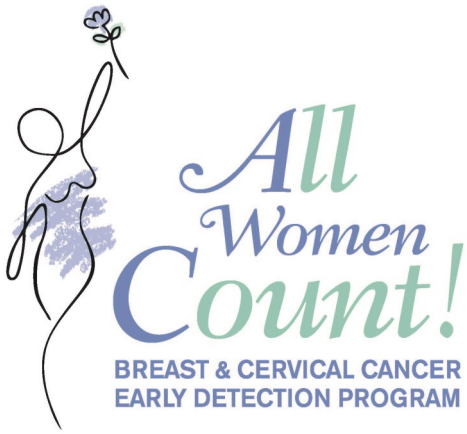
AWC!

Screening Site Manual



AWC! Screening Site Manual

ALL WOMEN COUNT! SCREENING SITE MANUAL

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All Women Count!

IMPORTANCE OF EARLY DETECTION

INTRODUCTION:

Cancers of the breast and cervix are significant public health problems in the United States. Early detection and treatment can make a world of difference for women!

Breast Cancer: Early screening can make a difference.

Cancer survival rates are directly related to the stage of the disease at the time of diagnosis. Women who are not regularly screened for breast cancer are at a greater risk of having the disease and for having later-stage diagnosis. According to 2018 South Dakota BRFSS data, 21% of women ages 40-74 have not had a mammogram in the past two years.

Early detection through regular screening is the best tool women have for preventing death from breast cancer.

There is strong evidence that regular, high quality screening for age-appropriate women is a helpful and cost-effective way of identifying breast cancer in the early stages and reducing the number of deaths.

In the case of breast cancer screening, strong evidence supports that women age 50 and over benefit from annual mammography screening. While we encourage you to offer the All Women Count! (AWC!) Program to current patients who are not getting screening, please focus any outreach efforts on women age 50 to 64. Women in this age group have a higher incidence of breast cancer and often obtain screening less than what is recommended.

See **Appendix A** for Breast Cancer Screening Guidelines.

Cervical Cancer: What we don't know could hurt us.

Cells on the surface of the cervix sometimes appear abnormal but not cancerous.

Scientists believe that some abnormal changes in cells on the cervix are the first step in a series of slow changes that can lead to cancer years later.

That is, some abnormal changes are precancerous; they may become cancerous with time.

Early Detection: According to 2018 SD BRFSS data, 18% of women ages 21-65 have not had a Pap smear in the past three years, or a Pap and HPV test in the past five years. If all women had pelvic exams and Pap tests regularly, most precancerous conditions would be detected and treated before cancer develops. That way, most invasive cancers would be prevented. Any invasive cancer that does occur would likely be found at an early, curable stage.

Risks: In the case of cervical cancer, risk factors are more clearly defined; history of sexually transmitted infections such as, Human Papilloma Virus (HPV), multiple sexual partners, DES (diethylstilbestrol) exposure in utero, and immunocompromised patients.

See **Appendix B** for Cervical Cancer Screening Guidelines.

STEP BY STEP OVERVIEW

INTRODUCTION:

Step by Step Overview

1. **Woman hears of the All Women Count! (AWC!) program** through media, clinic staff, public health, etc.

2. **Woman calls clinic site** for information/appointment. (Women with private health insurance can still be eligible for the AWC! Program)

3. **Woman fills out page 1 of the AWC! Visit Form** (purple).

- Woman signs Consent for Release of Information to AWC!
- Site determines woman's eligibility and accepts completed form
- Site assigns a unique Encounter Number (ie ABC 12345)

4. **Site performs exam (pelvic, clinical breast) and does related patient testing.** If pap test/HPV co-testing is done, the clinic then sends Pap specimen and Pap/HPV Summary form (blue), with Last Name, First Name, DOB, AWC! Encounter Number and Date of Service to the Pap lab.

5. **Site schedules mammogram and initiates Mammogram Summary form** (pink). Site uses same Encounter Number as Pap/HPV Summary and Visit Form. Site writes Last Name, First Name, DOB Date of Mammogram, and AWC! Encounter Number. Site routes to mammography facility or sends with the woman to take to her mammogram.

6. **Clinic staff COMPLETE PAGE 2 of the Visit Form (purple) and sends to AWC! program after appointment.** Please ensure all questions are answered on page 1 and 2.

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, Group # DD11873

8. **Site mails Visit Form to AWC!**
   615 E. 4th Street, Pierre, SD 57501

   See **Appendix J** for a sample Visit Form.

9. **Woman has mammogram.**

10. **Site receives Pap/HPV and mammogram results.**

11. **If results are normal, site notifies patient and recalls her next year.** If abnormal, site facilitates follow-up care and responds to AWC!'s request for follow up information.

The following pages dive into a detailed description of the AWC! Program.
For a brief, printable overview of the program, see **Appendix C**.

Provider Role

What you can do as an AWC! screening site (provider)

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

- Identify age-appropriate women who need breast and/or cervical cancer screening, determine their eligibility and enroll them in the program.
- Provide screening exams and education.
- Track AWC! patients and ensure that summaries of screening results, as well as Visit Forms, are sent to the AWC! Program.
- Notify women of test results.
- Follow up with women who have abnormal results and help them obtain the necessary follow up (diagnostic tests).
- Provide AWC! with brief summaries of follow-up care.
- Send completed HCFA 1500 or UB-92 Universal Billing Form to AWC! for services provided.
  PO Box 1506, Sioux Falls SD 57101-1506
- Remind women when they are due for future screenings
- Designate one person to be your administrative contact for AWC!, one person to be your follow-up contact (can be the same person) and one person to be your billing contact.
  See **Appendix D** for a sample flow chart.

Services covered by AWC!:

Screening services covered by AWC! include:

- Office Visit (which includes clinical breast exam and pelvic exam)
- Pap smear testing
- HPV testing
- Mammograms
- Screening Breast MRI

Diagnostic services covered by AWC! include:

- Diagnostic Mammograms
- Breast Ultrasounds
- Breast Biopsies
- Cervical Biopsies

AWC! will only reimburse for services within the **"AWC! Program Payment Schedule of Allowed Services by CPT Code"**. The Current Procedure Terminology (CPT) codes and reimbursement rates are an addendum to the provider agreements and will be in effect unless you receive written notification.

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.

As required by federal legislation, AWC! reimbursement rates are based on prevailing Medicare Part B rates for the state of South Dakota. Our reimbursement rates change on or about February 1 of each year when Medicare rates change. You will receive an updated rate schedule each year. See **Appendix E** for the 2019 rates.

Eligibility and Enrollment

To enroll a woman into the AWC! Program, have her complete the purple AWC! Visit Form. The woman must complete questions 1-26 and sign the consent for release. In addition to the consent a woman will be asked for her address, income, insurance coverage and related information. The clinic will reference the income and insurance status to determine if a woman is eligible. The woman does not need to show verification of income; you may accept self-reported income.

REMINDER: Eligibility is not dependent on insurance status.

To order forms for your clinic, see **Appendix G**.

Many AWC! sites find it helpful to pre-screen women for eligibility over the phone before scheduling an appointment. See **Appendix H** for optional pre-screen paperwork.

Once you have determined that the woman is eligible, assign her an AWC! Encounter Number and place the sticker on her Purple Visit Form. AWC! supplies you with Encounter Number labels in sets of four. Each number consists of three letters unique to your individual site followed by three to five numbers unique to the patient for that day of service. (e.g. "ABC123, ABC1234 or ABC12345"). You will use additional labels for her Pap/HPV Summary and/or her Mammogram Summary.

Please discard any leftover labels with her unique number that was used for that day's visit. Those labels cannot be used for any future visit or for any other patient.

Is she eligible?

In order to qualify for AWC! the woman must meet all of the following guidelines (please keep in mind that the AWC! Program's main focus for breast cancer screening is on women 50-64):

1. **Income: At or below the income guidelines, as shown in the table found in Appendix I.***
2. **Insurance status: A woman CAN have insurance and still be eligible for the program.****
3. **Age 30 to 64 for cervical cancer screening.**

   Age 40 to 64 for breast cancer screening. *Women aged 30-39 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 on or about February 1 of each year.

**All Women Count! is payer of the last resort. If a woman has another payment source that covers screening, such as private insurance, that source must be billed prior to AWC!. AWC! will cover co-payments and deductibles to supplement other payers so that AWC! services remain free to the woman.

***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) and/or a 1st degree relative diagnosed with breast cancer (i.e. biological parent, sibling, child). Prior authorization is needed.

VISIT FORM

Filling out the Visit Form correctly and completely is critical! See **Appendix J** *for the Visit Form.*

How to Complete the Visit Form

The woman will complete page 1 of the Visit Form. Every question must be answered completely.

The following items are common areas of misinterpretation and should be checked for accuracy and completeness before submitting forms

If the items below are incomplete or incorrect, AWC! will call you for completion.

Page 1 (woman completes)

Question 15 - number of people living in the household

Question 16 - total monthly household income (before taxes)

Question 22 - Prior Pap smear. This is for the Pap smear she had PRIOR to today's visit (i.e. last year, 3 years ago or 5 years ago). Do not use the date of today's Pap smear.

Question 24 – If answered no, question 25 should be left blank.

Page 2 (healthcare professional completes)

Patient History

Screening prior to this visit: Pap Smear: The date of a woman's last Pap smear is important and must be completed. If the woman's last Pap smear was done outside of the United States, please follow your facility guidelines for this situation and match those guidelines to our form.

Risk Factors – If your clinic doesn't assess risk factors, please mark "not assessed" or mark "yes" or "no" only if a professional risk assessment tool has been used.

Eligibility Determination

This is where the clinic decides the woman is eligible for AWC!. The clinician will assess if the woman is between 30 and 64 years of age and if she meets income guidelines for AWC!. Once eligibility is assessed, please print your name for program use. We would like to know who to contact at the clinic for questions.

Breast Data

Mark the finding of the clinic breast exam (CBE) as "normal" or "abnormal". Please note, if "Abnormal: suspicious for cancer" is marked (3rd option), you will need to order a mammogram and a breast ultrasound. If a mammogram is ordered or done during the visit, a Mammogram Summary must accompany the woman to her mammogram.

Cervical Data

Please mark if a cervical cancer screening was done this visit. By marking "Yes", you are stating that the woman is having a Pap smear. If co-testing is also ordered, please mark "Yes" AND "HPV done as co-testing".

