abnormal pelvic is noted that is not referred to the cervical specialist, describe the abnormality in the notes field of the form
   - For cervical specialist referral, *complete Cervical Specialist Referral Form*

➢ Fill out the *Reason for Pap/HPV Test* section
   - Co-testing (Pap and HPV test) is the recommended method for cervical cancer screening
   - The WHC Program will reimburse Pap tests every 3 years and co-testing (Pap and HPV test) every 5 years after normal Pap results for women who have an intact cervix, or for women who have had a hysterectomy due to cervical neoplasia

➢ Clinician should discuss exam results with client and indicate any concerns in the notes field
➢ Clinician must sign and date the bottom of the page
➢ *All original Presumptive Eligibility Enrollment and Annual Screening Visit Forms must be submitted to the appropriate WHC office within 30 days of date of service*

➢ *All Annual Screening Visit Forms with abnormal findings must be faxed to WHC within 48 hours upon receipt of any abnormal screening results*
   - Fax all reports to 775-284-8991
➢ Any test results must be delivered orally or in writing to client within 10 days of test result receipt

**PLEASE NOTE:** *Mammography and Ultrasound Referral Form* is valid for **60 days** after date of issue by PCP, otherwise client must wait until her next annual screening visit for imaging services.
Reimbursable Diagnostic Services

If a woman receives an abnormal screening test at any time, the appropriate diagnostic workup must be completed within **60 days** from the date of the abnormal test. The woman will be assigned a WHC Care Coordinator, to assist with the diagnostic workup process and to ensure a final diagnosis is reached and treatment is initiated. WHC Care Coordinators can be reached at **775-284-1904**.

**Breast Diagnostic Services reimbursed by WHC**

Women **50 years** and older enrolled in WHC shall receive diagnostic services with the following screening results:

**Normal CBE and Abnormal Screening Mammography Test Results**

- **BI-RADS Category 0** (Assessment Incomplete) – Additional imaging is required
- **BI-RADS Category 3** (Probably Benign) – If this is the first ever mammogram, additional imaging is required. Initial short-interval follow-up examination (specialist visit and mammogram), usually in 6 months, followed by another examination in 6 months, then annually with PCP until stability is demonstrated for a minimum of 2-3 years. Category 3 is not recommended for screening mammograms; it is intended for use with diagnostic mammograms only. If this is not the first ever mammogram, previous results should be reviewed before further diagnostic evaluation is determined
- **BI-RADS Category 4** (Suspicious Abnormality) – Refer to specialist
- **BI-RADS Category 5** (Highly Suggestive of Malignancy) – Refer to specialist

Women **40 years** and older enrolled in WHC shall receive diagnostic services with the following screening results:
Abnormal CBE and Diagnostic Evaluation (Mammogram and Ultrasound) Test Results

- **BI-RADS Category 0** (Assessment Incomplete) – Additional imaging is required
- **BI-RADS Category 1** (Negative) – If certain of abnormality or mass is persistent refer to specialist. If not certain of abnormality, repeat CBE in 30 days by PCP, if mass is not persistent follow routine screening, if mass is persistent refer to specialist
- **BI-RADS Category 2** (Benign) – Correlate physical findings with diagnostic imaging evaluation and assure finding is concordant, if finding is concordant follow routine screening, if finding is discordant, refer to specialist
- **BI-RADS Category 3** (Probably Benign) – Refer to specialist
- **BI-RADS Category 4** (Suspicious Abnormality) – Refer to specialist
- **BI-RADS Category 5** (Highly Suggestive of Malignancy) – Refer to specialist

