

## Cervical Health Policies

### Program Description

The Breast, Cervical and Colon Health Program (BCCHP) screens qualifying clients for cervical cancer. The program is funded through a grant from the Centers for Disease Control and Prevention (CDC). It is administered by the Washington State Department of Health which contracts with Prime Contractors throughout the state to implement the program regionally. The Prime Contractors subcontract with health care providers and organizations to provide direct services to individuals in their communities. BCCHP eligibility and screening policies reflect CDC guidelines.

### Eligibility & Coverage

#### Gender Definitions for terms used in BCCHP policies

- Cisgender - a person whose gender identification and birth sex are the same.
- Transgender man - a person who identifies as male with a female-assigned birth sex.
- Transgender woman - a person who identifies as female with a male-assigned birth sex.
- Genderqueer - A person whose gender identity differs from the gender assigned at birth but may be less clearly defined than a transgender person.
- Gender Non-binary - a person who neither identifies as a male nor female with either a female assigned birth sex or a male-assigned birth sex.
- Agender – A person who does not identify with any gender.

**Eligible** – Cisgender women and transgender men who meet the following criteria:

#### Must meet all of the following:

- Age 40-64 (through the end of the month of client's 65<sup>th</sup> birthday).
- Age 65+ if the client is not eligible for Medicare or ineligible for Medicare Part B at the time of enrollment.
- Age 21-39 if the client is not covered by Family Planning or Title X Clinic funding
- Uninsured or underinsured. Underinsured means inadequate health insurance, no coverage for cervical screening and/or or inability to afford out-of-pocket expenses.
- Income equal to or below 250% of the Federal Poverty Level.

#### **Not Eligible**

- Cisgender Men.
- Cisgender women and transgender men over age 65 who have had regular screening over the previous 10 years and have not had any serious pre-cancers (CIN2 or CIN3) in the last 20 years.
- Individuals who have undergone a total hysterectomy not due to cancer.
- Transgender women who have undergone vaginoplasty (Cervical screening is currently not indicated).

#### **Services Covered**

- Office visits must include screening for cervical cancer, determining risk, and offering screening tests. These visits should include a pelvic exam, if no speculum exam is done,

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the bimanual is not covered as this is not considered a cervical cancer screening procedure.

- Screening tests – Co-testing (Pap and HPV) and Pap only testing are both covered
- Laboratory testing for HPV types 16 and 18 or HPV high risk types.
- Office visits related to diagnostic procedures.
- Diagnostic procedures if the screening test is positive.
- Vaginal Estrogen Cream when used in accordance with the BCCHP Cervical Care Algorithm.
- Anesthesia when the patient condition requires it.

### Services Not Covered

- Office visits which do not include cervical cancer screening.
- Evaluation and management of clients who present for screening but are found to be ineligible for the BCCHP based on the criteria listed above.
- Screening tests requested sooner than recommended by BCCHP clinical guidelines. (see “Clinical Guidelines” below and BCCHP Algorithms provided by your Prime Contractor)
- Visits or care related to complications as a result of screening or diagnostic services reimbursed or authorized by BCCHP.
- Evaluation and management of health issues not related to cancer screening.
- Laboratory testing unrelated to cervical cancer screening (i.e. STI, urine, blood)
- HPV low risk genotyping
- HPV Vaccination
- Imaging – i.e. pelvic ultrasound.
- Cancer staging.
- Treatment of cervical cancer.
- Experimental or investigational procedures or testing.

### Screening Tests Covered

- Conventional Pap Smear
- Liquid Based Pap Test
- HPV high risk Test

### Diagnostic Procedures Covered

- Colposcopy with or without biopsy
- Endocervical Curettage when indicated according to the BCCHP Cervical Care Algorithm
- Cervical biopsies for suspicious lesions including polyps (this does not include benign cyst removal)
- Conization of Cervix – cold knife or laser
- Loop Electrosurgical Excision Procedure (LEEP)
- Endometrial Biopsy when indicated according to the BCCHP Cervical Care Algorithm
- Pathology related to the above procedures

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### Clinical Guidelines for BCCHP Clients

BCCHP and CDC follow the cervical cancer screening recommendations outlined by the U.S. Preventive Services Task Force (USPSTF) with guidance from other national organizations such as: The American Society for Colposcopy and Cervical Pathology (ASCCP), American Congress of Obstetricians and Gynecologists (ACOG), American Society for Clinical Pathology (ASCP), College of American Pathologists (CAP) and the University of California-San Francisco Center of Excellence for Transgender Health.

