

Health Care Provider Guide



Care for Yourself

The Iowa Breast and Cervical Cancer
Early Detection Program



Chronic Disease Prevention & Management
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321 E. 12th Street
Des Moines, IA 50319-0075

Phone (515) 281-5616
(866) 339-7909
Fax (515) 242-6384

www.idph.iowa.gov/CFY



CFY Program Services for Eligible Women

Services for this Program Include:

An office visit that includes appropriate/recommended breast and cervical cancer screening:

- Two blood pressure measurements taken at least two minutes apart
- Height and Weight measurements; Body Mass Index (BMI) is calculated by program electronic data system. Clinicians may wish to calculate the BMI for participant counseling purposes.
- Clinical breast exam
- Pelvic exam
- Pap test as eligible; if a provider feels that a Pap test needs to be more frequently than every 3-5 years [protocol], a request for consideration of reimbursement of the Pap by the *CFY* Program must be made to the program.
- Mammography as recommended by provider
- Breast and/or cervical diagnostic services as recommended by provider
- Tobacco cessation referral
- Referral for precancer and cancer treatment as recommended by provider



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Iowa Care for Yourself Program



INTRODUCTION

Thank you for being part of the Iowa *Care for Yourself* (IA CFY) Program. The Health Care Provider Guide is to help participating health care providers understand program requirements and provide screening services to program-eligible women.

PROGRAM STRUCTURE

The IA CFY Program has 24 local programs that provide navigation and supervision of service delivery for participants in all counties of Iowa.

IA CFY Program services emphasize:

- Breast and cervical cancer screening for the target population
- Reaching women never or rarely (defined as not having a pap in the last five years) screened for cervical cancer
- Reducing over-screening (defined as screening women without symptoms more frequently than national guidelines recommend) for cervical cancer
- Case management for participants requiring follow-up examinations for abnormal screening results, breast or cervical cancer treatment,
- Patient navigation that provides one-on-one guidance and assistance to eliminate any barriers to timely screening, diagnosis, treatment, and supportive care for each individual as they move through the health care continuum, and
- Rescreening services to eligible women on an annual basis.

ELIGIBILITY

The Iowa *Care for Yourself* Program provides services for women:

- Age 40 and over
- Under age 40 with breast cancer symptoms
- Household income at or less than 250% of the poverty level for household size set by the federal government. Current Income Guidelines can be found at the *Care for Yourself* Program website (www.idph.iowa.gov/CFY) for current
- No health insurance, insurance that does not cover the services provided by the program, unable to pay insurance deductibles or co-payments, or has health insurance but has barriers to obtain the services.

*Insurance coverage does not exclude an eligible woman. If a woman does have insurance coverage for any or all services and meets age and income guidelines she may be eligible for services. **Claims for services are to be submitted to the participant's insurance company for payment before submission to the IA CFY Program.***

The *Care for Yourself* Program **does not** provide services for:

- Men
- Women age 39 and younger unless they have symptoms of breast cancer





HEALTH CARE PROVIDER ROLES

To be a participating provider for the IA CFY Program:

- Review the Health Care Provider Guide
- Complete and return to the Iowa Department of Public Health (IDPH) the following documents:
 - IA CFY Program Cooperative Agreement for breast and cervical cancer services
 - Application for Provider Status
 - Copy of facility W-9, and
 - COLA or CLIA certificate, if applicable.

By signing the Cooperative Agreement, you agree to follow procedures and policies described in the Cooperative Agreement and Health Care Provider Guide.

Copies of these forms can be found at

www.idph.iowa.gov/cfy, , Information for Health Care Providers, CFY - Breast and Cervical Cancer Program - Facility and Health Care Provider Application.

- Health care providers must be licensed or certified to practice in the state in which they serve program participants.
- Must follow the evidence-based guideline for cervical abnormalities published by the *American Society of Colposcopy and Cervical Pathology (ASCCP). 2012 Consensus Guidelines for the Management of Women with Cervical Cytological Abnormalities* can be found at www.asccp.org/guidelines.
- Laboratories must have current Commission on Office Laboratory Accreditation (COLA) or Clinical Laboratories Improvement Act (CLIA) certification. Reporting of Pap test results are to use the current The Bethesda System of Pap test classification.
- The US Food and Drug Administration-approved certifying body under the Mammography Quality Standards Act (MQSA) of 1992 must certify mammography facilities. The American College of Radiology (ACR) Breast Imaging Lexicon is to be used to report the interpretation of mammography examinations.
- Provide appropriate breast and cervical screening, diagnostic and treatment services according to IA CFY Program policies and protocol.
- In confidential manner, report test/exam results and recommended follow-up to the local program coordinator immediately upon receipt of the results. As a public health surveillance and intervention program according to PUBLIC LAW 104—191, SEC 1178(b) the Iowa *Care for Yourself* Program is exempt from HIPAA regulations. See Appendix I for U.S. Department of Health and Human Services explanation of “DISCLOSURES FOR PUBLIC HEALTH ACTIVITIES”.
- Submit claims for reimbursement in a timely manner following the local IA CFY Program process for claims submission.



HEALTH CARE PROVIDER ROLES (cont'd)

- Accept IA *CFY* Program reimbursement rate for services at Medicare Part B rates as payment in full. Participant is not to be billed for *CFY* Program-covered services. The most recent listing of Medicare Part B rates for the *CFY* Program can be found at www.idph.iowa.gov/cfy, Information for Health Care Providers, Reimbursement Schedule/CPT Codes.

*Note: The participant may be billed for services not covered by IA *CFY* Program. The participant must be made aware before the service is provided that the IA *CFY* Program will not cover the procedure and the cost will be her responsibility.*



SERVICES

The IA *CFY* Program encourages women to obtain regular screening services.

SCREENING SERVICES

Program-eligible women may be enrolled to receive screening services dependent on funding availability for breast and cervical cancer screening.

Table 1 - IA *CFY* Program Screening Services Guideline

Iowa Care For Yourself (<i>CFY</i>) Program Screening Services				
Age	B/P, Height, Weight	Clinical Breast Exam (CBE)	Mammogram	Pelvic/Pap ¹
Under 40	ONLY if reporting symptoms of breast cancer ²	ONLY if reporting symptoms of breast cancer	If CBE is abnormal	ONLY if reporting symptoms of breast cancer
40 – 49	Annually	<u>Asymptomatic</u> Annually <u>Symptomatic</u> As needed	<u>Asymptomatic</u> See Note <u>Symptomatic</u> As indicated	<u>Asymptomatic</u> Per <i>CFY</i> protocol <u>Symptomatic</u> As indicated
50 – 64	Annually	<u>Asymptomatic</u> Annually <u>Symptomatic</u> As needed	<u>Asymptomatic</u> Annually <u>Symptomatic</u> As indicated	<u>Asymptomatic</u> Per <i>CFY</i> protocol <u>Symptomatic</u> As indicated
Over 64	Women over age 64, who do not have Medicare Part B and meet income guidelines, are to receive services as above for 50 – 64 year old.			

¹ IA *CFY* Program services are not available for cervical cancer screening in women with hysterectomies, unless the hysterectomy was done due to cervical cancer or neoplasia. If a woman does not know if she has a cervix, a pelvic will be provided for initial physical examination to determine if a woman has a cervix. If the cervix is intact, services may be reimbursed for cervical cancer screening according to IA *CFY* Program protocol.

² Examples of breast cancer symptoms are breast skin dimpling or retraction, palpable mass or nipple discharge, inversion or scaliness or an abnormal CBE.



Table 2 - Recommendations and Rationale for Cervical Cancer Screening Protocol⁵

Population	Recommended Screening Method	Management of Screening Results	Comments
Ages < 21 Years	No cervical screening		HPV testing should not be used for screening or management of ASC-US in this age group.
Ages 21-29 Years	Pap cytology alone every 3 years	HPV-positive ASC-US or Pap cytology of LSIL+ ³ : Refer to ASCCP guidelines	HPV testing should not be used for screening in this age group.
		Pap cytology negative or HPV-negative ASC-US: Rescreen with Pap cytology in 3 years	
Ages 30-65 Years	Cotest ⁴ Screening every 5 years <u>Preferred</u>	HPV-positive ASC-US or Pap cytology of LSIL+: Refer to ASCCP guidelines	Screening by HPV testing alone is not recommended for most clinical settings
		HPV-positive, Pap cytology negative: Option 1: 12-mo follow-up with cotesting Option 2: Test for HPV16 or HPV16/18 genotypes <ul style="list-style-type: none"> • If HPV16 or HPV16/18 positive: refer for colposcopy • If HPV16 or HPV16/18 negative; 12-mo follow-up with cotesting 	
		HPV-negative ASC-US: Rescreen with cotesting in 3 years.	
		Cotest negative: Rescreen in 5 years	
	Screening with Pap cytology <u>alone</u> every 3 years <u>Acceptable</u>	HPV-positive ASC-US or Pap cytology of LSIL+: Refer to ASCCP guidelines	
	Pap cytology negative or HPV-negative ASC-US: Rescreen with Pap cytology in 3 years		
Ages > 65 Years	No screening if the woman has had an adequate prior negative screening history	Consult with health care provider for individualized case-by-case follow-up care (reimbursement of Pap cytology may not be covered by the CFY program)	Women with a history of CIN2/HSIL+ should continue screening every three years for at least 20 years after a period of frequent screening
After hysterectomy	No screening	Consult with health care provider for individualized case-by-case follow-up care (reimbursement of Pap cytology may not be covered by the CFY Program)	Applies to women who no longer have a cervix and do not have a history of CIN2+ in the past 20 years or cervical cancer ever

³ + means Pap test results equal to or more severe than the original pathology of Pap test result listed.

⁴ Pap Test + HPV test = “cotest”

⁵ Refer to Services Policy: Cervical Services *Abbreviations* section for definition of abbreviations.



FOLLOW-UP SERVICES

The health care provider and the local program staff share responsibility for contacting IA CFY Program women to assure appropriate follow-up has been completed.

To meet timeliness of follow-up care goals set by CDC, the participant must be:

- From screening (clinical breast exam or mammogram) to diagnosis in ≤ 60 days;
- From diagnosis to start of treatment in ≤ 60 days.

