

## Breast Health Policies

### Program Description

The Breast, Cervical and Colon Health Program (BCCHP) screens qualifying clients for breast 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.

Foundational funding sources allow BCCHP to screen and diagnose women outside of the CDC guidelines under specific circumstances in Washington State.

### 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 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.

**Cisgender women** are eligible for enrollment under BCCHP breast health guidelines.

**Transgender men** who have not undergone bilateral mastectomy are eligible for enrollment under BCCHP breast health guidelines, even if a breast reduction surgery has occurred.

**Transgender men** who have undergone bilateral mastectomy may be eligible for some services covered by BCCHP. The client's provider must discuss care with the client and review surgical records and family history prior to screening.

**Transgender women** 50 and older who have used feminizing hormones for at least 5 years are eligible for BCCHP breast health services. Note: Mammography algorithm follows a 2-year screening interval.

**Cisgender men** are not eligible unless a suspicious breast health finding has been confirmed by a provider. Coverage is based on availability of foundational funding.

**Genderqueer, Gender Non-binary and Agender people** may be eligible for coverage under BCCHP breast health guidelines. Care should be guided by client need in discussion with client's provider.

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### Must meet all of the following criteria:

- Uninsured (No health insurance).
- Underinsured (Inadequate coverage for services).
- Income up to 250% of the Federal Poverty Level. Foundational funding allows incomes up to 300% of the Federal Poverty Level under specific circumstances (Refer to your prime contractors for more information)

### The following **age groups** may be screened, referred in for evaluation of symptoms, or referred in to obtain diagnostic services:

- Age 40 and below if increased risk (see definition page 4)
- Age 40-64
- 65+ and not eligible for Medicare or currently ineligible for Medicare Part B.
- **Note:** Transwomen are eligible after age 50 and 5 years of feminizing hormones

### If average risk, the following **age groups** may only be referred for evaluation of symptoms or to obtain diagnostic services:

- Age 18-39 with a breast cancer symptom (Being increased or high risk is not considered a symptom.)
- Ages 18-39 with an already assessed suspicious finding(s) for breast cancer.

**Not Eligible** – Men who are not transmen and have not had suspicious findings confirmed by a provider.

### **Services Covered: Screening and Surveillance**

- Office visits that include screening for breast cancer, determining risk or related to diagnostic procedures. See below under “Reimbursement” for more specific policies.
- Screening mammography for clients eligible for BCCHP, including conventional film mammography and digital mammography. Computer-Aided Detection (CAD) will be covered once a reimbursement rate has been assigned by Medicare.
- Pending prior authorization from BCCHP, clients with increased risk (see prior authorization policy and definition of increased risk), may be covered for Magnetic Resonance Imaging (MRI) in conjunction with mammography.
- After treatment is complete, surveillance imaging and breast health assessment per national guidelines.

### **Services Covered: Diagnostic**

- Mammography for clients eligible for BCCHP, including conventional film mammography and digital mammography. CAD will be covered once a reimbursement rate has been assigned by Medicare.
- Pending prior authorization from BCCHP, MRI may be used as a guide for breast biopsy and or placement of localization device.
- Ultrasound
- Fine needle aspiration with or without imaging

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- Puncture aspiration of breast cyst suspicious for cancer
- Placement of breast localization device (stereotactic, ultrasound, or MRI)
- Biopsy, percutaneous or open with or without imaging (stereotactic, ultrasound, or MRI)
- Excision, with or without placement of device
- Ductogram/Galactogram
- Pathology and imaging related to the above procedures
- Lumpectomy (partial mastectomy), pending prior authorization when it is clinically necessary to remove the entire mass during a biopsy procedure (reimbursed at open breast excision rate).
- Anesthesia for biopsies and excisions as appropriate.

### Services Not Covered

- Evaluation and management of clients who present for screening but are ineligible for the BCCHP based on the criteria listed above.
- Office visits which do not include screening for breast cancer, determining risk or related to diagnostic procedures.
- Screening tests requested outside of the BCCHP algorithm. (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 and imaging unrelated to breast cancer screening.
- Imaging not approved by CDC – Scintimammography (Breast Specific-Gamma Imaging) one but not both, Thermography, Computerized Tomography (CT), Positron Emission Tomography (PET), Electrical Impedance Imaging (T-scan™).
- Genetic testing (although BCCHP clients may be referred for genetic testing through charity care).
- Cancer staging
- Treatment of breast cancer (some BCCHP clients are eligible for the WA State Breast and Cervical Treatment Program - BCCTP)
- Experimental or investigational procedures or testing.

### Clinical Guidelines for BCCHP Clients

BCCHP and CDC follow the breast cancer screening recommendations outlined by the U.S. Preventive Services Task Force (USPSTF) and BCCHP refers to other national organizations for additional guidance (must meet eligibility requirements noted above): the American Cancer Society (ACS), American Congress of Obstetricians and Gynecologists (ACOG), the National Comprehensive Cancer Network (NCCN) 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.

