Wyoming Integrated Cancer Services
Breast and Cervical Cancer Screening Program:
Participating Healthcare Provider Manual

Additional information and copies may be obtained from:
Wyoming Integrated Cancer Services
Wyoming Department of Health
6101 Yellowstone Rd., Suite 510
Cheyenne, WY 82002
Telephone Number: 1-800-264-1296
Facsimile Number: 307-777-3765
Website: www.health.wyo.gov/publichealth/prevention/cancer
Email: wdh.cancerservices@wyo.gov

This document is available in alternative format upon request.

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# Table of Contents

Program Overview..................................................................................................................3

Purpose of the Provider Manual.............................................................................................3

Staff Directory.......................................................................................................................4

Enrollment..............................................................................................................................5-6

Covered and Non-covered Services......................................................................................7-8

Medicaid Cancer Treatment Benefits....................................................................................8

Communicating with WBCCEDP Clients................................................................................9

Claims and Reimbursements....................................................................................................9

Reimbursement Documentation Requirements........................................................................10

HIPAA..................................................................................................................................10

Quality Management and Utilization Review........................................................................10

APPENDICES.........................................................................................................................11-12

APPENDIX A: WBCCEDP Algorithm for Cervical Screening/Pap Abnormalities

APPENDIX B: WBCCEDP Algorithm for Screening Mammogram Results According to BI-RADS
Program Overview

Congress established the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) in 1991 by enacting the Breast and Cervical Cancer Mortality Prevention Act of 1990 (Public Law 101-354). This act authorized the Centers for Disease Control and Prevention (CDC) to partner with state health departments and territorial and tribal health agencies to provide breast and cervical cancer screening and diagnostic services for underserved, uninsured, low income women. In addition, the Breast and Cervical Cancer Prevention and Treatment Act of 2000 (Public Law 106-354) granted programs permission to provide breast and cervical cancer treatment services for eligible women through their state Medicaid programs.

The Wyoming Department of Health’s Public Health Division receives funding from the CDC to implement the Wyoming Breast and Cervical Cancer Early Detection Program (WBCCEDP), which is facilitated by the Wyoming Integrated Cancer Services Program (WICSP). The program also receives state general funds and tobacco settlement funds. The WICSP provides tracking, follow-up, and case management for all enrolled women. Additionally, the WICSP houses two other components, the Wyoming Colorectal Cancer Screening Program (WCCSP) and Wyoming Comprehensive Cancer Control Program (WCCCP).

Purpose of the Provider Manual

The purpose of this document is to provide guidance to participating healthcare providers regarding program policies and procedures. The WISCP will send important programmatic or policy updates to the primary office contact, as needed. Additional information can be found in a copy of the signed provider agreement issued upon enrollment into the program. The most recent version of this manual is available on the website: [www.health.wyo.gov/publichealth/prevention/cancer](http://www.health.wyo.gov/publichealth/prevention/cancer).
**Staff Directory**

The WICSP team is available to provide assistance from 8:00 a.m. to 5:00 p.m., Monday through Friday (excluding state approved holidays). They can be reached by calling 1-800-264-1296, emailing at wdh.cancerservices@wyo.gov, or selecting a phone number from the following list:

<table>
<thead>
<tr>
<th>Team Member</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Assistant and General Questions</td>
<td>307-777-3699</td>
</tr>
<tr>
<td>Program Nurses</td>
<td>307-777-7461, 307-777-6043</td>
</tr>
<tr>
<td>Records and Data</td>
<td>307-777-3769</td>
</tr>
<tr>
<td>Billing Questions</td>
<td>307-777-2932</td>
</tr>
<tr>
<td>Educational Materials</td>
<td>307-777-3480</td>
</tr>
<tr>
<td>Program Manager</td>
<td>307-777-6006</td>
</tr>
</tbody>
</table>
Enrollment

Provider Enrollment

Healthcare providers become a participating provider through an agreement process. This agreement outlines special provisions in regards to the terms and conditions for participating providers, including payment for services.

All participating providers/facilities are required to be a Wyoming Medicaid provider and ensure that up-to-date practice credentials are always on file. The WICSP also recommends that participating healthcare providers refer program enrolled clients who are current smokers to the Wyoming Quit Tobacco Program (1-800-QUIT-NOW or quitwyo.org).

A current list of WCCSP participating providers can be found on the website or requested by calling 1-800-264-1296.

Client Eligibility

Eligibility for the WBCCEDP requires applicants to meet criteria in each of the categories listed below.

- Citizenship: Women are not required to be U.S. citizens to enroll in and receive breast and cervical cancer screening and diagnostic services through the WBCCEDP.
- Gender: Female
- Income: Applicant’s gross household income must be at or below 250% of the Federal Poverty Level. The most current income guidelines can be found on the program’s website.
- Insurance: Applicant must be uninsured
  - Applicant must not currently have (a) health insurance, (b) Medicare Part B, or (c) Title 19 (Medicaid).