Colposcopy or other follow up services – this section should remain blank unless a woman has a current abnormal screening. In those instances, a new purple form will be needed for that visit and this section will be used.

Was Cervical Cancer Screening done as follow up to a previous abnormal? If a woman has a history of abnormal Pap smears and you are following her as surveillance, please mark "yes".

Rescreen Plan

Enter rescreening date (month and year).

When the clinician has completed page 2 and has reviewed the answers from the woman on page 1, please mail the form to the address below.

(This address is also printed on the Visit Form for your convenience.)

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

MAMMOGRAM SUMMARY

See **Appendix K** *for the Mammogram Summary Form.*

How to Complete the Mammogram Summary Form

Is she old enough for a mammogram?

A clinical breast exam should be done at least once a year for women 30-64. If the woman is between the ages of 40-64, schedule her mammogram and send the Mammogram Summary Form, either with the woman or over to your mammography department.

Completed by the Clinic

Patient Name: Last Name, First Name, Middle Initial

DOB: mm/dd/yy

AWC! Encounter Number: This must match the Encounter Number of the Visit Form, completed during the woman's office visit.

Completed by Mammography Facility

List the facility where the mammogram is going to be done. When indicating the name of the facility, please be as accurate as possible, using the most current name of the facility. If a mobile unit comes to the facility, record the facility name where the mammogram occurred, NOT the name of the mobile mammography provider.

Date of Mammogram: This is the date the mammogram was done, not ordered

Mammogram occurred: Please tell us if the mammogram was done in house/through a stationary mammogram machine or if it was done by a mobile unit.

Radiologist's Assessment (to be complete by Radiologist)

ACR Assessment Category: Only one category should be checked

Recommendations: 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.

When the form is completed please mail to address listed below.

(This information is also listed on the Mammogram Summary for your convenience.)

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

PAP/HPV SUMMARY

See **Appendix L** *for the Pap/HPV Summary Form.*

How to Complete the Pap/HPV Summary Form

When the Pap smear is complete, please place this form, along with the lab request, with a note stating to bill the AWC! Program. The lab will then know AWC! is paying for this testing.

Completed by the Clinic

Patient Name: Last Name, First Name, Middle Initial

DOB: mm/dd/yy

AWC! Encounter Number: This must match the Encounter Number of the Visit Form, completed during the woman's office visit.

Date Specimen Collected: This date should be the same as the date of the office visit, not the date the lab received it.

Completed by the Pap Lab Facility

Pap Smear Information:

Lab Name: Facility where the Pap and/or HPV testing is being processed. Be as accurate and as current with the name of the facility as possible.

Specimen Adequacy: A category must be marked

Interpretation Results: Only one category should be checked

Human Papillomavirus:

Date of Test: mm/dd/yy

HPV Test Reason: Co-test, Reflex or Test Not Done

HPV Test Results: Negative, Positive, Positive with or without genotyping

When the form is completed please mail to address listed below

(This information is also listed on the Pap/HPV Summary for your convenience.)

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

Pelvic Exam and Pap Smear

AWC! will cover a pelvic exam as part of the office visit charges as long as a clinical breast exam is done during the visit. Please pick the appropriate office visit procedure code to cover this charge.

How to Bill AWC!

Provider Agreements

Provider agreements are signed every three years by the clinic administrator of your facility. A provider site may terminate their agreement at any time by sending a note in writing asking the program to terminate their agreement.

AWC! is not an insurance company and should not be regarded as such. Billing, payment and other administrative issues are covered in more detail in the provider agreement. *Please familiarize yourself with the agreement. See* **Appendix Q** *for an example Participating Site Agreement.*

Dakotacare is a partner in AWC! and supports the program's mission to provide breast and cervical cancer screening for South Dakota Women. Dakotacare agrees to reimburse participating providers for breast and cervical cancer screening services on behalf of the program.

Once your clinic has signed the participating provider agreement with the AWC! Program, you will be listed as a participating provider on the program's website.

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 a visit. However, you must notify the woman prior to these additional services, ensuring she understands that she will be responsible for the charges. AWC! is advertised as a free program and some patients will be confused if billed for additional services.

If the woman has any type of insurance coverage that might pay for breast and/or cervical cancer services you should collect from those sources FIRST and then bill AWC! for any remaining charges.

AWC! is payer of last resort. Even if you think that AWC! services will not be covered by the woman's insurance, you need to wait for a denial from insurance before billing AWC!.

If a woman has an unmet deductible or a copay with her insurance company, you still submit the insurance claim so that our payment can go towards the woman's deductible or co pay.

AWC! does require that a copy of the insurance explanation of benefits (EOB) be attached to a paper claim when the claim is submitted to Dakotacare, AWC!'s intermediary payment provider.

Who Bills AWC!

You as a provider should have a Provider Agreement with AWC! in order to bill AWC! for services. If you refer women for certain services (e.g. mammography, radiology, colposcopy, cytology, etc.), those providers must have a Provider Agreement with the AWC! Program as well and should directly bill the program for the services they perform. A transfer of care form is located in **Appendix M**. This will help communicate to other facilities to submit a claim to AWC! rather than bill the patient.

How to Bill AWC!

The universal forms (i.e. HCFA 1500 and/or UB92) for clinic and hospital invoicing is what is accepted by AWC!. We do ask the bills coming on paper be sent directly to our Sioux Falls address.

This is different from any of the colored program forms.

All Women Count!
South Dakota Department of Health
PO Box 1506
Sioux Falls, SD 57101-1506

AWC! does accept electronic billing. Please work directly with Dakotacare to set this up.

What Amount is Billed to AWC!

AWC! reimburses based on current Medicare B rates. AWC! providers have agreed to accept AWC! rates as full payment for covered services. You may bill AWC! at your usual and customary rate; however, you will be paid the Medicare B rate. Again, the woman cannot be billed for the balance. If the woman has health insurance, please submit the EOB along with the billing for her services.

Payments

Participating providers will receive checks or auto deposits from Dakotacare on behalf of AWC!.

If a charge is billed and we have not received the results (Mammogram Summary and/or Pap/HPV Summary or a Visit Form), 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 program has not received the necessary paperwork, the charge will be disallowed. If you send the paperwork after the bill denial, please check with the program before resubmitting, as we might be able to make an adjustment.

Charges will be disallowed immediately for the following circumstances:

- The patient does not meet age or income eligibility
- Pre authorization was not obtained, when required (women 30-39, screening MRI for high risk women)
- The procedure billed is not listed on the "Payment Schedule or Allowed Services by CPT Code" document.

There may be other occasions when some charges will be disallowed but the reason will be explained to you on your Dakotacare Remittance Advice. See **Appendix N** for a list of the most common program denials.

Please allow eight weeks for charges to go through Dakotacare and AWC! billing services before calling to check claim status.

If you have questions about the general billing policy or specific charges, please call the program at (800) 738-2301.

Tracking and Other Tools

AWC! has designed a "**Tracking Form**" to help you track abnormal test results and to ensure no woman is ever lost to follow up care.

See **Appendix O** *for the tracking form, and feel free to print and make copies for your clinic.*

In addition to your tracking, AWC! maintains a **centralized database**. The database helps the program to know dates of services and test results.

We use this information to communicate with you about missing forms, results or billing.

The database also helps manage follow up after abnormal screening. You may from time to time receive requests from the program asking for missing test results or Visit Forms. This information may be asked of you, via fax or phone call, if other facilities haven't sent test results.

AWC! will work with your clinic contact, typically a nurse, making sure all abnormal testing is followed up on in a timely manner. Updating the program on new contacts is critical to keeping the program running smooth.

See **Appendix P** *to update your facility contacts.*

Publicity Efforts

To increase awareness of the AWC! Program, the following strategies are utilized: placing newspaper coupons, social media posts, radio advertising, printing posters and rack cards for our providers to use in their facilities and using social media outlets. See **Appendix F** for the AWC! rack card and wallet card.

Your organization's name will appear on a list of sites that is located on our website: *https://getscreened.sd.gov/count/* and is used by Patient Navigators to direct women for services in her community.

Training

In order to use the AWC! 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.

PROF
Program and Resource Online Facilitator

You can log in and out, maintain your place in the training, and review important program details and progress at your own pace.

Program and Resource Online Facilitator (PROF) is a web-based training tool accessible to you 24/7. This allows for training around your schedule.

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.
- 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.

APPENDIX A

BREAST CANCER SCREENING GUIDELINES

Breast Cancer Screening Guidelines for Women

	U.S. Preventive Services Task Force[1] 2016	American Cancer Society[2] 2015	American College of Obstetricians and Gynecologists[3] 2011	International Agency for Research on Cancer[4] 2015	American College of Radiology[5] 2010	American College of Physicians[6]	American Academy of Family Physicians[7] 2016
Women aged 40 to 49 with average risk	The decision to start screening mammography in women prior to age 50 years should be an individual one. Women who place a higher value on the potential benefit than the potential harms may choose to begin biennial screening between the ages of 40 and 49 years.	*Women aged 40 to 44 years* should have the choice to start annual breast cancer screening with mammograms if they wish to do so. The risks of screening as well as the potential benefits should be considered. *Women aged 45 to 49 years* should get mammograms every year.	Screening with mammography and clinical breast exams annually.	Insufficient evidence to recommend for or against screening.	Screening with mammography annually.	Discuss benefits and harms with women in good health and order screening with mammography every two years if a woman requests it.	The decision to start screening mammography should be an individual one. Women who place a higher value on the potential benefit than the potential harms may choose to begin screening.
Women aged 50 to 74 with average risk	Biennial screening mammography is recommended.	*Women aged 50 to 54 years* should get mammograms every year. *Women aged 55 years and older* should switch to mammograms every 2 years, or have the choice to continue yearly screening.	Screening with mammography and clinical breast exam annually.	*For women aged 50 to 69 years,* screening with mammography is recommended. *For women aged 70 to 74 years*, evidence suggests that screening with mammography substantially reduces the risk of death from breast cancer, but it is not currently recommended.	Screening with mammography annually.	Physicians should encourage mammography screening every two years in average-risk women.	Biennial screening with mammography.

