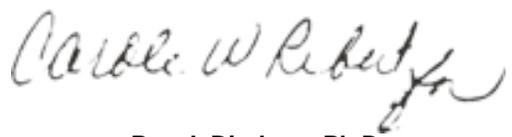


	<b>MEDICAL ASSISTANCE BULLETIN</b> <b>COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE</b>	
	<b>SUBJECT</b>  Breast and Cervical Cancer Prevention and Treatment	<b>BY</b>    <b>Peg J. Dierkers, Ph.D.</b> Deputy Secretary for Medical Assistance Programs
<b>NUMBER:</b>	99-01-12	
<b>ISSUE DATE:</b>	December 26, 2001	
<b>EFFECTIVE DATE:</b>	January 1, 2002	

**PURPOSE:**

The purpose of this bulletin is to:

1. Announce the implementation of the Breast and Cervical Cancer Prevention and Treatment (BCCPT) Program effective January 1, 2002.
2. Define BCCPT Program eligibility criteria.
3. Inform treating physicians of their role in verifying and periodically re-verifying clinical eligibility criteria for healthcare coverage under the BCCPT Program, outline the procedures and provide samples of forms to verify initial eligibility and request and document medical necessity for renewal of eligibility.
4. Inform all providers that women determined eligible for Medical Assistance (MA) under the BCCPT Program are eligible for the full scope of MA services throughout their course of treatment for breast or cervical cancer, including a pre-cancerous condition of the breast or cervix.
5. Inform all providers that services under the BCCPT Program will be covered through the Fee-For-Service (FFS) delivery system.

**SCOPE:**

This bulletin applies to all providers enrolled in the MA Program.

**BACKGROUND:**

The Breast and Cervical Cancer Prevention and Treatment Act of 2000 amended Title XI of the Social Security Act, Section 1902(a)(10)(ii) (XVIII), 42 U.S.C. 1396a(a)(10)(A)(ii) to give states the option to expand their Medicaid program to include low-income, uninsured women under the age of 65 who have been screened and diagnosed with breast or cervical cancer, or a pre-cancerous condition of the breast or cervix, under the Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP) established under Title XV of the Public Health Services Act in accordance with the requirements of section 1504 of that Act.

In Pennsylvania, the Department of Health (DOH) administers the CDC's NBCCEDP through the HealthyWoman Project (HWP). The HWP provides free breast and cervical cancer screenings for uninsured and underinsured women who are primarily between the ages of 50 and 64 and have a household income below 250 percent of the Federal poverty level. A woman must be screened and diagnosed with breast or cervical cancer, or a pre-cancerous condition of the breast or cervix, through the HWP to be eligible for the BCCPT Program.

## **ELIGIBILITY CRITERIA:**

To qualify for eligibility under the BCCPT Program, a woman must be:

- Under age 65;
- Screened and diagnosed with breast or cervical cancer, or a pre-cancerous condition of the breast or cervix through the HWP;
- Uninsured or without creditable coverage as defined in section 2701 (c) of the Public Health Service Act (42 U.S.C. 300gg (c));
- A US citizen or qualified alien; and
- A resident of Pennsylvania with a social security number.

## **SERVICE COVERAGE/HEALTHCARE BENEFITS PACKAGE:**

Women determined eligible for MA under the BCCPT Program are entitled to full MA benefits throughout the course of their treatment for breast or cervical cancer, or a pre-cancerous condition of the breast or cervix. Service coverage is not limited to a woman's treatment of breast or cervical cancer, or a pre-cancerous condition. The eligibility begin date is the date the woman is diagnosed with breast or cervical cancer, or a pre-cancerous condition of the breast or cervix. The applicable HealthCare Benefits Package is Package 1 for women under 21 years of age, and package 2 for women 21 through 64 years of age.

## **DELIVERY SYSTEM:**

Women eligible for MA Program benefits under the BCCPT Program receive their healthcare coverage under the FFS delivery system, and will not be enrolled in managed care. Providers in a HealthChoices zone may render services to a woman eligible under the BCCPT Program; however, they are required to submit their claims to the FFS Program.

