



1-800-738-2301

SCREENING SITE MANUAL

All Women Count!

Online Training

All Women Count!



In order to use the All Women Count! Program at your facility, training is needed to understand the process of assessing eligibility, completing enrollment, providing follow up and submitting claims correctly and timely.

Program and Resource Online Facilitator (PROF) is a web based training tool accessible to you 24/7. This allows for training around your schedule. You can log in and out, maintain your place in the training, and review important program details and progress at your own pace. The training is set up through modules. Each module focuses on different parts of the program. You can start with the area that relates to your work responsibilities. We do encourage you to go through all of the modules in order to understand how the program works at your facility. So that you can evaluate your understanding of the program, there is a test at the end of each module.

The modules include:

1. Eligibility + Enrollment
2. Screening Sites
3. Forms + Documentation
4. Screening + Diagnostic Tests
5. Follow-up
6. Treatment
7. Billing
8. Payment
9. Materials

PROF can be a tool used for new staff orientation. It is always available as a refresher or can be used as a quick search to answer questions that come up.

Here is how to access PROF:

TO START THE TRAINING, YOU AND YOUR TEAM SHOULD FOLLOW THESE STEPS:

- Go to this link <http://dohprofsd.org>
- When you arrive at the “Home” page, click “My Training” in the orange bar on the left of the screen.

a. Complete the form

b. When asked for an Invitation Code:

- Enter your site’s three letter encounter ID (for example ABC)
 - Click the “All Women Count” link, and you are on your way!

NEED ASSISTANCE? If you have trouble with operating the training program and need assistance in anyway, click the Help link on the left hand side.



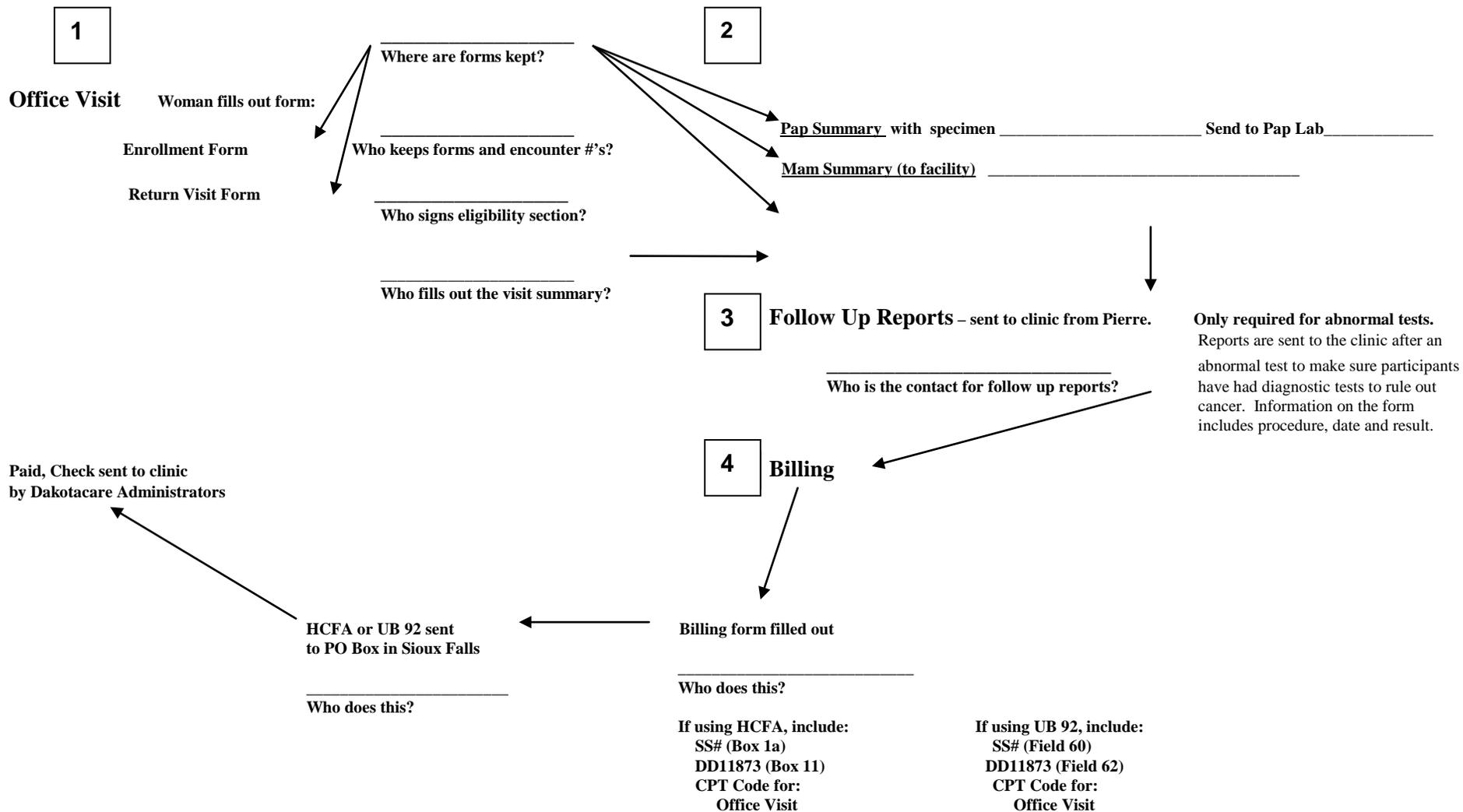
All WOMEN COUNT!

SOUTH DAKOTA DEPARTMENT OF HEALTH

“Step-by-step”

1. Woman hears of program through media, clinic staff, public health, etc.
2. Woman calls clinic site for information/appointment.
3. Woman fills out AWC Enrollment form (Cosmic Green)
 - Site determines women’s eligibility and accepts completed form
 - Woman signs Consent for Release of Information to AWC!
 - Site assigns Encounter number (for tracking).
4. Site performs exam (pelvic, pap, breast) and does related patient teaching. Sends Pap specimen and Pap Summary form (green), with Last Name, First Name, DOB, AWC! Encounter Number, DOS to Pap lab.
5. Site schedules mammogram, initiates Mammogram Summary form (yellow) and sends form to radiologist. Site uses same encounter number, Last Name, First Name, DOB as enrollment.
6. Site’s clinician completes Visit Summary on the last page of Enrollment form (Cosmic Green) and sent to program after appointment. (Please answer all questions)
7. Site’s billing office completes HCFA 1500 billing form (or bills insurance if applicable) and mails to AWC! PO Box 1506, Sioux Falls SD 57101-1506. DD11873 & SSN.
8. Site enters patients into tracking system and mails enrollment forms to AWC! weekly.
9. Woman has mammogram.
10. Site receives Pap and mammogram results.
11. If results are normal, site notifies patient and recalls her next year (AWC! mails recall lists to site and patient).
12. If abnormal, site facilitates follow-up care and responds to AWC!’s request for follow-up information.

AWC! Form Workflow



All Women Count!
Breast and Cervical Cancer Program
Eligibility Determination and Billing

1. Eligibility Determination

- Eligibility is determined at the clinic site. To answer questions about eligibility use the Eligibility Guidelines and the Income Guidelines for Screening Eligibility.
- Call All Women Count! 1-800-738-2301 if there are special circumstances.
- Each clinic keeps a supply of the forms (**Enrollment, Return Visit, Mammogram Summary, Pap Summary**).
Call 1-800-738-2301 to order more forms.

2. Enrollment

Lime Green Enrollment Form (only needs to be filled out at the initial visit)

- The woman needs to complete a **Lime Green Enrollment Form**
- The woman gives the enrollment form back to the nurse or the receptionist– they review the form for completeness. Checking each given answer, income eligibility and signatures.
- The person verifying eligibility needs to complete questions 33-37.
- The woman proceeds to have the clinical breast exam, pelvic exam (included in office visit) and, perhaps a pap test. The clinician completes the Visit Summary on the back. The completed form is mailed to Pierre within one week of visit date.

NOTE: If the completed form is given to the billing office, they need to send the form to Pierre and the bill to the PO Box in Sioux Falls. Form must be sent within one week from visit date.

Cherry Return Visit (filled out at any visit except the initial one)

- Once a woman fills out the Enrollment Form then any AWC! visit after; she completes the **Cherry Return Visit Form**.
- Once the woman completes the **Cherry Return Visit Form** and gives it to the nurse or receptionist, they review the form; checking each given answer, income eligibility and signatures. The nurse fills out the Visit Summary on the back. The completed form must be sent within one week of visit date.

NOTE: If the completed form is given to the billing office, they need to send the form to Pierre and the bill to the PO Box in Sioux Falls. Form must be sent within one week from visit date.

3. Clinic Test Reports

Yellow Mammogram Summary Form

- If a woman is age eligible for a mammogram an appointment is set up with the radiology/mammogram facility following the clinic's procedure. The **Mammogram Summary Form** is mailed to the radiology facility with the **patient's name, date of birth, date of service** and the **same encounter as the Enrollment or Return visit form**. Another option is to have the woman take the form with her to her mammogram appointment. After the woman has had her mammogram, the radiology facility mails the completed form to Pierre and the bill is mailed to the PO Box in Sioux Falls.

Note: If the form is not given to the mammogram facility, they have no way knowing to bill All Women Count! and problems could arise.

Green Pap Summary Form

- The **Pap Summary Form** is sent to the lab with the specimen. If a requisition form is sent to the Lab, it must state, “**Bill - All Women Count!**.” The form needs to have **the woman’s name, date of birth, date of service and same encounter number as the Enrollment Form or Return Visit Form**. The lab mails the completed form to Pierre and the bill to the PO Box in Sioux Falls.

Note: Pap tests are covered every three years **or** every five years with HPV co testing.

4. Encounter Numbers

- Each All Women Count! site has their own set of encounter numbers. These numbers identify both the clinic and the individual woman’s visit. The same encounter number needs to be placed on both sides of the **Enrollment Form** or **Return Visit Form** and once on the **Pap Summary** and **Mammogram Summary** for each individual visit.
- **Rule for encounter numbers** – one set of numbers per woman per visit. Do not save unused encounter numbers. You are given extra numbers and you won’t use all of them; please toss any remaining numbers. Numbers should **NEVER** be used more than one time.

You can order more encounter numbers by calling 1-800-738-2301.

5. Mailing the forms

All the forms – **Enrollment, Return Visit, Pap Summary** and **Mammogram Summary** are mailed to:

All Women Count!
615 East 4th Street
Pierre, SD 57501

6. Billing for Services

AWC! will pay for services listed on the “Payment Schedule of allowed services by CPT code” list. (If there are questions, call the AWC! Program at 1-800-738-2301).

Completing the HCFA 1500 or UB 92

HCFA: Box 1a on the **HCFA** needs a **social security number**

Box 11 needs this identifier number – **DD11873 (MUST be on form)**

UB92: Field 60 needs a social security number

Field 64 needs the identifier **DD11873 (MUST be on form)**

****Electronic Billing is available by contracting Dakotacare at 605-334-4000**

The Billing office mails bills only on (HCFA 1500 or UB 92) to:

ALL WOMEN COUNT!
PO Box 1506
Sioux Falls, SD 57101-1506

CHAPTER 1

INTRODUCTION

WHO TO CALL FOR QUESTIONS AND ANSWERS

All Women Count! (AWC!)

**South Dakota Department of Health (DOH) - Pierre
1-800-738-2301**

-Karen Cudmore (605-773-5728)
Program Director

-Roberta Hofeldt (605-773-4379)
Clinical Care Coordinator

-Tyann Gildemaster (605-773-4048)
Data Manager

American Cancer Society (ACS) – Sioux Falls # 1-800-660-7703

-Stacie Fredenberg (605-361-8277)
Outreach, ACS Materials, SD Women's Cancer Network

CHAPTER 2

AWC! SCREENING PROGRAM PROCESS

In general, your responsibilities as an AWC! site are to:

- Identify age-appropriate women who need screening, determine their eligibility and enroll them in the program.
- Provide screening exams and education.
- Track your own AWC! patients and ensure that summaries of screening results are sent to AWC!.
- Notify women of their test results as you would all of your patients.
- Follow up with women who have abnormal results. Provide AWC! with results of follow-up care. These can include diagnostic test results and/or office notes indication follow up plans. These forms are to be mailed to 615E 4th, Pierre, SD 57501
- Send completed HCFA 1500 Universal Billing Form to AWC! for services provided. Billing forms are to be sent to AWC! PO Box 1506, Sioux Falls SD 57101-1506
- Remind women when they are due for future screenings. The AWC! Program will also send a reminder to the women. Annual screening can be between 10-14 month periods.
- Designate one person to be your administrative contact person for AWC!, one person to be your follow-up contact person (Can be the same person) and one person to be your billing contact person.

You may already do some of these as part of your regular patient care.

Services Covered by AWC!

Screening and diagnostic services covered by AWC! include:

- Clinical breast exam
- Mammogram (both screening and diagnostic)
- Fine needle aspiration of a breast lump
- Ultrasound interpretation after mammogram
- Breast biopsy
- Pap smear every three years
- Pelvic exam – to be added into office visit charge
- HPV tests with Pap smear every 5 years ‘
- Colposcopy and colposcopy-directed biopsy
- LEEP biopsy
- Cone biopsy

Women need to be enrolled for screening services. If additional tests/follow-up are necessary, AWC! can cover the diagnostic procedures listed above.

A detailed list of services, CPT Codes, and reimbursement rates is found in Appendix C.