	U.S. Preventive Services Task Force[1] 2016	American Cancer Society[2] 2015	American College of Obstetricians and Gynecologists[3] 2011	International Agency for Research on Cancer[4] 2015	American College of Radiology[5] 2010	American College of Physicians[6]	American Academy of Family Physicians[7] 2016
Women aged 75 or older with average risk	Current evidence is insufficient to assess the balance of benefits and harms of screening mammography in women aged 75 years or older.	Screening should continue as long as a woman is in good health and is expected to live 10 more years or longer.	Women should, in consultation with their physicians, decide whether or not to continue mammographic screening.	Not addressed.	Screening with mammography should stop when life expectancy is less than 5 to 7 years on the basis of age or comorbid conditions.	Screening is not recommended.	Current evidence is insufficient to assess the balance of benefits and harms of screening with mammography.
Women with dense breasts	Current evidence is insufficient to assess the balance of benefits and harms of adjunctive screening for breast cancer using breast ultrasonography, magnetic resonance imaging (MRI), digital breast tomosynthesis (DBT), or other methods in women identified to have dense breasts on an otherwise negative screening mammogram.	There is not enough evidence to make a recommendation for or against yearly MRI screening.	Insufficient evidence to recommend for or against MRI screening.	Insufficient evidence to recommend for or against screening.	In addition to mammography, ultrasound can be considered.	Not addressed.	Current evidence is insufficient to assess the balance of benefits and harms of adjunctive screening for breast cancer using breast ultrasonography, MRI, DBT, or other methods.

	U.S. Preventive Services Task Force[1] 2016	American Cancer Society[2] 2015	American College of Obstetricians and Gynecologists[3] 2011	International Agency for Research on Cancer[4] 2015	American College of Radiology[5] 2010	American College of Physicians[6]	American Academy of Family Physicians[7] 2016
Women at higher than average risk	Women with a parent, sibling, or child with breast cancer are at higher risk for breast cancer and thus may benefit more than average-risk women from beginning screening in their 40s.	Women who are at high risk for breast cancer based on certain factors (such as having a parent, sibling, or child with a BRCA 1 or BRCA2 gene mutation) should get an MRI and a mammogram every year.	*For women who test positive for BRCA1 or BRCA2 mutations or have a lifetime risk of 20% or greater*, screening should include twice-yearly clinical breast exams, annual mammography, annual breast MRI, and breast self-exams. *For women who received thoracic irradiation between ages 10 and 30 years*, screening should include annual mammography, annual MRI, and screening clinical breast exams every 6 to 12 months beginning 8 to 10 years after radiation treatment or at age 25 years.	Evidence suggests that screening (mammography and MRI) at an earlier age may be beneficial.	*For BRCA1 or BRCA2 mutation carriers, untested family members of BRCA1 or BRCA2 mutation carriers, and women with a lifetime risk of 20% or greater (based on family history),* screening should include annual mammography and annual MRI starting by age 30 years but not before age 25 years. *For women with a history of chest irradiation between the ages of 10 and 30 years,* annual mammography and annual MRI starting 8 years after treatment (mammography not recommended before age 25).	Not addressed.	Not addressed.

	U.S. Preventive Services Task Force[1] 2016	American Cancer Society[2] 2015	American College of Obstetricians and Gynecologists[3] 2011	International Agency for Research on Cancer[4] 2015	American College of Radiology[5] 2010	American College of Physicians[6]	American Academy of Family Physicians[7] 2016
Additional issues relevant for all women	Current evidence is insufficient to assess the benefits and harms of digital breast tomosynthesis (DBT) as a primary screening method for breast cancer.	Women should be familiar with the known benefits, limitations, and potential harms associated with breast cancer screening. They should also be familiar with how their breasts normally look and feel and report any changes to a health care provider right away.	Not addressed.	Not addressed.	Not addressed.	Annual mammography, MRI, tomosynthesis, or regular systematic breast self-exam are not recommended.	Recommends against clinicians teaching women breast self-exams. Current evidence is insufficient to assess the benefits and harms of clinical breast exams and DBT.

[1]Siu AL; U.S. Preventive Services Task Force. Screening for breast cancer: U.S. Preventive Services Task Force recommendation statement. *Annals of Internal Medicine* 2016;164(4):279–296.

[2]Oeffinger KC, Fontham ET, Etzioni R, Herzig A, Michaelson JS, Shih YC, Walter LC, Church TR, Flowers CR, LaMonte SJ, Wolf AM, DeSantis C, Lortet-Tieulent J, Andrews K, Manassaram-Baptiste D, Saslow D, Smith RA, Brawley OW, Wender R; American Cancer Society. Breast cancer screening for women at average risk: 2015 guideline update from the American Cancer Society. *JAMA* 2015;314(15):1599–1614.

[3]American College of Obstetricians-Gynecologists. Practice bulletin no. 122: Breast cancer screening. *Obstetrics and Gynecology* 2011;118(2 Pt 1):372–382.

[4]Lauby-Secretan B, Loomis D, Straif K. Breast-cancer screening—viewpoint of the IARC Working Group. *New England Journal of Medicine* 2015;373(15):1478–1479.

[5]Lee CH, Dershaw DD, Kopans D, Evans P, Monsees B, Monticciolo D, Brenner RJ, Bassett L, Berg W, Feig S, Hendrick E, Mendelson E, D'Orsi C, Sickles E, Burhenne LW. Breast cancer screening with imaging: recommendations from the Society of Breast Imaging and the ACR on the use of mammography, breast MRI, breast ultrasound, and other technologies for the detection of clinically occult breast cancer. *Journal of the American College of Radiology* 2010;7(1):18–27.

[6]Wilt TJ, Harris RP, Qaseem A; High Value Care Task Force of the American College of Physicians. Screening for cancer: advice for high-value care from the American College of Physicians. *Annals of Internal Medicine* 2015;162(10):718–725.

[7]American Academy of Family Physicians. Summary of recommendations for clinical preventive services. 2016. Available from: http://www.aafp.org/dam/AAFP/documents/patient_care/clinical_recommendations/cps-recommendations.pdf [PDF-574KB].

APPENDIX B

Cervical Cancer Screening Guidelines for Average-Risk Women[a]

	American Cancer Society (ACS), American Society for Colposcopy and Cervical Pathology (ASCCP), and American Society for Clinical Pathology (ASCP)[1] 2012	U.S. Preventive Services Task Force (USPSTF)[2] 2018	American College of Obstetricians and Gynecologists (ACOG)[3] 2016	Society of Gynecologic Oncology (SGO) and the American Society for Colposcopy and Cervical Pathology (ASCCP): Interim clinical guidance for primary hrHPV testing[4] 2015
When to start screening[b]	Age 21. Women aged <21 years should not be screened regardless of the age of sexual initiation or other risk factors.	Age 21. *(A recommendation)* Recommend against screening women aged <21 years *(D recommendation)*.	Age 21 regardless of the age of onset of sexual activity. Women aged <21 years should not be screened regardless of age at sexual initiation and other behavior-related risk factors *(Level A evidence)*.	Refer to major guidelines.
Statement about annual screening	Women of any age should not be screened annually by any screening method.	Individuals and clinicians can use the annual Pap test screening visit as an opportunity to discuss other health problems and preventive measures. Individuals, clinicians, and health systems should seek effective ways to facilitate the receipt of recommended preventive services at intervals that are beneficial to the patient. Efforts also should be made to ensure that individuals are able to seek care for additional health concerns as they present.	In women aged 30–65 years, annual cervical cancer screening should not be performed. *(Level A evidence)* Patients should be counseled that annual well-woman visits are recommended even if cervical cancer screening is not performed at each visit.	Not addressed.
Screening method and intervals				
Cytology (conventional or liquid-based)[c]				
21–29 years of age	Every 3 years.[d]	Every 3 years *(A recommendation)*.	Every 3 years *(Level A evidence)*.	Not addressed.
30–65 years of age	Every 3 years.[d]	Every 3 years *(A recommendation)*.	Every 3 years *(Level A evidence)*.	Not addressed.
HPV co-test (cytology + HPV test administered together)				
21–29 years of age	HPV co-testing should not be used for women aged <30 years.	Recommend against HPV co-testing in women aged <30 years *(D recommendation)*.	HPV co-testing[e] should not be performed in women aged <30 years. *(Level A evidence)*	Not addressed.
30–65 years of age	Every 5 years; this is the preferred method.	For women who want to extend their screening interval, HPV co-testing every 5 years is an option *(A recommendation)*.	Every 5 years; this is the preferred method *(Level A evidence)*.	Not addressed.
Primary hrHPV testing[f] (as an alternative to cotesting or cytology alone)[g]	For women aged 30–65 years, screening by HPV testing alone is not recommended in most clinical settings.[h]	Every 5 years for women 30-65 years of age (*A recommendation)*.	Alternative screening every 3 years for women ≥25 years as per SGO and ASCCP interim guidance[3] *(Level B evidence)*.	Every 3 years. Recommend against primary hrHPV screening in women aged <25 years of age.[i]

	American Cancer Society (ACS), American Society for Colposcopy and Cervical Pathology (ASCCP), and American Society for Clinical Pathology (ASCP)[1] 2012	U.S. Preventive Services Task Force (USPSTF)[2] 2018	American College of Obstetricians and Gynecologists (ACOG)[3] 2016	Society of Gynecologic Oncology (SGO) and the American Society for Colposcopy and Cervical Pathology (ASCCP): Interim clinical guidance for primary hrHPV testing[4] 2015
Screening among those immunized with HPV vaccine	Women at any age with a history of HPV vaccination should be screened according to the age specific recommendations for the general population.	The possibility that vaccination might reduce the need for screening with cytology alone or in combination with HPV testing is not established. Given these uncertainties, women who have been vaccinated should continue to be screened.	Women who have received the HPV vaccine should be screened according to the same guidelines as women who have not been vaccinated *(Level C evidence).*	Not addressed.

HPV = human papillomavirus; CIN = cervical intraepithelial neoplasia; AIS=adenocarcinoma *in situ;* hrHPV = high-risk HPV.

[a]These recommendations do not address special, high-risk populations who may need more intensive or alternative screening. These special populations include women with a history of CIN2, CIN3, or cervical cancer, women who were exposed in utero to diethylstilbestrol, women who are infected with HIV, or women who are immunocompromised (such as those who have received solid organ transplants).