## **PROCEDURES:**

Unlike other eligibility categories under the MA Program, eligibility for the BCCPT Program includes a clinical diagnosis of breast or cervical cancer, including a pre-cancerous condition of the breast or cervix. Therefore, providers will play a key role in verifying clinical eligibility for MA under the BCCPT Program. Whenever a woman is screened for breast or cervical cancer through the HWP and the results are positive, the woman will be referred for further testing to confirm the diagnosis.

## **CURRENT MA ELIGIBLES:**

If the woman referred by the HWP for further diagnostic testing is currently receiving MA, the provider conducting the diagnostic should submit claims for services provided following standard claims submissions procedures for MA. If the woman is covered under the FFS Program, the provider should submit the claim(s) to FFS. If the woman is enrolled in managed care, the provider should follow claims submission procedures established by the managed care organization (MCO). The provider can verify eligibility for MA and the woman's delivery system, including her MCO, through the Eligibility Verification System (EVS). NOTE: Any HWP provider not enrolled in the MA Program may contact the Office of Medical Assistance Programs (OMAP) to request enrollment. Please indicate that you are an HWP provider to facilitate enrollment. To become an MA provider, please contact (717) 772-6456, leave a message and the proper forms will be sent to you. Or you may access this information on the Department of Public Welfare (DPW) website at <http://www.dpw.state.pa.us/omap/provinf/omappoc.asp>

## **NEW APPLICANTS:**

WOMEN SCREENED BY THE HWP - If the woman referred by the HWP for further diagnostic testing is not currently eligible for MA, the provider should submit the claim(s) to the HWP following established HWP procedures. The claim should not be submitted to the MA Program. In addition, the provider must complete the Breast and Cervical Cancer Prevention and Treatment Program, Medicaid Eligibility Application - Part B (see **Attachment 1** for a sample of the form and instructions for completion) to confirm the diagnosis of breast or cervical cancer, or a pre-cancerous condition of the breast or cervix and return the completed form to the HWP. The HWP will submit the completed

form to the the local County Assistance Office for an expedited MA eligibility determination. The woman's eligibility date for MA benefits through the BCCPT Program is the date of her diagnosis for breast or cervical cancer, or a pre-cancerous condition of the breast or cervix. Therefore, it is critical that the provider complete the application form and submit it to the HWP as quickly as possible to ensure an expedited eligibility determination, timely coverage of healthcare benefits and delivery of services.

**WOMEN SCREENED OUTSIDE OF THE HWP** - In order to be eligible for MA coverage under the BCCPT Program, the woman must be screened and diagnosed with breast or cervical cancer, or a pre-cancerous condition of the breast or cervix, through the HWP. In situations where the woman was screened and diagnosed outside of the HWP, the woman may be eligible for MA coverage under the BCCPT Program, if she provides a release of information to the HWP for the screening and diagnostic test results previously performed, and has at least one screening or diagnostic test provided and paid for by the HWP. MA enrolled providers who screen and diagnose breast and cervical cancer or a pre-cancerous condition of the breast or cervix who are not part of the HWP, and receive a request to release information to the HWP for the screening and diagnostic test results performed, are urged to complete the BCCPT Program Medicaid Eligibility Application Part B (See Attachment 1) and supply the completed form and information related to test results to the HWP as quickly as possible to ensure expedited eligibility determination and timely coverage of healthcare benefits and services.

**PROGRAM/STATUS CODES FOR BCCPT PROGRAM:**

Women who qualify for the BCCPT Program will be eligible for categorically needy MA benefits with the category/program status code PH/20, as indicated on the EVS.