Eligibility Criteria

In order to qualify for AWC! a woman must meet all of the following guidelines

Income: At or below the income guidelines found in **Appendix A.***

Insurance status: Uninsured or underinsured (co-payment, limited coverage, unmet deductible, etc.).**

Age: Age 30 to 64 for cervical cancer screening***
Age 40 to 64 for breast cancer screening
Women with documented risk factors****

* Use gross income before taxes or other deductions. For self-employed women, including farmers, use net household taxable income after deducting business expenses. AWC! income guidelines are revised of each year.

** AWC! is the payer of last resort. If a woman has another payment source that covers screening, such as private insurance this source must be billed first (see Chapter 6 for more information). AWC! will cover co-payments and deductibles to supplement other payers, so that AWC! services remain free to the patient.

*** AWC! will pay for Pap tests for women 30-64 who have an intact cervix. AWC! can pay for Pap tests every third year or every 5 years with HPV contesting. Physician discretion may be used to authorize more frequent Pap tests as risk factors and other individual circumstances warrant. The suggested parameters for physician discretion are women at high risk for cervical cancer. For example: HIV positive, immunocompromised, exposed in-utero DES, history of cervical cancer or cervical dysplasia. Physician discretion should be documented on the enrollment form or a call made to the program at 1-800-738-2301.

If a woman receives an abnormal screening result at any time, professional guidelines related to the follow-up of abnormal Pap tests and reimbursement of diagnostic procedures should be followed. Once a woman has completed the recommended follow-up, she may again receive annual Pap tests until three, consecutive Pap screens within a 5-year (60 months) period are normal.

The vast majorities of women who have had a hysterectomy do not have a cervix and are not at risk for developing cervical cancer. All Women Count! will not pay for cervical cancer screening for women with hysterectomies, unless the hysterectomy was performed due to cervical neoplasia. All Women Count! will pay for an initial examination to determine if a woman has a cervix.

**** Women 30-39 are eligible for a diagnostic mammogram if they have documented breast signs or symptoms suspicious for cancer (i.e. palpable lump, bloody discharge, nipple inversion, ulceration, dimpling or inflammation of the skin). Any woman who 30-39, with an abnormal suspicious for cancer clinical breast exam, must have services pre-approved for payment. Pre-approval is obtained by calling AWC! at 1-800-738-2301. AWC! will also authorize a mammogram for this age group; if a biological first degree relative has had breast cancer.

A Note about Medicare and Medicaid...

If a woman is receiving Medicare or Medicaid benefits she is not eligible for the AWC! Program.

Enrolling Women

Women may enroll in AWC! services at CHN offices or at participating AWC! screening sites.

To enroll a woman in AWC!, have her complete the consent for release of information, questions 1-32 on the (cosmic green) All Women Count! Enrollment Form (see **Appendix H**). In addition to a signed consent for release of information, this form asks for her address, income, insurance coverage, and related information. Use this information to determine whether she is eligible.

She does not need to prove her income; you may accept her self-report. Many AWC! sites find it helpful to pre-screen women for eligibility over the phone before scheduling an appointment.

Appendix E contains a sample pre-screening tool that you may adapt for use in your facility if you wish.

Once you have determined that a woman is eligible, assign her an AWC! Encounter Number and enter it on her Enrollment form. AWC! supplies you with Encounter Number labels in sets of ten. Each number consists of three letters unique to your individual site followed by numbers

unique to that patient for that day of service (eg “ABC123”). You will use the additional labels for her Pap Summary (green) and/or Mammogram Summary (yellow). Please discard any leftover labels with her unique number; they can **NOT** be used for another patient or for a later visit for the same patient.

Providing Patient Care and Education

Once it is determined the woman is eligible, she must have an examination which includes a clinical breast exam, pelvic exam and/or a Pap smear by **a clinician at an AWC! screening site**, according to that site’s patient care protocols. The exam may be done by a physician, nurse practitioner, physician’s assistant, or nurse midwife.

After the examination is done, the clinician should complete the Visit Summary on the back page of the Enrollment Form. **Please review each form for completeness, enter the patient into your tracking system (see Appendix F for a sample tracking log), and mail original copies of the Enrollment forms to AWC! (615 E 4th ST, Pierre SD 57501).** To ensure that women are tracked adequately and that your bills are paid quickly, **it is crucial that AWC! receive Enrollment forms (615 E 4th Pierre SD 57501) and HCFA 1500 billing forms (PO Box 1506 Sioux Falls SD 57101-1506) within 1-2 weeks of the exam.**

Reporting Test Results to AWC!

AWC! requires that you arrange with your cytology laboratory and radiologist to independently report Pap smear and mammogram results directly to AWC!, with the patients' individual Encounter Number attached. AWC! may require the clinic to send copies of Pap reports and/or mammogram reports to us. AWC! uses this information to maintain a centralized, computerized tracking system that monitors the results and follow-up care of all women enrolled in the program. This helps ensure that no woman is lost to follow-up. All patient information and test results are kept completely confidential by AWC! staff. Your clinic continues to receive test results and provide follow-up in your usual manner.

To arrange for AWC! to receive results, send an AWC! Pap Summary form with the patient's Pap smear and an AWC! Mammogram Summary form to the mammogram facility, at the time you are scheduling the mammogram. (see **Appendix H** for examples of these forms). The AWC! Encounter Number from her Enrollment form must appear on these forms, attach label in the box in the upper right corner. You will need to work out individual procedures for handling these forms at your location. An example of a flow chart is provided in the front of the manual, you may adapt it for use in your facility.

The Pap smear laboratory and radiology group should complete the summary and billing forms and mail them directly to the appropriate AWC! mailing site as soon as possible. The Pap Summary form may be completed by a cytotechnologist or pathologist.

If you switch to a different cytology lab or mammography facility, they must be participating providers in the program in order for patient services to be reimbursed. The Centers for Disease

Control and Prevention requires that AWC! Paps must be read at a CLIA-certified or HCFA-licensed lab. Mammograms must be done at a unit that is accredited by the American College of Radiology.

Guidelines for Notifying Patients of Test Results

Please notify all AWC! patients of the results of their screening tests. Abnormal results should be communicated within ten days, along with a plan for arranging for follow-up care. Guidelines for notifying patients are one letter and phone call upon receipt of results, one letter and phone call one week later if no response to notification for abnormal results, all documented in the patient's chart.

If no response, a certified letter is mailed, and return receipt is placed in the patient's medical record. Contact the AWC! Clinical Coordinator if you cannot reach a patient to notify them of test results.

If a woman is diagnosed with breast or cervical cancer through screening in the AWC! Program and has no credible health insurance, she could be eligible for treatment coverage. This coverage is full Medicaid coverage. If a woman is found to have breast or cervical cancer and is need of treatment please call the Clinical Coordinator for more information, 1-(800)-738-2301. High grades of Cervical pre-cancer that require treatment may also be applicable. Results may be relayed in person if you prefer.

Tracking

We recommend that someone in your organization be assigned to track AWC! patients. It has been AWC's! observation that tracking works most smoothly when one individual performs this task. You may use whatever system works for you. **Appendix F** contains a manual tracking log that is used by some of our sites. You are free to duplicate and use this log.

In addition to your tracking, AWC! maintains a centralized database, tracking exam data, test results, follow-up care obtained, and rescreening dates for all enrolled patients. All completed visit forms and test results received by the AWC! Program are entered into this database. We will send you certain standard reports on a regular basis to assist you with your AWC! tracking.

These include:

Missing form reports 1 to 3 times a month.

List of your patient's in a normal cervical cancer screening cycle.

Reminders are mailed to the patient 10 months from their last visit

Incomplete or Missing Visit Forms

If AWC! receives an incomplete visit form (Enrollment or Return Visit) that we cannot process, we will either phone you for the missing information or return the form to you by mail. The patient's visit information will be entered into our database after we receive the completed form back from you.

AWC! will process all forms on day of receipt. If we do not receive a Visit form or summaries, we will not be able to pay for the services provided to the woman and, the bills will be denied.

Missing Test Results

Weekly or bi weekly, AWC! will send you lists of any patients whose tests results have not yet arrived at AWC!. To respond to these requests for missing test results, you may photocopy the Pap smear or mammogram results from the patient's chart, indicate the Encounter Number, and return to AWC!. If the test was not actually done, please follow the instructions given on the request to indicate why, and return to AWC!. AWC! will then correct the entry in our database. The women will remain on the list until we are told of the results or why the test was not actually done.

Individual charges on your HCFA billing forms are disallowed if information about the service billed is missing from our database.

Return Visits

The initial Enrollment Form should be completed only once for each participant. For return visits done under AWC!, complete the (cherry) Return Visit Form (see **Appendix I**). It should be completed for all follow-up visits in which an AWC!-reimbursable service is provided. Examples of such return visits include: an annual Pap/pelvic/breast exam, a repeat Pap smear (when applicable) or breast exam, colposcopy, LEEP, cone, endometrial biopsy or fine needle aspiration, a consultation to discuss results of an abnormal AWC! test and ordering a 6 month follow-up diagnostic mammogram after a probably benign mammogram. **Assign a new AWC!**

Encounter Number for each patient for each return visit. Attach this number to the Return Visit form and to the Pap Summary, Mammogram Summary for that visit, if applicable.

Recalling Women for Future Screening Exams

We encourage you to remind patients who are enrolled in AWC! when they are due for a return screening appointment. Repeated screening exams at routine intervals provide the best means of detecting cancers in the early stages. Sites may use whatever system you may currently have in place for all patients. The AWC! Program will also send a reminder directly to the woman, two months in advance, and if re screen information is completed on the bottom of the visit summary.

Supplies

To order additional AWC! forms or Encounter Number labels, use the order form in **Appendix G** or call (800) 738-2301.

CHAPTER 3

AWC! PATIENT DATA FORMS: INSTRUCTIONS FOR COMPLETION

There are four basic forms for reporting data to AWC! about the services you provide to your AWC! patients.

Enrollment Form (cosmic green)

- ◆ To document initial AWC! visit only

Return Visit Form (cherry)

- ◆ To document any subsequent covered visits, no matter how much time has elapsed

Mammogram Summary (yellow)

- ◆ To report a summary of the mammogram findings and radiologist's recommendations

Pap Summary (green)

- ◆ To report Pap smear findings

Each form is explained here, with detailed instruction for individual items. **Items with a (✓) are required data elements.** If these items are incomplete or incorrect, the form will be returned to you for completion.

*******Send forms to AWC! within a week of the date of service.*******

This will enable us to track patients and reimburse you promptly.

Please return forms to:

All Women Count!
South Dakota Department of Health
615 East 4th Street
Pierre, SD 57501-3185

*******Send billing (HCFA1500 or UB-92) to AWC! within a week of the date of service*******

If the patient has private health insurance that does not cover these services you must attach the Explanation of Benefits.

Please send billing to:

All Women Count!
PO Box 1506
Sioux Falls SD 57101-1506

Box 11 on HCFA 1500 must have our insurance ID number for DAKOTACARE- DD11873.
Field 62 on UB-92 must have our insurance ID number for DAKOTACARE- DD11873

Enrollment Form: Cosmic Green
Version 8/13

To document initial AWC! visit only.

Questions 1-32 (cosmic green) are completed by the woman enrolling in AWC!. Clinician will determine woman's eligible and complete the visit summary on the back page.

The following items are common problem areas and should be checked for accuracy and completeness before submitting forms. **Items with a (✓) are required data elements.** If these items are incomplete or incorrect, the form will be returned to you for completion.

PROGRAM DESCRIPTION AND CONSENT FOR RELEASE OF INFORMATION

- ✓ **AWC! Encounter Number.** There must be one that is unique to this visit and patient.
- ✓ **Patient Signature.** Required.
- ✓ **Today's (visit) date.** This must be a current date. Often people will "forget" the correct year or put their birth date.

PERSONAL DATA

- ✓ **Birth Date.** A common error is to put today's date.
- ✓ **Social Security Number.** This information is optional, but allows AWC! to better identify the patient's records.
- ✓ **City.** Required.
- ✓ **Income.** Check to make sure this is a MONTHLY income.
- ✓ **Number of people supported by income.** This is the number of people in the household supported by the above income including: (spouse, children, roommate, etc.)
- ✓ **Health History Questions.**
- ✓ **Insurance copay or deductible.** If the patient can pay her insurance copay or deductible, she is not eligible for the program.
- ✓ **Medicare B or Medicaid:** If the patient is enrolled in Medicare B or Medicaid, she is **NOT** eligible for the program.

ELIGIBILITY DETERMINATION

- ✓ Medicare or Medicaid: If the patient is enrolled in Medicare or Medicaid, she is **NOT** eligible for the program.
- ✓ **Income Eligibility.** Required. If the income is more than the guidelines, the patient not eligible for the program. Verify with **appendix A.**
- ✓ **Cervical Screening.** Required. The patient must be a South Dakota resident.
- ✓ **Breast Screening.** Required. If the patient does not meet the age guidelines, you must call AWC! at (800) 738-2301 for pre approval. The patient must be a South Dakota resident.

Please make sure client and person verifying eligibility sign the form and that the date is today's date.

VISIT SUMMARY

- ✓ **Visit date.** This must be the date the client had the office visit.

PATIENT HISTORY

For each screening test or exam (clinical breast exam, mammogram, Pap smear):

1. If you know that a patient has had a prior screening test or exam done, mark the box under **Yes** for that screening and fill in the **month** and **year** that screening took place (leave blank if a date is not known).
2. If you know that prior screening test or exam was not done, mark the box under **No prior exam/test.**
3. If you don't know whether a prior screening test or exam was done, mark the box under **Don't know if done.**

AWC! SERVICES PROVIDED THIS VISIT

Form must indicate that at least one of the following categories of service was provided.