BCCHP publishes eligibility and screening algorithms to assist providers in determining what screening and diagnostic services our program covers. The BCCHP Medical Advisory Committee (MAC) and CDC refer to ASCCP guidelines for cervical cancer screening and management. At times, BCCHP algorithms will follow the more conservative ASCCP guidelines depending on funding.

Any questions about clinical guidelines and algorithms should be directed to the Public Health Nurse Consultant at the Department of Health. In specific cases it may be necessary to consult with the program's Medical Advisory Committee (MAC).

#### **Definitions of Cervical Cancer Risk:**

- **Average Risk** is defined as no personal history of cervical cancer or dysplasia.
- **Increased Risk** is defined as a personal history of:
  - The client has had invasive cervical cancer and completed treatment, including those who have had a total hysterectomy due to cervical cancer.
  - The client has a prior history of CIN2 or higher (CIN3) and has not completed the 20-year post-treatment surveillance period (see "Clinical Guidelines"). This includes women who have had a total hysterectomy due to cervical pre-cancer.
  - The client has never been screened or prior screening cannot be accurately accessed or documented.
  - Positive for HIV.
  - Exposure to diethylstilbestrol (DES) in utero.
  - Immunocompromised due to organ transplant, autoimmune disease like Systemic Lupus Erythematosus, and taking immunosuppressive medications. (This category of patients is not well studied and there currently are no official recommendations about frequency of screening. The BCCHP Medical Advisory Committee recommends using age appropriate screening unless the patient has a history of HPV.)

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### **BCCHP Covered Screening & Surveillance Schedules:**

Below are services covered by the BCCHP program, they are not screening recommendations.

#### **Screening for average risk individuals:**

- **Age 21-29** - Pap test alone every 3 years
- **Age 30-64** - Co-testing (Pap & HPV) or Primary HPV every 5 years or Pap alone every 3 years
- **Age > 65** - Stop screening if one of the criteria below has been met
  - 2 negative consecutive co-testing results within the past 10 years, with the most recent result in the past 5 years.
  - 3 negative consecutive Pap cytology results within the past 10 years, with the most recent result in the past 3 years
  - If neither of these criteria have been met, see Age >65 Rarely or Never screened

#### **Screening for increased risk individuals:**

- **Age 21- 65+** – Co-testing annually or as recommended by a provider if:
  - Diethylstilbestrol (DES)-exposed in-utero
  - HIV positive
  - Immunocompromised (i.e. systemic lupus erythematosus, solid organ transplantation, hematopoietic cell transplantation, hematologic cancers)
- **Age > 65 Rarely or Never screened**– Continue average-risk screening until one of the following conditions has been met:
  - 2 negative consecutive co-testing results within the past 10 years, with the most recent result in the past 5 years.
  - 3 negative consecutive Pap cytology results within the past 10 years, with the most recent result in the past 3 years.
  - Discontinuation of screening may not apply if the individual has other increased risk factors listed above.

#### **Surveillance for individuals with Cervical Cancer History**

- **Age 21-65+** - If history of invasive cervical cancer:
  - Yearly Pap cytology indefinitely, initiated after treatment of cervical cancer, regardless of age and regardless of hysterectomy status (i.e. even if cervix removed)
  - Co-testing as recommended by provider.
- **Age 21-65+** - If history of CIN 2 or higher:
  - Follow average-risk guidelines for 20 years after the initial post-treatment surveillance period, even if screening goes beyond age 65, and regardless of hysterectomy status (i.e. even if cervix removed)

#### **Discontinue Screening:**

- After hysterectomy with removal of cervix, if the hysterectomy was **not** performed due to cervical cancer or CIN2 or higher.
- **Note:** If a client has had a hysterectomy without removal of cervix, continue screening following guidelines above.

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### **Pelvic Exam**

BCCHP only reimburses for pelvic exams that include a speculum exam to obtain cell samples for cancer screening, when completed according to the screening/surveillance guidelines above. Bimanual pelvic exams are not covered by BCCHP between recommended screenings.

In certain cases, BCCHP may cover a speculum exam to establish that a cervix is present in women who have had a **non-cancer related hysterectomy** and do not know if they still have a cervix. If it is determined that the cervix has been removed, future pelvic exams will not be covered, as the client will no longer require cervical cancer screening.