Other Breast Diagnostic Services

- Consultant-Repeat CBE
- Surgical consultation
- Mammary ductogram or galactogram single duct
- MRI with or without contrast. Breast MRI can be reimbursed in conjunction with a mammogram when a client has a BRCA mutation, a first-degree relative who is a BRCA carrier, or a lifetime risk of 20-25% or greater as defined by risk assessment models such as BRCAPRO that are largely dependent on family history. Breast MRI can also be used to better assess areas of concern on a mammogram or for evaluation of a client with a past history of breast cancer after completing treatment. Breast MRI should never be done alone as a breast cancer screening tool. Breast MRI cannot be reimbursed for by the program to assess the extent of disease in a woman who is already diagnosed with breast cancer - **Prior approval required**
- Biopsy (Fine Needle biopsy (FNA), core needle biopsy, and excisional biopsy)
- **Some pre-operative testing is allowed with prior approval. These procedures should be medically necessary for the planned surgical procedure**

Breast Specialist Services

WHC will pay for a consultation with a specialist under the following circumstances:

- To discuss follow-up if **CBE is normal** and screening imaging results are BI-RADS 4 or
BI-RADS 5

- To discuss follow-up if CBE is abnormal and diagnostic imaging results are BI-RADS Category 0, 3, 4, or 5
- All consultation visits should be billed through the standard office visit CPT codes: 99201-99205 for “new patients” and 99211-99213 for “established patients”. A “new patient” is defined as a woman who is new to the WHC and/or is at their first annual appointment with the WHC. If the patient hasn’t been seen in three years they are considered a new patient. If less than three years they are considered an established patient. Consultations billed as 99204 or 99205 must meet the criteria for these codes of moderate complexity for 45 minutes or high complexity for 60 minutes, respectively, during a new patient visit. A summary report of this visit must be attached to the reimbursement request.

WHC will not pay for a consultation with a specialist under the following circumstances:

- To discuss normal/benign screening results
- If diagnostic imaging is not performed before initial specialist visit. All imaging results must be presented at time of initial visit
- An office visit that is billed concurrently with a procedure will not be reimbursed through the WHC
- Post-op office visit (This is included in the procedure reimbursement)
- Purpose of office visit is for treatment
- For clients who have a BI-RAD Category 0 – Assessment Incomplete mammogram result and additional imaging is recommended, WHC will not pay for an office visit to give the client another referral form for the additional imaging. The PCP needs to fax the Mammography and Ultrasound Referral Form ordering the additional imaging to the imaging facility following verbal notification to the client.
- To discuss mammogram results which are paid through another payment sources other than WHC
- To discuss diagnostic or treatment plans for non-WHC covered health conditions
- WHC does not pay for breast cancer treatment services. WHC will assist with referral to Medicaid (eligible under the Medicaid Treatment Act) or other treatment resources.

Schedule for follow-up/return visits:

- Once a diagnostic workup has been completed, WHC will pay the specialist for one short term follow-up visit. Short-term is defined as 6 months from the date of biopsy result. If the results from that visit are negative, normal, or benign and not suspicious for cancer, the client must resume normal screening with a PCP.
- Clients may be referred into WHC for a diagnostic follow-up by a PCP if they have had a prior mammogram by a non-program payment source which yielded an abnormal result, and they meet program eligibility requirements. A clinical breast exam must be
performed and a copy of the abnormal mammogram results must be included in the medical records before referral to specialist

**Breast Specialist Referral Form**

- Review PCP section of the form for CBE findings and imaging results
- Only the initial visit requires a referral from the PCP, for each additional visit a new *Breast Specialist Referral Form* must be completed
- Indicate if the office visit is a repeat CBE exam or a surgical consultation
- Indicates the type of recommended/performed diagnostic procedure(s)
- Indicate the final diagnosis
- Indicate date of service date(s)
- Complete treatment status information
- Specialist should discuss exam results with client and indicate any concerns in the notes field
- Specialist must sign and date the bottom of the page
- All original *Breast Specialist Referral Forms* must be submitted to the appropriate WHC office within **30 days** of date of service
- All completed *Breast Specialist Referral Forms* must be faxed to WHC within **48 hours** of office visit at 775-284-8991 to ensure timely and adequate follow-up
- Any test results must be delivered orally or in writing to client within **10 days** of test result receipt
Cervical Diagnostic Services reimbursed by WHC