Breast Data

- ✓ **Breast exam** done this visit is marked **Yes**, **findings** must be reported. Do not report breast exam findings from prior visits. Refer to form for definition of findings.
- ✓ If a **mammogram** is done or ordered it should be marked **Yes**. **If not mark as No**. It is AWC's! expectation that a complete breast cancer screening will include a breast exam in addition to a mammogram.

NOTE: If marking the CBE findings abnormal: suspicious for cancer, follow up is necessary beyond a negative mammogram. Consider an ultra sound, repeat clinical breast exam or a biopsy for appropriate follow up. Appendix D shows professional guidance for abnormal screening follow up.

Cervical Data

- ✓ If a Pap smear is done this visit mark **Yes**.
- ✓ If a Pap smear is not done mark **No**.

RESCREEN PLAN

Enter a month and year (not an age). If left blank, the patient will not appear on AWC! reminder lists. Annual screening can be done in a 10-14 month period.

*Please put the date you would rescreen patient if test(s) done or ordered today are normal.

Return Visit Form: Cherry
Version 8/2013

To document any subsequent visits, no matter how much time has passed.

Front page is completed by the patient. Eligibility and back page is completed by the clinician.

The following items are common problem areas and should be checked for accuracy and completeness before submitting forms. **Items with a (✓) are required data elements.** If these items are incomplete or incorrect, the form will be returned to you for completion.

PERSONAL DATA AND CONSENT FOR RELEASE OF INFORMATION

- ✓ **AWC! Encounter number.** There must be one that is unique to this visit and patient.
- ✓ **Birth date.** A common error is to put today's date.
- ✓ **Social Security Number.** This information is optional, but allows SDBCCCP to better identify the patient's record.
- ✓ **City.** Required.
- ✓ **County.** Required.
- ✓ **Income.** Check to make sure this is a MONTHLY income
- ✓ **Number of people supported by income.** This is the number of people supported by the above income including: spouse, children, roommate, etc
- ✓ **Insurance co-pay or deductible.** If the patient can pay her insurance co-pay or deductible, she is not eligible for the program.
- ✓ **Medicare or Medicaid:** If the patient is enrolled in Medicare or Medicaid she is **NOT** eligible for the program.
- ✓ **Patient signature.** Update every 6-12 months.
- ✓ **Today's (visit) date.** There must be a current date. Often people will "forget" the correct year or put their birth date.

VISIT SUMMARY

- ✓ **Visit date.** This must be the date the client had the office visit.

PATIENT HISTORY

For each screening test or exam (clinical breast exam, mammogram, Pap smear):

1. If you know that a patient has had a prior screening test or exam done, mark the box under **Yes** for that screening and fill in the **month** and **year** that screening took place (leave blank if a date is not known).
2. If you know that prior screening test or exam was not done, mark the box under **No prior exam/test**.
3. If you don't know whether a prior screening test or exam was done, mark the box under **Don't know if done**.

AWC! SERVICES PROVIDED THIS VISIT

Form must indicate that at least one of the following categories of service was provided.

Consult

- ✓ Check if this visit is for a consultation with the clinician when no screening services were provided such as a Pap smear, breast exam, colposcopy, or fine needle aspiration. These consultation visits take place after an abnormal AWC! screening result has been obtained.

Breast Data

- ✓ If a **Breast exam** done this visit is marked **Yes**, **findings** must be reported. Do not report breast exam findings from prior visits. Refer to form for definition of findings.
- ✓ If a **mammogram** is done or ordered it should be marked **Yes**. If not done marked **No**. It is AWC's! expectation that a complete breast cancer screening will include a breast exam in addition to a mammogram.

NOTE: If marking the CBE findings abnormal: suspicious for cancer, follow up is necessary beyond a negative mammogram. Consider an ultra sound, repeat clinical breast exam or a biopsy for appropriate follow up. Appendix D shows professional guidance for follow up of abnormal screenings.

Cervical Data

- ✓ If a Pap smear is done this visit, mark **Yes**.
- ✓ If a Pap smear is not done this visit, mark **No**.
- ✓ If **Colposcopy, LEEP, cone or endometrial biopsy done this visit** is marked **Yes** (any “yes” category), the prior abnormal Pap result must be entered under **abnormal Pap result** with the **date** it was obtained. Note: the date of the abnormal Pap must be prior to the date of the colposcopy.

NOTE: Endometrial Biospy must be preauthorized.

RESCREEN PLAN

Enter a month and year (not an age). If left blank, the patient will not appear on AWC! reminder lists. Annual screening can be done within a 10-14 month period.

*Please put the date you would rescreen patient if test(s) done or ordered today are normal.

Mammogram Summary: Yellow
Version 12/2008

The following items are common problem areas and should be checked for accuracy and completeness before submitting forms. **Items with a (✓) are required data elements.** If these items are incomplete or incorrect, the form will be returned to you for completion.

IDENTIFYING INFORMATION (Completed by the referring provider)

- ✓ **Patient name and Date of Birth.** Last name, first name, middle initial
- ✓ **AWC! Encounter Number.** This must match the encounter number of the office visit where it was ordered.

MAMMOGRAM INFORMATION (Completed by the mammography facility)

- ✓ **Facility where mammogram was done.** Please be as accurate and as current as possible on the name. If a mobile unit comes into the facility, record the facility name where the mammogram occurred - NOT the name of the mobile mammography provider.
 - ✓ **Mammogram date.** This must be when the mammogram was done, not ordered.
- Radiology #.** The film number assigned by the mammography facility (optional).

RADIOLOGIST'S ASSESSMENT AND RECOMMENDATION (Completed by the Radiologist or radiology facility)

- ✓ **ACR Assessment Category.** Only one category should be checked.
- ✓ **Recommendation.** This should correspond to the ACR Assessment Category.

At the bottom of this form please supply the Radiologist's name, signature, Radiology group, and date dictated. This information allows AWC! to contact the appropriate radiologist if there are questions.

Pap Summary Form: Green
Version 10/2012

The following items are common problem areas and should be checked for accuracy and completeness before submitting forms. **Items with a (✓) are required data elements.** If these items are incomplete or incorrect, the form will be returned to you for completion.

- ✓ **Patient name and Date of Birth.** Last name, first name, middle initial
- ✓ **AWC! Encounter Number.** This must match the encounter number of the office visit where the Pap smear was collected.
- ✓ **Date specimen collected.** This date should be the same as the date of the office visit, not the date the lab received it.

PAP SMEAR INFORMATION (Completed by cytotechnologist or pathologist)

- ✓ **Lab name.** Please report the facility where the Pap smear was read.
- ✓ **Specimen type.** A category must be marked.
- ✓ **Specimen Adequacy.** A category must be marked.

FINDINGS (Completed by cytotechnologist or pathologist)

- ✓ **General Categorization.** Only one category should be checked.
- ✓ **Descriptive Diagnosis.** This should correspond to the General Categorization.
- ✓ **HPV date and result-** Done every 5 years with Pap smear or reflex with ASC-US Pap.

CHAPTER 4

**FOLLOW-UP OF WOMEN
WITH ABNORMAL
RESULTS**

AWC! monitors the outcome of all patients with abnormal screening tests to ensure that women obtain adequate follow-up and to evaluate the effectiveness of the AWC! screening program. Keep in mind that the vast majority of women screened are likely to have normal results, and that only a small proportion of those with abnormal results will be found to have cancer after a diagnostic work-up. Based on pooled national data, it is estimated that for every 100 screening mammograms, seven will be abnormal, and less than one cancer will be found. Invasive cervical cancer is far less common; similar data suggest that for every 1,000 screening Pap smears, less than one invasive cancer will be found. However, a larger number of women will require evaluation and treatment for pre-invasive cervical dysplasia, and this will vary according to the risk status of the population screened.

A patient with an abnormal screening result should be notified as quickly as possible and helped to arrange follow-up care. The AWC! Clinical Coordinator is available to assist you in locating resources. If a woman has no credible coverage and has been diagnosed through screening and diagnostic services through the Program by biopsy with cervical pre-cancer (CIN II CIN III), cancer or breast cancer call the clinical coordinator for information on Medicaid coverage.

Suggested Practice Guidelines for Follow-up of Abnormal Pap Smears and Breast Abnormalities

Guidelines for the follow-up of abnormal Pap smear and breast abnormalities results are included in **Appendix D**. The guidelines are not intended to dictate practice, but rather to serve as a standard against which the program can monitor follow-up care received by program participants.

Diagnostic and Treatment Services for Underinsured and Uninsured Women

Because the AWC! recognizes and understands the challenges inherent in securing affordable medical care for uninsured or underinsured women, our staff continues to seek sources of care that meet the needs of these women. Some diagnostic procedures are covered by All Women Counts! For a complete list of covered services, refer to Appendix C. If a woman is screened through All Women Count! and found to be in need of treatment for breast or cervical cancer, there may be coverage available. The woman must be uninsured and meet AWC! guidelines. The woman may be eligible for full Medical Assistance coverage until her treatment is completed. Through the joint efforts of AWC! and a number of providers and organizations in the Women's Cancer Network, other resources are sometimes available for women needing either diagnostic or treatment procedures not covered by the program. Contact the AWC! Clinical Coordinator at (800) 738-2301.

CHAPTER 5

**BILLING AND
ADMINISTRATIVE ISSUES**

Provider Agreements

DAKOTACARE is a partner in the All Women Count! Program and supports the program's mission to provide Breast and Cervical Cancer screening for South Dakota women meeting the age and income guidelines. DAKOTACARE has agreed to AWC! using their bill paying system and will send the check to participating providers for Breast and Cervical Screening Services on behalf of the program.

Provider agreements will be signed with All Women Count!. However, it is important to note that the AWC! Program is not an insurance program. Billing, payment, and other administrative issues are covered in more detail in the provider agreement. Please familiarize yourself with the agreement.

A completed agreement with either a participating provider or a participating hospital automatically places you on the provider list which is circulated across the state through many public health agencies and voluntary health organizations. You may receive inquiries from women from these contacts as well as from organized outreach efforts.

What Services will AWC! Reimburse?

AWC! will only reimburse for the CPT codes listed in Appendix C.

These codes and reimbursement rates are an addendum to the provider agreements and will be in effect unless you receive written notification. In most cases, this will be necessitated by a change in Medicare Part B reimbursement rates for South Dakota. As required by federal legislation, AWC! reimbursement rates are based on prevailing Medicare Part B rates for the state of South Dakota.

No other CPT codes are accepted by our system and will be disallowed if billed. The clinic determines the appropriate visit code to be billed. The only restrictions are that only one new

patient visit is allowed per patient and the new patient charge should be used for patients new to your clinic, not the program.

Who Should Be Billed?

AWC! services must be free to all eligible program participants. **The patient must never be billed for AWC! covered services.** You may bill participants for non-covered services provided during an AWC! visit (certain blood tests, medications, etc.). However, please notify the patient before hand that these additional services will be their responsibility. AWC! is advertised as a free program and some patients may be confused if billed for additional services.

If the patient has any type of coverage that might pay for the services you must collect from those sources. AWC! is the payer of last resort. If you think that AWC! services will not be covered by the patient's insurance, you need to wait for a denial or Explanation of Benefits (EOB) before billing AWC!. AWC! DOES require a copy of the denial or EOB with the bill. We ask that you submit the insurance claim so that the patient receives credit toward the deductible.

Bills for AWC! eligible patients who are insured but whose primary carrier does not send payment directly to the provider, must be accompanied by a copy of the Explanation of Benefits. This EOB may be obtained from the patient or the primary carrier. Once the EOB is received, the provider may then file their claim (with the EOB attached) to the AWC! Program (PO Box 1506, Sioux Falls SD 57101-1506).

Who Bills AWC!?

As a screening site you should have a Provider Agreement with AWC! in order to bill AWC! for all **COVERED** services. If you refer certain services out to others (e.g. mammography, radiology, colposcopy, cytology, etc.), those providers may bill the AWC! Program directly for the services they perform. The provider that you subcontract these services to must have signed a Provider Agreement with AWC! or the AWC! Program cannot reimburse for these services. Under certain circumstances those providers with whom you subcontract can bill you and you, in turn, bill AWC!.

How Do You Bill AWC!?

HCFA 1500's and UB 92's are the only accepted billing forms for services. Only AWC! allowable services should appear on the form and the insurance identifier (DD11873) must appear in Box 11 on HCFA 1500 or Field 62 on the UB-92. NO NUMBER will cause a claim to deny automatically.

Submit the billing forms (HCFA 1500 or UB-92) to:

All Women Count!
PO Box 1506
Sioux Falls SD 57101-1506

Submit the colored AWC! forms (Cosmic Green, Cherry, Green and Yellow) to:

All Women Count!
615 E 4th
Pierre SD 57501

What Amount Do I Bill AWC!?

AWC! reimburses based on current Medicare rates. **If a portion of the charges have been covered by any type of third party coverage**, you must submit the EOB with your claim, billing your usual and customary rates to AWC!. AWC! providers have agreed in the Provider Agreement to accept AWC! rates as full payment for covered services. AWC! will reimburse you only for the difference in what insurance has paid and the allowable rate. You should always bill AWC! at your usual and customary rate, however, you will be paid at the Medicare B rate. **Again, the patient cannot be billed the balance.**

Who Receives the Check?

Participating providers will receive checks from DAKAOTACARE on behalf of the AWC! Program.