**PERIOD OF ELIGIBILITY:**

Women determined eligible for MA under the BCCPT Program are eligible for the full scope of benefits included in HealthCare Benefits Package 1 if under the age of 21, and the HealthCare Benefits Package 2 if age 21 years or older, throughout the course of treatment. The initial period of eligibility is determined by the diagnosis code (ICD-9 Code) the provider checks on the Breast and Cervical Cancer Prevention and Treatment Program Medicaid Eligibility Application Part B (See Part II for the Eligibility Criteria for BCCPT Program and tables for details on diagnosis codes for breast cancer, cervical cancer, and pre-cancerous conditions). The Department will automatically assign the following initial eligibility periods based upon the reported diagnosis:

- 3-Month Eligibility Period: A 3-month eligibility period is assigned for all pre-cancerous conditions requiring treatment, generally excision or ablation.
- 6-Month Eligibility Period: A 6-month eligibility period is assigned for primary, localized cancer requiring surgical excision, with or without lymph node involvement, with localized radiation and/or a single course of chemotherapy.
- 12-Month Eligibility Period: A 12-month eligibility period is assigned to metastatic breast or cervical cancer requiring one or more surgical procedures and extensive interventions such as "radiation, repeated chemotherapy or bone marrow/stem cell rescue."

**Breast Cancer**

Diagnosis Code	Description	Length of Eligibility
174.X  ● 174.0 ● 174.1 ● 174.2 ● 174.3 ● 174.4 ● 174.5 ● 174.6 ● 174.8 ● 174.9	Malignant Neoplasm of Female Breast, Primary  ● Nipple or Areola ● Central Portion ● Upper Inner Quadrant ● Lower Inner Quadrant ● Upper Outer Quadrant ● Lower Outer Quadrant ● Axillary Tail ● Other Specified Sites ● Unspecified	6 month

196.X  • 196.1 • 196.3 • 196.8	Secondary and specified/unspecified malignant neoplasm of lymph nodes  • Intra-Thoracic • Axilla and Upper limb • Multiple sites	6 month
198.X  • 198.2 • 198.3 • 198.5 • 198.81 • 198.89	Secondary Malignant Neoplasm of Other Site, [with Breast Primary]  • Skin of Breast • Brain and Spinal Cord • Bone or Bone Marrow • Breast • Other	12 month
233.0	Carcinoma in Situ, Breast	6 month

### **Cervical Cancer**

<b>Diagnosis Code</b>	<b>Description</b>	<b>Length of Eligibility</b>
180.X  • 180.0 • 180.1 • 180.8 • 180.9	Malignant Neoplasm, Cervix  • Endocervix • Exocervix • Other Specified Sites of Cervix • Unspecified	6 month
196.X  • 196.2 • 196.5 • 196.6 • 196.8	Secondary and specified/unspecified malignant neoplasm of lymph nodes  • Intra-Abdominal • Inguinal region and lower limb • Intrapelvic • Multiple sites	6 month
198.X  • 198.1 • 198.3 • 198.5 • 198.6 • 198.82 • 198.89	Secondary Malignant Neoplasm of Other Site, [with Cervix Primary]  • Other Urinary Organs • Brain and Spinal Cord • Bone or Bone Marrow • Ovary • Genital • Other	12 month

<b>Pre-Cancerous Conditions</b>		
<b>Diagnosis Code</b>	<b>Description</b>	<b>Length of Eligibility</b>
233.1	Carcinoma in Situ, Cervix [including Cervical Intra-epithelial Neoplasia Grades III & IV].	3 month
238.X  • 238.2 • 238.3 • 238.8	Neoplasm of Uncertain Behavior  • Skin of Breast • Breast • Cervix	3 month

**SUBMISSION OF CLAIMS FOR BCCPT PROGRAM ELIGIBLES:**

Claims for services rendered to women determined eligible for MA under the BCCPT Program must be submitted to the FFS Program in accordance with standard procedures for claims submission. NOTE: Eligibility under the BCCPT Program is limited to the duration of the woman's course of treatment. Therefore, providers must remember to check the EVS each time prior to rendering service and submitting a claim for a service to ensure eligibility and payment.