Breast Cancer Screenings
- Age/Symptoms:
  - Age 18-64 years: An abnormal breast screening or diagnostic test such as an abnormal clinical breast exam (CBE), mammogram, ultrasound, or other breast cancer diagnostic test suspicious for cancer, if the abnormal screening or diagnostic test was completed within the past three (3) months.
  - Age 18-64 years: Breast biopsy positive for breast cancer. Biopsy should be within the past three (3) months.
  - Age 40-49 years: Previous history of breast cancer
  - Age 50-64 years: Asymptomatic or symptomatic
  - Age 65 years or older: Without Medicare Part B are eligible for screening and diagnostic services through WICSP (but not Medicaid coverage for treatment)
Cervical Cancer Screenings

- Age/Symptoms:
  - Age 50-64 years: Asymptomatic or symptomatic
  - Age 30-49 years: Have not had a Pap test in the past five (5) years
  - Age 21-64 years: Certain abnormal Pap test results:
    - Age 21-29 years: A Pap test of HSIL, ASC-H, AGC (due to cervical reasons) or CIS (a Pap result of ASCUS or LSIL with or without + high risk HPV are not eligible if under age 30).
    - Age 21-64 years: A cervical biopsy of CIN II, III, CIS, AGC due to cervical reasons or cervical cancer if the diagnosis was within the past three months.
    - Age 30 years or older: A Pap test result of ASCUS with + high risk HPV, ASC-H, HSIL, LSIL with + high-risk HPV, LSIL-H*, persistent LSIL (2 or more within the past 12 months), AGC (due to cervical reasons) or CIS.
  - LSIL-H is not a designated Bethesda category however some pathologists may use this designation if HSIL cannot be completely ruled out.

If a woman does not meet any of the above criteria, but the healthcare provider considers her to be at high risk for breast or cervical cancer due to other reasons, the healthcare provider must send a letter to the program indicating the reason(s) they believe an exception should be made. The program will review the request.

Client Enrollment

To enroll, eligible applicants must complete the most recent version of the application and submit it to the program for review and approval. Electronic applications may be completed and submitted online at https://health.wyo.gov/publichealth/prevention/cancer/. Applicants can also find a printable version on the website and fax or mail it in to the program. Printed copies can also be obtained by calling the program at 1-800-264-1296.

Documentation of abnormal breast or cervical screening or diagnostic test results must be submitted with the application form or forwarded to the program by the participating provider. Abnormal screening or diagnostic test results must not be over three (3) months old. Failure to adhere will delay the application process.

All applicants will be notified of their application approval status. Approved applicants will receive an approval letter with a screening information packet and an enrollment card. The program may reimburse for covered services provided within 30 days of the enrollment date.
Covered and Non-covered Services

Covered Services

Current Procedural Terminology (CPT) Code Sets: The WICSP reimburses for a limited number of covered services. A listing of reimbursable CPT codes, including allowable modifiers and the current rate of reimbursement, is updated annually and is available on the WICSP website. Use the most recent CPT code list for reimbursement estimates.

Expenses are reimbursed by the WICSP at the Medicare allowable rate, include but are not limited to:

- Mammograms
- Diagnostic mammograms
- Ultrasounds
- Breast biopsies
- Clinical breast exams
- Pap test
- Colposcopy
- Repeat Pap tests, mammograms, breast ultrasound and clinical breast exams (CBE) are approved for short term follow-up at intervals less than one (1) year.
- A repeat Pap test when specimen adequacy is deemed “unsatisfactory”
- Follow-up surgical consultation after breast biopsy*
- Follow-up consultation after a colposcopy, if treatment is needed *
- HPV testing for women 30 years and older
  - Following an ASCUS Pap result or if used as co-testing along with cytology every five (5) years as an option for routine screening per US Preventive Services Task Force guidelines.

*The WICSP defines consultation as a service provided by a physician whose opinion or advice regarding evaluation and/or management of a specific problem is requested by other enrolled participating provider.

Non-covered Services

Services not covered by the WICSP include, but are not limited to:

- Telephone consultation
- A second office visit, which is made to complete a pelvic examination, Pap test, and CBE (all of these procedures should be completed in one (1) office visit)
- In-patient hospital services
- Excision of benign breast cyst/lesion (must be suspicious for cancer)
- Evaluation of vaginal or vulvar lesions
- Removal of polyps
- Blood work
- Urine analysis
- Chest x-ray
- EKG
- Pelvic ultrasound
- Bone scan
● Colposcopy as part of a LEEP
● Repeat Pap test performed simultaneously with colposcopy or colposcopy with biopsy (unless more than four (4) months have passed since the initial Pap test was performed)
● Endometrial biopsy (reimbursement allowed only after an AGUS Pap result)
● Uterine biopsy
● D & C
● Nuclear studies
● Prescriptions
● Anything related to other cancers (including the uterus, vagina, vulva, ovaries, etc.)
● Treatment for breast, cervical, and pre-cervical cancer (see note below)

WICSP can only pay for a vaginal smear if the applicant previously had a hysterectomy due to cervical cancer.

Refer to WICSP’s Algorithm for Cervical Screening/Pap Abnormalities and the Algorithm for Screening Mammogram Results According to BIRADS for additional information regarding the standards of care for women enrolled in this program (see Appendix A).