Table 3 - Breast Cancer Screening Follow-up Adequacy⁶

CBE RESULT	MAMMOGRAM RESULT	DIAGNOSTIC PROCEDURES REQUIRED FOR ADEQUACY ⁷
<ul style="list-style-type: none"> • Normal/Benign (including fibrocystic, lumpiness or nodularity) 	<ul style="list-style-type: none"> • Negative • Benign • Probably Benign (Short term follow-up indicated) 	<ul style="list-style-type: none"> • No work-up required • If work-up is planned at least one diagnostic procedure must be done, and a final diagnosis recorded
<ul style="list-style-type: none"> • Abnormal (suspicious for cancer) 	<ul style="list-style-type: none"> • Negative • Benign • Probably Benign – (Short term follow-up indicated) • Assessment Incomplete 	<p>One or more of the following:</p> <ul style="list-style-type: none"> • Surgical Consult for repeat breast exam • Ultrasound • Biopsy/Lumpectomy • Fine Needle/Cyst Aspiration <p><i>Note: A mammogram or additional mammogram views <u>only</u> are not considered adequate</i></p>
<ul style="list-style-type: none"> • Abnormal (suspicious for cancer) 	<ul style="list-style-type: none"> • Suspicious Abnormality • Highly Suggestive of Malignancy 	<p>One or more of the following:</p> <ul style="list-style-type: none"> • Biopsy/Lumpectomy • Fine Needle/Cyst Aspiration
<ul style="list-style-type: none"> • Normal/Benign (including fibrocystic, lumpiness or nodularity) 	<ul style="list-style-type: none"> • Suspicious Abnormality 	<p>One or more of the following:</p> <ul style="list-style-type: none"> • Surgical Consult for repeat breast exam • Ultrasound • Biopsy/Lumpectomy • Fine Needle/Cyst Aspiration
<ul style="list-style-type: none"> • Normal (including fibrocystic, lumpiness or nodularity) • Abnormal (suspicious for cancer) 	<ul style="list-style-type: none"> • Highly Suggestive of malignancy 	<p>One or more of the following:</p> <ul style="list-style-type: none"> • Biopsy/Lumpectomy • Fine Needle/Cyst Aspiration
<ul style="list-style-type: none"> • Normal/Benign (including fibrocystic, lumpiness or nodularity) 	<ul style="list-style-type: none"> • Assessment Incomplete 	<p>One or more of the following:</p> <ul style="list-style-type: none"> • Additional mammography views • Ultrasound

⁶ This algorithm is inappropriate as a tool for clinical decision-making for each woman or to determine whether a provider is performing according to accepted national practices.

⁷ Clinical interventions based on clinical guidelines endorsed by the Commission on Cancer of the American College of Surgeons, the American College of Obstetrics and Gynecology, and the National Cancer Institute.



To meet timeliness of follow-up care goals set by CDC, the participant must be:

- From screening (Pap) to diagnosis in ≤ 90 days;
- From diagnosis to start of treatment in ≤ 90 days.

Table 4 - Cervical Cancer Screening Follow-up Adequacy⁸

PAPANICOLAOU (PAP) TEST RESULT BETHESDA (TBS) 2001	DIAGNOSTIC PROCEDURES REQUIRED FOR ADEQUACY ⁹
1. Negative for Intraepithelial Lesion or Malignancy	<ul style="list-style-type: none"> • No work-up required
2. ASC-US (Atypical Squamous Cells – Undetermined Significance)	<ul style="list-style-type: none"> • No work-up required but follow-up @ one year required • If HPV test negative, co-testing follow-up @ 3 years • If HPV test positive, one or more of the following must be done and a final diagnosis recorded: <ul style="list-style-type: none"> – Colposcopy – Colposcopy with biopsy • If work-up is planned, colposcopy must be done and a final diagnosis recorded.
3. Low Grade SIL encompassing: <ul style="list-style-type: none"> • HPV • Mild Dysplasia/CIN 1 	<p>One or more of the following:</p> <ul style="list-style-type: none"> • Negative HPV, repeat co-testing @ 1 year • Negative HPV, colposcopy (with or without biopsy) • No or Positive HPV, one or more of the following must be done and a final diagnosis recorded: <ul style="list-style-type: none"> – Colposcopy – Colposcopy with biopsy
4. ASC-H (Atypical Squamous Cells – Cannot exclude High Grade Squamous Intraepithelial Lesion [SIL])	<p>One or more of the following must be done and a final diagnosis recorded:</p> <ul style="list-style-type: none"> • Colposcopy • Colposcopy with biopsy
5. High Grade SIL encompassing (with features suspicious for invasion): <ul style="list-style-type: none"> • Moderate & Severe Dysplasia • CIS/CIN 2 & CIN 3 	<p>One or more of the following must be done and a final diagnosis recorded:</p> <ul style="list-style-type: none"> • Colposcopy • Colposcopy with biopsy • Loop Electrode Excision Procedure # • Conization # <p># (Must be preauthorized with IA BCCEDP state staff)</p>
6. Squamous Cell Carcinoma	<p>One or more of the following must be done and a final diagnosis recorded:</p> <ul style="list-style-type: none"> • Colposcopy • Colposcopy with biopsy
7. Abnormal Glandular Cells including: <ul style="list-style-type: none"> • AGUS (Atypical Glandular cells of Undetermined Significance) • Endocervical adenocarcinoma • Endocervical adenocarcinoma in situ • Endometrial adenocarcinoma • Extrauterine adenocarcinoma • Adenocarcinoma, NOS 	<p>One or more of the following must be done and a final diagnosis recorded:</p> <ul style="list-style-type: none"> • Colposcopy • Colposcopy with biopsy • Cold knife Conization + • Endometrial Biopsy + <p>+ (Must be preauthorized with IA BCCEDP state staff)</p>

NOTE: Pap Specimen Adequacy must be “Satisfactory” for Pap Test results to be recorded.

⁸ This algorithm is inappropriate as a tool for clinical decision making for all women or to determine if individual providers are performing according to accepted national practices.

⁹ Clinical interventions based on the American Society for Colposcopy and Cervical Pathology’s 2012 Algorithms from the Consensus Guidelines for the Management of Women with Cervical Cytological Abnormalities.



Short-term Follow-up (STFU)

STFU is defined as repeat of an exam (CBE, mammogram or Pap test) sooner than recommended by Program guidelines after the initial exam. The health care provider or current IA CFY Program protocol may recommend short-term follow-up.

- According to current IA CFY Program protocol, STFU is needed for the following results:
 - **CBE Result** – based on health care provider recommendation
 - **Mammogram Result** – BIRADS Category III (Probably Benign)
 - **Pap test Result** – Atypical Squamous Cells – Undetermined Significance (ASC-US) if Reflex HPV testing is not done

Diagnostic Follow-up

Diagnostic follow-up is defined as examinations after abnormal screening results to determine a specific diagnosis as recommended by the health care provider or current IA CFY Program protocol.

- Eligibility for Diagnostic Services
 - To be eligible for IA CFY Program diagnostic services, a woman must:
 - ✓ Have received screening services through the program with documented abnormal results.

OR

- ✓ Be over the age of 40, program eligible and referred to the IA CFY Program with documentation of an abnormal result from recent clinical breast exam, mammogram or Pap test.
- Diagnostic testing is required for the following conditions.
 - **CBE Result** – Abnormality – ***Suspicious for cancer*** (i.e., discrete mass [cystic or solid], bloody or serous nipple discharge, skin dimpling or retraction, nipple areolar scaliness). ***A normal mammogram does not mean an abnormal CBE can be ignored. Further action must be taken. A diagnostic procedure(s) and final diagnosis must be reported.***¹⁰
 - **Mammogram Results** – BIRADS
 - ✓ Category IV – Suspicious abnormality
 - ✓ Category V – Highly suggestive of malignancy
 - ✓ Category 0 – Assessment Incomplete – need additional imaging evaluation
 - **Pap test Results** – diagnostic follow-up should be done following the American Society for Colposcopy and Cervical Pathology (ASCCP) guidelines for all cervical cytological results except Negative. www.asccp.org/guidelines.

¹⁰ Follow diagnostic options for an abnormal CBE endorsed by the Commission on Cancer of the American College of Surgeons, the American College of Obstetrics and Gynecology or the National Cancer Institute.



The IA CFY Program provides limited reimbursement for the following diagnostic services.

Breast Diagnostics:	
<ul style="list-style-type: none"> • Surgical Consultation Visit for repeat CBE • Mammogram • Biopsy/Lumpectomy • Ultrasound 	<ul style="list-style-type: none"> • Fine needle/stereotactic/cyst aspiration biopsy • Pathology Consult during surgery • Anesthesia time

Cervical Diagnostics:
<ul style="list-style-type: none"> • Surgical Consultation • Colposcopy (with/without biopsy) • Pathology fees

Available if Preauthorized:
Breast Diagnostic
<ul style="list-style-type: none"> • Breast MRI
Cervical Diagnostics:
<ul style="list-style-type: none"> • LEEP • Conization • Endometrial biopsy (for AGC Pap results only)

CASE MANAGEMENT SERVICES

Each participant who requires follow-up, diagnostic services or treatment will receive case management services from local IA CFY Program staff to help assure appropriate and timely follow-up care. The local IA CFY Program coordinator and participant will complete a needs assessment and develop a plan of action (if applicable). Please contact local CFY Program staff to help facilitate a participant’s services.

PATIENT NAVIGATION SERVICES

The Centers for Disease Control and Prevention defines “patient navigation” as “Individualized assistance offered to clients to help overcome healthcare system barriers and facilitate timely access to quality screening and diagnostics as well as initiation of treatment services for persons diagnosed with cancer.”

Clients who are fully insured, for example, Medicare A & B, Medicaid, private insurance, are eligible for patient navigation services if a barrier to receiving breast or cervical cancer screening services is identified. Women must meet IA CFY Program income guidelines and be of appropriate age per USPSTF screening guidelines to receive navigation services through the IA CFY Program.



IOWA CARE FOR YOURSELF PROGRAM Service Area Map

June 29, 2016 - June 30, 2017

Refer to the Iowa *Care for Yourself* Program website for the most current Service Area map. The map can be found at the web address www.idph.iowa.gov/CFY/public under the section entitled “Contact a Program Near You.”





REIMBURSEMENT SERVICES

The IA *CFY* Program contracts with Provider Claim Systems (PCS), a division of North Iowa Community Action Organization, to process claims and reimburse health care providers for covered services.

Reimbursable Services

Federal law requires that reimbursement with federal funds may not exceed Iowa Medicare Part B rates. Medicare and IA *CFY* Program reimbursement rates are updated annually after the Rates are released by the Centers for Medicare and Medicaid Services (CMS). A 2016 Reimbursement Schedule for the Iowa *Care for Yourself* Program can be found in the Appendix of this Manual. Updated information is available to IA *CFY* Program participating health care providers and their billing agencies on the *Care for Yourself* website found at <http://www.idph.iowa.gov/cfy> on the Information for the Health Care Providers page.

A woman enrolled in the IA *CFY* Program should not be billed for:

- Any IA *CFY* Program covered service, or
- Collection and transportation of specimens. These costs are to be included in the office visit reimbursement. They should not be billed separately.

CLAIM FORMS

Originals of the CMS 1500 and the CMS 1450 are the only accepted forms to submit claims for payment. The following information must be included for a claim to be processed:

- Participant name and address
- Participant ID number
- Participant Birth date
- Date of service
- CPT code for each approved service(s) provided
- Charge for service
- Facility name, address, Tax ID number and NPI number
- Billing name, address and NPI number
- If insurance is involved, complete the following:
 - For the CMS 1500, Boxes 28 (Total Charge), 29 (Amount Paid), & 30 (Balance Due)
 - For the CMS 1450, Boxes 54 (Prior Payments) and 55 (Est. Amount Due)
 - **Submit the Explanation of Benefits (EOB) from an insurance company**

Iowa Care for Yourself Program is the payer of last resort. An Explanation of Benefits (EOB) must be obtained from an insurance company when appropriate. **Submit the EOB with the claim form** to PCS. IA *CFY* Program will reimburse for co-pay and deductibles up to the amount indicated on the Iowa *Care for Yourself* Reimbursement Schedule for the portion not covered by insurance.