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Questions about clinical guidelines or algorithms should be directed to the BCCHP Public Health Nurse Consultant at the Department of Health. In certain circumstances the nurse consultant will review cases with the program's Medical Advisory Committee (MAC).

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

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

- Screening for **average risk** individuals:
  - Age 40 - 64 - Mammogram and a breast health assessment every 1-2 years
  - Age 65+ - Mammogram and a breast health assessment every 1-2 years, as long as healthy and benefit outweighs risk
  - **Note:** For transgender women Age 50+ - mammogram and a breast health assessment every 2 years for clients who have used feminizing hormones for at least 5 years.
  
- Screening and surveillance for **increased risk** individuals: (see increased risk definition)
  - Age 40 and under - mammogram, MRI, and a breast health assessment annually (MRI requires prior authorization)
  - Age 40 - 64 - mammogram, MRI, and a breast health assessment annually (MRI requires prior authorization)  
Add under 40
  - Age 65+ - (Must be **ineligible** for Medicare or currently unable to obtain Medicare part B) Mammogram, MRI, and CBE annually as long as healthy and benefit outweighs risk  
(MRI requires prior authorization)

### **Increased Risk Definition:**

- Prior history of breast cancer.
- Lifetime risk  $\geq 20\%$  based on breast cancer risk assessment (Claus, BRCAPRO, BOADICEA, Tyrer-Cuzick).
- Positive for BRCA mutation.
- First degree relative is BRCA carrier.
- Prior chest wall radiation to treat malignancy.
- Personal history or a first degree relative with: Li-Fraumeni, Cowden, or Bannayan-Riley-Ruvalcaba syndromes.
- The Gail Model is not sufficient to determine increased risk for coverage under BCCHP.
- A person with no personal or family history of breast cancer is defined average risk.

### **Suspicious Breast Symptoms for clients under 40 years old:**

Symptomatic means a woman self-reporting a change in her breast(s). A health care provider must confirm that they are suspicious for breast cancer. Suspicious symptoms include:

- Discrete palpable mass
- Bloody or serous nipple discharge

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- Nipple or areolar scaliness
- Skin dimpling or retraction
- Skin Changes Suspicious for Cancer
- Non-cyclical pain

### **Clients under age 40 with the above symptoms:**

- An initial breast health assessment should be performed. This is reimbursable through the BCCHP.
- If abnormal refer for diagnostic imaging and surgical consults as needed.

### **Abnormal Screening Tests:**

Positive or abnormal mammograms must be followed up with a diagnostic procedure and receive a final diagnosis within 60 days of the screening mammogram.

Clients diagnosed with breast 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 breast cancer for underinsured clients who are diagnosed. The Prime Contractors will assist diagnosed clients with applying for financial assistance from their treatment providers

### **Clinical Breast Exam:**

- The USPSTF concluded that current evidence is insufficient to assess the additional benefits and harms of clinical breast examination (CBE) in screening for breast cancer in women 40 years or older. In the screening context, joint decision making between BCCHP clients and their health care provider should determine whether a CBE is performed or not.
- In a diagnostic context, a CBE does assist the radiologist in interpreting the mammogram (especially when there are abnormal findings) and is still recommended by BCCHP.

### **Dense Breasts and Implants:**

- At this time USPSTF, ACS and ACOG have not made any additional screening recommendations for clients with dense breasts. It is recommended clients with dense breast tissue follow the screening and surveillance schedules as described in the BCCHP Breast Health Policy.
- Clients with breast implants should mention breast implants when scheduling a mammogram appointment, as additional films may be necessary. Current guidelines recommend clients with breast implants follow the screening and surveillance schedules as described in the BCCHP Breast Health policy

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### Case Management:

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

- Mammogram results
- Follow up on abnormal results
- Complications
- Return for rescreening
- Navigation procedures

Clients lost to follow up or who have refused diagnostic testing should be documented. 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 and by the Prime Contractor in Med-IT. Client navigation is effective at increasing some cancer screening.

Contacts include:

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

### 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 the cost of services offered outside the program. Permission to bill the client separately for non-BCCHP services must be obtained from the client prior to providing such services. 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 and Preventive Visits:

- BCCHP reimburses for office visits when the purpose of the visit is to discuss breast cancer screening.
- If preventive visit codes (series 993XX or 9938X) are used in place of office visit codes, 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 clients who are receiving cervical and/or colorectal cancer screening at the same time through BCCHP, only one visit may be billed and reimbursed.

### Multiple and Bilateral Procedures:

- The highest fee procedure is paid at 100%
- Each additional procedure will be paid at 50%

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- Certain multiple unilateral procedures may be billed using CPT codes for *Initial* and *Additional* according to the fee schedule.

### **Prior Authorization:**

BCCHP requires providers submit a Prior Authorization form to their Prime Contractor before performing an MRI. Due to limited funding each case will be individually reviewed by the Washington State Department of Health's BCCHP Nurse Consultant and Medical Advisory Committee.

### **Underinsured Clients:**

Clients whose coverage does not pay for cancer screening and diagnostic services, or requires high out-of-pocket expenses are considered underinsured. Prime contractors will inform underinsured clients which services and procedures are covered by 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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