If a charge is billed and we have not received the results, (screening / diagnostic reports) or visit summary, we will suspend the charge for 60 days in anticipation of the paperwork. When the paperwork is received, the charge will automatically be paid. If after 60 days the paperwork has not been received, the charge will be disallowed. When the results have been received by the AWC! Program you may resubmit the billing.

Charges will be disallowed immediately under the following circumstances: the patient does not meet age or income eligibility and pre-authorization has not been obtained; the procedure billed is not marked as done on the visit summary; or when a charge has been previously submitted. It

is very important that the Enrollment Form and visit summary be filled out correctly. Several examples of problems on the Enrollment Form are as follows:

- 1) A birth date written in as today's date.
- 2) A birth date year written in as this year.

All of these errors would cause a charge to be disallowed. Examples of problems on the visit summary are as follows:

- 1) Mammogram not marked as ordered.
- 2) Pap smear or colposcopy not marked as done.
- 3) Colposcopy marked as done without abnormal Pap smear results.
- 4) Mammogram done on patient less than 50 without abnormal CBE marked (i.e., discrete lump or mass; nipple scaling or discharge; or skin dimpling, retraction, or edema) and pre-approval not requested from AWC!

Again, all of these examples would result in a charge being disallowed.

There may be other occasions when charges will be disallowed but the reason will be explained to you. Examples would be the following:

- 1) Billing for a CPT code not on our reimbursement rate schedule.
- 2) Billing for an encounter number where the patient name is different from the name on the bill.
- 3) Billing twice for a new patient visit on the same person.

Any charge that has been disallowed can be re billed if the charge is valid and the error has been corrected.

Who Do I Call With Problems?

If you have questions about general billing policy, insurance issues, specific charges, please call All Women Count!, at (800) 738-2301.

CHAPTER 6

APPENDICES

2016 Cancer Screening Programs
South Dakota Department of Health
 All Women Count! Program
Income Guidelines for Screening Eligibility

Family Size	Annual Income	Monthly Income	Weekly Income
1	\$23,760	\$1,980	\$457
2	\$32,040	\$2,670	\$616
3	\$40,320	\$3,360	\$775
4	\$48,600	\$4,050	\$935
5	\$56,880	\$4,740	\$1,094
6	\$65,160	\$5,430	\$1,253
7	\$73,460	\$6,121	\$1,413
8	\$81,780	\$6,815	\$1,573
9	\$90,100	\$7,508	\$1,733
10	\$98,420	\$8,202	\$1,893
11	\$106,740	\$8,895	\$2,053
12	\$115,060	\$9,588	\$2,213
13	\$123,380	\$10,282	\$2,373
14	\$131,700	\$10,975	\$2,533
15	\$140,020	\$11,668	\$2,693

- Husband-wife combined income before taxes should be at or below levels listed for family size.
- Single income before taxes should be at or below levels listed for family size.
- For further clarification, call the South Dakota Department of Health, All Women Count! Program at 1-800-738-2301.

APPENDIX B

SCREENING ELIGIBILITY GUIDELINES FOR AWC!

RESIDENT OF SOUTH DAKOTA

- **Must be a resident of South Dakota to qualify for program.**

INSURANCE STATUS

- **Must be uninsured or underinsured (co-payment, limited coverage, unmet deductible) to qualify for program.**
- **Not enrolled in Medicaid or Medicare B**

INCOME

- **Must meet income guidelines to qualify for program. (Refer to worksheet for income allowances or Appendix A)**

AGE

- **Must meet age guidelines to qualify for program.**

-30 to 64 for cervical cancer screening

-40 to 64 for breast and cervical cancer screening

SPECIAL CIRCUMSTANCE

- **Women 30-39 with these clinical symptoms**

-documented breast signs or symptoms suspicious for cancer (i.e. palpable lump, bloody discharge, nipple inversion, ulceration, dimpling or inflammation of the skin)

-call AWC! At 1-800-738-2301 for pre-approval

-Family History - If a woman has a biological, 1st degree relative that has been diagnosed previously with breast cancer; please contact AWC! for authorization of a screening mammogram.

APPENDIX C

ALL WOMEN COUNT! PROGRAM PAYMENT SCHEDULE OF ALLOWED SERVICES BY CPT CODE EFFECTIVE March 1, 2016

CPT CODE	SERVICE DESCRIPTION	
00400	Anesthesia for procedures on the anterior trunk and perineum	Per ABU
00940	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified	Per ABU
10021	Fine needle aspiration without imaging guidance	\$121.30
10022	Fine needle aspiration with imaging guidance	\$140.42
19000	Puncture Aspiration of Cyst of Breast	\$112.57
19001	Aspiration, each additional Cyst	\$26.50
19081	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion DO NOT use in conjunction with 19281-19288	\$696.97
19082	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion DO NOT use in conjunction with 19281-19288	\$552.08
19083	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion DO NOT use in conjunction with 19281-19288	\$651.04
19084	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion DO NOT use in conjunction with 19281-19288	\$531.46
19100	Biopsy of Breast; Needle Core	\$148.41
19101	Biopsy of Breast; Incisional	\$332.82
19120	Excision of Cyst, Fibroadenoma, or Other Benign or Malignant Tumor Aberrant Breast Tissue, Duct Lesion or Nipple Lesion (except 19140)	\$475.69
19125	Excision of Breast Lesion Identified by Preoperative Placement of Radiological Marker; Single Lesion	\$527.36
19126	Excision, Each Additional Lesion	153.08
19281	Placement of breast localization device, percutaneous; mammographic guidance; first lesion DO NOT use in conjunction with 19081-19086	\$240.25
19282	Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion DO NOT use in conjunction with 19081-19086	\$168.46
19283	Placement of breast localization device, percutaneous; stereotactic guidance; first lesion DO NOT use in conjunction with 19081-19086	\$269.39
19284	Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion DO NOT use in conjunction with 19081-19086	\$204.01
19285	Placement of breast localization device, percutaneous; ultrasound guidance; first lesion DO NOT use in conjunction with 19081-19086	\$519.81

19286	Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion DO NOT use in conjunction with 19081-19086	\$457.79
57452	Colposcopy without Biopsy	\$106.34
57454	Colposcopy with Directed Cervical Biopsy	\$149.02
57455	Colposcopy with biopsy(s) of the cervix	\$139.28
57456	Colposcopy with endocervical curettage	\$131.47
57460	Colposcopy with loop electrode biopsy(s) of the cervix	\$278.56
57461	Colposcopy with loop electrode conization of the cervix	\$314.08
57500	Biopsy, single or multiple, or local excision of lesion, with or without fulguration	\$126.03
57505	Endocervical curettage (not done as part of a dilation and curettage).	\$100.04
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage; with our without repair; cold knife or laser.	\$299.18
57522	Loop electrode excision	\$256.65
76098-YN	Radiological Examination, Surgical Specimen	\$16.40
76098-TC	Radiological Examination, Surgical Specimen	\$8.38
76098-26	Radiological Examination, Surgical Specimen	\$8.02
76641-YN	Ultrasound, complete, examination of breast including axilla, unilateral	\$107.77
76641-TC	Ultrasound, complete examination of breast including axilla, unilateral	\$71.39
76641-26	Ultrasound, complete examination of breast including axilla, unilateral	\$36.38
76642-YN	Ultrasound, limited examination of breast including axilla, unilateral	\$88.44
76642-TC	Ultrasound, limited examination of breast including axilla, unilateral	\$54.57
76642-26	Ultrasound, limited examination of breast including axilla, unilateral	\$33.87
76942-YN	Ultrasound Guidance Needle Biopsy	\$60.51
76942-TC	Ultrasound Guidance Needle Biopsy	\$27.35
76942-26	Ultrasound Guidance Needle Biopsy	\$33.15
77055-YN	Diagnostic Mammogram-Unilateral (2 views of 1 breast)	\$89.15
77055-TC	Diagnostic Mammogram-Unilateral (Technical/Facility Only)	\$54.21
77055-26	Diagnostic Mammogram-Unilateral (Professional Only)	\$34.94
77056-YN	Diagnostic Mammogram - Bilateral - 4 views (2 of each breast)	\$114.72
77056-TC	Diagnostic Mammogram-Bilateral (Technical/Facility Only)	\$71.39
77056-26	Diagnostic Mammogram - Bilateral (Professional Only)	\$43.32
77057-YN	Screening Mammogram-Bilateral- 4 views (2 of each breast)	\$81.63
77057-TC	Screening Mammogram (Technical/Facility Only)	\$46.69
77057-26	Screening Mammogram (Professional Only)	\$34.94
G0202-YN	Screening Mammogram, Digital, Bilateral	\$133.91
G0202-TC	Screening Mammogram, Digital, Bilateral (Technical/Facility Only)	\$99.32
G0202-26	Screening Mammogram, Digital Bilateral (Professional Only)	\$34.59
G0204-YN	Diagnostic Mammogram, Digital, Bilateral	\$163.77
G0204-TC	Diagnostic Mammogram, Digital, Bilateral (Technical/Facility Only)	\$120.45
G0204-26	Diagnostic Mammogram, Digital, Bilateral (Professional Only)	\$43.32
G0206-YN	Diagnostic Mammogram, Digital, Unilateral	\$128.54
G0206-TC	Diagnostic Mammogram, Digital, Unilateral	\$93.95
G0206-26	Diagnostic Mammogram, Digital, Unilateral	\$34.59
87624	Human Papillomavirus, High Risk Types	\$47.80

87625	Human Papillomavirus, Genotyping High Risk 16 and 18 only: reimbursable if used for screening in conjunction with Pap testing or for follow-up of an abnormal Pap result or surveillance as per ASCCP guidelines.	\$47.80
88141	PAP- Cytopathology Smear, Cervical or Vaginal Requiring Interpretation by a Physician	\$32.51
88142	PAP -Cytopathology, cervical or vaginal collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	\$27.60
88143	PAP- Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening and rescreening under physician supervision	\$27.60
88164	PAP- Cytopathology Smear, Cervical or Vaginal, TBS, Technician	\$14.39
88165	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening and rescreening under physician supervision	\$14.39
88172-YN	Evaluation of Fine Needle Aspiration with or without Preparation of Smears - Immediate Cyto-histologic Study	\$57.36
88172-TC	Evaluation of Fine Needle Aspiration (Technical/Facility Only)	\$19.84
88172-26	Evaluation of Fine Needle Aspiration (Professional Only)	\$37.52
88173-YN	Interpretation and Report of Fine Needle Aspiration	\$154.32
88173-TC	Interpretation and Report of Fine Needle Aspiration (Technical/Facility Only)	\$80.85
88173-26	Interpretation and Report of Fine Needle (professional only)	\$73.47
88174	PAP- Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	\$29.11
88175	PAP- Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system and manual rescreening, under physician supervision.	\$36.09
88305-YN	Surgical Pathology/Biopsy Lab	\$73.47
88305-TC	Surgical Pathology/Biopsy Lab (Technical/Facility Only)	\$34.16
88305-26	Surgical Pathology/Biopsy Lab (Professional Only)	\$39.31
88307-YN	Surgical Pathology, gross and microscopic examination requiring microscopic evaluation of surgical margins	\$310.92
88307-TC	Surgical Pathology, gross and microscopic examination requiring microscopic evaluation of surgical margins (Technical/Facility Only)	\$224.42
88307-26	Surgical Pathology, gross and microscopic examination requiring microscopic evaluation of surgical margins (Professional Only)	\$86.50
88331-YN	Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen.	\$96.17
88331-TC	Pathology consultation, (Technical/Facility Only)	\$31.29
88331-26	Pathology consultation, (Professional Only)	\$64.88
88332-YN	Pathology consultation during surgery, each additional tissue block with frozen section(s)	\$50.77
88332-TC	Pathology consultation during surgery, each additional tissue block with frozen section(s) (Technical/Facility Only)	\$18.76
88332-26	Pathology consultation during surgery, each additional tissue block with frozen section(s) (Professional Only)	\$32.01
88341-YN	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	\$90.01
88341-TC	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure (Technical/Facility Only)	\$62.30
88341-26	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure (Professional Only)	\$27.71
88342-YN	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	\$106.77

88342-TC	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	\$69.96
88342-26	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	\$36.81
99201	OFFICE VISIT-New Patient; history, exam, straightforward decision-making; 10 minutes	\$42.97
99202	OFFICE VISIT- New Patient; expanded history, exam, straightforward decision-making; 20 Minutes	\$73.47
99203	OFFICE VISIT- New Patient; detailed history, exam, straightforward decision-making; 30 minutes	\$105.62
99204	Office / Outpatient Visit/ decision making moderate complexity New SURGICAL CONSULT ONLY	\$161.41
99205	Office / Outpatient Visit / decision making high complexity New SURGICAL CONSULT ONLY	\$202.15
99211	OFFICE VISIT- Established Patient; evaluation and management, may not require presence of physician; 5 Minutes	\$19.84
99212	OFFICE VISIT- Established Patient; history, exam, straightforward decision making 10 Minutes	\$42.82
99213	OFFICE VISIT- Established Patient; expanded history, exam, straightforward decision- making; 15 Minutes	\$71.90
99214	Established Patient; detailed history, exam, moderately complex decision making; 25 minutes	\$105.98
99385	OFFICE VISIT-New Patient; initial comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction; ordering appropriate immunization, lab procedures, etc;30-39 years	\$71.90
99386	OFFICE VISIT- Same as 99385, but 40-64 years of age	\$71.90
99387	OFFICE VISIT- Same as 99385, but 65 years and older	\$71.90
99395	OFFICE VISIT- Periodic comprehensive preventive medicine evaluation and management; history, examination, counseling/guidance; risk factor reduction; ordering appropriate immunization, lab procedures, etc;30-39 years	\$71.90
99396	OFFICE VISIT- Same as 99395, but 40-64 years of age	\$71.90
99397	OFFICE VISIT- Same as 99395, but 65 years and older	\$71.90

March 2016

APPENDIX D



SUGGESTED PRACTICE GUIDELINES FOR BREAST HEALTH

South Dakota Breast & Cervical Cancer Control Program | 800.758.3310
www.state.sd.us/doh/AllWomenCount

Risk Factors & Screening Guidelines

Personal history of breast cancer
Female gender
Aging
Family history; especially first degree relatives
Previous chest radiation especially during adolescence
Hormone factors:
Menarche before age 12
Menopause after age 55
No children or first child after age 30
Postmenopausal hormone replacement
Postmenopausal obesity
Alcohol consumption

Women age 40 and older should have a screening mammogram every year and should continue to do so for as long as they are in good health.