Claims Submission

Please follow the process outlined by the local IA *CFY* Program representative responsible for the woman receiving services. There are two ways to submit claim forms.

1. Submit the original claim form to the local program.

Enter local IA CFY information here.

Claims

Submission (cont'd)

OR

2. Submit the original claim form to:

**Provider Claim Systems
PO Box 1608
Mason City, IA 50402-1608**

Claims Reimbursement Report

When claims payment is made, PCS will enclose a list of participating patient/clients with the payment. The list will include the woman’s name, date of birth, date of service, the CPT code, and amount paid. **A woman may not be billed for Care for Yourself Program-covered services.** An IA *CFY* Program participant may be billed for services not covered by the program.

HEALTH CARE PROVIDER RESPONSIBILITIES

- Enroll as a provider of health care services for the *Care for Yourself* Program.
- Verify that the woman is enrolled in the Iowa *Care for Yourself* Program.
- Report all data as requested by the Care for Yourself Program Coordinator. The HIPAA Privacy Rule permits covered entities to disclose protected health information, without client authorization, to public health authorities legally authorized to receive such reports. As a public health surveillance and intervention program according to PUBLIC LAW 104—191, SEC 1178(b) the Iowa *Care for Yourself* Program is exempt from HIPAA regulations. See Appendix I for U.S. Department of Health and Human Services explanation of “DISCLOSURES FOR PUBLIC HEALTH ACTIVITIES”.

QUESTIONS

Questions about your claims should be directed to Provider Claim Systems at **(800) 547-6789** or the local *Care for Yourself* coordinator.

Questions about your Cooperative Agreement should be directed to the Iowa Department of Public Health, *Care for Yourself* at **1-866-339-7909**.



PAYMENT FOR BREAST AND CERVICAL CANCER TREATMENT

Effective January 1, 2014, Eligibility for Referral to the IA Breast and Cervical Cancer Treatment (BCCT) Option of Medicaid

1. An individual (women and men) is eligible for the Breast and Cervical Cancer Prevention and Treatment Act option of Medicaid if the individual:
 - a. Is not covered by a mandatory category of Medicaid
 - b. Has not reached age 65
 - c. Was eligible, enrolled and received services under the National Breast and Cervical Cancer Early Detection Program (BCCEDP)
 - d. Had breast or cervical cancer screenings or related diagnostic services provided or funded by:
 - i. family planning centers
 - ii. community health centers
 - iii. non-profit organizations
 - e. Does not have creditable insurance coverage for breast or cervical cancer or precancer treatment
2. The individual must meet the income eligibility requirements established by the Iowa Care for Yourself Program.
3. The individual must be diagnosed with a precancerous/cancerous breast or cervical condition and require treatment for the cancer.

Responsibilities of Health Care Providers

1. Notify IA CFY Program staff of the diagnosis at the same time the individual is notified.
2. Validate that the enrolled/referred individual is diagnosed with pre-cancerous or cancerous breast or cervical condition(s).
3. Send a copy of the pathology report with the breast or cervical diagnosis to the IA CFY Program staff at the same time as the notification.

*** Steps 1 and 3 facilitate participant referral for treatment coverage under the BCCT option of Medicaid. The quicker these steps are accomplished the quicker an individual without creditable insurance can start breast or cervical cancer treatment.*

AND

4. Provide Department of Human Services (DHS) staff with appropriate participant information upon request.

Once IA CFY Program staff are notified they will assist the eligible individual to access the BCCT option of Medicaid by providing DHS staff necessary documentation. DHS staff are responsible for making the final determination of eligibility.

An individual enrolled in the BCCT option of Medicaid will receive full Medicaid benefits for the duration of the breast or cervical pre-cancer or cancer treatment period.

For questions or additional information contact:

Medicaid Program Manager
Iowa Department of Human Services
(515) 281-4521

OR

IA CFY Program
Health Services Coordinator
Iowa Department of Public Health
(515) 242-6200



ADDITIONAL IA CFY PROGRAM COMPONENTS

Database

The IA CFY Program maintains a database of participating health care providers. The database is used to assist with participant referral and coordinate claims payment.

Notify the IA CFY Program of any of the following:

- Changes in professional staff
- Change of laboratory or mammography facility to which you refer participants
- Change of location (the location at which a participating provider sees participants must have a signed *Cooperative Agreement* to allow the provider to participate in the IA CFY Program)
- Change in professional status, licensing, certification, tax ID number, etc.

The Provider Application Packet and Provider Update form can be found at <http://www.idph.iowa.gov/cfy>, Information for Health Care Providers under the section titled CFY – BCC Program – Facility and Health Care Provider Application. Questions about your Application or Update form should be directed to the Iowa Care for Yourself Program at **1-866-339-7909**.

Medical Advisory Board

A Medical Advisory Board is in place to offer guidance and assistance to the IA CFY Program. Members represent various program specialties such as breast surgeon, oncologist gynecologist, pathologist, mammography technician, women’s health, family practice. Please contact the program if you are interested in becoming a member of this group at (515) 281-5616.

Professional Education

State and local IA CFY Program staff are available to provide orientation/training for health care facilities staff. Contact your local IA CFY Program coordinator or call (515) 281-5616.

Program changes and updates can be found on the website <http://www.idph.iowa.gov/cfy>.

Quality Assurance And Quality Improvement

Quality assurance and improvement are integral components of the IA CFY Program and contribute to program success. The purpose of quality assurance and improvement is to:

- Ensure the quality of services delivered through the program
- Monitor performance and identify opportunities for improvement
- Plan effective strategies for improving services



Quality Assurance And Quality Improvement (cont'd)

Program requirements and monitoring activities include:

- Professional Licensure and Accreditation – health facilities and professionals must be currently licensed or accredited to practice
- Reporting standards for radiological, laboratory and pathology – reports must be reported according to national standards
- Standards for adequacy of follow-up – data reports track appropriate and timely diagnostic, short-term and rescreening services
- Case Management services – local program staff evaluate needs, implement plans and refer participants who need diagnostic services and/or are diagnosed with cancer
- Accurate data and documentation – Minimum Data Elements (MDE) are reported to CDC semi-annually
- Evaluations – reports are completed routinely and as needed to assess how well IA *CFY* Program is meeting CDC-set goals
- Adherence to CDC policies and guidelines





APPENDIX I

Disclosures for Public Health Activities HIPAA Privacy Rules and Release of Information





DISCLOSURES FOR PUBLIC HEALTH ACTIVITIES

[45 CFR 164.512(b)]

Background

The HIPAA Privacy Rule recognizes the legitimate need for public health authorities and others responsible for ensuring public health and safety to have access to protected health information to carry out their public health mission. The Rule also recognizes that public health reports made by covered entities are an important means of identifying threats to the health and safety of the public at large, as well as individuals. Accordingly, the Rule permits covered entities to disclose protected health information without authorization for specified public health purposes.

How the Rule Works

General Public Health Activities. The Privacy Rule permits covered entities to disclose protected health information, without authorization, to public health authorities who are legally authorized to receive such reports for the purpose of preventing or controlling disease, injury, or disability. This would include, for example, the reporting of a disease or injury; reporting vital events, such as births or deaths; and conducting public health surveillance, investigations, or interventions. See 45 CFR 164.512(b)(1)(i). Also, covered entities may, at the direction of a public health authority, disclose protected health information to a foreign government agency that is acting in collaboration with a public health authority. See 45 CFR 164.512(b)(1)(i). Covered entities who are also a public health authority may use, as well as disclose, protected health information for these public health purposes. See 45 CFR 164.512(b)(2).

A “public health authority” is an agency or authority of the United States government, a State, a territory, a political subdivision of a State or territory, or Indian tribe that is responsible for public health matters as part of its official mandate, as well as a person or entity acting under a grant of authority from, or under a contract with, a public health agency. See 45 CFR 164.501. Examples of a public health authority include State and local health departments, the Food and Drug Administration (FDA), the Centers for Disease Control and Prevention, and the Occupational Safety and Health Administration (OSHA).

Generally, covered entities are required reasonably to limit the protected health information disclosed for public health purposes to the minimum amount necessary to accomplish the public health purpose. However, covered entities are not required to make a minimum necessary determination for public health disclosures that are made pursuant to an individual’s authorization, or for disclosures that are required by other law. See 45 CFR 164.502(b). For disclosures to a public health authority, covered entities may reasonably rely on a minimum necessary determination made by the public health authority in



requesting the protected health information. See 45 CFR 164.514(d)(3)(iii)(A). For routine and recurring public health disclosures, covered entities may develop standard protocols, as part of their minimum necessary policies and procedures, that address the types and amount of protected health information that may be disclosed for such purposes. See 45 CFR 164.514(d)(3)(i).

Other Public Health Activities. The Privacy Rule recognizes the important role that persons or entities other than public health authorities play in certain essential public health activities. Accordingly, the Rule permits covered entities to disclose protected health information, without authorization, to such persons or entities for the public health activities discussed below.

- Child abuse or neglect. Covered entities may disclose protected health information to report known or suspected child abuse or neglect, if the report is made to a public health authority or other appropriate government authority that is authorized by law to receive such reports. For instance, the social services department of a local government might have legal authority to receive reports of child abuse or neglect, in which case, the Privacy Rule would permit a covered entity to report such cases to that authority without obtaining individual authorization. Likewise, a covered entity could report such cases to the police department when the police department is authorized by law to receive such reports. See 45 CFR 164.512(b)(1)(ii). See also 45 CFR 512(c) for information regarding disclosures about adult victims of abuse, neglect, or domestic violence.
- Quality, safety or effectiveness of a product or activity regulated by the FDA. Covered entities may disclose protected health information to a person subject to FDA jurisdiction, for public health purposes related to the quality, safety or effectiveness of an FDA-regulated product or activity for which that person has responsibility. Examples of purposes or activities for which such disclosures may be made include, but are not limited to:
 - < Collecting or reporting adverse events (including similar reports regarding food and dietary supplements), product defects or problems (including problems regarding use or labeling), or biological product deviations;
 - < Tracking FDA-regulated products;
 - < Enabling product recalls, repairs, replacement or lookback (which includes locating and notifying individuals who received recalled or withdrawn products or products that are the subject of lookback); and
 - < Conducting post-marketing surveillance.



See 45 CFR 164.512(b)(1)(iii). The “person” subject to the jurisdiction of the FDA does not have to be a specific individual. Rather, it can be an individual or an entity, such as a partnership, corporation, or association. Covered entities may identify the party or parties responsible for an FDA-regulated product from the product label, from written material that accompanies the product (known as labeling), or from sources of labeling, such as the Physician’s Desk Reference.