[b]Since cervical cancer is believed to be caused by sexually transmissible human papillomavirus infections, women who have not had sexual exposures (e.g., virgins) are likely at low risk. Women aged >21 years who have not engaged in sexual intercourse may not need a Pap test depending on circumstances. The decision should be made at the discretion of the women and her physician. Women who have had sex with women are still at risk of cervical cancer. 10–15% of women aged 21–24 years in the United States report no vaginal intercourse (Saraiya M, Martinez G, Glaser K, et al. *Obstet Gynecol.* 2009;114(6):1213-9. doi: 10.1097/AOG.0b013e3181be3db4.). Providers should also be aware of instances of non-consensual sex among their patients.

[c]Conventional cytology and liquid-based cytology are equivalent regarding screening guidelines, and no distinction should be made by test when recommending next screening.

[d]There is insufficient evidence to support longer intervals in women aged 30–65 years, even with a screening history of negative cytology results.

[e]All ACOG references to HPV testing are for high-risk HPV testing only. Tests for low-risk HPV should not be performed.

[f]Primary hrHPV testing is defined as a stand-alone test for cervical cancer screening without concomitant cytology testing. It may be followed by other tests (like a Pap) for triage. This test specifically identifies HPV 16 and HPV 18, while concurrently detecting 12 other types of high-risk HPVs.

[g]Because of equivalent or superior effectiveness, primary hrHPV screening can be considered as an alternative to current US cytology-based cervical cancer screening methods. Cytology alone and cotesting remain the screening options specifically recommended in major guidelines.

[h]More experience and data analysis pertaining to the primary hrHPV screening will permit a more formal ACS evaluation.

[i]Primary hrHPV screening should begin 3 years after the last negative cytology and should not be performed only one or two years after a negative cytology result at 23 to 24 years of age.

[j]Once screening is discontinued it should not resume for any reason, even if a woman reports having a new sexual partner.

[k]Routine screening is defined as screening every 5 years using cotesting (preferred) or every 3 years using cytology alone (acceptable).

	American Cancer Society (ACS), American Society for Colposcopy and Cervical Pathology (ASCCP), and American Society for Clinical Pathology (ASCP)[1] 2012	U.S. Preventive Services Task Force (USPSTF)[2] 2018	American College of Obstetricians and Gynecologists (ACOG)[3] 2016	Society of Gynecologic Oncology (SGO) and the American Society for Colposcopy and Cervical Pathology (ASCCP): Interim clinical guidance for primary hrHPV testing[4] 2015
Screening among those immunized with HPV vaccine	Women at any age with a history of HPV vaccination should be screened according to the age specific recommendations for the general population.	The possibility that vaccination might reduce the need for screening with cytology alone or in combination with HPV testing is not established. Given these uncertainties, women who have been vaccinated should continue to be screened.	Women who have received the HPV vaccine should be screened according to the same guidelines as women who have not been vaccinated *(Level C evidence)*.	Not addressed.

HPV = human papillomavirus; CIN = cervical intraepithelial neoplasia; AIS=adenocarcinoma *in situ;* hrHPV = high-risk HPV.

[a]These recommendations do not address special, high-risk populations who may need more intensive or alternative screening. These special populations include women with a history of CIN2, CIN3, or cervical cancer, women who were exposed in utero to diethylstilbestrol, women who are infected with HIV, or women who are immunocompromised (such as those who have received solid organ transplants).

[b]Since cervical cancer is believed to be caused by sexually transmissible human papillomavirus infections, women who have not had sexual exposures (e.g., virgins) are likely at low risk. Women aged >21 years who have not engaged in sexual intercourse may not need a Pap test depending on circumstances. The decision should be made at the discretion of the women and her physician. Women who have had sex with women are still at risk of cervical cancer. 10–15% of women aged 21–24 years in the United States report no vaginal intercourse (Saraiya M, Martinez G, Glaser K, et al. *Obstet Gynecol.* 2009;114(6):1213-9. doi: 10.1097/AOG.0b013e3181be3db4.). Providers should also be aware of instances of non-consensual sex among their patients.

[c]Conventional cytology and liquid-based cytology are equivalent regarding screening guidelines, and no distinction should be made by test when recommending next screening.

[d]There is insufficient evidence to support longer intervals in women aged 30–65 years, even with a screening history of negative cytology results.

[e]All ACOG references to HPV testing are for high-risk HPV testing only. Tests for low-risk HPV should not be performed.

[f]Primary hrHPV testing is defined as a stand-alone test for cervical cancer screening without concomitant cytology testing. It may be followed by other tests (like a Pap) for triage. This test specifically identifies HPV 16 and HPV 18, while concurrently detecting 12 other types of high-risk HPVs.

[g]Because of equivalent or superior effectiveness, primary hrHPV screening can be considered as an alternative to current US cytology-based cervical cancer screening methods. Cytology alone and cotesting remain the screening options specifically recommended in major guidelines.

[h]More experience and data analysis pertaining to the primary hrHPV screening will permit a more formal ACS evaluation.

[i]Primary hrHPV screening should begin 3 years after the last negative cytology and should not be performed only one or two years after a negative cytology result at 23 to 24 years of age.

[j]Once screening is discontinued it should not resume for any reason, even if a woman reports having a new sexual partner.

[k]Routine screening is defined as screening every 5 years using cotesting (preferred) or every 3 years using cytology alone (acceptable).

[l]Women older than age 65 years who have never been screened, women with limited access to care, minority women, and women from countries where screening is not available may be less likely to meet the criteria for adequate prior screening.

[m]Unless the hysterectomy was done as a treatment for cervical pre-cancer or cancer.

[n]And no history of CIN2 or higher in the past 20 years.

[o]Women should continue to be screened if they have had a total hysterectomy and have a history of CIN 2 or higher in the past 20 years or cervical cancer ever. Continued screening for 20 years is recommended in women who still have a cervix and a history of CIN 2 or higher. Therefore, screening with cytology alone every 3 years for 20 years after the initial post-treatment surveillance for women with a hysterectomy is reasonable *(Level B evidence).*

[p]2002 guidelines statement: The ACS and others should educate women, particularly teens and young women, that a pelvic exam does not equate to a cytology test and that women who may not need a cytology test still need regular health care visits including gynecologic care. Women should discuss the need for pelvic exams with their providers. Saslow D, Runowicz CD, Solomon D, et al. American Cancer Society Guideline for the Early Detection of Cervical Neoplasia and Cancer. *CA Cancer J Clin* 2002; 52:342–362.

[q]The bimanual pelvic examination is usually conducted annually in part to screen for ovarian cancer, although its effectiveness and harms are not well known and were not a focus of this review. No randomized trial has assessed the role of the bimanual pelvic examination for cancer screening. In the PLCO Trial, bimanual examination was discontinued as a screening strategy in the intervention arm because no cases of ovarian cancer were detected solely by this method and a high proportion of women underwent bimanual examination with ovarian palpation in the usual care arm. [r]ACOG Committee Opinion No. 534: Well-Woman Visit. Committee on Gynecologic Practice. *Obstet Gynecol.* 2012;120(2)1:421–24. doi: 10.1097/AOG.0b013e3182680517.

[s]For women aged ≥21 years, annual pelvic examination is a routine part of preventive care even if they do not need cervical cytology screening, but also lacks data to support a specific time frame or frequency of such examinations. The decision to receive an internal examination can be left to the patient if she is asymptomatic and has undergone a total hysterectomy and bilateral salpingo-oophorectomy for benign indications, and is of average risk.

References

[1]Saslow D, Solomon D, Lawson HW, et al. American Cancer Society, American Society for Colposcopy and Cervical Pathology, and American Society for Clinical Pathology screening guidelines for the prevention and early detection of cervical cancer. *CA Cancer*

[2]USPSTF. Screening for Cervical Cancer. 2018. Available at www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/cervical-cancer-screening2. These recommendations apply to women who have a cervix, regardless of sexual history.

[3]ACOG Practice Bulletin No. 168: Screening for Cervical Cancer. ACOG Committee on Practice Bulletins-Gynecology. *Obstet Gynecol.* 2016;128(4):111–30. doi: 10.1097/AOG.0000000000001708.

[4]Huh WK, Ault, KA, Chelmow D, et al. Use of primary high-risk human papillomavirus testing for cervical cancer screening: Interim clinical guidance. *Gynecol Oncol.* 2015;125(2):330-7. doi: 10.1097/AOG.0000000000000669.

Cervical Cancer Screening Guidelines (table 2)

	American Cancer Society (ACS)	U.S. Preventive Services Task Force (USPSTF)	American College of Obstetricians and Gynecologists (ACOG)	Society of Gynecologic Oncology (SGO) and the American Society for Colposcopy and Cervical Pathology (ASCCP): Interim clinical guidance for primary high-risk HPV testing
Guideline committee	ACS, American Society for Colposcopy and Cervical Pathology, and American Society for Clinical Pathologyconvened an expert panel.	16 volunteer members who are nationally recognized experts in prevention, evidence-based medicine, and primary care.	ACOG Committee on Practice Bulletins-Gynecology.[b]	13 experts including representatives from the Society of Gynecologic Oncology, American Society for Colposcopy and Cervical Pathology, and o ther committees convened an interim guidance panel.
Methods used to analyze the evidence	Panel is divided into six working groups to develop recommendations based on systematic review of evidence.	Recommendations are based on a systematic review of existing peer-reviewed evidence.	Review of published meta-analyses and systematic review. Analysis of available evidence. When reliable research not available, consulted with experts.	Literature review, review of data from the FDA registration study, and expert opinion.
Methods used to formulate recommendations	Used the GRADE (Grading Recommendations Assessment, Development, and Evaluation) system to provide a framework for the guidelines development process. Voting on the final recommendations, with twothirds majority constituting agreement.	The Task Force assigns each recommendation a letter grade (an A, B, C, or D grade or an I statement) based on the strength of the evidence and the balance of benefits and harms of a preventive service.	Not stated.	All voting was web-based and anonymous, with two-thirds majority constituting agreement.
Definitions of level of recommendation or evidence assigned	Not applicable.	*A recommendation:* The USPSTF recommends the service. There is high certainty that the net benefit is substantial.[a] *B recommendation* : The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.[a] *C recommendation* : The USPSTF recommends selectively offering or providing this service to individual patients based on professional judgment and patient preferences. There is at least moderate certainty that the net benefit is small.[a] *C recommendation* : The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.[a] *I statement* : The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.[a]	*Level A evidence* : recommendations are based on good and consistent scientific evidence. *Level B evidence* : recommendations are based on limited or inconsistent scientific evidence. *Level C evidence* : based primarily on consensus and expert opinion.	Not applicable.