Women 21 years and older enrolled in WHC shall receive diagnostic services with the following screening results:

**Abnormal Pelvic Exam Results**

- Abnormal cervix (Suspicious for cervical cancer) – Refer to specialist
- Abnormal cervix (Not suspicious for cancer) – Refer to specialist

**Abnormal Co-Test (Pap and HPV) Screening Results**

- **ASC-US** – Atypical squamous cells of undetermined significance Pap test with positive HPV test - Refer to specialist for colposcopy
- **ASC-H** – Atypical squamous cells cannot exclude HSIL Pap test with negative or positive HPV test– Refer to specialist for colposcopy
- **LSIL** – Low grade squamous intraepithelial lesion Pap test with negative or positive HPV test - Refer to specialist for colposcopy or LEEP
- **HSIL** - High grade squamous intraepithelial lesion Pap test with negative or positive HPV test - Refer to specialist
- **Squamous cell carcinoma Pap test with negative or positive HPV test** – Refer to specialist for biopsy and further evaluation
- **AGC** – Atypical glandular cells Pap test with negative or positive HPV test – Refer to specialist for colposcopy with endometrial sampling
- **AIS** – Endocervical adenocarcinoma in situ Pap test with negative or positive HPV test – Refer to specialist for colposcopy
- **Adenocarcinoma Pap test with negative or positive HPV test** – Refer to specialist for biopsy and further evaluation
- **Positive HPV and Negative Pap** – Repeat co-test in 1 year

**Abnormal Pap test Screening Results**

- **ASC-US** – Atypical squamous cells of undetermined significance – Repeat test in 1 year
- **ASC-H** – Atypical squamous cells cannot exclude HSIL – Refer to specialist for colposcopy

- **LSIL** – Low grade squamous intraepithelial lesion - Refer to specialist for colposcopy
- **HSIL** - High grade squamous intraepithelial lesion – Refer to specialist for colposcopy
- **Squamous cell carcinoma** – Refer to specialist for biopsy and further evaluation
- **AGC** – Atypical glandular cells – Refer to specialist for colposcopy with endometrial sampling
- **AIS** – Endocervical adenocarcinoma in situ – Refer to specialist for colposcopy
- **Adenocarcinoma** – Refer to specialist for biopsy and further evaluation

**Other Cervical Diagnostic Services**

- Repeat pelvic exam
- Repeat unsatisfactory pap test
- Colposcopy (with or without biopsy)
- Local excision of lesion (polyp)
- Endocervical Curettage (ECC)
- Cold Knife Conization (CKC) - **Prior approval required**
- LEEP - **Prior approval required**
- Endometrial biopsy - **Prior approval required**
- **Some pre-operative testing is allowed with prior approval. These procedures should be medically necessary for the planned surgical procedure**

**Cervical Specialist Services**

WHC will pay for a consultation with a specialist under the following circumstances:

- To discuss diagnostic follow-up after an abnormal pelvic exam
- To discuss diagnostic follow-up after an abnormal Co-Test or abnormal Pap test
- All consultation visits should be billed through the standard office visit CPT codes: 99201-99205 for “new patients” and 99211-99213 for “established patients”. A “new patient” is defined as a woman who is new to the WHC and/or is at their first annual appointment with the WHC. If the patient hasn’t been seen in three years they are considered a new patient. If less than three years they are considered an established patient. Consultations billed as 99204 or 99205 must meet the criteria for these codes of moderate complexity for 45 minutes or high complexity for 60 minutes, respectively, during a new patient visit. A summary report of this visit must be attached to the reimbursement request

WHC will not pay for a consultation with a specialist under the following circumstances:

- To discuss normal screening results
- An office visit that is billed concurrently with a procedure will not be reimbursed through the WHC
Post-op office visit (This is included in the procedure reimbursement)

Purpose of office visit is for treatment

To discuss screening results which are paid through another payment sources other than WHC