Women in their 20s and 30s should have a clinical breast exam (CBE) as part of a periodic (regular) health exam by a health professional, preferably every 3 years. After age 40, women should have a breast exam by a health professional every year.

Breast self exam (BSE) is an option for women starting in their 20s. Women should be told about the benefits and limitations of BSE. Women should report any breast changes to their health professional right away.

The Search Strategy:

- In order to distribute breast tissue as evenly as possible, the client should be positioned on her side for examination of lateral tissue and in a supine position for examination of medial tissue.
- The breast tissue to be examined includes a roughly rectangular area. This rectangle begins laterally with the mid-axillary line and is bounded by the clavicle, the sternum, and approximately the fifth rib. All tissue within this rectangle should be examined thoroughly.
- The recommended search pattern involves arranging palpation in vertical strips, transversing the entire breast area. Optimally, palpations and strips should overlap slightly to ensure thorough examination of all tissue.



Finger Techniques for the CBE

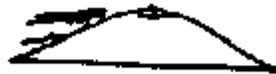


- 1 Use the pads of the three middle fingers.

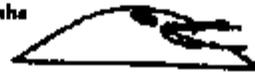


- 2 At each spot, make three small circles about the size of a dime.

- 3 Use light pressure for the first circle.



- 4 Use medium pressure for the second circle.



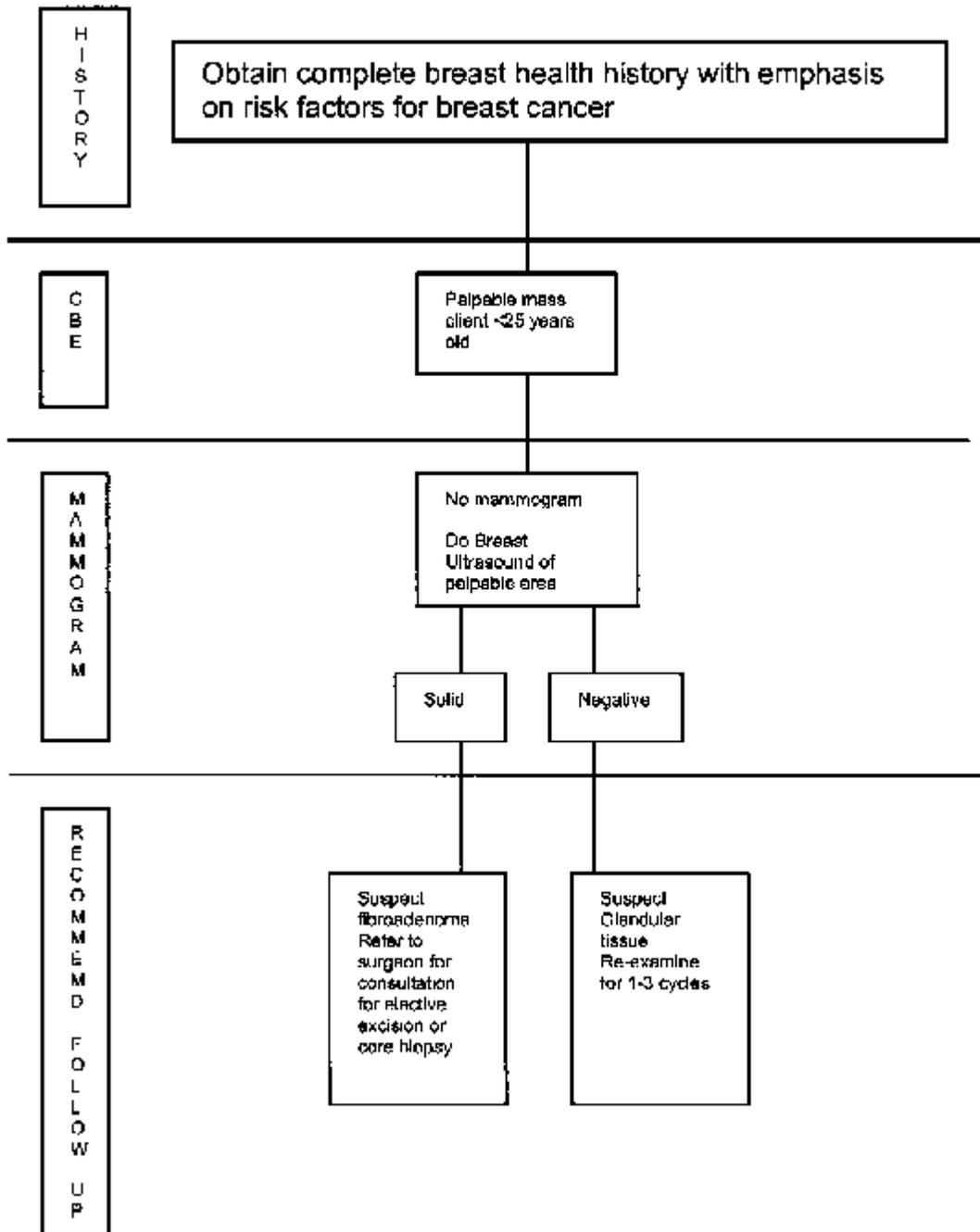
- 5 Use deep pressure for the third circle.



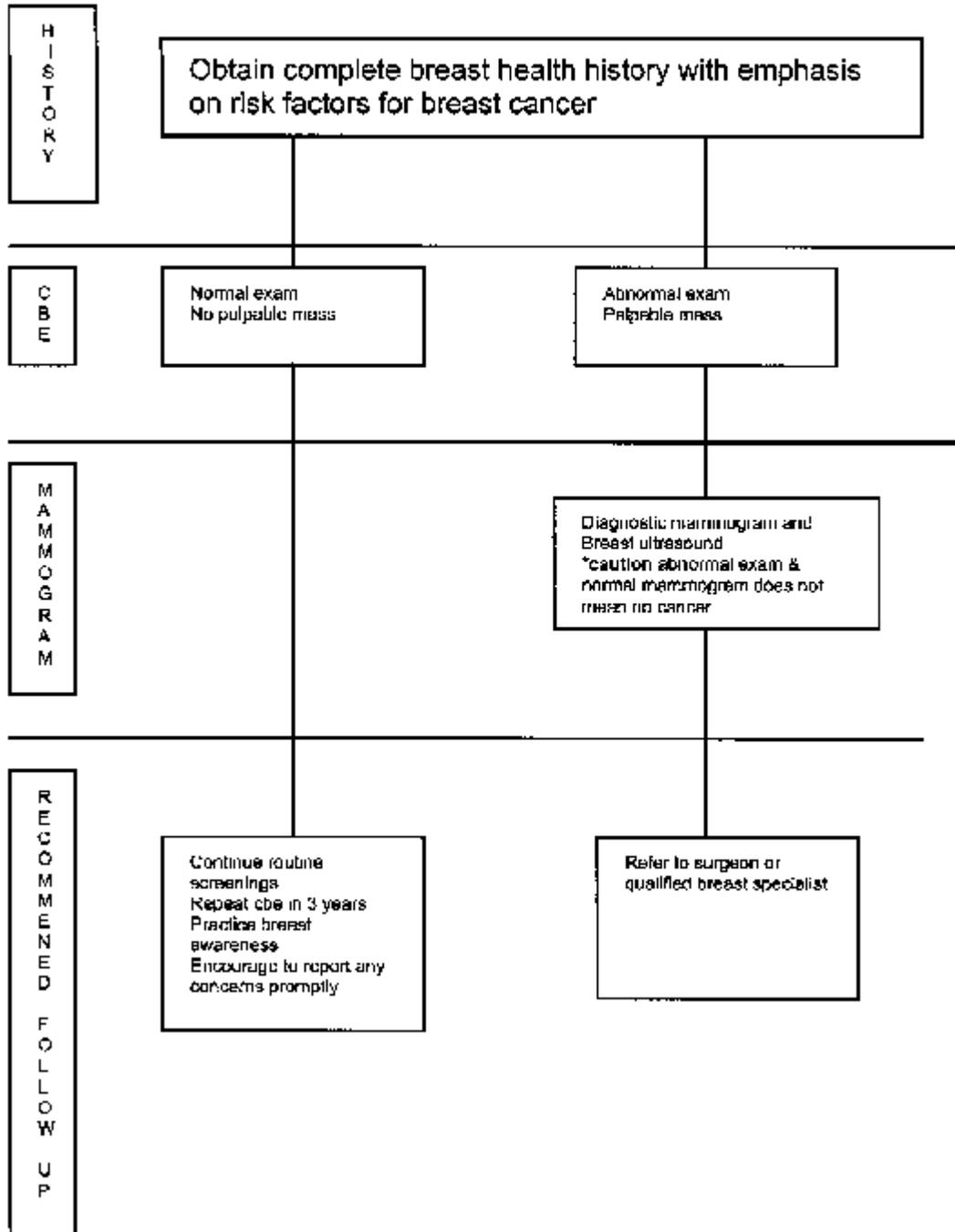
Palpation Technique:

- Use the three middle fingers, held together.
- Concentrate on palpating with the flats or pads of those fingers.
- The palpation motion should consist of small circle, about the size of a dime.
- The circular motion should be smooth and well-controlled.
- For each area of breast tissue examined, a series of three distinct pressure levels should be used.
 1. The first circle at each spot should be made with **very light** pressure.
 2. The second circle should press midway down into the breast.
 3. The third circle should press down as firmly into the breast tissue as possible without causing discomfort. This will probably allow more pressure than you might think!
- Palpation pressures should always be directed straight down, against the plane of the chest wall.