### **Abnormal Screening Tests:**

Positive or abnormal Pap and HPV tests must be followed up with a diagnostic procedure and receive a final diagnosis within 90 days of the screening test.

Clients diagnosed with cervical cancer must be referred for appropriate treatment which should begin within 60 days of the diagnosis. Prime Contractors will assist eligible clients with transitioning onto the Breast and Cervical Cancer Treatment Program (BCCTP) administered by Washington State Health Care Authority's Apple Health (Medicaid) program. Prime Contractors will continue to assist clients with accessing other resources to help them decrease or eliminate barriers to receiving treatment. BCCHP does not cover out-of-pocket expenses for the treatment of cervical cancer for underinsured women who are diagnosed. The Prime Contractors will assist these women with applying for financial assistance from their treatment providers.

### **Tracking:**

Prime Contractors and their providers should have tracking and reminder systems in place to monitor:

- Pap, HPV and Colposcopy results
- Follow up on abnormal results
- Complications
- Return for rescreening
- Navigation procedures

Clients that are lost to follow up or refused diagnostic testing should be noted. If a reason is known, it should be recorded. At a minimum, three attempts to contact the client must be recorded by the provider in the medical record or by the Prime Contractor in the clients file and Med-IT. Contacts include:

- telephone call
- certified or registered letter
- personal visit
- email with verification that received

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### **Reimbursement**

BCCHP has a fee schedule that specifies which billing codes are allowable for reimbursement in the program. Other services and tests will be denied payment. Providers seeing BCCHP clients accept the maximum allowable reimbursement published in the BCCHP Fee Schedule as full payment for services provided for BCCHP enrollees. Clients enrolled in BCCHP must be notified of services offered outside the program and what those may cost them. Permission to bill the client separately for non-BCCHP services must be obtained prior to providing such services. BCCHP will not reimburse for services not included in the BCCHP Fee Schedule. Reimbursement policies generally follow Medicare rules and rates. Providers must bill according to the full text descriptions for CPT® and HCPCS codes published by the American Medical Association and the Centers for Medicare & Medicaid Services.

### **Office Visits:**

- BCCHP reimburses for office visits when the purpose of the visit is to complete cervical cancer screening.
- When these visits occur with women who are receiving breast and/or colorectal cancer screening at the same time through BCCHP, only one office visit may be billed and reimbursed.

### **Preventive Visits:**

- Preventive visit codes may be used in place of office visit codes; however, they will be reimbursed no higher than the Evaluation and Management CPT® codes 99203 and 99213. The visit must meet the criteria for a preventive visit.
- When these visits occur with women who are receiving breast and/or colorectal cancer screening at the same time through BCCHP, only one preventive visit may be billed and reimbursed.

### **Follow-up and Surgical Consultation Visits:**

- Use Evaluation and Management CPT® office services codes to bill for a follow-up visit to discuss abnormal screening test results.
- Additional preoperative visits are not covered separately.

### **Multiple Procedures:**

- Multiple procedures (colposcopy, cervical biopsy or excision, LEEP, Cone, ECC, EMB) are reimbursed as follows:
  - The highest fee procedure is paid at 100%
  - Each additional procedure will be paid at 50%

### **Prior Authorization:**

BCCHP requires prior authorization for LEEP and cervical conization. Providers must submit a completed Prior Authorization form to their Prime Contractor prior to performing one of these

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procedures. Due to limited funding for the BCCHP program, each case will be individually reviewed by the WA State DOH BCCHP Nurse Consultant and Medical Advisory Committee.

### **Underinsured Clients:**

Being underinsured means that a client has health care insurance that does not cover cancer screening and diagnostic services or has high out-of-pocket expenses, making diagnostic services and procedures unaffordable. Eligible underinsured clients will be informed by the Prime Contractor as to which services and procedures are covered by the BCCHP.

Providers agree to file a claim with the primary insurance carrier prior to submitting a claim to the BCCHP Prime Contractor. When the provider receives the Explanation of Benefits (EOB) back from the insurance carrier they will submit that along with the claim for unpaid services and procedures to the BCCHP Prime Contractor within 15 days of receipt of the EOB. Providers may not balance bill the client for BCCHP covered services. The provider will be paid the difference between what the insurance carrier paid and the maximum allowable reimbursement from the BCCHP Fee Schedule.

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