To discuss diagnostic or treatment plans for non-WHC covered health conditions

WHC does not pay for cervical cancer treatment services. WHC will assist with referral to Medicaid (eligible under the Medicaid Treatment Act) or other treatment resources

Schedule for follow-up/return visits:

Surveillance after one year following a positive HPV test and negative Pap test

For the management of women with abnormal screening results the program follows the American Society for Colposcopy and Cervical Pathology (ASCCP) recommendations. Please follow the link for recommendations: http://www.asccp.org/ConsensusGuidelines/tabid/7436/Default.aspx

Clients may be referred into WHC for a diagnostic follow-up up if they had a prior Pap or co-test performed by a non-program payment source which yielded an abnormal result, and they meet program eligibility requirements. A clinical pelvic exam must be performed and a copy of the abnormal test results must be included in the medical records before referral to specialist***

***Due to limited funding, this rule applies to eligible women in the target population of ages 40-64. Exceptions to this rule may be allowed on a case basis, please contact AHN for determination.

Cervical Specialist Referral Form

Review PCP section of the form for pelvic exam findings and Pap test results

Only the initial visit requires a referral from the PCP, for each additional visit a new Cervical Specialist Referral Form must be completed

Indicate if the office visit is a repeat pelvic exam or a gynecologic consultation

Indicates the type of recommended/performed diagnostic procedure(s)

Indicate the final diagnosis

Indicate date of service date(s)

Complete treatment status information

Specialist should discuss exam results with client and indicate any concerns in the notes field

Specialist must sign and date the bottom of the page

All original Cervical Specialist Referral Forms must be submitted to the appropriate WHC office within 30 days of date of service
All completed *Cervical Specialist Referral Forms* must be faxed to WHC within **48 hours** of office visit at 775-284-8991 to ensure timely and adequate follow-up.

Any test results must be delivered orally or in writing to client within **10 days** of test result receipt.
Case Management Services

The WHC provides case management services to ensure that clients receive timely and appropriate screening and diagnostic services and if necessary, treatment services. Staff will explain the importance of follow-up services, and assist with scheduling appointments. Case management services will also assess the client for barriers that could possibly hinder the client to keep follow-up appointments and take action on recommendations. Case management services conclude when a client is determined to have a final diagnosis not requiring treatment or when a client initiates treatment, refuses treatment, or is no longer eligible for WHC.

Responsibilities of Case Management

WHC Care Coordinators conduct an assessment with the client to ensure that the client receives the appropriate services in a timely manner:

- Coordinate the client’s care with provider(s)
- Review clinical records for appropriateness of recommended care
- Ensure recommended diagnostic procedures are completed within time frames
- Maintain timely contact with client and documenting all contacts using a tracking system
- Assess client for barriers (Transportation, work schedule, etc.)
- If diagnosed with cancer, assist client with Medicaid application and track Medicaid approval, and or refer to other treatment resources
- Complete Cancer Registry Information section for those clients diagnosed with cancer
- Ensure National Breast and Cervical Cancer Early Detection Program final diagnosis and treatment time frames are met
Medicaid Assistance for Treatment of Breast and Cervical Cancer

When a client is diagnosed with breast cancer or a pre-cancerous condition through the Women’s Health Connection Program, resources may be available for treatment and support. Treatment options for clients range from enrollment in Nevada Medicaid and local support agencies. If a client needs treatment, a WHC Care Coordinator can be reached at 775-284-1904. Public Law 106-354 authorizes Medicaid coverage for uninsured women under age 65 who are identified through the Centers for Disease Control and Prevention’s National Breast and Cervical Cancer Early Detection Program who are in need of treatment. The Women’s Health Connection (WHC) Program is Nevada’s Breast and Cervical Cancer Early Detection Program.