C Persons at risk of contracting or spreading a disease. A covered entity may disclose protected health information to a person who is at risk of contracting or spreading a disease or condition if other law authorizes the covered entity to notify such individuals as necessary to carry out public health interventions or investigations. For example, a covered health care provider may disclose protected health information as needed to notify a person that (s)he has been exposed to a communicable disease if the covered entity is legally authorized to do so to prevent or control the spread of the disease. See 45 CFR 164.512(b)(1)(iv).

C Workplace medical surveillance. A covered health care provider who provides a health care service to an individual at the request of the individual’s employer, or provides the service in the capacity of a member of the employer’s workforce, may disclose the individual’s protected health information to the employer for the purposes of workplace medical surveillance or the evaluation of work-related illness and injuries to the extent the employer needs that information to comply with OSHA, the Mine Safety and Health Administration (MSHA), or the requirements of State laws having a similar purpose. The information disclosed must be limited to the provider’s findings regarding such medical surveillance or work-related illness or injury. The covered health care provider must provide the individual with written notice that the information will be disclosed to his or her employer (or the notice may be posted at the worksite if that is where the service is provided). See 45 CFR 164.512(b)(1)(v).

Frequently Asked Questions

To see Privacy Rule FAQs, click the desired link below:

FAQs on Public Health Uses and Disclosures

FAQs on ALL Privacy Rule Topics

(You can also go to http://answers.hhs.gov/cgi-bin/hhs.cfg/php/enduser/std_alp.php, then select "Privacy of Health Information/HIPAA" from the Category drop down list and click the Search button.)





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HIPAA PRIVACY RULES AND THE RELEASE OF INFORMATION TO THE IOWA CARE FOR YOURSELF PROGRAM

The Health Insurance Portability and Accountability Act (HIPAA) regulations contain several major components. The Privacy Rule requires covered entities to obtain consent or authorization from an individual for certain uses and disclosures of identifiable health information. However, the Privacy Rule expressly permits covered entities to release identifiable health information to public health authorities under certain circumstances without obtaining consent or authorization from the patient.

First, although the requirements of HIPAA generally preempt state law, HIPAA provides for certain exceptions to this general preemption rule. One such exception applies when state statute and state administrative rules provide for “the reporting of disease or injury, . . . or for the conduct of public health surveillance, investigation, or intervention.” 45 CFR 160.203. Iowa Code chapter 135 and 641 Iowa Administrative Code chapter 8 authorize the Iowa Care For Yourself Program (ICFYP) to have access to information from hospital records, physician records, and clinical charts for the purpose of ensuring service delivery and program and fiscal management. These provisions of law are not preempted by HIPAA and therefore a hospital, clinic, or health care provider is not required to obtain consent or authorization from a patient prior to releasing this information to the ICFYP.

HIPAA also provides for a number of “permitted disclosures,” i.e. those disclosures of protected health information for which consent or authorization is **not** required. HIPAA authorizes such disclosures “to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law.” 45 CFR 164.512(a). HIPAA further authorizes disclosures for public health activities to “a public health authority that is authorized by law to collect or receive such information for the purposes of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions[.]” 45 CFR 164.512(b)(1)(i). Hospitals, clinics, and health care providers are authorized by Iowa law to allow the ICFYP to have access to information about patients for purposes of preventing cancer. Hence, HIPAA does not require that covered entities obtain consent or authorization prior to releasing such information to the ICFYP. Additionally, ICFYP participants



execute a release which authorizes health care providers, laboratories, and hospitals to provide the ICFYP with results of the screening and follow-up examinations and treatment.

In short, HIPAA provides no legal basis for hospitals, clinics, or health care providers to prohibit the ICFYP from obtaining information for the purpose of ensuring that women receive appropriate screening tests, confirmatory testing, and treatment.



APPENDIX II
Data Form Samples





DATA FORMS

Consent and Release of Medical Information

Annual Enrollment

Screening

Breast Diagnostic

Cervical Diagnostic





Iowa Care for Yourself Program



Informed Consent and Release of Medical Information

Program #: _____ Client #: _____ Date of Birth: ____/____/____

Name: _____ PLEASE PRINT Home Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

Address: _____ PLEASE PRINT STREET CITY STATE ZIP

* Read about program services on the back of this consent.
* Sign this consent to be part of the Care for Yourself - Limited Screening Program.

- 1) I want to be a part of the Care for Yourself Program. This program screens women for breast and cervical cancer. To be a part of the program, I:
- Must be 40 years or older;
- Must be under 40 years if I have breast cancer symptoms;
- Must earn less than the set income guidelines; and
- Must be underinsured or uninsured and not have Medicare Part B.

I can also be part of this program if I have health insurance that pays for office visits, mammograms and Pap test; meet the CFY Program age and income guidelines; and need help accessing breast or cervical cancer screening, diagnostic or treatment services. Care for Yourself Program staff will help me get these services.

- 2) Being a part of this program is my choice, however once I enroll, I must complete all of the necessary screenings I am eligible for as recommended by the program. Prior to receiving screening services, I will inform the Care for Yourself staff if I no longer wish to be part of the CFY program and receive CFY screening services.

Contact your local coordinator right away if you have any questions. (LOCAL COORDINATOR NAME) (PHONE NUMBER)

- 3) I have discussed with the program staff about how I will pay for tests or services that are not covered by the Care for Yourself Program.
4) I accept responsibility for following advice my health care provider may provide.
5) I give permission for my health care provider, laboratory, clinic, radiology unit and/or hospital to provide the Care for Yourself Program results of my breast and cervical cancer screening exams, and/or screening results, follow-up exams and treatment.
6) Care for Yourself will use my name, address, and other personal information to remind me of screening and follow-up exams, and to help me find treatment, if needed.
7) Please contact the person listed below, who does not live with me, if you cannot reach me with important information about my health.

Name: _____ Phone: (____) _____ - _____ Relationship: _____ PLEASE PRINT

Address: _____ STREET CITY STATE ZIP

- 8) I release this program and its employees and agents from any claims, demands, and actions related to my participation in Care for Yourself. This includes any claims related to a failure to detect or diagnose cancer and/or failure of treatment, or any acts or omissions related to diagnosis or treatment while I am a part of the program.

Client Signature Date CFY Coordinator Signature Date
WHITE - Local Program File YELLOW - Participant

HIPAA allows for disclosure of protected health information to public health authorities for public health activities.

Updated June 2016



Care for Yourself can pay for:	
If I am under 40 years old	<ul style="list-style-type: none"> • An office visit with a doctor or nurse for clinical breast exam if I have breast cancer symptoms (e.g. a breast lump). • A diagnostic mammogram or breast ultrasound, if my clinical breast exam is abnormal.
If I am an eligible participant 40 years and older	<ul style="list-style-type: none"> • Office visit that included appropriate/recommended breast and cervical cancer screening; • Clinical Breast Exam; • Pelvic Exam; • Pap Test, as eligible and recommended by provider; • Two blood pressure measurements collected during the same office visit; • Height and weight; • Tobacco cessation referral; • Mammography, as eligible and recommended by provider; • Limited breast and/or cervical diagnostic services, as recommended by provider; and • Referral for precancer and cancer treatment, as recommended by provider.
Care for Yourself <u>does not</u> pay for:	
If I am under 40 years old	<ul style="list-style-type: none"> • Any services unless I have breast cancer symptoms.
Any Age	<ul style="list-style-type: none"> • Any cancer treatment. <p><i>If I am diagnosed with breast or cervical pre-cancer or cancer, program staff or Medicaid staff will check my income to help me find the best treatment resources. I may be required to prove my identity, that I am a United States citizen or legal alien, and provide income tax statement or paycheck stubs to prove my income to the Department of Human Services.</i></p> <ul style="list-style-type: none"> • Other tests the doctor may order such as urine or blood tests. • Exams I had before signing up for the program (<i>the date on the other side</i>). • Diagnostic exams not listed above. • Inpatient hospital or treatment services. Treatment includes any medical or surgical services prescribed by a doctor or nurse.

HIPAA allows for disclosure of protected health information to public health authorities for public health activities.

Updated June 2016



Client Identification



Complete this form once per year at annual enrollment. Please PRINT all information.

Program # _____
ID # _____
Enrollment Date ____/____/____ (mm/dd/yyyy)
Last Name _____
First Name _____ Middle Initial _____
Address _____
City _____
State ____ Zip _____ County of Residence ____ (001-099, or 111 for outside Iowa)
Phone (____) _____ Email _____

What is the primary language spoken in your home:
1. English 7. Japanese 13. Creole
2. Spanish 8. Korean 14. Portuguese
3. Arabic 9. Polish 15. Hmong
4. Chinese 10. Russian 16. Other _____
5. French 11. Tagalog
6. Italian 12. Vietnamese

Do you want to receive written health information in:
1. English
2. Spanish
3. Vietnamese
4. Other _____

Gender Identity (mark only one option):
1. Female
2. Trans Man
3. Trans Woman
4. Other _____
5. Don't Know
6. Refused

Sexual Orientation (mark only one option):
1. Straight or Heterosexual
2. Lesbian
3. Gay
4. Bisexual
5. Other _____
6. Don't Know
7. Refused

Client Demographic Information

1. First time ever enrolled in the Iowa Care for Yourself program?
1. Yes
2. No (continue with questions 2-5)
1a. Birth Date ____/____/____ (mm/dd/yyyy)
1b. Maiden Name _____
1c. Hispanic or Latino Origin?
1. Yes 2. No 3. Unknown
Please answer 1d-1i to identify your race
Yes No Unknown
1d. White
1e. Black or African American
1f. Asian
1g. Native Hawaiian or Other Pacific Islander
1h. American Indian or Alaska Native
1i. Some other race
(Continue with questions 2-5)

2. Health Insurance (mark only one option)
1. None
1a. Date referred to insurance ____/____/____ (mm/dd/yyyy)
2. Insurance (Includes Medicare Part B)
3. Medicare A (not Part B)
4. Under-insured (Assistance with co-pay and/or high deductible)
3. Monthly Income \$____, ____
4. Family Unit Size ____
5. Education (check highest level attained)
1. Less than 9th grade
2. Some high school
3. High school graduate or equivalent
4. Some college or higher
5. Don't know/Not sure



Client Identification

Program # _____ Last name _____ Enrollment Date ____/____/____
ID # _____ First Name _____ Middle Initial _____



Client Medical History

- 6. Have you had breast cancer?
 1. Yes 2. No 3. Don't know/Not sure
- 7. Has your mother, grandmother, aunt, sister, or daughter had breast cancer?
 1. Yes 2. No 3. Don't know/Not sure
- 8. Have you had a hysterectomy?
 1. Yes 2. No 3. Don't know/Not sure

8a. Due to cervical cancer? <input type="radio"/> 1. Yes <input type="radio"/> 2. No <input type="radio"/> 3. Don't know/Not sure 8b. Cervix present? <input type="radio"/> 1. Yes <input type="radio"/> 2. No <input type="radio"/> 3. Don't know/Not sure
--