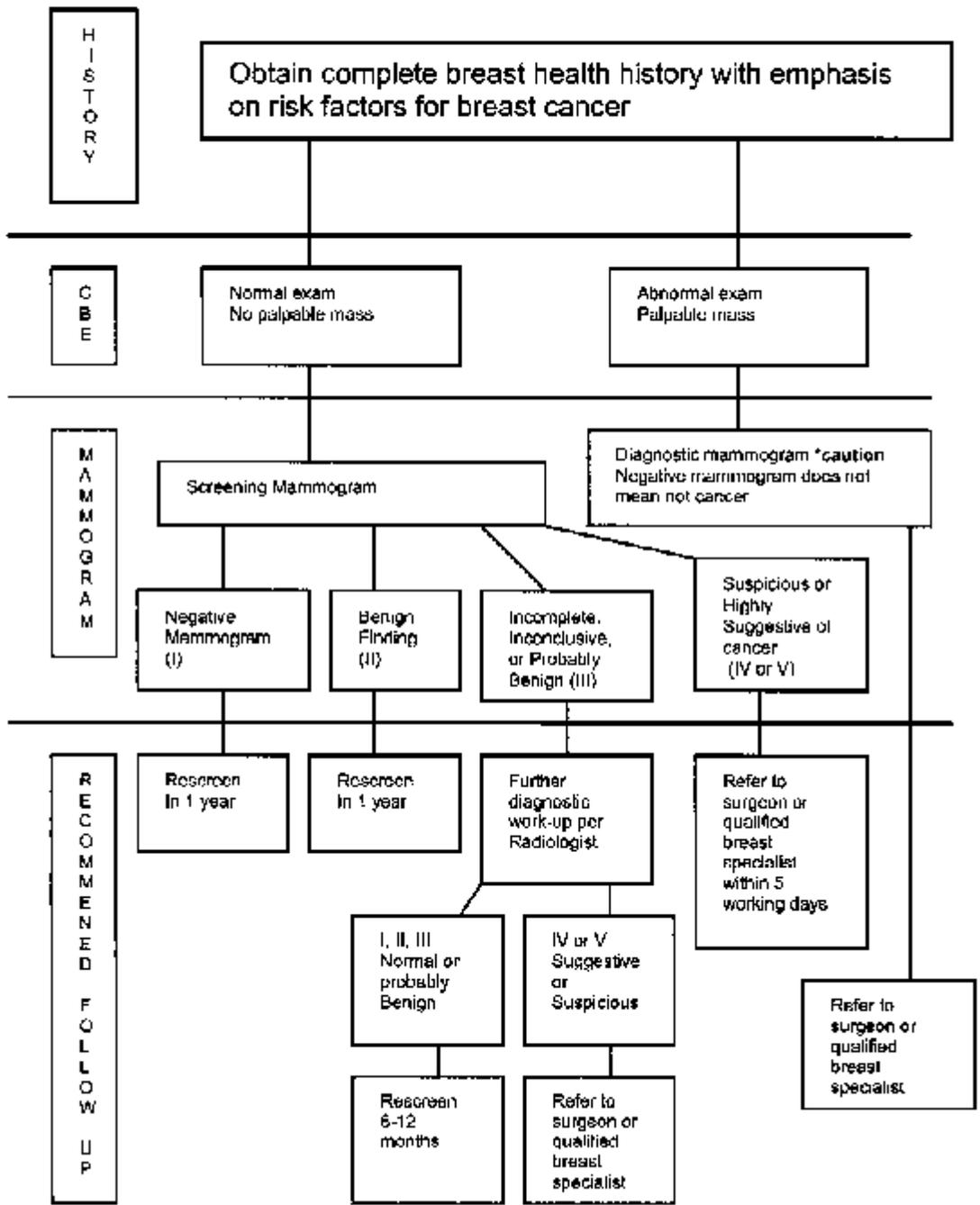
Less than 25 years



Age 25 -39



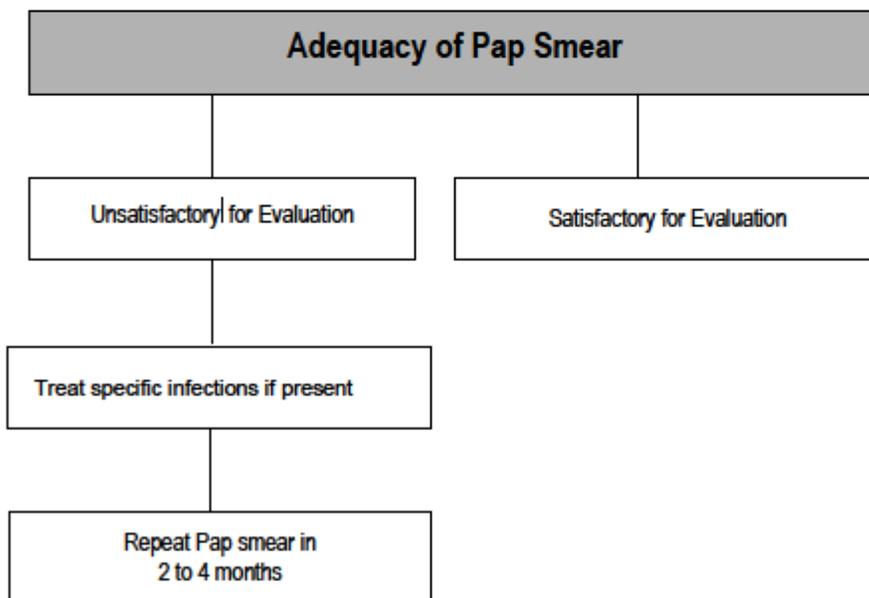
Age 40 and older

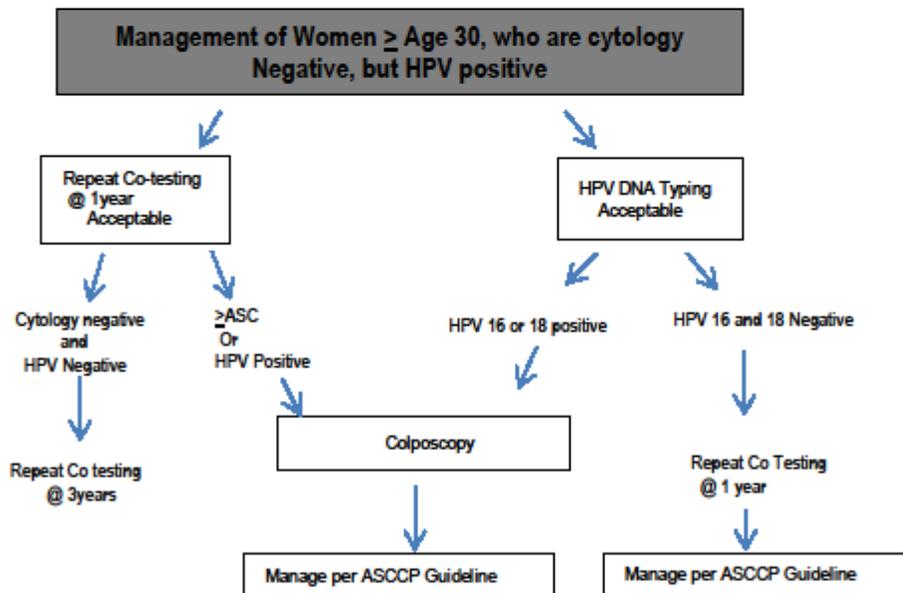
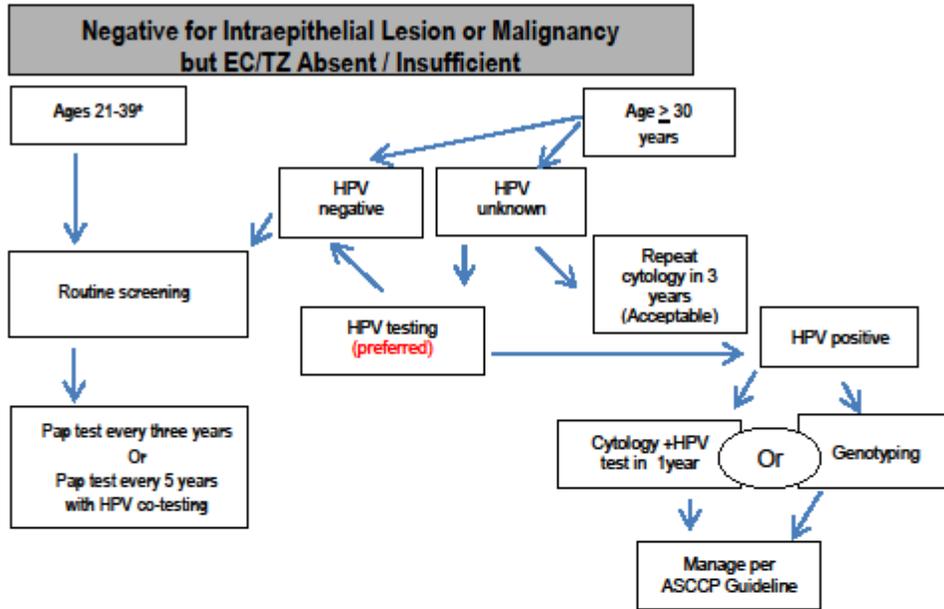


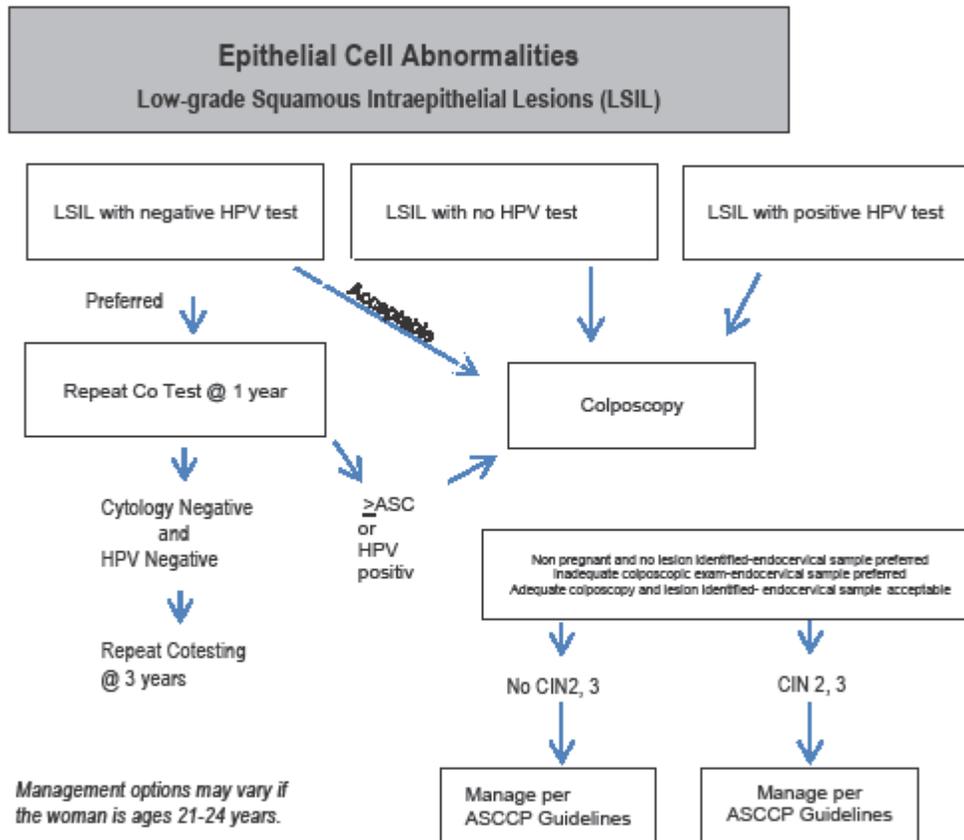
SUGGESTED PRACTICE GUIDELINES FOR CERVICAL CANCER SCREENING Consensus Guidelines

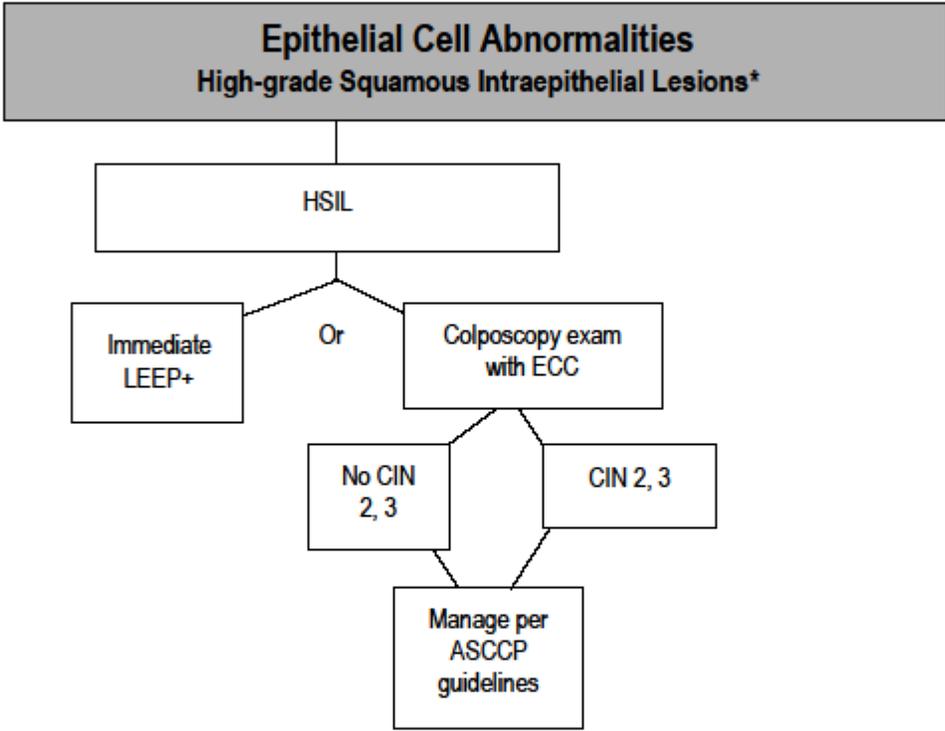


1-800-738-2301
<http://getscreened.sd.gov>









*Management options may vary if the woman is pregnant, postmenopausal, or ages 21-24.
+Not if patient is pregnant or ages 21-24

Pap Smear Terminology Chart
Bethesda System 2001
Unsatisfactory for Evaluation
Negative for Intraepithelial Lesion or Malignancy -Organisms -Reactive Cellular Changes
Epithelial Cell Abnormalities: -ASC – US -ASC – H -LSIL encompassing: HPV, Mild Dysplasia/CIN I -HSIL encompassing: Moderate and Severe dysplasia, CIS/CIN2 and CIN3 -Squamous Cell Carcinoma
Abnormal Glandular Cells including Atypical Glandular Cells of Undetermined Significance (ACG); Endocervical Adenocarcinoma; Endocervical Adenocarcinoma in-situ; Endometrial Adenocarcinoma; Extrauterine Adenocarcinoma; Adenocarcinoma, NOS

Terms related to cervical cancer screening:

- ASC-US Atypical Squamous Cells of Undetermined Significance
- ASC-H Atypical Squamous Cells of Undetermined Significance cannot exclude HSIL
- HSIL - High Grade Squamous Intraepithelial Lesion
- LSIL - Low Grade Squamous Intraepithelial Lesion
- NOS - Not otherwise specified

Pap test cycle absent of abnormal screening would be every three years or every five years with HPV co -testing.

American College of Obstetricians and Gynecologists www.acog.org
 American Society for Colposcopy and Cervical Pathology www.asccp.org

APPENDIX E

AWC! ELIGIBILITY PRE-SCREEN

1. **Resident:** Does not have South Dakota address; not eligible. **STOP HERE.**
2. **Age:** Under 30 not eligible. **STOP HERE.** Refer to Family Planning Clinic for Pap test and clinical breast exam.

30 to 64 may be eligible for Pap smear exam. Proceed to #2.

40 to 64 will be eligible for screening mammogram, in addition to the above tests. Proceed to #2.
3. **Do you have any health insurance?**

NO: Proceed to #3.

YES: 2a. does it cover Pap smears, breast exams, and/or mammograms?
2b. is there a co-payment or an unmet deductible?

If insurance covers these services and she has met her deductible and she has no co-payment, **STOP HERE**- she is not eligible. Schedule her appointment to be billed to insurance. If she has an unmet deductible or co-payment, proceed to #4.
4. **Household income** _____ Use pre-tax amount (For self-employed or farmers: use household net taxable income after business expenses are deducted)

Family size: _____

Compare with AWC! Income Guidelines. (**Appendix A**) If below income cutoff, she is eligible.