Women who apply for Breast and Cervical Cancer Medicaid must meet the following requirements:

- Must be under age 65
- Must be uninsured or underinsured
  - A woman is considered underinsured when she:
    - Is in a period of exclusion (such as pre-existing condition exclusion or an HMO affiliation period)
    - Is not actually covered for treatment of breast or cervical cancer
    - Has contract healthcare coverage through Indian Health Services or Tribal Clinics
- Not eligible under any other Medicaid eligibility group
- Must have been screened for breast or cervical cancer under the WHC Program
  - A woman is considered to have been screened if she has received a clinical breast exam, screening mammogram or Pap test or she has received a diagnosis of breast or cervical cancer or of a pre-cancerous condition of the cervix as the result of the screening under the CDC program.
- Found to need treatment for breast or cervical cancer or for pre-cancerous condition of the cervix
  - A woman is considered to need treatment if, in the opinion of the treating health professional, the diagnostic evaluation following the clinical screening indicates the woman is in need of treatment services. Services include the diagnostic services necessary to determine the extent and proper course of treatment, as well as treatment itself.
- WHC care coordinators complete and submit Referral Form 2591-EM to the Division of Welfare and Supportive Services for approval. The following documentation must also be submitted:
o Proof of age
o Proof of U.S. Citizenship, U.S. National or Alien Status and
o Proof of Nevada residency

Presumptive eligibility begins the date on which the Care Coordinator determines the woman meets the above eligibility requirements and ends if the woman does not file an application for assistance by the last day of the month following the month during which presumptive eligibility was determined. Regular eligibility begins the first day of the first eligible month.

If a woman is diagnosed with cancer through the WHC and is eligible for Medicaid, the services rendered through WHC that lead to diagnosis will need to be billed to Medicaid. Claims will be denied by WHC.
Reimbursement and Billing

The Women’s Health Connection Program reimburses at Nevada Medicare allowable rates. A list of allowable CPT codes and reimbursement rates may be found in attachment.

Billing and claims for services

- All billing claim forms for services provided to eligible clients must be received at the appropriate WHC office within **30 days** of the date of service.

Reno Office
4001 South Virginia Street, Suite F
Reno, NV 89502
Phone 775-284-8989
Fax 775-284-8991

- Do not mail your claim to the Division of Public and Behavioral Health WHC state office in Carson City
- Claims will only be paid if the appropriate medical reports and/or exam forms are submitted with the billing claim. Appropriate medical reports and/or exam forms are described below
- If a woman is diagnosed with cancer through the WHC and is eligible for Medicaid, the services rendered through WHC that lead to diagnosis will need to be billed to Medicaid. Claims will be denied by WHC

Incomplete claims **will be returned** to providers with a request for additional information. All corrected claims must be re-submitted within **30 days** from denial date. Please see the Denial Code Attachment for a comprehensive list of denial reasons.
Reimbursement for Breast and Cervical Screening Services by PCP

Submit the following original paperwork to the appropriate WHC office.

- Original *Presumptive Eligibility Enrollment Form* – completed and signed
- *Annual Screening Visit Form* – completed and signed
- Billing Claim Form with WHC covered CPT codes

**PLEASE NOTE:** WHC must have the original completed enrollment documents for the client, or payment for any screening/diagnostic services will be denied.

Reimbursement for Imaging Facilities

Before billing for services, you must ensure that the client has a proper referral form (*Mammography and Ultrasound Referral Form*) from a contracted PCP. This form must be signed and dated by the clinician.

Submit the following original paperwork to the appropriate WHC office.

- Imaging report
- Billing Claim Form with WHC covered CPT codes

Reimbursement for Breast Specialists

Before billing for services, you must ensure that the client has a *Breast Specialist Referral Form* from a contracted PCP and the top portion of the form is completed. The form must be completed, signed and dated by specialist.

Submit the following original paperwork to the appropriate WHC office.

- *Breast Specialist Referral Form*
- Any documentation pertaining to the diagnostic procedure performed
- Pathology results
- Billing Claim Form with WHC covered CPT codes

**PLEASE NOTE:** An office visit CPT code that is billed at the same time as a procedure CPT code will not be reimbursed. Medicare does not allow for more than one procedure to be billed per day.
Reimbursement for Cervical Specialists

Before billing for services, you must ensure that the client has a *Cervical Specialist Referral Form* from a contracted PCP and the top portion of the form is completed. The form must be completed, signed and dated by specialist.