Client Smoking History

- 9. Do you now smoke? Includes cigarettes, pipes, or cigars (smoked tobacco in any form)
 1. Current Smoker
 2. Quit (1-12 months ago)
 3. Quit (More than 12 months ago)
 4. Never Smoked
- 10. About how many hours a day, on average, are you in the same room or vehicle with another person who is smoking?
____ Hours
 Less than one
 None

To be completed by Program Coord.: (for 1-3, check all that apply)

11. Client: <ul style="list-style-type: none"> 1. Fax referral to a proactive Quitline (check only one of a or b): <input type="radio"/> a. Signed by participant <input type="radio"/> b. Verbal confirmation provided <input type="radio"/> 2. Referred to a local community-based cessation program <input type="radio"/> 3. Provided Quitline contact information <input type="radio"/> 4. Not referred to Quitline or community cessation program or provided Quitline contact information <input type="radio"/> 5. Refused any referral or information



SCREENING

Client Identification	Client History	Screening Measurements
Program # _____ ID # _____ Visit Date: ____/____/____ (Earliest of 10a, 11a, 12a below) (mm/dd/yyyy) <input type="checkbox"/> Limited <input type="checkbox"/> Comprehensive Last Name _____ First Name _____ Middle Initial _____ Facility # _____ ANSI # _____ NPI # _____	1. Were there any breast changes reported by the woman? <input type="radio"/> 1. Yes <input type="radio"/> 2. No <input type="radio"/> 3. Unknown 2. Has the woman ever had a mammogram? <input type="radio"/> 1. Yes → 2a. Date previous: ____/____/____ (month/year: Enter 06 if month unknown) <input type="radio"/> 2. No <input type="radio"/> 3. Unknown 3. Has the woman ever had a pap test? <input type="radio"/> 1. Yes → 3a. Date previous: ____/____/____ (month/year: Enter 06 if month unknown) <input type="radio"/> 2. No <input type="radio"/> 3. Unknown	4. Height ____ inches 5. Weight ____ pounds 6. Waist Circumference ____ inches 7. Hip Circumference ____ inches <input type="radio"/> Unable to obtain 8. Blood Pressure (two readings required): 8a. 1st Reading: ____/____ mmHg 8b. 2nd Reading: ____/____ mmHg *Avg. value > 180/110 needs immediate workup <input type="radio"/> Unable to obtain 9. Measurement Date: ____/____/____ (mm/dd/yyyy)

Examination	Date Performed/Type	Result	Payer
10. Clinical Breast Exam <input type="radio"/> 1. Performed <input type="radio"/> 2. Not performed <input type="radio"/> 3. Refused	10a. CBE Date ____/____/____ (mm/dd/yyyy)	10b. CBE Result <input type="radio"/> 1. Normal or benign (including fibrocystic, lumpiness, or nodularity) <input type="radio"/> *2. Abnormality—suspicious for cancer	10c. CBE paid by <input type="radio"/> 1. BCCEDP <input type="radio"/> 2. Other <input type="radio"/> 3. Unknown <input type="radio"/> 4. BCCEDP / Insurance <input type="radio"/> 5. Insurance Only
11. Mammogram <input type="radio"/> 1. Performed; routine screening mammogram <input type="radio"/> 2. Performed to evaluate symptoms, positive CBE, or previous abnormal mammogram <input type="radio"/> 3. Performed, not paid by BCC; patient referred for DX Evaluation: DX referral date: ____/____/____ <input type="radio"/> 4. Not performed <input type="radio"/> 5. Refused	11a. Mamm. Date ____/____/____ (mm/dd/yyyy) 11b. Mamm. Type <input type="radio"/> 1. Analog <input type="radio"/> 2. Digital	11c. Mammogram Result <input type="radio"/> 1. Negative (BI-RADS 1) <input type="radio"/> 2. Benign (BI-RADS 2) <input type="radio"/> 3. Probably benign—short interval follow-up indicated (BI-RADS 3) <input type="radio"/> *4. Suspicious abnormality—consider biopsy (BI-RADS 4) <input type="radio"/> *5. Highly suggestive of malignancy (BI-RADS 5) <input type="radio"/> *6. Assessment incomplete—need additional imaging evaluation (BI-RADS 0) <input type="radio"/> *7. Film comparison required (BI-RADS 0)	11d. Mamm paid by <input type="radio"/> 1. BCCEDP <input type="radio"/> 2. Komen <input type="radio"/> 3. Other <input type="radio"/> 4. Unknown <input type="radio"/> 5. BCCEDP / Insurance <input type="radio"/> 6. Insurance Only
12. Pap Test <input type="radio"/> 1. Performed; routine pap test <input type="radio"/> 2. Performed; patient under surveillance for previous abnormal test <input type="radio"/> 3. Performed, not paid by BCC; patient referred for DX Evaluation: DX referral date: ____/____/____ <input type="radio"/> 4. Not performed <input type="radio"/> 5. Refused	12a. Pap Test Date ____/____/____ (mm/dd/yyyy) 12b. Pap Specimen Type <input type="radio"/> 1. Conv. Smear <input type="radio"/> 2. Liquid Based <input type="radio"/> 3. Other <input type="radio"/> 4. Unknown	12c. Pap Specimen Adequacy <input type="radio"/> 1. Satisfactory <input type="radio"/> 2. Unsatisfactory (retest indicated) 12d. Pap Test Result <input type="radio"/> 1. Negative <input type="radio"/> 2. ASC-US <input type="radio"/> *3. Low grade SIL (including HPV changes) <input type="radio"/> *4. ASC-H <input type="radio"/> *5. High grade SIL <input type="radio"/> *6. Squamous cell carcinoma <input type="radio"/> *7. Abnormal glandular cells (including atypical endocervical adenocarcinoma in situ and adenocarcinoma) <input type="radio"/> 8. Other	12e. Pap paid by <input type="radio"/> 1. BCCEDP <input type="radio"/> 2. Other <input type="radio"/> 3. Unknown <input type="radio"/> 4. BCCEDP / Insurance <input type="radio"/> 5. Insurance Only
13. HPV Test <input type="radio"/> 1. Performed <input type="radio"/> 2. Not performed <input type="radio"/> 3. Refused	13a. HPV Test Date ____/____/____ (mm/dd/yyyy)	13b. HPV Test Result <input type="radio"/> 1. Positive <input type="radio"/> 2. Negative <input type="radio"/> 3. Unknown <input type="radio"/> 4. Pending	13c. HPV paid by <input type="radio"/> 1. BCCEDP <input type="radio"/> 2. Other <input type="radio"/> 3. Unknown <input type="radio"/> 4. BCCEDP / Insurance <input type="radio"/> 5. Insurance Only

Follow-up Plan	* Immediate Diagnostic Testing Indicated
14. Breast diagnostic workup planned? <input type="radio"/> 1. Yes <input type="radio"/> 2. No 15. Breast short-term (less than 9 months) visit recommended? <input type="radio"/> 1. Yes <input type="radio"/> 2. No 16. Cervical diagnostic workup planned? <input type="radio"/> 1. Yes <input type="radio"/> 2. No 17. Cervical short-term (less than 9 months) visit recommended? <input type="radio"/> 1. Yes <input type="radio"/> 2. No 18. Alert Blood Pressure workup planned? <input type="radio"/> 1. Yes <input type="radio"/> 2. No <input type="radio"/> 3. Follow-up 19. Abnormal Blood Pressure follow-up recommended? <input type="radio"/> 1. Yes <input type="radio"/> 2. No	15a. Breast short-term visit date: ____/____/____ (mm/yyyy) 17a. Cervical short-term visit date: ____/____/____ (mm/yyyy) workup by alternate provider <input type="radio"/> 4. Refused 19a. Abnormal follow-up date: ____/____/____ (mm/yyyy)





BREAST DIAGNOSTIC

Client Identification

Program # _____ Last Name _____

ID # _____ First Name _____ 6. Middle Initial _____

Screening Visit Date: ____/____/____ (mm/dd/yyyy) Facility # _____

(Enter Visit Date from Screening Form)



Breast Imaging Procedure	Breast Diagnostic Procedure
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<p>1. Additional Mammogram Views</p> <p><input type="radio"/> 1. Yes → <input type="radio"/> 2. No → 2a. Mamm Type: <input type="radio"/> 1. Analog <input type="radio"/> 2. Digital</p>	<p>5. Repeat CBE/Surgical Consult</p> <p><input type="radio"/> 1. Yes <input type="radio"/> 2. No</p>
<p>2. Ultrasound</p> <p><input type="radio"/> 1. Yes <input type="radio"/> 2. No</p>	<p>6. Biopsy/Lumpectomy</p> <p><input type="radio"/> 1. Yes <input type="radio"/> 2. No</p>
<p>3. Film Comparison</p> <p><input type="radio"/> 1. Yes <input type="radio"/> 2. No</p>	<p>7. Fine Needle/Cyst Aspiration</p> <p><input type="radio"/> 1. Yes <input type="radio"/> 2. No</p>
<p>4. Final Imaging Outcome</p> <p><input type="radio"/> 1. Negative (BI-RADS 1)</p> <p><input type="radio"/> 2. Benign (BI-RADS 2)</p> <p><input type="radio"/> 3. Probably benign-short interval follow-up indicated (BI-RADS 3)</p> <p><input type="radio"/> 4. Suspicious abnormality-consider biopsy (BI-RADS 4)</p> <p><input type="radio"/> 5. Highly suggestive of malignancy (BI-RADS 5)</p> <p><input type="radio"/> 6. Unsatisfactory</p> <p>4a. Final Imaging Outcome Date: ____/____/____ (mm/dd/yyyy)</p>	<p>8. Other</p> <p><input type="radio"/> 1. Yes → Specify Procedure: _____</p> <p><input type="radio"/> 2. No</p>

Breast Imaging and Diagnostic Procedure Payer

9. Was at least one of the above procedures paid for by BCCEDP?

1. Yes 2. No 3. Unknown

Breast Final Diagnosis/Imaging Results

10. Status of final diagnosis/imaging

1. Work-up complete

2. Lost to follow-up → 10a. Date: ____/____/____ STOP HERE (mm/dd/yyyy)

3. Work-up refused →

10b. Date of Final Diagnosis/Imaging: ____/____/____ (mm/dd/yyyy)

<p>10c. Final diagnosis</p> <p><input type="radio"/> 1. Breast cancer not diagnosed</p> <p><input type="radio"/> 2. Lobular carcinoma in situ (LCIS) - Stage 0</p> <p><input type="radio"/> 3. Ductal carcinoma in situ (DCIS) - Stage 0</p> <p><input type="radio"/> 4. Invasive breast cancer</p>	<p>10d. Status of Treatment</p> <p><input type="radio"/> 1. Started → 10e. Date started: ____/____/____ (mm/dd/yyyy)</p> <p><input type="radio"/> 2. Pending</p> <p><input type="radio"/> 3. Lost to follow-up</p> <p><input type="radio"/> 4. Refused</p> <p><input type="radio"/> 5. Not indicated</p> <p>10f. Treatment paid by:</p> <p><input type="radio"/> 1. Medicaid <input type="radio"/> 2. Medicare <input type="radio"/> 3. Private Insurance <input type="radio"/> 4. Self <input type="radio"/> 5. Other <input type="radio"/> 6. Unknown</p> <p>10g. Date: ____/____/____ (mm/dd/yyyy)</p>
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<p>10h. Short-interval follow-up recommended? <i>(less than 9 months)</i></p> <p><input type="radio"/> 1. Yes → <input type="radio"/> 2. No</p>	<p>10i. Date: ____/____/____ (mm/yyyy)</p>	<p>10j. Referred to American Cancer Society (ACS) additional services</p> <p><input type="radio"/> 1. Yes <input type="radio"/> 2. No <input type="radio"/> 3. Client Refused</p>
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CERVICAL DIAGNOSTIC