	American Cancer Society (ACS)	U.S. Preventive Services Task Force (USPSTF)	American College of Obstetricians and Gynecologists (ACOG)	Society of Gynecologic Oncology (SGO) and the American Society for Colposcopy and Cervical Pathology (ASCCP): Interim clinical guidance for primary high-risk HPV testing
Source of funding	ACS, American Society for Clinical Pathology, and American Society for Colposcopy and Cervical Pathology	United States government	American College of Obstetricians and Gynecologists	Society of Gynecologic Oncology and the American Society for Colposcopy and Cervical Pathology
Disclosures of conflict	Disclosures can be found in the document.	Disclosures can be found at www.acponline.org/authors/icmje/ConflictOfInterestForms.do?msNum=M12-0425.	Not stated.[b]	Disclosures can be found in the document.
Reference	Saslow D, Solomon D, Lawson HW, et al. American Cancer Society, American Society for Colposcopy and Cervical Pathology, and American Society for Clinical Pathology screening guidelines for the prevention and early detection of cervical cancer. *CA Cancer J Clin*. 2012; 62(3):147-72.. doi: 10.3322/caac.21139.	USPSTF. Screening for Cervical Cancer. http://www.uspreventiveservicestaskforce.org/Page/Topic/r ecommendation-summary/cervical-cancer-screening. Accessed July 7, 2015	National Guideline Clearinghouse. Website: www.guidelines.gov. ACOG Practice Bulletin Number 131: Screening for cervical cancer. *Obstet Gynecol*. 2012;120(5):1222-38.	Huh WK, Ault KA, Chelmow D, et al. Use of primary high-risk human papillomavirus testing for cervical cancer screening: Interim clinical guidance. *Gynecol Oncol*. 2015; 125(2):330-7. doi: 10.1097/AOG.0000000000000669.

[a]These are the USPSTF grade definitions used to determine the recommendations for the 2012 guidelines.

[b]Individual members of the committees were not identified and no comment was made about conflicts of interest. (Volerman A and Cifu AS. Cervical cancer screening. *JAMA* 2014;312(21):2279-80. doi: 10.1001/jama.2014.14992)

APPENDIX C

AWC! 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 AWC! 1-800-738-2301 if there are special circumstances.
- Each clinic keeps a supply of the forms (**Visit Form**, **Mammogram Summary**, **Pap/HPV Summary**).

Call 1-800-738-2301 or complete the supply order form.

2. Eligibility Form *(complete every time woman has an AWC! service)*

Visit Form

- The woman needs to complete page one of the **Visit Form**
- The woman gives the visit form back to clinic staff in charge of AWC! Forms – they review the form for completeness. Checking each given answer, age, income and woman's signature. Clinic then completes **ALL** of page two
- The woman proceeds to have the clinical breast exam, pelvic exam (included in office visit charges) and, perhaps a pap/HPV test.

The completed form is mailed to: AWC!, 615 E 4th Pierre, SD 57501 within one week of visit date.

3. Clinic Test Report

Mammogram Summary Form

- If a woman is age eligible for a mammogram, between 40-64, an appointment is set up with the radiology/mammogram facility following the woman's clinic visit. 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 **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 **Mammogram Summary 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 of knowing to bill AWC! and problems could arise.

Pap/HPV Summary Form

- The **Pap/HPV 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 **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.*

Red SCREENING MRI Summary Form

- If a woman is **HIGH RISK** for breast cancer a screening MRI may be ordered. The woman must have one or more of these conditions to qualify for the MRI, BRCA mutation, a first degree relative who is a BRCA carrier, a lifetime risk of 20-25% or greater as defined by risk assessment models, radiation treatment to the chest between the ages 10-30, or personal or family history of genetic syndromes.

The **MRI Summary Form** is ordered AFTER authorization is given. The clinic or radiology facility completes the **MRI Summary Form** with the patient's name, date of birth, date of service and the same encounter as the **Visit Form**

4. Encounter Numbers

- Each AWC! 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 **Visit Form** and once on the **Pap/HPV 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 or complete the supply order form. See **Appendix G**

5. Mailing the forms

All the forms – **Visit Form**, **Pap/HPV Summary**, **Mammogram Summary** *and the* **MRI Summary** *are mailed to:*

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

6. Billing for Services

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**

UB92: **Field 60** needs a social security number
Field 64 needs the identifier **DD11873**

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

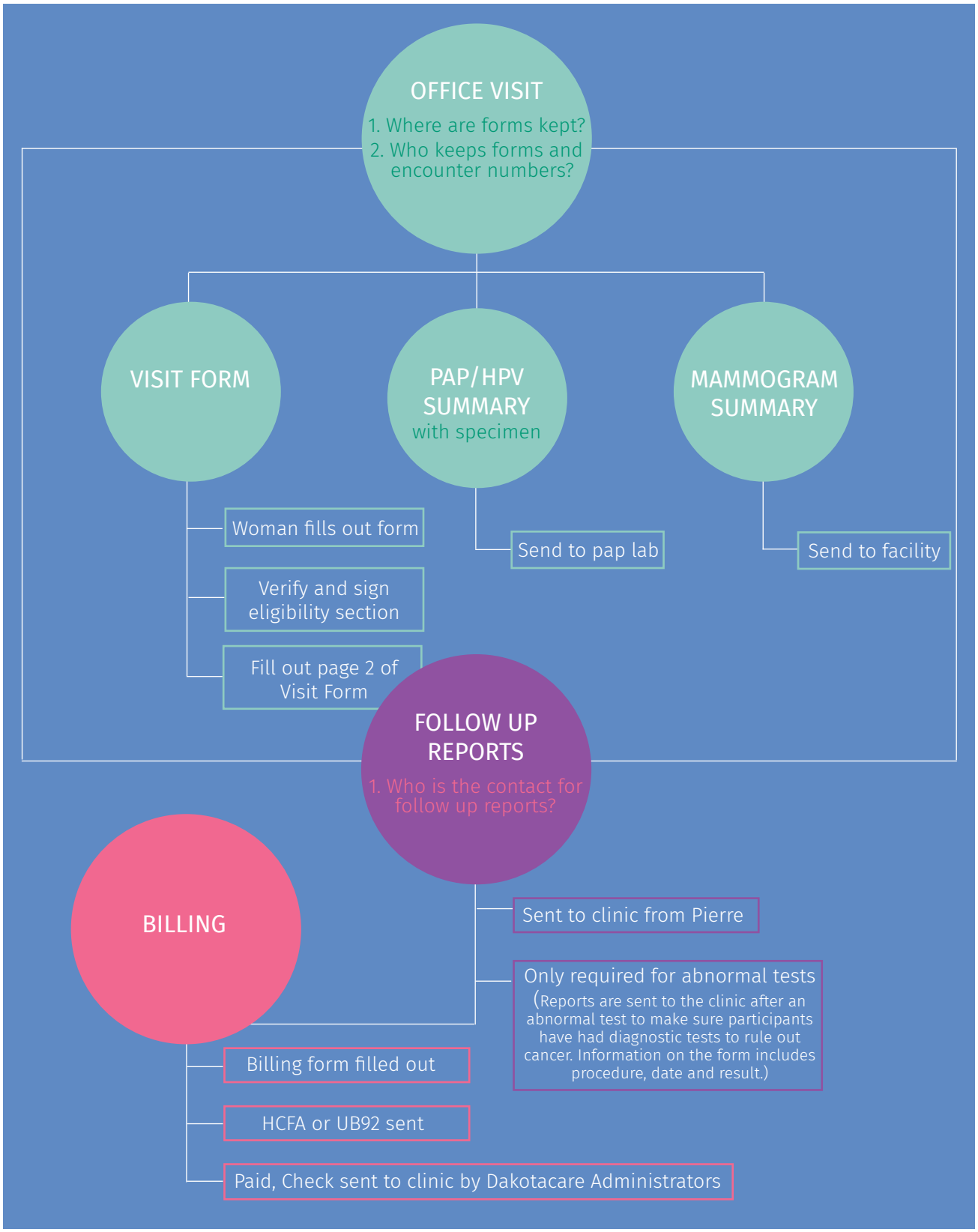
*The facility billing office mails billing on (***HCFA 1500** *or* **UB 92***) to:*

All Women Count!
South Dakota Department of Health
PO Box 1506
Sioux Falls, SD 57101-1506

APPENDIX D

WORKFLOW FORM

Use this form to guide your staff through the AWC! form process



ALL WOMEN COUNT! PROGRAM
PAYMENT SCHEDULE OF ALLOWED SERVICES BY CPT CODE
EFFECTIVE February 1, 2020

CPT CODE	SERVICE DESCRIPTION	Medicare B rates
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
10004	Fine needle aspiration biopsy without imaging guidance, each additional lesion	$50.90
10005	Fine needle aspiration biopsy including ultrasound guidance, first lesion	$129.48
10006	Fine needle aspiration biopsy including ultrasound guidance, each additional lesion	$59.30
10007	Fine needle aspiration biopsy including fluoroscopic guidance, first lesion	$300.13
10008	Fine needle aspiration biopsy including fluoroscopic guidance, each additional lesion	$170.13
10021	Fine needle aspiration without imaging guidance	$98.09
19000	Puncture Aspiration of Cyst of Breast	$109.73
19001	Aspiration, each additional Cyst	$27.01
19081	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion DO NOT use in conjunction with 19281-19286	$618.49
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 19281-19286	$500.88
19083	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion DO NOT use in conjunction with 19281-19286	$612.00
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 19281-19286	$487.85
19100	Biopsy of Breast; Needle Core	$151.95
19101	Biopsy of Breast; Incisional	$330.30
19120	Excision of Cyst, Fibroadenoma, or Other Benign or Malignant Tumor Aberrant Breast Tissue, Duct Lesion or Nipple Lesion (except 19140)	$492.32
19125	Excision of Breast Lesion Identified by Preoperative Placement of Radiological Marker; Single Lesion	$542.52
19126	Excision, Each Additional Lesion	$153.39
19281	Placement of breast localization device, percutaneous; mammographic guidance; first lesion DO NOT use in conjunction with 19081-19084	$247.90
19282	Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion DO NOT use in conjunction with 19081-19084	$175.51
19283	Placement of breast localization device, percutaneous; stereotactic guidance; first lesion DO NOT use in conjunction with 19081-19084	$275.00
19284	Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion DO NOT use in conjunction with 19081-19084	$210.19
19285	Placement of breast localization device, percutaneous; ultrasound guidance; first lesion DO NOT use in conjunction with 19081-19084	$464.79
19286	Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion DO NOT use in conjunction with 19081-19084	$397.82

