



# Wyoming Department of Health

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Si usted o alguien a quien usted está ayudando tiene preguntas sobre el Departamento de Salud de Wyoming, tiene el derecho de obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al [1-866-571-0944](tel:1-866-571-0944) o visite una oficina de enfermería de salud pública cerca de usted para obtener ayuda.

如果您或您正在幫助對懷俄明州衛生部提出疑問，您有權利用您的語言免費獲得幫助和信息。與口譯員交談，致電[1-866-571-0944](tel:1-866-571-0944)或訪問您附近的公共衛生護理室尋求幫助。

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Additional information, copies, and alternative formats may be obtained from:



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wdh.cancerservices@wyo.gov · www.health.wyo.gov/cancer

*Wyoming*  
**Breast and Cervical  
Cancer Screening  
Program**

**Enrollment  
Guide**

POWERED BY CDC  
**SCREENOUTCANCER**  
Advancing Cancer Prevention Nationwide

**WYOMING  
CANCER PROGRAM**

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## Welcome to the Breast and Cervical Cancer Screening Program

This Enrollment Guide provides information about the Wyoming Cancer Program, Breast and Cervical Cancer Screening Program. Please read the information below carefully and use it as a reference. If you have questions at any time, contact the program at 1.800.264.1296.

### Choosing a Provider and Making an Appointment

- Included with this guide is a list of contracted healthcare providers in your county. If you would like a list of contracted healthcare providers from another county, please contact our office.
- Schedule an appointment for your Pap test, pelvic exam, clinical breast exam, or mammogram with a contracted healthcare provider. The program cannot pay for screenings with a healthcare provider who is not contracted.
- Be sure to go to your scheduled appointments! **Your healthcare provider can bill you for missed appointments.**
- Present your enrollment card at the time of your appointment. This will ensure your healthcare provider sends your billing information to the correct program.
- Remind your healthcare provider to use an **enrolled pathology and/or radiology center** for your screening. The program can only make a payment to contracted healthcare providers, laboratories, and radiology centers.

### Covered and Non-Covered Services

Covered Services	Non-Covered Services
<ul style="list-style-type: none"> <li>• Office visit</li> <li>• Mammograms/breast tomosynthesis</li> <li>• Diagnostic mammograms</li> <li>• Breast ultrasounds</li> <li>• Breast biopsies</li> <li>• Clinical breast exams</li> <li>• Pap tests</li> <li>• Colposcopies</li> <li>• Repeat Pap tests, mammograms, breast ultrasounds, and clinical breast exams are approved for short-term follow-up at intervals less than one year</li> <li>• Follow-up surgical consultation after breast biopsy*</li> <li>• Follow-up consultation after a colposcopy, if treatment is needed*</li> <li>• Excision of suspicious breast cyst/lesion</li> <li>• Endometrial sampling after an AGUS Pap result</li> <li>• HPV testing for women 30 years and older</li> </ul>	<ul style="list-style-type: none"> <li>• Telephone consultation</li> <li>• A second office visit to complete a pelvic examination, Pap test, and clinical breast exam (all of these procedures should be completed in one office visit)</li> <li>• In-patient hospital services</li> <li>• Excision of benign breast cyst/lesion (must be suspicious for cancer)</li> <li>• Evaluation of vaginal or vulvar lesions</li> <li>• Removal of polyps</li> <li>• Blood work</li> <li>• Urine analysis</li> <li>• Chest x-ray</li> <li>• Electrocardiogram (ECG or EKG)</li> <li>• Pelvic ultrasound</li> <li>• Bone scan</li> <li>• Colposcopy as part of a LEEP</li> <li>• Repeat Pap test performed simultaneously with colposcopy or colposcopy with biopsy (unless more than four months have passed since the initial Pap test was performed)</li> <li>• Endometrial biopsy (reimbursement allowed only after an AGUS Pap result)</li> <li>• Uterine biopsy</li> <li>• Dilation and Curettage (D &amp; C)</li> <li>• Nuclear studies</li> <li>• Prescriptions</li> <li>• Anything related to other cancers (including the uterus, vagina, vulva, ovaries, etc.)</li> <li>• Treatment for breast, cervical, and pre-cervical cancer</li> <li>• No-show appointments</li> </ul>

\*Consultation is a service provided by a physician whose opinion or advice regarding evaluation and/or management of a specific problem is requested by another contracted healthcare provider.

Other tests may be covered upon program approval. Please contact the program for more information.

## Breast and Cervical Treatment

**If your doctor says you need breast or cervical cancer (or cervical pre-cancer) treatment, call to speak with a program nurse at 1.800.264.1296.**

Many women enrolled in the program may qualify for Medicaid benefits, which could cover breast or cervical cancer treatment. The program nurse will work with you to refer your case to the Division of Healthcare Financing (Medicaid).

The Breast and Cervical Cancer Screening Program **does not** require women to be U.S. citizens in order to be enrolled in the screening program. However, to qualify for treatment through Medicaid, women must be U.S. citizens or resident aliens (documented immigrants). The Medicaid program will make the final determination of eligibility for Medicaid benefits.

If eligible for Medicaid, it is important that you inform your healthcare providers of this change as Medicaid may cover the costs of recent cancer diagnostic or treatment services that still have an outstanding balance. If you are enrolled in Medicaid, your enrollment in the Breast and Cervical Cancer Screening Program will be made inactive.

### Frequently Asked Questions

#### How long can I be in this program?

Enrollment periods are for two years. You may reapply for the program as long as you meet the program eligibility criteria.

Generally, clients age 65 and older may qualify for Medicare Part B, which may cover breast and cervical cancer screening exams. If you are 65 or older, it is encouraged that you apply for Medicare Part B.

#### What if I have had a breast or cervical cancer exam recently?

Let the program know if you have had a breast or cervical cancer screening exam within the month prior to your enrollment in this program. If the appointment was made with a contracted healthcare provider, the program may be able to cover the cost of your breast and cervical appointment bills, as long as it is a service covered by the program.

#### If I have gone through menopause, do I still need a Pap test?

Talk with your healthcare provider about how often you need to have a Pap test.

#### What if I have a breast or cervical cancer symptom before it is time for my annual exam?

If you have a breast or cervical cancer symptom before your annual exam is due, please contact your healthcare provider to discuss your symptoms.

#### What if my financial or insurance status changes?

When you signed the application, you agreed to notify the program if your financial or insurance status changed. Call the program at 1.800.264.1296 if anything changes.

#### What if I only have Medicare Part A?

Medicare Part A does not affect your eligibility to remain in the program.

#### What should I do if I lose my enrollment card?

Call the program at 1.800.264.1296 and the program can issue you a new card.

#### Can I change my healthcare provider?

Enrolled clients can choose their healthcare provider, however, the program can only reimburse contracted healthcare providers. For a current list of all contracted healthcare providers in the program, call the program at 1.800.264.1296 or visit the program's website at [www.health.wyo.gov/cancer](http://www.health.wyo.gov/cancer).

#### What if I receive a bill from a healthcare provider for a service I thought was covered by the program?

Your healthcare provider should send bills directly to the program. If you receive a bill in the mail for a service covered by the program, call 1.800.264.1296.