Client Identification

Program # _____ Last Name _____

ID # _____ First Name _____ Middle Initial _____

Screening Visit Date: ____/____/____ (mm/dd/yyyy)
(Enter Visit Date from Screening Form) Facility # _____

Cervical Diagnostic Procedure

1. Colposcopy without Biopsy <input type="radio"/> 1. Yes <input type="radio"/> 2. No	4. Cold Knife Cone (CKC) (preauthorize @ 515.242.6200) <input type="radio"/> 1. Yes <input type="radio"/> 2. No
2. Colposcopy with Biopsy and/or ECC <input type="radio"/> 1. Yes <input type="radio"/> 2. No	5. Endocervical Curettage alone (ECC) <input type="radio"/> 1. Yes <input type="radio"/> 2. No
3. Loop Electrosurgical Excision Procedure (LEEP) (preauthorize @ 515.242.6200) <input type="radio"/> 1. Yes <input type="radio"/> 2. No	6. Other <input type="radio"/> 1. Yes → Specify Procedure: _____ <input type="radio"/> 2. No

Cervical Diagnostic Procedure Payer

7. Was at least one of the above procedures paid for by BCCEDP?
 1. Yes
 2. No
 3. Unknown

Cervical Diagnostic Results

8. Status of final diagnosis
 1. Work-up complete
 2. Lost to follow-up → 8a. Date: ____/____/____ STOP HERE (mm/dd/yyyy)
 3. Work-up refused →

8b. Date of Final Diagnosis: ____/____/____ (mm/dd/yyyy)

8c. Final diagnosis
 1. Normal/benign reaction/inflammation
 2. HPV/Condylomata/Atypia
 3. CIN 1 - Mild dysplasia
 4. CIN 2 - Moderate dysplasia
 5. CIN 3 - Severe dysplasia/Carcinoma in situ/Stage 0
 6. Invasive cervical cancer
 7. Low grade SIL
 8. High grade SIL
 9. Other (specify): _____

8d. Status of Treatment
 1. Started → 8e. Date started: ____/____/____ (mm/dd/yyyy) → 8f. Treatment paid by:
 1. Medicaid
 2. Medicare
 3. Private Insurance
 4. Self
 5. Other
 6. Unknown
 2. Pending
 3. Lost to follow-up } 8g. Date: ____/____/____ (mm/dd/yyyy)
 4. Refused
 5. Not indicated

8h. Short-term visit recommended? (less than 9 months) 1. Yes → 2. No
8i. Date: ____/____/____ (mm/yyyy)

8j. Referred to American Cancer Society (ACS) for additional services
 1. Yes
 2. No
 3. Client Refused





APPENDIX III

CFY Program State Staff Directory





Iowa Care for Yourself Program

STATE STAFF DIRECTORY

Iowa Department of Public Health
Division of Health Promotion and Chronic Disease Prevention
Bureau of Chronic Disease Prevention and Management
321 East 12th Street, Des Moines, Iowa 50319-0075
FAX: (515)-242-6384

PHONE

E-MAIL

Jill Myers Geadelmann, BS, RN (515) 242-6067 jill.myers-geadelmann@idph.iowa.gov
Program Director; Chief, Bureau of Chronic Disease Prevention and Management.
Responsible for management and compliance with CDC program guidance.

Lori Byrd, MS (515) 281-7709 lori.byrd@idph.iowa.gov
WISEWOMAN Intervention/Community Resource Coordinator
Responsible for planning and assuring implementation of the WISEWOMAN Intervention and works with program evaluation.

Jolene Carver, MSN, RN (515) 242-6200 jolene.carver@idph.iowa.gov
BCCEDP Health Services Coordinator
Responsible for case management including tracking, follow-up, rescreening services and quality assurance and improvement issues within the BCCEDP component. Monitors program compliance and provides technical assistance.

Vacant (515) 281-5616
Secretary
Provides clerical support.

Gena Hodges, BA (515) 281-4909 gena.hodges@idph.iowa.gov
Provider Resource Manager
Responsible for contracts and agreements. Liaison for billing, contract monitoring and vouching.

Lindsey Jones, MPH, BS (515) 281-6779 lindsey.jones@idph.iowa.gov
BCCEDP Implementation Coordinator
Responsible for coordinating day-to-day efforts of the BCCEDP component including program design, implementation and evaluation activities, quality assurance, and compliance with CDC guidance. Provides technical assistance.

Sonya Loynachan, MA (515) 725-0693 sonya.loynachan@idph.iowa.gov
WISEWOMAN Program Manager
Responsible for coordinating day-to-day efforts of the WISEWOMAN component including program design, implementation and evaluation activities, quality assurance, and compliance with CDC guidance. Provides technical assistance.

STATE STAFF DIRECTORY (cont'd)



Iowa Care for Yourself Program

Yumei Sun, PhD
Data Manager

(515) 281-0925

yumei.sun@idph.iowa.gov

Responsible for data collection and submission of minimum data elements to CDC for the *Care for Yourself* Program. Develops and provides reports on program outcomes and participant services.

Vacant (515) 281-5462
BCCEDP Education/Outreach Coordinator

Responsible for professional development activities. Monitors program compliance and provides technical assistance.



APPENDIX IV

2016 Reimbursement Schedule & ICD-10 Program Listings

For current program Reimbursement Schedule and ICD-10 listings, go to www.idph.iowa.gov/cfy/information-for-healthcare-providers. These two items can be found in the section “Before You Get Started...”





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 Revised 01.30.2016

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Iowa Care for Yourself Program

2016 Reimbursement Schedule

IMPORTANT INFORMATION REGARDING REIMBURSEMENT BY THE CARE FOR YOURSELF PROGRAM

1. If Pap test is performed, the collection of the Pap (CPT codes 99000, Q0091 & Q0111) is included in the office visit reimbursement. The woman is not to be billed for the collection or handling of the specimen.
2. Federal funding **can not** be used to reimburse for any of the following:
 - A. Computer Aided Detection (CAD) in breast cancer screening or diagnostics SEE BELOW
 - B. Screening & Diagnostic digital breast tomosynthesis in breast cancer screening or diagnostics SEE BELOW
 - C. Treatment of breast cancer, cervical intraepithelial neoplasia or cervical cancer

CPT Code	Description	End Notes	RATE		
			26	TC	Total
OFFICE VISITS					
99201	New Patient Visit; problem focused	3			40.87
99202	New Patient Visit; expanded problem focused	3			70.04
99203	New Patient Visit; detailed, low complexity	3			101.04
99204	New Patient Visit; comprehensive history, exam, moderate complexity	1			154.83
99205	New Patient Visit; comprehensive history, exam, high complexity - paid at 99204 rate	1,3			154.83
99211	Established Patient Visit, may not require presence of physician				18.50
99212	Established Patient Visit, problem focused	3,4			40.70
99213	Established Patient Visit, expanded problem focused	3,4			68.41
99214	Established Patient Visit, comprehensive moderate complexity	3,4			101.09
99215	Established Patient Visit, comprehensive high complexity - paid at 99214 rate	3,4			101.09
99385	New Patient Visit (18 - 39 y.o.) - paid at 99203 rate	2			101.04
99386	New Patient Visit (40 - 64 y.o.) - paid at 99203 rate	2			101.04
99387	New Patient Visit (65+ y.o.) - paid at 99203 rate	2			101.04
99395	Established Patient Visit (18 - 39 y.o.) - paid at 99213 rate	2			68.41
99396	Established Patient Visit (40 - 64 y.o.) - paid at 99213 rate	2,3,4			68.41
99397	Established Patient Visit (65+ y.o.) - paid at 99213 rate	2			68.41

CPT Code	Description	End Note	RATE		
			26	TC	Total
G0101	Cervical or vaginal cancer screening; pelvic and clinical breast exam included.				35.62
G0123	Cytopathology, cervical or vaginal (any reporting system) Thin Prep				27.60
G0124	Cytopathology, cervical or vaginal (any reporting system) Thin Prep				30.49
G0141	Cytopathology, cervical or vaginal - Requiring interpretation by physician				30.49
G0143	Cytopathology, cervical or vaginal w manual screening and rescreening-Thin Prep				27.60
G0144	Cytopathology, cervical or vaginal w manual screening and rescreening-Thin Prep				29.11
G0145	Screening cytopathology, cervical or vaginal collected in preservative fluid, automated thin layer preparation, w screening by automated system, under physician supervision - paid at 88174 rate				29.11
G0147	Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision				15.50
G0148	Cytopathology smears, cervical or vaginal; screening by automated system w manual rescreening under physician supervision				20.70
G0202	Mammography - screening (bilateral) producing direct digital image		33.81	89.10	122.91
G0204	Mammography - diagnostic (bilateral) producing direct digital image		42.33	107.72	150.04
G0206	Mammography - diagnostic (unilateral) producing direct digital image		38.81	84.28	118.09
G0279	Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to G0204 or G0206)	13	29.09	22.79	51.88
P3000	Cytopathology, cervical or vaginal (The Bethesda System); manual screening				14.39
P3001	Cytopathology, cervical or vaginal - Requiring interpretation by physician				30.49
00400	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; not otherwise specified. [To be used only in conjunction w CPT codes: 19101, 19120, or 19125]				20.76/ unit



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CPT Code	Description	End Note	RATE	
			26	TC Total
10021	Fine Needle Aspiration; w/o imaging guidance			114.63
10022	Fine Needle Aspiration; w imaging guidance			130.94
11100	Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion			95.49
11101	Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; each separate/additional lesion			30.52
19000	Puncture aspiration of cyst of breast			104.59
19001	Puncture aspiration of cyst of breast, each additional cyst			25.56
19081	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance	5		638.07
19082	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance	5		525.06
19083	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance	5		617.39
19084	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance	5		505.07
19085	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance	5		945.48
19086	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance	5		746.84
19100	Biopsy of breast; percutaneous, needle core, not using imaging guidance			137.94
19101	Biopsy of breast; open, incisional			313.56
19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion, open, one or more lesions			455.48
19125	Excision of breast lesion identified by pre-operative placement of radiological marker, open; single lesion			504.75
19126	Each additional lesion separately identified by a preoperative radiological marker			151.54
19281	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance	6		222.50
19282	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including mammographic guidance	6		154.77
19283	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance	6		249.68
19284	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including stereotactic guidance	6		186.90
19285	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance	6		472.25
19286	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance	6		413.09