57452	Colposcopy without Biopsy	$119.04
57454	Colposcopy with Directed Cervical Biopsy	$161.54
57455	Colposcopy with biopsy(s) of the cervix	$153.17
57456	Colposcopy with endocervical curettage	$144.11
57460	Colposcopy with loop electrode biopsy(s) of the cervix	$306.83
57461	Colposcopy with loop electrode conization of the cervix	$343.17
57500	Biopsy, single or multiple, or local excision of lesion, with or without fulguration	$143.99
57505	Endocervical curettage (not done as part of a dilation and curettage).	$129.07
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage; with or without repair; cold knife or laser.	$331.73
57522	Loop electrode excision	$284.74
76098-YN	Radiological Examination, Surgical Specimen	$42.98
76098-TC	Radiological Examination, Surgical Specimen	$27.20
76098-26	Radiological Examination, Surgical Specimen	$15.78
76641-YN	Ultrasound, complete, examination of breast including axilla, unilateral	$108.08
76641-TC	Ultrasound, complete examination of breast including axilla, unilateral	$71.59
76641-26	Ultrasound, complete examination of breast including axilla, unilateral	$36.49
76642-YN	Ultrasound, limited examination of breast including axilla, unilateral	$88.23
76642-TC	Ultrasound, limited examination of breast including axilla, unilateral	$54.27
76642-26	Ultrasound, limited examination of breast including axilla, unilateral	$33.96
76942-YN	Ultrasound Guidance Needle Biopsy	$57.55
76942-TC	Ultrasound Guidance Needle Biopsy	$25.76
76942-26	Ultrasound Guidance Needle Biopsy	$31.80
77048- YN	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, unilateral CALL PROGRAM BEFORE ORDERING / PREAUTHORIZATION PROCESS INVOLVED Used for screening high risk women only.	$391.95
77048- TC	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, unilateral CALL PROGRAM BEFORE ORDERING / PREAUTHORIZATION PROCESS INVOLVED Used for screening high risk women only.	$286.82
77048- 26	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, unilateral CALL PROGRAM BEFORE ORDERING / PREAUTHORIZATION PROCESS INVOLVED Used for screening high risk women only.	$105.13
77049-YN	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, bilateral CALL PROGRAM BEFORE ORDERING / PREAUTHORIZATION PROCESS INVOLVED Used for screening high risk women only.	$400.88
77049-TC	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, bilateral CALL PROGRAM BEFORE ORDERING / PREAUTHORIZATION PROCESS INVOLVED Used for screening high risk women only.	$285.73
77049-26	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, bilateral CALL PROGRAM BEFORE ORDERING / PREAUTHORIZATION PROCESS INVOLVED Used for screening high risk women only.	$115.14

77063-YN	Screening Breast Tomosynthesis Bilateral (List Separately in addition to code for primary procedure G0202 or 77057)	$55.25
77063-TC	Screening Breast Tomosynthesis Bilateral (List Separately in addition to code for primary procedure G0202 or 77057)	$25.26
77063-26	Screening Breast Tomosynthesis Bilateral (List Separately in addition to code for primary procedure G0202 or 77057)	$29.99
77065-YN	Diagnostic Mammogram, including CAD when performed, Unilateral	$133.05
77065-TC	Diagnostic Mammogram, including CAD when performed, Unilateral (Technical/Facility Only)	$94.33
77065-26	Diagnostic Mammogram, including CAD when performed, Unilateral (Professional Only)	$40.72
77066-YN	Diagnostic Mammogram, including CAD when performed, Bilateral	$170.42
77066-TC	Diagnostic Mammogram, including CAD when performed, Bilateral (Technical/Facility Only)	$120.31
77066-26	Diagnostic Mammogram, including CAD when performed, Bilateral (Professional Only)	$50.11
77067-YN	Screening Mammogram, including CAD when performed, Bilateral (Professional Only)	$137.94
77067-TC	Screening Mammogram, including CAD when performed, Bilateral (Technical/Facility Only)	$99.74
77067-26	Screening Mammogram, including CAD when performed, Bilateral (Professional Only)	$38.20
G0279-YN	Diagnostic Breast Tomosynthesis (List Separately in addition to code for primary procedure 77065 or 77066)	$55.25
G0279-TC	Diagnostic Breast Tomosynthesis (List Separately in addition to code for primary procedure 77065 or 77066)	$25.26
G0279-26	Diagnostic Breast Tomosynthesis (List Separately in addition to code for primary procedure 77065 or 77066)	$29.99
87624	Human Papillomavirus, High Risk Types	$35.09
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.	$40.55
88141	PAP- Cytopathology Smear, Cervical or Vaginal Requiring Interpretation by a Physician	$26.12
88142	PAP -Cytopathology, cervical or vaginal collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	$20.26
88143	PAP- Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening and rescreening under physician supervision	$23.04
88164	PAP- Cytopathology Smear, Cervical or Vaginal, TBS, Technician	$15.12
88165	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening and rescreening under physician supervision	$15.12
88172-YN	Evaluation of Fine Needle Aspiration with or without Preparation of Smears - Immediate Cytohistologic Study	$56.57
88172-TC	Evaluation of Fine Needle Aspiration (Technical/Facility Only)	$19.26
88172-26	Evaluation of Fine Needle Aspiration (Professional Only)	$37.31
88173-YN	Interpretation and Report of Fine Needle Aspiration	$156.21
88173-TC	Interpretation and Report of Fine Needle Aspiration (Technical/Facility Only)	$82.91
88173-26	Interpretation and Report of Fine Needle (professional only)	$73.30
88174	PAP- Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	$25.37
88175	PAP- Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system and manual rescreening, under physician supervision.	$26.61

88305-YN	Surgical Pathology/Biopsy Lab	$71.00
88305-TC	Surgical Pathology/Biopsy Lab (Technical/Facility Only)	$31.89
88305-26	Surgical Pathology/Biopsy Lab (Professional Only)	$39.11
88307-YN	Surgical Pathology, gross and microscopic examination requiring microscopic evaluation of surgical margins	$280.13
88307-TC	Surgical Pathology, gross and microscopic examination requiring microscopic evaluation of surgical margins (Technical/Facility Only)	$194.20
88307-26	Surgical Pathology, gross and microscopic examination requiring microscopic evaluation of surgical margins (Professional Only)	$85.93
88331-YN	Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen.	$99.64
88331-TC	Pathology consultation, (Technical/Facility Only)	$34.78
88331-26	Pathology consultation, (Professional Only)	$64.87
88332-YN	Pathology consultation during surgery, each additional tissue block with frozen section(s)	$55.12
88332-TC	Pathology consultation during surgery, each additional tissue block with frozen section(s) (Technical/Facility Only)	$22.87
88332-26	Pathology consultation during surgery, each additional tissue block with frozen section(s) (Professional Only)	$32.25
88341-YN	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	$93.97
88341-TC	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure (Technical/Facility Only)	$64.60
88341-26	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure (Professional Only)	$29.37
88342-YN	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	$106.73
88342-TC	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	$70.15
88342-26	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	$36.58
88360-YN	Morphometric analysis, tumor immunohistochemistry, per specimen; manual	$126.94
88360-TC	Morphometric analysis, tumor immunohistochemistry, per specimen; manual	$83.14
88360-26	Morphometric analysis, tumor immunohistochemistry, per specimen; manual	$43.80
88361-YN	Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology	$128.74
88361-TC	Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology	$82.42
88361-26	Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology	$46.33
99156	Conscious sedation anesthesia 10-20 minutes for individuals 5 years or older	$76.70
99157	Conscious sedation anesthesia for each additional 15 minutes	$63.27
99201	OFFICE VISIT-New Patient; history, exam, straightforward decision-making; 10 minutes	$45.42
99202	OFFICE VISIT- New Patient; expanded history, exam, straightforward decision-making; 20 minutes	$75.18
99203	OFFICE VISIT- New Patient; detailed history, exam, straightforward decision-making; 30 minutes	$106.39

99204	Office / Outpatient Visit/ decision making moderate complexity New SURGICAL CONSULT ONLY	$162.08
99205	Office / Outpatient Visit / decision making high complexity New SURGICAL CONSULT ONLY	$204.74
99211	OFFICE VISIT- Established Patient; evaluation and management, may not require presence of physician; 5 minutes	$23.23
99212	OFFICE VISIT- Established Patient; history, exam, straightforward decision making 10 minutes	$45.05
99213	OFFICE VISIT- Established Patient; expanded history, exam, straightforward decision- making; 15 minutes	$74.32
99214	OFFICE VISIT- Established Patient; detailed history, exam, moderately complex decision making; 25 minutes	$107.93
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	$74.32
99386	OFFICE VISIT- Same as 99385, but 40-64 years of age	$74.32
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	$74.32
99396	OFFICE VISIT- Same as 99395, but 40-64 years of age	$74.32

Welcome

to

All Women Count!

800-738-2301

South Dakota's Breast and Cervical Cancer Screening Program

www.getscreened.sd.gov

www.getscreened.sd.gov
800-738-2301

The *All Women Count!* Program is federally funded through the Centers for Disease Control.
It is NOT private insurance.
Please keep this card in your wallet and show it to your provider.

BREAST and CERVICAL SCREENING SERVICES

COVERED: Ages 30 - 64

- Office Visit
- Clinical Breast Exam (CBE)
- Screening Mammogram (age 40-64)
- Screening MRI for High Risk Women (with preauthorization)
- Pap Test
- Primary HPV Testing

Covered diagnostic services after screening in All Women Count!

- Diagnostic Mammogram (age 30-39 with preauthorization)
- Breast Ultrasound
- Breast Biopsy
- Colposcopy
- LEEP
- CONE

NOT COVERED

- Diagnostic Breast MRI
- BRCA Testing
- X-Ray
- HIV Testing
- STD Testing/Screening
- Wet Mount
- Vaginal Culture
- Vaginal or Vulvar Biopsy
- Pelvic/Transvaginal Ultrasound
- Pregnancy Test
- Other Lab Work
- Cervical Cryotherapy
- Fecal Occult Blood Test
- Colonoscopy/Flex Sig

If diagnosed with breast cancer, cervical cancer or cervical dysplasia you may be covered by a special South Dakota Medicaid treatment program which pays for cancer treatment. If you have questions or concerns about coverage please call us:

800-738-2301
www.getscreened.sd.gov

FREE

MAMMOGRAM AND OFFICE VISIT*

WHEN YOU ENROLL IN THE ALL WOMEN COUNT! PROGRAM

OFFER GOOD FOR INCOME-ELIGIBLE WOMEN AGES 40-64.*WOMEN AGES 30-39 ARE ELIGIBLE WITH PREAPPROVAL.
CALL 1-800-738-2301

GETSCREENEDSD.ORG

All Women Count! BREAST & CERVICAL CANCER EARLY DETECTION PROGRAM

SOUTH DAKOTA DEPARTMENT OF HEALTH

AWC!