**ELIGIBILITY REDETERMINATIONS:**

Approximately 45 days prior to the end of the period of eligibility the Department will send the BCCPT Program recipient a copy of the Breast and Cervical Cancer Prevention and Treatment Program Medicaid Eligibility Annual or Partial Renewal Form (See **Attachment II** and **Attachment III** for samples of the form and instructions for completion). The recipient will be instructed to take the form to the treating physician. The treating physician must complete the BCCPT Program Medicaid Eligibility Renewal Form and provide the following required documentation for consideration of continued eligibility:

- Copies of diagnostic and pathology test results/reports pertaining to the diagnosis of breast or cervical cancer.
- A letter documenting medical necessity for further treatment of breast or cervical cancer, or a pre-cancerous condition of the breast or cervix, which includes:
  - Current cancer diagnosis, including stage and ICD-9 code;
  - A detailed summary of breast or cervical cancer treatment and the recipient's response, including a statement of recipient's compliance with cancer treatment to date;
  - Anticipated plan of care, including expected course and length of treatment.

NOTE: Applicant must require treatment for a current diagnosis of breast or cervical cancer. Treatment for breast or cervical cancer is defined as medical services, which are, or are reasonably expected to:

- a. ameliorate the direct effects of the breast or cervical cancer; or
- b. aid in the clinical characterization of the breast or cervical cancer, including test of cure but excluding screening for recurrence or new primary cancers; or
- c. prevent the recurrence of breast or cervical cancer.

The completed form and all required documentation must be returned to the OMAP at the following address (NOTE: a self-addressed envelope will be included with the form mailed to the recipient):

Department of Public Welfare  
Office of Medical Assistance Programs  
Division of Medical Review BCCPT Program  
P.O. Box 8171  
Harrisburg, PA 17105

**OMAP CLINICAL REVIEW AND DETERMINATION OF CONTINUED ELIGIBILITY UNDER THE BCCPT PROGRAM:**

OMAP clinical staff will review the completed form and supporting documentation submitted by the treating physician to determine if the woman meets the BCCPT Program clinical eligibility criteria and if the ongoing course of treatment is medically necessary. OMAP will notify the County Assistance Office (CAO) if the woman continues to need treatment or no longer needs treatment. If the woman meets all BCCPT Program eligibility criteria, she will be notified by the CAO of her continued eligibility under the BCCPT Program and assigned an additional eligibility period as requested by the treating physician. If the woman completed her course of treatment or does not meet other eligibility criteria, she will be notified in writing of the effective date of her termination of Medicaid eligibility under the BCCPT Program. Also, if verification of eligibility is not submitted to the Department, the woman's healthcare coverage under the BCCPT Program will be terminated. Therefore, it is critical that the treating physician complete the BCCPT Program Medicaid eligibility renewal forms and submit the required documentation as quickly as possible to avoid an interruption in healthcare coverage under the BCCPT Program.

**ONGOING CARE:**

When a woman's treatment for breast or cervical cancer or pre-cancerous condition of the breast or cervix is completed, her eligibility for MA under the BCCPT Program ends. Prior to closing her case, the caseworker at the County Assistance Office will determine if she is eligible for ongoing MA under another category of eligibility. If she is not eligible for MA but meets the eligibility criteria for the Department of Health's HealthyWoman Project, she may qualify for breast and cervical cancer screening services under that program. If the woman has a recurrence of breast or cervical cancer, she can re-apply for MA under the BCCPT Program.

**Attachments**

- **PA600B - HealthyWoman Project Enrollment Information**
- **PA600BP - Breast & Cervical Cancer Prevention and Treatment Program - Partial Renewal**
- **PA600BR - Breast & Cervical Cancer Prevention and Treatment Program - Annual Renewal**

**COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:**

Bureau of Policy, Budget and Planning  
P.O. Box 8046  
Harrisburg, PA 17105

or

The appropriate toll-free number for your provider type.

Visit the Office of Medical Assistance Programs website at [www.dpw.state.pa.us/omap](http://www.dpw.state.pa.us/omap).