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CPT Code	Description	End Note	RATE		
			26	TC	Total
19287	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance	6			788.71
19288	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance	6			634.30
57420	Colposcopy of the entire vagina, w cervix if present				109.89
57421	Colposcopy of the entire vagina, w cervix if present; w biopsy(s) of vagina/cervix				147.43
57452	Colposcopy of the cervix including upper/adjacent vagina				102.22
57454	Colposcopy of the cervix including upper/adjacent vagina: w biopsy(s) of the cervix & endocervical curettage				143.96
57455	Colposcopy of the cervix including upper/adjacent vagina: w biopsy(s) of the cervix				133.82
57456	Colposcopy of the cervix including upper/adjacent vagina: w endocervical curettage				126.20
57460	Colposcopy of the cervix including upper/adjacent vagina: w loop electrode biopsy(s) of the cervix	7			262.31
57461	Colposcopy of the cervix including upper/adjacent vagina: w loop electrode conization of the cervix	7			297.09
57500	Cervical biopsy, single or multiple, or local exc. of lesion				118.51
57505	Endocervical curettage				95.22
57520	Conization of cervix, w or w/o fulguration, w or w/o dilation & curettage, w or w/o repair; cold knife or laser	7			286.72
57522	Conization of cervix, w or w/o fulguration, w or w/o dilation & curettage, w or w/o repair; loop electrode excision procedure	7			246.19
58100	Endometrial sampling (biopsy) w or w/o endocervical sampling (biopsy), w/o cervical dilation, any method (separate procedure)	7			102.15
58110	Endometrial sampling (biopsy) performed in conjunction w colposcopy	7			45.23
76098	Radiological examination, surgical specimen		7.84	7.56	15.40
76641	Ultrasound, complete examination of breast including axilla, unilateral		35.53	64.06	99.59
76642	Ultrasound, limited examination of breast including axilla, unilateral		33.09	48.97	82.07
76942	Ultrasonic guidance for needle placement, imaging supervision, and interpretation		32.42	24.90	57.31
77051	Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (while special funding lasts--first come, first serve)		2.79	4.82	7.61
77052	Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; screening mammography (while special funding lasts--first come, first serve)		2.79	4.82	7.61
77053	Mammary ductogram or galactogram, single duct, radiological supervision and interpretation		17.42	36.13	53.56
77055	Mammography - diagnostic (unilateral)		34.13	48.97	83.10
77056	Mammography - diagnostic (bilateral)		42.33	64.38	106.71
77057	Mammography - screening (bilateral)		34.13	42.23	76.36
77058	Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral	8,9	79.25	405.65	484.90
77059	Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral	8,9	79.25	405.65	484.90
77061	Digital breast tomosynthesis; unilateral paid at G0279 rate	13	29.09	22.79	51.88
77062	Digital breast tomosynthesis; bilateral paid at G0279 rate	13	29.09	22.79	51.88
77063	Screening digital breast tomosynthesis; bilateral	13	29.09	22.97	52.06
87624	Human Papillomavirus (HPV), high-risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)	10,11			47.80
87625	Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed	10,11			47.80



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CPT Code	Description	End Note	RATE		
			26	TC	Total
88104	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears w/ interpretation		28.91	41.59	70.50
88141	Cytopathology, cervical or vaginal - Requiring interpretation by physician				30.49
88142	Cytopathology, cervical or vaginal (any reporting system) Thin Prep				27.60
88143	Cytopathology, cervical or vaginal w manual screening and rescreening-Thin Prep				27.60
88147	Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision				15.50
88148	Cytopathology smears, cervical or vaginal; screening by automated system w manual rescreening under physician supervision				20.70
88160	Cytopathology, smears, any other source; Screening and interpretation		26.12	40.95	67.06
88161	Cytopathology, smears, any other source; Preparation, screening, and interpretation		25.15	35.17	60.32
88164	Cytopathology, cervical or vaginal (The Bethesda System); manual screening				14.39
88165	Cytopathology, cervical or vaginal (The Bethesda System); w manual screening and rescreening under physician supervision				14.39
88172	Cytopathology, Evaluation of Fine Needle Aspiration to determine specimen adequacy		36.31	17.83	54.14
88173	Cytopathology, Evaluation of Fine Needle Aspiration; interpretation and report		71.20	72.58	143.78
88174	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision				29.11
88175	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system and manual rescreening, under physician supervision				36.09
88305	Level IV - Surgical pathology, gross and microscopic examination		38.14	30.67	68.81
88307	Level V - Surgical pathology, gross and microscopic examination		83.68	200.99	284.66
88329	Pathology consultation during surgery				47.50
88331	Pathology consultation during surgery; first tissue block, w frozen section(s), single specimen		62.75	28.11	90.86
88332	Pathology consultation during surgery; each additional tissue block w frozen section		30.95	16.87	47.82
88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain (List separately in addition to code of primary procedure)	12	26.87	56.18	83.05
88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	12	35.71	62.78	98.48
88343	Immunohistochemistry or immunocytochemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; each additional separately identifiable antibody per slide - paid at 88341 rate	12	26.87	56.18	83.05
88360	Morpometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual	12	54.53	58.28	112.81
88361	Morpometric analysis, in situ hybridization (quantitative or semi-quantitative) each probe; using computer-assisted technology	12	58.54	79.15	137.68
88365	In situ hybridization (eg, FISH), each probe	12	44.08	118.63	162.71
88367	Morpometric analysis, in situ hybridization (quantitative or semi-quantitative) each probe; using computer-assisted technology	12	34.68	64.06	98.74
CPT Code	Description	End Note	RATE		
			26	TC	Total
Not every woman receiving breast and cervical cancer screening is eligible for heart disease risk screening. Please check with the coordinator of your local program to see if the woman you are providing services to is eligible. A woman receiving services for which she is not eligible will be responsible for the charges.					
36415	Collection of venous blood by venipuncture	3,4			3.00
80061	Lipid panel (only after nine-hour fast)	3,4			18.24
80061 QW	Lipid panel (CLIA waived) (only after nine-hour fast)	3,4			18.24
82947	Glucose; quantitative, blood (except reagent strip) (only after nine-hour fast)				5.13



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CPT Code	Description	End Note	RATE	
			26	TC Total
82947 QW	Glucose; quantitative, blood (except reagent strip) (CLIA waived) (only after nine-hour fast)			5.13
82948	Glucose; quantitative, blood reagent strip			4.32
83036	Hemoglobin; glycosylated (HbA1c)			13.22
83036 QW	Hemoglobin; glycosylated (HbA1c) (CLIA waived)			13.22

END NOTES:	
1	All consultations should be billed through the standard "new" patient office visit CPT codes. Consultations billed as 99204 or 99205 must meet the criteria for these codes.
2	The type and duration of office visits should be appropriate to the level of care necessary for accomplishing screening and diagnostic follow-up with the Iowa CFY Program. Reimbursement rates should not exceed those published by Medicare. 9938X codes shall be reimbursed at the 99203 rate and 9939X codes shall be reimbursed at the 99213 rate
3	One heart disease risk screening may be conducted in a 12 - 18 month period. It must be conducted during the breast and cervical cancer screening office visit. Billing may not be separate.
4	One follow-up cardiovascular diagnostic visit per year may be billed for a participant with an abnormal or alert value blood pressure measurement and/or an alert value glucose or A1C measurement at baseline screening. Care for Yourself/WISEWOMAN will not pay for additional testing at this visit.
5	Codes 19081-19086 are to be used for breast biopsies that include image guidance, placement of localization device, and imaging of specimen. These codes should not be used in conjunction with 19281-19288.
6	Code 19281-19288 are for image guidance placement of localization device without image-guided biopsy. These codes should not be used in conjunction with 19081-19086.
7	A LEEP or conization of the cervix may be reimbursed based on ASCCP recommendations as a diagnostic procedure for Pap results HSIL, AGC or AIS. To preauthorize for reimbursement call 515.242.6200.
8	Breast MRI can be reimbursed by the CFY Program in conjunction with a mammogram when a participant has (a): - BRCA mutation - First-degree relative who is a BRCA carrier - Lifetime risk of 20-25% or greater as defined by risk assessment models such as BRCAPRO that are largely dependent on family history - Areas of concern on a mammogram that need better assessment - Past history of breast cancer (completed treatment) and needs evaluation To preauthorize for reimbursement call 515.242.6200.
9	Breast MRI can not be reimbursed by the CFY Program for a participant, if the breast MRI is done: - Alone as a breast cancer screening tool - To assess the extent of disease in a participant already diagnosed with breast cancer To preauthorize for reimbursement call 515.242.6200.
10	HPV DNA testing is a reimbursable procedure if used for: - Screening in conjunction with Pap testing - Follow-up of an abnormal Pap result - Surveillance as per ASCCP guidelines - High-risk HPV DNA testing only The Program will allow for reimbursement of Cervista HPV HR at the same rate as the Digene Hybrid-Capture 2 HPV DNA Assay.
11	HPV DNA testing is not reimbursable if used for: - An adjunctive screening test to the Pap for women under 30 years of age
12	Codes 88341, 88342, 88343, 88360, 88361, 88365 and 88367 are to be billed to the CFY Program if the woman is not going to receive ongoing Medicaid for reimbursement of treatment.
13	Special funding available to reimburse for CAD (77051 or 77052) and breast tomosynthesis (77061, 77062, 77063 or G0279) on first come, first serve basis

CFY BCC AND WW CPT CODES - UPDATED 12/14/2015





Effective Date of Service 10.01.2015

Iowa Department of Public Health
Division of Health Promotion Chronic Disease Prevention
Contact Number: 515 242-6200



Iowa Care for Yourself Program
International Classification of Diseases: 9th Revision Clinical Modification
2015 ICD-10-CM/Diagnostic Codes

The ICD-10 Codes listed below are codes that can be used with corresponding CPT codes for reimbursement from the Iowa Care for Yourself Program.

Table with 2 columns: ICD-10 Code and Definition. Lists various neoplasms and carcinomas with their corresponding ICD-10 codes.