If she meets all of these criteria, tell her that she appears to be eligible and refer her to a provider or schedule her for an appointment.
4. Age 30-39, requesting a mammogram: AWC! pays for mammograms on women ages 30- 39 only if they have a documented lump, nipple discharge, inverted nipple, skin ulceration, or other symptoms suspicious for breast cancer. Must have pre-authorization from AWC! (800-738-2301). Please be prepared to do additional follow up if the mammogram comes back with a negative or benign result.

APPENDIX F

TRACKING LOGS

Instructions:

1. Enter each AWC! patient in the “All Women Count! Program Log”, after her visit. If she has an abnormal breast exam or a Pap smear on that day, also enter her in the “Abnormal Pap/Colposcopy” log or the “Abnormal Breast Screening” log.
2. Enter Pap and mammogram results in this log immediately upon receipt in your clinic.
 - 2a. If results are **normal**, this is where the process ends. AWC! will notify the patient when she is due to return for routine screening.
 - 2b. If results are **abnormal**, enter her in the appropriate Abnormal log. Continue to track until her diagnostic workup and treatment are completed, and you have sent follow-up information to the AWC! Clinical Care Coordinator.

NOTE: Please do not send copies to AWC! - they are for your use only.

APPENDIX F

ALL WOMEN COUNT! PROGRAM LOG

Visit Date	Name	Chart #	AWC! Encounter #	Clinician	Service							Pap Results		Mammogram Results	Patient Notified of Results	Comments
					Pap	CBE	Mamm	Colpo				Liquid Based	Conventional			

AWC! ABNORMAL PAP/COLPOSCOPY LOG

Date	Name	Chart #	AWC! Encounter #	Pap Results	Colpo Date	Colposcopy Results	F/U recommended					Date F/U done	Rec. return date	AWC! F/U Rpt. Send	Comments
							Cryo	Laser	LEEP	Cone	Other				

APPENDIX G

AWC! CLINICAL FORMS AND SUPPLIES ORDER FORM

Please reorder BEFORE you run out!! Allow 2 weeks for forms, 2-3 weeks for encounter labels. Call (605) 773-4379, fax (605) 773-8104, or mail this form to: All Women Count! Program, South Dakota Department of Health, 615 East Fourth Street, Pierre, SD 57501.

Quantity

- Enrollment Form (lime green)

- Return Visit Form (cherry) – One Page – Front/Back

- Pap Smear Summary (green)

- Mammogram Summary (yellow)

- Chart Labels

- Encounter # Labels: Clinic’s 3 letter code _____

For AWC! use only

Mail to (include contact name): <hr/> <hr/> <hr/> <hr/> Phone Number (_____) _____

Received: Mailed:

APPENDIX H

AWC! TRACKING FORMS

Enrollment Form (lime green)

Return Visit Form (cherry)

Mammogram Summary (yellow)

Pap Smear Summary (green)



All Women Count! Breast and Cervical Screening Enrollment Form

AWC! Encounter Number

Assign a new number for each visit

PROGRAM DESCRIPTION

The All Women Count! Program (AWC!) is a cooperative effort between health professionals, the South Dakota Department of Health and the U.S. Centers for Disease Control to encourage screening for breast and cervical cancer. The purpose of cancer screening is to detect cancer in its earliest stage so it can be treated or cured. Screening for breast cancer involves a breast examination and a breast X-ray called a mammogram. Screening for cervical cancer involves a pelvic examination and a scraping from the cervix (opening of the uterus) called a Pap test.

If you meet the income and age eligibility requirements of this program, you can receive:

- Breast and cervical cancer screening at no cost to you;
- Referral for follow-up and/or treatment if you have an abnormal screening test; and
- Help with finding financial resources for follow-up and treatment if you have no insurance or not enough insurance to cover the cost.

The AWC! asks for your social security number solely for the purpose of monitoring your program participation. Failure to provide your social security number does not deny you any program benefits.

The plan for follow-up and treatment (if needed) will be determined by your doctor, nurse practitioner, nurse midwife or physician's assistant at the clinic where you were screened.

The AWC! can pay for some follow-up services, but cannot pay for treatment. However, we will help you find the services you need.

A listing of the services covered by the program, as well as the eligibility requirements, are available on request from this screening site.

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENT

I, _____
(Please PRINT first name, middle initial, and last name above.)

have read and understand the explanation above about the All Women Count! Program. By agreeing to take part in this Program, I give permission to any and all of my doctors, clinics and/or hospitals to provide all information concerning my Pap smears, breast exams, mammograms, and any related diagnosis or treatment to the Program.

Any information turned over to the Program will remain confidential, which means that the information will be available only to me and to the employees of the South Dakota Department of Health working with this Program. The information will be used only to meet the purposes of the Program described above, and any published reports which result from this Program will not identify me by name or social security number.

I understand that my participation in this Program and use of my social security number is voluntary and that I may drop out of the Program and withdraw my consent to release information at any time. Revocation may be made in writing to All Women Count!, 615 East Fourth Street, Pierre, SD 57501. This authorization will terminate in one year unless otherwise specified by the program participant. I further understand that my participation in this program is dependent upon the information that I provide being fully accurate. By signing below, I confirm that the reported income listed on page two is true and accurate.

Signature _____ Today's date ____/____/____

SAMPLE DO NOT USE

PERSONAL DATA: To be completed by the client

1. Name: _____
Last First MI Maiden Name

2. Birthdate: ____/____/____ 3. Social Security #: _____
month day year age in years

4. Mailing Address: _____ 5. City: _____

6. State: _____ 7. Zip: _____ 8. County: _____ 9. Home phone:(____) _____

10. Work phone:(____) _____ 11. Cell phone:(____) _____

12. Are you of Hispanic origin such as Mexican American, Puerto Rican, or Cuban? Yes No Unknown

13. What race do you consider yourself? (Check all that apply)
 White Black or African American Asian Native Hawaiian or other Pacific Islander
 American Indian or Alaskan Native: Tribal affiliation _____ Unknown

14. What is the highest grade or year of school you completed?
 Less than high school High school graduate Technical school graduate College graduate
 Some high school Some technical school Some college

15. Which of the following best describes your current marital status? Never married Married
 Living with someone in a marriage-like relationship Divorced or separated Widowed

16. Are you currently working full time? Yes No

17. Are you currently working for pay? Yes No

18. Total household monthly income before taxes: \$_____ per month
NOTE: If you farm or are self-employed, use adjusted gross income or net income (after deducting business expenses).
By signing page one, I am verifying that the reported income is true and accurate.

19. Number of people (including yourself) who are supported by this income: _____

20. Have you ever had a mammogram? Yes No Don't Know

21. Have you had a mammogram in the last 2 years? Yes No Don't Know

22. Have you had a breast examination by a physician or nurse in the last 2 years? Yes No Don't Know

23. Have you performed breast self-examination in the last 3 months? Yes No Don't Know

24. Have you ever had a Pap test? Yes No Don't Know

25. Have you had a Pap test in the last 5 years? Yes No Don't Know

26. Date of last Pap test: ____/____/____
month year

27. Did you have a Pap test with HPV testing? Yes No Don't Know

28. Have you had a hysterectomy (removal of the womb or uterus)? Yes No Don't Know
Was the hysterectomy due to cervical cancer or cervical dysplasia? Yes No Don't Know

SAMPLE DO NOT USE

PERSONAL DATA: To be completed by the client

29. Do you have any health insurance or other credible health care coverage? Yes No
30. Do you have Medicaid or Medicare B? Yes No
31. Do you smoke cigarettes? Everyday Some days Not at all Don't know
32. Were you referred to the South Dakota QuitLine at today's visit? Yes No Don't know

To be completed by the participating clinic:

33. Is woman a South Dakota resident?
Yes ____ (continue) No ____ (not eligible)
34. The woman does NOT have Medicaid or Medicare B?
Yes ____ (continue) No ____ (not eligible)
35. Is the income level stated in questions 18 and 19 equal to or less than the income guidelines set by the South Dakota Department of Health?
Yes ____ (continue) No ____ (not eligible)
36. Cervical Screening:
- a. Is the woman between the ages of 30-64? (refer to question 2)
Yes ____ (continue) No ____ (not eligible)
 - b. Has NOT had a hysterectomy? (refer to question 28)
Yes ____ (eligible for pap test) No ____ (not eligible for a pap test)
 - c. Has had a hysterectomy to treat cervical cancer or dysplasia (precancer)? (refer to question 28)
Yes ____ (eligible for pap test) No ____ (not eligible for a pap test)
37. Breast Screening:
- a. Is the woman 40 or older? (refer to question 2)
Yes ____ (eligible for a screening mammogram; skip #37 b. and c.) No ____ (Continue to #37 b. and c.)
 - b. Is the woman between the ages of 30-39 and had an abnormal Clinical Breast Exam 'suspicious for cancer finding'? (See Visit Summary section, page 4)
Yes ____ (eligible for a diagnostic mammogram and breast ultrasound — authorization is required*)
No ____ (not eligible for a mammogram)
*Call 1-800-738-2301 for prior authorization
 - c. Is the woman between the ages of 30-39 and have a first degree relative diagnosed with breast cancer? (biological parent, sibling or child)
Yes ____ (eligible for a screening mammogram — authorization is required*)
No ____ (not eligible for a mammogram)
*Call 1-800-738-2301 for prior authorization

*Prior authorization is necessary for any woman under age 40 for a mammogram and allowed only if she has an abnormal clinical breast exam that is suspicious for cancer or has a first degree relative ever diagnosed with breast cancer. Please call 1-800-738-2301 and ask for All Women Count!.

SAMPLE DO NOT USE



Please return form immediately to:
All Women Count!
615 E. 4th St, Pierre, SD 57501-1700

AWC! Encounter Number

Assign a new number for each visit

VISIT SUMMARY

Name _____ Visit Date ____/____/____
month day year
Chart # (For clinic Use) _____

CLINICIAN — Please complete after exam and return immediately to the address on this page.

PATIENT HISTORY			
Screening prior to this visit:	Record MM/YYYY	No prior exam/test	Don't Know if done
Clinical breast exam.....	___/___	<input type="checkbox"/>	<input type="checkbox"/>
Mammogram.....	___/___	<input type="checkbox"/>	<input type="checkbox"/>
Pap smear.....	___/___	<input type="checkbox"/>	<input type="checkbox"/>

AWC! SERVICES PROVIDED THIS VISIT	
Breast exam done this visit? <input type="checkbox"/> Yes { Findings for this exam: } <input type="checkbox"/> Normal/benign: no diagnostic evaluation to r/o breast cancer required. <input type="checkbox"/> Abnormal: not suspicious for cancer (i.e. fibrocystic disease). <input type="checkbox"/> Abnormal: suspicious for cancer, diagnostic evaluation required (two diagnostic tests required) <input type="checkbox"/> No <input type="checkbox"/> Patient refused	Fine Needle Aspiration done this visit? <input type="checkbox"/> No <input type="checkbox"/> Yes, cytology sent <input type="checkbox"/> Yes, NO cytology sent Mammogram ordered or done this visit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Patient refused
Does the patient report breast symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No *Prior authorization is necessary for any woman under age 40 for a mammogram and allowed only if she has an abnormal clinical breast exam that is suspicious for cancer or has a first degree relative ever diagnosed with breast cancer. Please call 1-800-738-2301 and ask for All Women Count!.	
Pap smear done this visit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Patient refused <input type="checkbox"/> No, patient had a hysterectomy for benign disease <input type="checkbox"/> HPV done as co-testing Was Pap done to follow up on a previous abnormal? <input type="checkbox"/> Yes <input type="checkbox"/> No	
QUITLINE Was the patient referred to the South Dakota QuitLine at today's visit? <input type="checkbox"/> Yes <input type="checkbox"/> No 1-866-SD-QUITS (1-866-737-8487)	
RESCREEN PLAN (Date you would rescreen patient if test(s) done or ordered today are normal) Mammogram _____ Pap smear date _____	

Please return form **immediately** to:
All Women Count!
615 E. 4th St., Pierre, SD 57501-1700

SAMPLE DO NOT USE



All Women Count! Breast and Cervical Screening Return Visit Form

AWC! Encounter Number

Assign a new number for each visit

PERSONAL DATA: Please provide the following information

1. Name: _____
Last First MI Maiden Name

2. Birthdate: ____/____/____ 3. Social Security #: _____
month day year age in years

4. Mailing Address: _____ 5. City: _____

6. State: _____ 7. Zip: _____ 8. County: _____ 9. Home phone: (____) _____

10. Work phone: (____) _____ 11. Cell phone: (____) _____

12. Are you of Hispanic origin such as Mexican American, Puerto Rican, or Cuban? Yes No Unknown

13. What race do you consider yourself? **(Check all that apply)**
 White Black or African American Asian Native Hawaiian or other Pacific Islander
 American Indian or Alaskan Native: Tribal affiliation _____ Unknown

14. Total household **monthly** income before taxes: \$ _____ per month
NOTE: If you farm or are self-employed, use adjusted gross income or net income (after deducting business expenses).