For Women 30-64

All Women Count! covers the cost of breast and cervical cancer screenings for eligible women

Ask clinic staff about the **All Women Count!** Program today

Breast & Cervical Cancer Screening & Diagnostic Services

Covered: Ages 30-64

- Office Visit
- Clinical Breast Exam (CBE)
- Screening Mammograms (ages 40-64)
- Breast Screening MRI for High Risk Women
- Pap Test
- Primary HPV Testing
- Pap Test with HPV Co-Testing
- Cervical Biopsies
- Breast Biopsies
- Diagnostic Mammograms
- Diagnostic Breast Ultrasounds

Guidelines For Participation

AGE

30-64 for Cervical Cancer Screening
40-64 for Breast Cancer Screening

INCOME

FAMILY SIZE	ANNUAL HOUSEHOLD INCOME
1	$25,520
2	$34,480
3	$43,440
4	$52,400
5+	Call AWC! for information (1-800-738-2301)

2020 Income Guidelines
Income Guidelines Change Annually

Call your clinic today to schedule an appointment

Appointment Date/Time_____

Clinic/Location_____

SOUTH DAKOTA DEPARTMENT OF HEALTH

All Women Count! BREAST & CERVICAL CANCER EARLY DETECTION PROGRAM

1,000 of this brochure have been printed on Recycled Paper by the South Dakota Dept. of Health at a cost of $0.13 each, supported by Cooperative Agreement Number DP006293, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

https://getscreened.sd.gov/count/ January 2020

APPENDIX G

AWC! CLINICAL FORMS AND SUPPLIES ORDER FORM

Your Clinic Should Always Have Plenty of AWC! Forms Available

If you notice you're running low, we've made ordering administrative forms from us easy. Simply use the link below to email us your complete order:
http://getscreened.sd.gov/documents/AWC_SupplyOrderForm_fillable.pdf

Please reorder **Before** you run out! Allow 2 weeks for forms, 2-3 weeks for encounter labels.

Call 1-800-738-2301, fax (605) 773-8104, or mail this form to:

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

SOUTH DAKOTA DEPARTMENT OF HEALTH

All Women Count!

AWC! Clinical Forms and Supply Order Form

Please reorder BEFORE you run out. Allow 2 weeks for forms and encounter labels.

Fill out form and click "Submit Form" or print and fax to 605-773-8104.

Quantity

_____ Visit Form (purple)

_____ PAP/HPV Summary Form (blue)

_____ Mammogram Summary (pink)

_____ Encounter Labels: Clinic's 3 letter code _____ Last number used _____

Mail to (include contact name):

APPENDIX H

AWC! ELIGIBILITY PRE-SCREEN

1. ***Resident: Do you have a South Dakota Address?**
   - **YES:** Proceed to #2
   - **NO:** STOP HERE - Call (800) 738-2301

2. **Age: Are you between the ages of 30 and 64?**
   - **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 #3.
   - **40 to 64** may be eligible for screening mammogram, in addition to a clinical breast exam and Pap smear. Proceed to #3.

3. **Do you have Medicare B or Medicaid?**
   - **YES:** STOP HERE - Not eligible
   - **NO:** Proceed to #4

4. **Do you have health insurance?**
   - **NO:** Proceed to #5
   - **YES:** Proceed to #5

5. **What is your household income?**

   Household income: _____
   Use pre-tax amount (For self-employed or famers: use household net taxable income after business expenses are deducted)

   Family size: _____

***Clinic Use Below:

Compare with AWC! Income Guidelines. **Appendix I**, if below income cutoff, she is eligible.

If she meets all of these criteria, tell her that she is eligible and refer her to a provider or schedule her for an appointment.

Eligibility is not dependent on insurance status. If a woman has insurance, the insurance company must be billed prior to AWC!. EOB must accompany all bills sent to AWC!.

Age 30-39, requesting a mammogram: AWC! pays for mammograms on women ages 30- 39 **only** if they have a **documented** abnormal breast finding or if they have a biological first degree relative previously diagnosed with 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. Regardless if the mammogram is negative, a second diagnostic test needs done. An example is a breast ultrasound that can be done the same day. Another example is to recall the woman for a repeat clinical breast exam. The repeated office visit would be paid for by AWC!; however, a new Visit Form would need to be completed.

******Non-resident of South Dakota must be authorized – (800) 738-2301*

2020 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	$25,520	$2,127	$492
2	$34,480	$2,873	$663
3	$43,440	$3,620	$835
4	$52,400	$4,367	$1,008
5	$61,360	$5,113	$1,180
6	$70,320	$5,860	$1,352
7	$79,280	$6,607	$1,525
8	$88,240	$7,353	$1,697
9	$97,200	$8,100	$1,869
10	$106,160	$8,847	$2,042
11	$115,120	$9,593	$2,214
12	$124,080	$10,340	$2,386
13	$133,040	$11,087	$2,558
14	$142,000	$11,833	$2,731
15	$150,960	$12,580	$2,903

- **Household 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.**
- **Reminder: Use the purple Visit Form, pink Mammogram Summary and blue PAP/HPV Summary**
- **For further clarification, call the South Dakota Department of Health, All Women Count! Program at 1-800-738-2301.**

February 1, 2020

APPENDIX J

VISIT FORM

AWC! Office Use Only
☐ Enrollment
☐ Re-Enrollment/Return Visit

ALL WOMEN COUNT!
VISIT FORM
WOMEN AGES 30-64
(800) 738-2301

Encounter Number
__ __ __ __ __ __ __

Read, complete and sign consent at bottom of form.

1) Last Name | 2) First Name | 3) MI | 4) Maiden Name/Other Name

5) Date of Birth Age _____ | 6) Social Security Number | 7) Address

8) City | 9) State | 10) Zip Code | 11) County | 12) Phone Number

13) Race(s) - (check all that apply)
☐ American Indian or Alaska Native ☐ Native Hawaiian or Pacific Islander
☐ Asian ☐ White
☐ Black or African American ☐ Unknown

14) Are you of Hispanic/Latina/Latino origin? ☐ Yes ☐ No ☐ Unknown

15) Number Living in Household (including yourself)? _____

16) Total Gross Monthly Household income (before taxes)? $_____
By signing on bottom of form, I confirm that the reported income above is true and accurate.

17) Do you have private health insurance coverage? ☐ Yes ☐ No
Health insurance does not prevent eligibility.

18) Do you have Medicare B or Medicaid? ☐ Yes ☐ No
*If yes, **STOP**. Not eligible for AWC!*

19) Marital Status
☐ Never Married ☐ Married ☐ Living with someone ☐ Divorced/Separated ☐ Widowed ☐ Other

20) Education
☐ Less than 9th grade ☐ High School Graduate or Equivalent ☐ Unknown
☐ Some High School ☐ Some College or Higher

21) Referral Source (check all that apply)
☐ Self/Friend/Family ☐ AWC! Reminder letter ☐ Patient Navigator with Clinic
☐ Clinic/Hospital ☐ Media Campaign (Radio, Newspaper, TV, Social Media) ☐ 211 Helpline Referral

22) Previous Pap Test or HPV only testing? ☐ Yes ☐ No

23) If Yes, date of last Pap or HPV only testing ____/_____

24) Have you had a Hysterectomy? ☐ Yes ☐ No

25) If Yes, reason for Hysterectomy ☐ Cervical Cancer ☐ Non-Cancer ☐ Pre Cancer ☐ Unknown

26) Are you a smoker/tobacco user? ☐ Yes ☐ No ☐ Former

Informed Consent and Release of Medical Information

By agreeing to take part in the All Women Count! Program, I give my permission to any and all of my medical providers, clinics, and/or hospitals to provide all information concerning my breast or cervical screening and any related diagnosis or treatment to the Program. Any information provided 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 only be used to meet the purposes of the Program, and any published reports which result from the Program will not identify me by name or social security number. This consent is valid for one (1) year unless otherwise specified by me, the program participant, or my legal representative. By signing below, I affirm that the information and reported income listed above is true and accurate.

Program Participant Signature _____ Date _____ Print Name _____ Date of Birth _____

Page 1 of 2 Jan 2019

Please return form immediately to:
All Women Count!
615 E. 4th St.
Pierre, SD 57501-1700
(800) 738-2301

Encounter Number
__ __ __ __ __ __ __

ELIGIBILITY DETERMINATION, PATIENT HISTORY & TODAY'S SERVICES - CLINIC USE ONLY

Name _____ **Visit Date** _____/_____/_____ (month day year)

PATIENT HISTORY

Screening prior to this visit:	Yes	Record	No prior exam/test	Don't know if done
Pap smear.....	☐	___/___ (mm ????)	☐	☐

1) High Risk for Cervical Cancer?* ☐ Yes ☐ No ☐ Not Assessed / Unknown
** Defined as prior DES exposure and immunocompromised patients.*

2) High Risk for Breast Cancer?* ☐ Yes ☐ No ☐ Not Assessed / Unknown
** Defined as a woman with BRCA mutation, a first-degree relative who is a BRCA carrier, a lifetime risk of 20-25% or greater as defined by risk assessment models, radiation treatment to the chest between ages 10-30, or personal or family history of genetic syndromes*

3) Did you refer to the SD Quitline? ☐ Yes ☐ No ☐ Not Applicable
4) Did you refer to the Marketplace (health insurance)? ☐ Yes ☐ No ☐ Not Applicable

ELIGIBILITY DETERMINATION

5) Age between 30-64 ☐ Yes (Eligible) ☐ No (Not Eligible)
6) Eligible by Income *(refer to question 16)* ☐ Yes (Eligible) ☐ No (Not Eligible)

_____
Name of person verifying eligibility (Please Print)

BREAST DATA

Breast exam done this visit?
☐ Yes Findings for this exam: ⬇
☐ Normal/benign: no diagnostic evaluation to r/o breast cancer required.
☐ Abnormal: not suspicious for cancer *(i.e. fibrocystic disease)*.
☐ Abnormal: suspicious for cancer, diagnostic evaluation required (two diagnostic tests required)
☐ No
☐ Patient refused

Mammogram ordered or done this visit?*
☐ Yes
☐ No
☐ Patient refused

*Pre-authorization is necessary for any woman age 30-39 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!