ICD-10 Code	Definition
D24.1	Benign neoplasm of right breast
D24.2	Benign neoplasm of left breast
D24.9	Benign neoplasm of unspecified breast
D26.0	Other benign neoplasm of cervix uteri
D48.60	Neoplasm of uncertain behavior of unspecified breast
D48.61	Neoplasm of uncertain behavior of right breast
D48.62	Neoplasm of uncertain behavior of left breast
D49.3	Neoplasm of unspecified behavior of breast
N60.01	Benign mammary dysplasia: solitary cyst of right breast
N60.02	Benign mammary dysplasia: solitary cyst of left breast
N60.09	Benign mammary dysplasia: solitary cyst of unspecified breast
N60.11	Benign mammary dysplasia: Diffuse cystic mastopathy of right breast
N60.12	Benign mammary dysplasia: Diffuse cystic mastopathy of left breast
N60.19	Benign mammary dysplasia: Diffuse cystic mastopathy of unspecified breast
N60.21	Benign mammary dysplasia: Fibroadenosis of right breast
N60.22	Benign mammary dysplasia: Fibroadenosis of left breast
N60.29	Benign mammary dysplasia: Fibroadenosis of unspecified breast
N60.31	Benign mammary dysplasia: Fibrosclerosis of right breast
N60.32	Benign mammary dysplasia: Fibrosclerosis of left breast
N60.39	Benign mammary dysplasia: Fibrosclerosis of unspecified breast
N60.41	Benign mammary dysplasia: Mammary duct ectasia of right breast
N60.42	Benign mammary dysplasia: Mammary duct ectasia of left breast
N60.49	Benign mammary dysplasia: Mammary duct ectasia of unspecified breast
N60.81	Benign mammary dysplasia: Other benign mammary dysplasias of right breast
N60.82	Benign mammary dysplasia: Other benign mammary dysplasias of left breast
N60.89	Benign mammary dysplasia: Other benign mammary dysplasias of unspecified breast
N60.91	Benign mammary dysplasia: Unspecified benign mammary dysplasia of right breast
N60.92	Benign mammary dysplasia: Unspecified benign mammary dysplasia of left breast
N60.99	Benign mammary dysplasia: Unspecified benign mammary dysplasia of unspecified breast
N61	Inflammatory disorders of breast
N63	Disorder of breast: Unspecified lump in breast
N64.0	Other disorders of breast: Fissure and fistula of nipple
N64.1	Other disorders of breast: Fat necrosis of breast
N64.4	Other disorders of breast: Mastodynia
N64.51	Other disorders of breast: induration of breast
N64.52	Other disorders of breast: Nipple discharge
N64.53	Other disorders of breast: Retraction of nipple
N64.59	Other disorders of breast: Other signs and symptoms in breast
N64.8	Other disorders of breast: Other specified in breast
N64.89	Other specified disorders of breast
N64.9	Disorder of breast, unspecified
N72	Inflammatory disease of cervix uteri
N84.1	Polyp of cervix uteri
N86	Erosion and ectropion of cervix uteri
N87.0	Dysplasia of cervix uteri, Mild
N87.1	Dysplasia of cervix uteri, Moderate
N87.9	Dysplasia of cervix uteri, unspecified
N88.0	Other noninflammatory disorders of cervix uteri: Leukoplakia of cervix uteri
N88.2	Other noninflammatory disorders of cervix uteri: Stricture and stenosis of cervix uteri
N88.8	Other noninflammatory disorders of cervix uteri: Other specified noninflammatory disorders of cervix uteri
N88.9	Other noninflammatory disorders of cervix uteri: Noninflammatory disorder of cervix uteri, unspecified
R87.610	Abnormal cytological findings in specimens from cervix uteri: Atypical squamous cells of undetermined significance: on cytologic smear of cervix [ASC-US]



ICD-10 Code	Definition
R87.611	Abnormal cytological findings in specimens from cervix uteri: Atypical squamous cells cannot exclude high grade squamous intraepithelial lesion on cytologic smear of cervix [ASC-H]
R87.612	Abnormal cytological findings in specimens from cervix uteri: Low grade squamous intraepithelial lesion on cytologic smear of cervix [LGSIL]
R87.613	Abnormal cytological findings in specimens from cervix uteri: High grade squamous intraepithelial lesion on cytologic smear of cervix [HGSIL]
R87.614	Abnormal cytological findings in specimens from cervix uteri: Cytologic evidence of malignancy on smear of cervix
R87.615	Abnormal cytological findings in specimens from cervix uteri: Unsatisfactory cytologic smear of cervix
R87.616	Abnormal cytological findings in specimens from cervix uteri: Satisfactory cervical smear but lacking transformation zone
R87.618	Abnormal cytological findings in specimens from cervix uteri: Other abnormal cytological findings on specimens from cervix uteri
R87.619	Abnormal cytological findings in specimens from cervix uteri: Unspecified abnormal cytological findings in specimens from cervix uteri
R87.620	Abnormal cytological findings in specimens from vagina: Atypical squamous cells of undetermined significance on cytologic smear of vagina [ASC-US]
R87.621	Abnormal cytological findings in specimens from vagina: Atypical squamous cells cannot exclude high grade squamous intraepithelial lesion on cytologic smear of vagina [ASC-H]
R87.622	Abnormal cytological findings in specimens from vagina: Low grade squamous intraepithelial lesion on cytologic smear of vagina [LGSIL]
R87.623	Abnormal cytological findings in specimens from vagina: High grade squamous intraepithelial lesion on cytologic smear of vagina [HGSIL]
R87.624	Abnormal cytological findings in specimens from vagina: Cytologic evidence of malignancy on smear of vagina
R87.625	Abnormal cytological findings in specimens from vagina: Unsatisfactory cytologic smear of vagina
R87.628	Abnormal cytological findings in specimens from vagina: Other abnormal cytological findings on specimens from vagina
R87.629	Abnormal cytological findings in specimens from vagina: Unspecified abnormal cytological findings in specimens from vagina
R87.810	High risk human papillomavirus [HPV] DNA test positive from female genital organs: Cervical high risk human papillomavirus [HPV] DNA test positive
R87.811	High risk human papillomavirus [HPV] DNA test positive from female genital organs: Vaginal high risk human papillomavirus [HPV] DNA test positive
R92.0	Abnormal and inconclusive findings on diagnostic imaging of breast: Mammographic microcalcification found on diagnostic imaging of breast
R92.1	Abnormal and inconclusive findings on diagnostic imaging of breast: Mammographic calcification found on diagnostic imaging of breast
R92.2	Abnormal and inconclusive findings on diagnostic imaging of breast: Inconclusive mammogram
R92.8	Abnormal and inconclusive findings on diagnostic imaging of breast: Other abnormal and inconclusive findings on diagnostic imaging of breast

Z Codes listed below are provided to deal with circumstances not covered by the preceding ICD-10 Codes. If the client is not presenting with a disease or injury, one of the following Z Codes may be used in place of the ICD-10 Code.

Z Code	Definition
Z00.00	Encounter for general examination without complaint, suspected or reported diagnosis: Encounter for general adult medical examination without abnormal findings
Z00.01	Encounter for general examination without complaint, suspected or reported diagnosis: Encounter for general adult medical examination with abnormal findings
Z01.411	Encounter for gynecological examination: Encounter for gynecological examination (general)(routine) with abnormal findings
Z01.419	Encounter for gynecological examination: Encounter for gynecological examination (general)(routine) without abnormal findings
Z01.42	Encounter for gynecological examination: Encounter for cervical smear to confirm findings of recent normal smear following initial abnormal smear
Z09	Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm
Z11.51	Encounter for screening for infectious and parasitic diseases: Encounter for screening for other viral diseases: Encounter for screening for human papillomavirus (HPV)
Z12.31	Encounter for screening for malignant neoplasms: Encounter for screening mammogram for malignant neoplasm of breast
Z12.39	Encounter for screening for malignant neoplasms: Encounter for other screening for malignant neoplasm of breast
Z12.4	Encounter for screening for malignant neoplasms: Encounter for screening for malignant neoplasm of cervix
Z12.72	Encounter for screening for malignant neoplasms: Encounter for screening for malignant neoplasm of vagina
Z15.01	Genetic susceptibility to disease: Genetic susceptibility to malignant neoplasm of breast



ICD-10 Code	Definition
Z80.3	Family history of primary malignant neoplasm: Family history of malignant neoplasm of breast
Z85.3	Personal history of malignant neoplasm: Personal history of malignant neoplasm of breast
Z85.41	Personal history of malignant neoplasm: Personal history of malignant neoplasm of cervix uteri
Z86.000	Personal history of certain other diseases: Personal history of in-situ neoplasm of breast
Z86.001	Personal history of certain other diseases: Personal history of in-situ neoplasm of cervix uteri
Z87.410	Personal history of diseases of genitourinary system: Personal history of cervical dysplasia
Z87.411	Personal history of diseases of genitourinary system: Personal history of vaginal dysplasia
Z90.10	Acquired absence of organs, not elsewhere classified: Acquired absence of unspecified breast and nipple
Z90.11	Acquired absence of organs, not elsewhere classified: Acquired absence of right breast and nipple
Z90.12	Acquired absence of organs, not elsewhere classified: Acquired absence of left breast and nipple
Z90.13	Acquired absence of organs, not elsewhere classified: Acquired absence of bilateral breast and nipple
Z90.710	Acquired absence of organs, not elsewhere classified: Acquired absence of both cervix and uterus
Z90.711	Acquired absence of organs, not elsewhere classified: Acquired absence of uterus with remaining cervical stump

Not every woman receiving breast and cervical cancer screening is eligible for heart disease risk screening. Please check with the coordinator of your local program to see if the woman you are providing services to is eligible. A woman receiving services for which she is not eligible will be responsible for the charges.

ICD-10 Code	Definition
E10.8	Type 1 diabetes mellitus: Type 1 diabetes mellitus with unspecified complications
E10.9	Type 1 diabetes mellitus: Type 1 diabetes mellitus without complications
E11.8	Type 2 diabetes mellitus: Type 2 diabetes mellitus without complications
E11.9	Type 2 diabetes mellitus: Type 2 diabetes mellitus with unspecified complications
E13.9	Other specified diabetes mellitus: Other specified diabetes mellitus without complications
E78.0	Disorders of lipoprotein metabolism and other lipidemias: Pure hypercholesterolemia
E78.1	Disorders of lipoprotein metabolism and other lipidemias: Pure hyperglyceridemia
E78.2	Disorders of lipoprotein metabolism and other lipidemias: Mixed hyperlipidemia
E78.5	Disorders of lipoprotein metabolism and other lipidemias: Hyperlipidemia, unspecified
E78.9	Disorders of lipoprotein metabolism and other lipidemias: Disorder of lipoprotein metabolism, unspecified
I10	Essential (primary) hypertension

Z Codes listed below are provided to deal with circumstances not covered by the preceding ICD-10 Codes. If the client is not presenting with a disease or injury, one of the following Z Codes may be used in place of the ICD-10 Code.

Z Code	Definition
Z01.30	Encounter for other special examination without complaint, suspected or reported diagnosis: Encounter for examination of blood pressure without abnormal findings
Z01.31	Encounter for other special examination without complaint, suspected or reported diagnosis: Encounter for examination of blood pressure with abnormal findings
Z13.1	Encounter for screening for other diseases and disorders: Encounter for screening for diabetes mellitus
Z13.220	Encounter for screening for other diseases and disorders: Encounter for screening for lipid disorders
Z13.6	Encounter for screening for other diseases and disorders: Encounter for screening for cardiovascular disorders
Z82.41	Family history of certain disabilities and chronic diseases (leading to disablement): Family history of ischemic heart disease and other diseases of the circulatory system: Family history of sudden cardiac death
Z82.49	Family history of certain disabilities and chronic diseases (leading to disablement): Family history of ischemic heart disease and other diseases of the circulatory system
Z83.3	Family history of other specific disorders: Family history of diabetes mellitus