Submit the following original paperwork to the appropriate WHC office.

- *Cervical Specialist Referral Form*
- Any documentation pertaining to the diagnostic procedure performed
- Pathology results
- Billing Claim Form with WHC covered CPT codes

Reimbursement for Laboratory Facilities (Pap tests, HPV test, Pathology reports)

Submit the following original paperwork to the appropriate WHC office.

- Pap test or pathology result
- Billing Claim Form with WHC covered CPT codes

Reimbursement for Anesthesia

Submit the following original paperwork to the appropriate WHC office.

- Billing Claim Form with WHC covered CPT codes

Reimbursement for Ambulatory Surgery Centers

Submit the following original paperwork to the appropriate WHC office.

- Billing Claim Form with WHC covered CPT codes
WHC Directory

If you have questions or concerns about how WHC is working with your organization, please do not hesitate to call WHC program staff. Our goal is to make sure that WHC works the best it possibly can for providers and clients. And as a part of our Quality Management Program, both providers and clients may be asked to participate in a satisfaction survey.

Access to Healthcare Women’s Health Connection Staff

Reno Corporate Office
4001 South Virginia Street, Suite F
Reno, NV 89502
Phone 775-284-8989
Fax 775-284-8991

Sherri Rice
Chief Executive Officer
Phone: 775-284-9079
Email: sherri@accesstohealthcare.org

Mike O’Carroll
Chief Financial Officer
Phone: 775-284-1891
Email: mocarroll@accesstohealthcare.org

Dena Miguel
Preventive Care Director
Phone: 775-284-8989 ext. 231
Fax: 775-284-8991
Email: DMiguel@accesstohealthcare.org

Griselda Segura
WHC Care Coordinator Supervisor
Phone: 775-284-8989, ext. 210
Fax: 775-284-8991
Email: gsegura@accesstohealthcare.org

Angelica Willis
WHC Care Coordinator
Phone: 775-284-8989, ext. 297
Fax: 775-284-8991
Email: AWillis@accesstohealthcare.org

Krystal Trigueros
WHC Care Coordinator
Phone: 775-284-8989, ext. 212
Fax: 775-284-8991
Email: ktrigueros@accesstohealthcare.org

Denise Savage
WHC Claim Processor
Phone: 775-284-8989, ext. 267
Fax: 775-284-8991
Email: DSavage@accesstohealthcare.org
Mariela Moreno  
WHC Care Coordinator  
Phone: 702-489-3400, ext. 407  
Fax: 702-498-3600  
Email: mmoreno@accesstohealthcare.org

AHN Helpline: 1-877-385-2345  
www.accesstohealthcare.org

Care Coordination Line: 1-775-284-1904

State of Nevada Women’s Health Connection Staff

Shannon Bennett  
Program Manager  
Phone: 775-684-7505  
Email: sbennett@health.nv.gov

Vacant  
Data Manager  
Phone: 775-684-4092  
Fax: 775-684-4031  
Email: TBD

Melissa Madera  
Provider & Compliance Training Coordinator  
Phone: 775-684-4241  
Fax: 775-684-4031  
Email: mmadera@health.nv.gov
Provider Resources

The NBCCEDP follows screening recommendations from the United States Prevention Services Task Force (USPSTF). For more information on USPSTF recommendations, please refer to their web-site at:

Breast Cancer Screening

http://www.uspreventiveservicestaskforce.org/uspstf/uspsbrca.htm

Cervical Cancer Screening

http://www.uspreventiveservicestaskforce.org/uspstf/uspscerv.htm

For the management of women with abnormal screening results the program follows the American Society for Colposcopy and Cervical Pathology (ASCCP) recommendations. Please follow the link for recommendations:

Attachments