**Important Note:** Clients enrolled in the program will be issued a WICSP enrollment card. Be sure to ask the client for the card prior to the procedure and make a copy of the card for office records. The program is not responsible for expenses accrued for missed appointments.

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**Medicaid Cancer Treatment Benefits**

**Enrolled Clients**

Women who are enrolled in the WBCCEDP and receive diagnostic tests indicating they need breast or cervical cancer treatment will have their cases referred to the Division of Healthcare Financing (Medicaid) for determination of benefits. Full Medicaid coverage may be available for women who qualify for and are enrolled in the WBCCEDP. Once released from Medicaid, a woman may reapply to the program and be considered for re-enrollment.

The usual criterion for transition to Medicaid for treatment is a cervical biopsy result of CIN II, CIN III, CIS, AGC due to cervical reasons, or cervical cancer. Although the WICSP does not reimburse for breast cancer, cervical cancer, or cervical pre-cancer treatment, program staff can aid in facilitation of enrolled women’s applications to Medicaid for cancer treatment.

**Non-enrolled Clients**

Women who are not already enrolled in the WBCCEDP might qualify for enrollment and be immediately transitioned to Medicaid for cancer treatment if they are under the age of 65, uninsured, low income (<250% of the federal poverty level), and have a pathology report positive for breast cancer or cervical cancer.
Communicating with WBCCEDP Clients

The WICSP recognizes that the primary channel of communication regarding healthcare issues is between the healthcare provider and the patient. It is the responsibility of participating providers to conduct follow-up and notify enrolled patients of test results and the need for further evaluation due to suspicious or abnormal test results.

When referring WCCSP patients, it is important to refer to other participating providers or participating laboratories for the services to be covered. The program website is a great resource to access the most current provider listing. Please contact the WICSP with questions regarding a healthcare provider’s enrollment status.

Claims and Reimbursements

Processed Claims
The WICSP accepts two different claim forms based on provider type:

- Uniform Billing (UB)-92 for hospitals, ambulatory surgical centers, and outpatient facilities
- Centers for Medicare and Medicaid Services (CMS)-1500 for all other providers

All billing claims associated with the WBCCEDP must be sent to the WICSP for processing. The WICSP is the payer of last resort. Most participating providers will receive payments through the same process as their Medicaid reimbursements. Checks are processed weekly in accordance with policies set by the State Auditor’s Office for providers not receiving payment through the electronic process.

Participating providers should submit an original, completed claim form for all services provided to WBCCEDP clients within three (3) months of the service.

Denied Claims
Claims submitted after one (1) year will be returned, unprocessed to the participating provider. An enrolled client cannot be held responsible for payment if a claim is denied due to the provider failing to submit the claim within one (1) year.

Participating providers are prohibited from making any charges to an enrolled client, any member of the client’s family, or other sources of supplementation for those services covered by the WICSP. The provider has the expressed right to bill clients enrolled in WBCCEDP for any services not covered by the WICSP.
Reimbursement Documentation Requirements

Participating providers are required to submit copies of the office visit report, laboratory report, radiology report, and/or pathology report for WICSP enrolled clients. **Provider reimbursement is contingent on submission of these reports.** Clinical aggregate outcome data is collected by the WICSP and is available upon request.

As part of the provider agreement, participating healthcare providers agree to provide the following:

- A report of the pelvic examination, Pap test and CBE
- Laboratory report or radiology report
  - Timely submission of abnormal screening results expedites follow-up services needed.
- **When any breast and/or cervical cancer-screening test yields a result that is suspicious for cancer, the time from screening to the final diagnosis must be no more than sixty (60) days.**
  - If the healthcare provider is having difficulty locating the patient or getting a timely response from the patient, please contact the WICSP for assistance.

Health Insurance Portability & Accountability Act (HIPAA) (45 CFR 164.506)

The Wyoming Department of Health is a covered entity. A covered entity may, without the individual’s authorization, use or disclose protected health information (PHI) for the purposes of treatment, payment and healthcare operations activities. The Wyoming Department of Health (WDH) uses information in accordance with State and Federal law and the WDH Notice of Privacy Practices (NoPP). The WDH NoPP can be found on the Wyoming Department of Health's website at www.health.wyo.gov or a copy can be requested by calling 1-800-264-1296.

Quality Management and Utilization Review

WICSP policies are established in accordance with guidelines from the CDC concerning adequacy and timeliness of care. CDC’s evaluation of program’s compliance with their performance criteria is based on the information provided in the clinical documentation from participating healthcare providers.

Repeated time intervals in excess of CDC’s guidelines negatively affect the program’s future CDC funding levels and thus the amount of money that is available for reimbursement for services. Therefore, cooperation in providing this information in a timely manner is important.

Healthcare provider vigilance in maintaining compliance is vital for the women being served, as well as for the health of this program.

Please visit the website periodically for program updates: www.health.wyo.gov/publichealth/prevention/cancer

Please call if you have questions or if the program can be of assistance in any way!
1-800-264-1296
Thank you for participating in this valuable program and for all you do for Wyoming residents!