15. Number of people (including yourself) who are supported by this income: _____

16. Do you have any health insurance or other credible health care coverage? Yes No

17. Do you have Medicare B or Medicaid? Yes No

18. Have you had a hysterectomy (removal of the womb or uterus)? Yes No Don't Know
Was the hysterectomy due to cervical cancer or cervical dysplasia? Yes No Don't Know

19. Did you have a Pap test with HPV testing? Yes No Don't Know

20. Do you now smoke cigarettes? Everyday Some Days Not at all Don't know

21. Were you referred to the South Dakota Quitline at today's visit? Yes No Don't Know

CONSENT FOR RELEASE OF INFORMATION

I, _____
(Please PRINT first name, middle initial, and last name above.)

understand that by agreeing to take part in this Program, I give permission to any and all of my doctors, clinics and/or hospitals to provide all information concerning my Pap smears, breast exams and mammograms, and any related diagnosis or treatment to the Program.

Any information turned over to the Program will remain confidential, which means that the information will be available only to me and to the employees of the South Dakota Department of Health working with this Program. The information will be used only to meet the purposes of the Program. I understand that any published reports which result from this Program will not identify me by name or social security number.

I understand that my participation in this Program and use of my social security number is voluntary and that I may drop out of the Program and withdraw my consent to release information at any time. Revocation may be made in writing to All Women Count!, 615 East Fourth Street, Pierre, SD 57501. This authorization will terminate in one year unless otherwise specified by the program participant

Signature _____ Today's date ____/____/____

FOR PROVIDER USE ONLY: Income Eligible for AWC? Yes No
Not eligible if has Medicare B or Medicaid

SAMPLE DO NOT USE



Please return form immediately to:
All Women Count!
615 E. 4th St, Pierre, SD 57501-1700

AWC! Encounter Number

Assign a new number for each visit

VISIT SUMMARY

Name _____ Visit Date ____/____/____
month day year
Chart # (For clinic use) _____

CLINICIAN — Please complete after exam and return immediately to the address on this page.

PATIENT HISTORY																	
Screening prior to this visit:	<table border="1"> <thead> <tr> <th>Yes</th> <th>Record MM/YYYY</th> <th>No prior exam/test</th> <th>Don't Know if done</th> </tr> </thead> <tbody> <tr> <td>Clinical breast exam.....</td> <td><input type="checkbox"/> ____/____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Mammogram.....</td> <td><input type="checkbox"/> ____/____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Pap smear.....</td> <td><input type="checkbox"/> ____/____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Yes	Record MM/YYYY	No prior exam/test	Don't Know if done	Clinical breast exam.....	<input type="checkbox"/> ____/____	<input type="checkbox"/>	<input type="checkbox"/>	Mammogram.....	<input type="checkbox"/> ____/____	<input type="checkbox"/>	<input type="checkbox"/>	Pap smear.....	<input type="checkbox"/> ____/____	<input type="checkbox"/>	<input type="checkbox"/>
Yes	Record MM/YYYY	No prior exam/test	Don't Know if done														
Clinical breast exam.....	<input type="checkbox"/> ____/____	<input type="checkbox"/>	<input type="checkbox"/>														
Mammogram.....	<input type="checkbox"/> ____/____	<input type="checkbox"/>	<input type="checkbox"/>														
Pap smear.....	<input type="checkbox"/> ____/____	<input type="checkbox"/>	<input type="checkbox"/>														
AWC! SERVICES PROVIDED THIS VISIT																	
CONSULT	<p>If consultation only, please go to Rescreen plan below. <input type="checkbox"/> Breast Consultation only, NO breast exam or fine needle aspiration <input type="checkbox"/> Cervical Consultation only, NO pap smear, pelvic exam or colposcopy done</p>																
BREAST DATA	<p>Breast exam done this visit? <input type="checkbox"/> Yes { Findings for this exam: } <input type="checkbox"/> Normal/benign: no diagnostic evaluation to r/o breast cancer required. <input type="checkbox"/> Abnormal: not suspicious for cancer (i.e. fibrocystic disease). <input type="checkbox"/> Abnormal: suspicious for cancer, diagnostic evaluation required (two diagnostic tests required) <input type="checkbox"/> No <input type="checkbox"/> Patient refused</p> <p>Fine Needle Aspiration done this visit? <input type="checkbox"/> No <input type="checkbox"/> Yes, cytology sent <input type="checkbox"/> Yes, NO cytology sent</p> <p>Mammogram ordered or done this visit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Patient refused</p> <p>Does the patient report breast symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><small>*Prior authorization is necessary for any woman under age 40 for a mammogram and allowed only if she has an abnormal clinical breast exam that is suspicious for cancer or has a first degree relative ever diagnosed with breast cancer. Please call 1-800-738-2301 and ask for All Women Count!.</small></p>																
CERVICAL DATA	<p>Pap smear done this visit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Patient refused <input type="checkbox"/> No, patient has had a hysterectomy for benign disease <input type="checkbox"/> HPV done as co-testing</p> <p>Colposcopy done this visit? <input type="checkbox"/> No <input type="checkbox"/> Yes, with Biopsy and ECC <input type="checkbox"/> Yes, with Biopsy only <input type="checkbox"/> Yes, with ECC only <input type="checkbox"/> Yes, no pathology sent <input type="checkbox"/> Endometrial Biopsy (needs preauthorization) Leep <input type="checkbox"/> Yes <input type="checkbox"/> No Cone Biopsy <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Indications for Follow-Up/Abnormal Pap results <input type="checkbox"/> ASC-US <input type="checkbox"/> HPV positive with ASC-US (reflex) <input type="checkbox"/> LSIL <input type="checkbox"/> HSIL <input type="checkbox"/> AGUS</p> <p>Abnormal Pap date ____/____/____ month day year</p> <p>Was Pap smear done as follow up to a previous abnormal? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																
<p>Was the patient referred to the South Dakota QuitLine at today's visit? <input type="checkbox"/> Yes <input type="checkbox"/> No 1-866-SD-QUITS (1-866-737-8487)</p>																	
<p>RESCREEN PLAN (Date you would rescreen patient if test(s) done or ordered today are normal) Mammogram _____ Pap smear date _____</p>																	

Please return form **immediately** to:
All Women Count!
615 E. 4th St., Pierre, SD 57501-1700
All Women Count!

SAMPLE DO NOT USE

Patient name (Last, First, MI) _____ DOB _____



All Women Count!
Breast and Cervical Cancer
Control Program
Mammogram Summary

AWC! Encounter Number

Assign a new number for each visit.

A. TO BE COMPLETED BY MAMMOGRAPHY FACILITY			
Facility where mammogram done: _____		Radiology #: _____	
Mammogram Type <input type="checkbox"/> Film <input type="checkbox"/> Digital			
Mammogram date ____ / ____ / ____ month day year		Type: <input type="checkbox"/> Bilateral <input type="checkbox"/> Unilateral-Left <input type="checkbox"/> Unilateral-Right	
B. RADIOLOGIST'S ASSESSMENT (To be completed by Radiologist)			
ACR ASSESSMENT CATEGORY		RECOMMENDATION	
<input type="checkbox"/>	0 Assessment is incomplete-need additional imaging evaluation	⇒	③ Magnification views ③ Additional projections ③ Spot compression ④ Ultrasound examination ⑤ Comparison with previous films
<input type="checkbox"/>	1 Negative	⇒	① Mammogram in ____ year(s)
<input type="checkbox"/>	2 Benign finding	⇒	① Mammogram in ____ year(s)
<input type="checkbox"/>	3 Probably benign finding-short interval follow-up suggested	⇒	② Mammogram in ____ month(s)
<input type="checkbox"/>	4 Suspicious abnormality-biopsy should be considered	⇒	⑥ Surgical consult/biopsy
<input type="checkbox"/>	5 Highly suggestive of malignancy-appropriate action should be taken	⇒	⑥ Surgical consult/biopsy
<input type="checkbox"/>	Unsatisfactory	⇒	Should be retaken immediately

COMMENTS:

Radiologist name (please print) _____

Radiologist signature _____ Date dictated ____ / ____ / ____
month day year

Radiologist Group (please print): _____

Please complete and return to: TCC Coordinator, All Women Count!
South Dakota Department of Health
615 E. 4th Street
Pierre, SD 57501-1700

December, 2008

SAMPLE DO NOT USE

Patient name (Last, First, MI) _____ DOB _____

Date specimen collected:

_____/_____/_____
month day year

All Women Count!
Breast and Cervical Cancer Control Program
Pap Summary

AWC! Encounter Number

Assign a new number for each visit.

A. PAP SMEAR INFORMATION (To be completed by cytotechnologist or pathologist)	
Lab name: _____	Specimen #: _____
	SPECIMEN TYPE: (optional)
	<input type="checkbox"/> 1 Conventional Pap smear
	<input type="checkbox"/> 2 Liquid based
SPECIMEN ADEQUACY	
<input type="checkbox"/> 1 Satisfactory for evaluation (describe other quality indicators): _____	
<input type="checkbox"/> 2 Unsatisfactory (specify reason): _____	
<input type="checkbox"/> 2 Rejected/not processed due to _____	
<input type="checkbox"/> 2 Processed and examined but unsatisfactory for evaluation due to: _____	
B. INTERPRETATION RESULT (To be completed by cytotechnologist or pathologist)	
<input type="checkbox"/> 1 Negative for Intraepithelial Lesion or Malignancy:	
<input type="checkbox"/> Epithelial Cell Abnormalities	Squamous cell
	<input type="checkbox"/> 2 ASC-US (atypical squamous cells of undetermined significance)
	<input type="checkbox"/> 3 ASC-H (Atypical squamous cells cannot exclude HSIL)
	<input type="checkbox"/> 4 LSIL (Low grade squamous intraepithelial lesion encompassing: HPV, mild dysplasia/CIN 1)
	<input type="checkbox"/> 5 HSIL (High grade squamous intraepithelial lesion encompassing: moderate and severe dysplasia, CIS/CIN 2 and CIN 3)
	<input type="checkbox"/> 6 Squamous cell carcinoma
	Glandular cell
	<input type="checkbox"/> 7 Atypical:
	<input type="checkbox"/> Endocervical cells (NOS or specify in comments)
	<input type="checkbox"/> Endometrial cells (NOS or specify in comments)
	<input type="checkbox"/> Glandular cells (NOS or specify in comments)
	<input type="checkbox"/> 7 Atypical:
	<input type="checkbox"/> Endocervical cells, favor neoplastic
	<input type="checkbox"/> Glandular cells, favor neoplastic
	<input type="checkbox"/> 7 Adenocarcinoma
	<input type="checkbox"/> Endocervical in situ
	<input type="checkbox"/> Endocervical
	<input type="checkbox"/> Endometrial
	<input type="checkbox"/> Extrauterine
	<input type="checkbox"/> NOS
<input type="checkbox"/> 8 Endometrial cells (in a woman > 40 years of age)	
<input type="checkbox"/> 9 Other Malignant Neoplasms (specify)	
C. HUMAN PAPILLOMAVIRUS (FOR ASC-US PAP TEST ONLY)	
HPV Test Date: _____	HPV Test Result: <input type="checkbox"/> 1 Positive <input type="checkbox"/> 2 Negative

COMMENTS:

Pathologist name _____ Date Reported ____/____/____
month day year

Please complete and return to: All Women Count!
South Dakota Department of Health
615 E. 4th Street
Pierre, SD 57501-1700

November, 2007

SAMPLE DO NOT USE

CHAPTER 7

SUPPLEMENTAL MATERIALS

Department of Health materials/including AWC! brochures

<https://apps.sd.gov/applications/PH18Publications/secure/Puborder.asp>

Website for All Women Count!

<http://getscreened.sd.gov/>

All Women Count! training PROF

www.dohprofsd.org

Click “My Training”

If you are new to PROF, click Register

Complete the registration form with your “Invitation Key” (clinic encounter code)

Remember to pick a password you will remember and keep it in a safe place.

View the training in a window large enough to see all of the vertical bars on the left and right.

Use the BACK, Replay and NEXT buttons at the bottom of the lesson screen to navigate. AVOID using your browser’s back arrow. Some pages, like quizzes, will have specific navigation choices.

Problems? Ask your administrator or click the help button located on the “My Training” page.

You will need to pass each quiz to move forward. If you fail a quiz, review the chapter and/or retake the quiz.

Frequently Used AWC! Denial Reasons - if you see other reasons please call AWC!. (1-800-738-2301)

01 Charges exceed our fee schedule or maximum allowable amount

Means: Amount of payment is more than the Medicare B rate and the remainder must be written off

02 Charges previously processed, refer to your prior explanation of benefits statement

Means: The claim was sent to AWC! more than one time

REMINDER: Please wait for a claim to pay or deny before resubmitting

08 Charges paid or payable by other carrier

Means: Women has either Medicaid, Medicare or Private Health Insurance

REMINDER: If a woman is has Medicaid or Medicare they are not eligible for AWC!

15 This service, supply or appliance is not covered

Means: The diagnosis on the bill is not related to breast or cervical cancer screening or the procedure code billed does not appear on our CPT code listing sent to you in January of each year.

16 Services prior to the effective date of coverage

Means: The date of services was before her enrollment date on the women's enrollment form

17 Services after termination of coverage

Means: The woman has left the program and bills are dated after that date.

18 This person not is covered

Means: The woman has Medicaid or Medicare, does not meet age or income guidelines or she has not completed an enrollment form or return visit form for the current year

24 Information necessary to process this charge was requested and not received

Means: A request for reports/summaries was sent to the lab, clinic or mammography facility and they were not sent to AWC!

324 Doesn't meet Cervical Cancer Screening

Means: The Pap smear was ordered and done too early or the woman had a hysterectomy without cervical cancer or cervical dysplasia present.

336 Items must be written off

Means: AWC! cannot pay for these services and the woman cannot be billed.