MRI for High Risk Screening *(Refer to question 2 above)*
☐ Screening MRI for High Risk Women Only
Authorization #_____
Pre-authorization required
1-800-738-2301

CERVICAL DATA

Cervical Cancer Screening done this visit?
☐ Yes
☐ No
☐ Patient refused
☐ No, Patient has had a hysterectomy for benign disease
☐ HPV done as co-testing
☐ HPV only

Colposcopy done this visit?
☐ No
☐ Yes, with Biopsy and ECC
☐ Yes, with Biopsy only
☐ Yes, with ECC only
☐ Yes, no pathology sent
☐ Endometrial Biopsy (needs pre-authorization)
Leep ☐ Yes ☐ No
Cone Biopsy ☐ Yes ☐ No

Indications for Follow-Up/Abnormal Pap results
☐ ASC-US
☐ HPV positive with ASC-US (reflex)
☐ LSIL
☐ HSIL
☐ AGUS
☐ + hr HPV testing
Abnormal Pap date _____/_____/_____ (month day year)

Was Cervical Cancer Screening done as follow up to a previous abnormal? ☐ Yes ☐ No

RESCREEN PLAN (Date you would rescreen patient if test(s) done or ordered today are normal): Mammogram _____ Cervical Cancer Screen date_____

Page 2 of 2 Jan 2019

APPENDIX K

MAMMOGRAM SUMMARY FORM

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

SOUTH DAKOTA DEPARTMENT OF HEALTH

All Women Count!

ALL WOMEN COUNT!
Breast and Cervical Cancer Control Program
MAMMOGRAM SUMMARY
(800) 738-2301

Encounter Number
___ ___ ___ ___ ___ ___ ___

A. TO BE COMPLETED BY MAMMOGRAPHY FACILITY

Facility where mammogram done: _____ Radiology #: _____

Mammogram date _____/_____/_____
month day year

Mammogram occurred: ☐ Stationary/In House ☐ Mobile Unit

B. RADIOLOGIST'S ASSESSMENT (To be completed by Radiologist)

ACR ASSESSMENT CATEGORY			RECOMMENDATION
☐ 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
☐ 1	Negative	➡	① Mammogram in _____ year(s)
☐ 2	Benign finding	➡	① Mammogram in _____ year(s)
☐ 3	Probably benign finding- short interval follow-up suggested	➡	② Mammogram in _____ month(s)
☐ 4	Suspicious Abnormality- biopsy shoud be considered	➡	⑥ Surgical consult/biopsy
☐ 5	Highly suggestive of malignancy- appropriate action should be taken	➡	⑥ Surgical consult/biopsy

COMMENTS:

Radiologist name (please print) _____

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

Radiologist Group (please print) _____

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

Jan 2019

PAP/HPV SUMMARY FORM

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

SOUTH DAKOTA DEPARTMENT OF HEALTH

All Women Count!

ALL WOMEN COUNT!
Breast and Cervical Cancer Control Program
PAP/HPV SUMMARY
(800) 738-2301

Encounter Number

___ ___ ___ ___ ___ ___ ___

Date Specimen collected:

_____/_____/_____

A. PAP SMEAR INFORMATION (To be completed by cytotechnologist or pathologist)

Lab name: _____ Specimen #: _____

SPECIMEN TYPE: [1] Conventional Pap smear [2] Liquid based *(ThinPrep)*®

SPECIMEN ADEQUACY

[1] **Satisfactory for evaluation**

[12] **Unsatisfactory** *(If unsatisfactory, not covered)*

INTERPRETATION RESULTS

[1] Negative for intraepithelial lesion or malignancy
[2] Infection/Inflammation/Reactive Changes (Beth 1991)
[3] Atypical squamous cell of undetermined significance (ASC-US)
[4] Low Grade SIL (including HPV changes)
[5] Atypical squamous cells cannot exclude HSIL (ASC-H) (Beth 2001)
[6] High Grade SIL
[7] Squamous Cell Carcinoma
[8] Atypical Glandular Cells (Beth 2014)
[9] Adenocarcinoma in Situ (AIS) (Beth 2014)
[10] Adenocarcinoma (Beth 2014)
[11] Other
[13] Endometrial cells (in women > 40 yr old)

B. HUMAN PAPILLOMAVIRUS

HPV Test Date: _____ HPV Test Reason: [ ] Co-Test or Screening [ ] Reflex [ ] Test Not Done

HPV Test Result:

[1] Positive with genotyping not done
[2] Negative
[4] Positive with positive genotyping (types 16 or 18)
[5] Positive with negative genotyping (positive HPV, but not types 16 or 18)

COMMENTS:

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

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

Jan 2019

APPENDIX M

TRANSFER OF CARE FORM

Use this form when informing another facility that the patient is a participant in AWC!. The woman will be receiving program covered services and should not receive a bill.

All Women Count!
BREAST & CERVICAL CANCER EARLY DETECTION PROGRAM

Billing Information Form

Please bill the AWC! program for the services provided to this patient:

Name _____

Mammogram _____

Breast Diagnostic Services _____

Pap Smear _____

Cervical Diagnostic Services _____

Please send bill on the universal billing form to:

All Women Count!
South Dakota Department of Health
PO Box 1506
Sioux Falls, SD 57101-1506

Group # DD11873

APPENDIX N

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: Woman has either Medicaid, Medicare or Private Health Insurance.

REMINDER: If a woman 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 is not 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.

APPENDIX O

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.

AWC! Program Log

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

AWC! Abnormal Breast Screening Log

Date	Name	Chart #	AWC! Encounter #	Abnormal Breast Exam	Mamm Date	Mamm Results	F/U Recommended					Date F/U Done	Rec. Return Date	AWC! F/U Rpt. Send	Comments
							FNA	Repeat Mamm	Ultrasound	BX	Other				

AWC! Abnormal Pap/Colposcopy Log

Date	Name	Chart #	AWC! Encounter #	Pap Results	Colpo Date	Colpo Results	F/U Recommended					Date F/U Done	Rec. Return Date	AWC! F/U Rpt. Send	Comments
							Cryo	Laser	LEEP	Cone	Other				

APPENDIX P

FACILITY CONTACTS FORM

Demographic Sheet- In order to have your facilities current and accurate information, please complete and return by fax to 605-773-8104 attention: Roberta or mail to South Dakota Department of Health All Women Count! Program 615 East 4th St, Pierre, SD 57501.

Facility Name _____3 letter encounter ID: _____

Address (physical): _____

City: _____ State: _____ Zip Code: _____

Phone _____ Fax _____

Mailing address if different_____

TAX ID_____

Services provided at your facility – **Mark all that apply.**
For direct service sites (clinics, hospitals)- on line next to service, list the facilities and labs used to process specimens and report results.

☐Clinical Breast Exam
☐Pap smears_____
☐HPV_____
☐Cervical Biopsy_____
☐Mammogram_____
☐Breast Ultrasound_____
☐Breast Biopsy_____

Billing Contact*	**Nursing (Care) Contact****
Name	Name
Phone	Phone
Fax	Fax
Email	Email

Administrative Contact***	**Medical Records******
Name	Name
Phone	Phone
Fax	Fax
Email	Email

*Billing Contact is the person that would send all claims to AWC!
**Nursing (Care) Contact is a nurse or staff person familiar with professional standards
***Administrative Contact is the person AWC! would contact for administrative needs/questions
****Medical Record is the person AWC! can contact for missing results

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Health Care Providers List- Please list the name of the heath care provider and their title who might see All Women Count! participants. If you have a list already created, you may use that to send to the AWC! Program. Fax 605-773-8104 or mail to
SD Department of Health
All Women Count! Program
615 4th Street
Pierre, SD 57501.

Facility Name _____ 3 letter encounter ID: _____

Name	Professional Title / Specialty

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All Women Count!
Breast and Cervical Cancer Screening Program
Participating Site Agreement

This Participating Site Agreement is entered into by and between the South Dakota Department of Health, the All Women Count! Breast and Cervical Cancer Program, hereinafter referred to as AWC! and
_____, hereinafter, referred to as, Participating Site. This Agreement replaces any previous Agreement between the parties and is intended to incorporate requirements of the Health Insurance Portability and Accountability Act, 45 C.F.R. Parts 160 and 164 (HIPAA). Participating Site is an independent contractor and is responsible for maintaining professional liability insurance coverage and all other obligations related to Participating Site's independent service provision status.

"Participating Site", as used in this agreement, shall mean the independent contractor listed above, for the purpose of providing services authorized by AWC! whose staff are licensed: (1) as a physician by either the State of South Dakota Board of Medical and Osteopathic Examiners or the state in which the physician practices; or (2) by the State of South Dakota or the state in which they practice to provide services including, but not limited to, medical, laboratory, radiological, hospitalization, pharmacy, and/or related health services.

A. Participating Site agrees to provide AWC! authorized breast and cervical cancer screening services to eligible participants; women who qualify for financial assistance, by age and income. Eligibility is not dependent upon health insurance status, see Section A.2. Participating Site also agrees, as related requirements, to:

   1. Provide its Tax Identification Number, for reimbursement purposes, to the South Dakota Department of Health's Cancer Screening Programs (pg. 5).

   2. Participating Site is strongly encouraged to enroll all eligible women in AWC! that meets the age and income guidelines, regardless of their insurance status (insured, uninsured, or underinsured). These guidelines can be found on the "AWC! Visit Form" or the "All Women Count! Income Guidelines for Screening Eligibility."

   3. Perform services authorized by AWC! being limited to those services listed on the "All Women Count! Program Payment Schedule of Allowed Services" by CPT (Current Procedural Terminology) Code. This list is updated annually to correspond with federal grant requirements or changes in Medicare B reimbursement rates. Participating Site will be notified in writing of those changes by AWC!.

   4. Submit charges to any applicable insurance program or other third-party reimbursement entity *prior* to submitting charges for payment to AWC! A copy of insurance or other third-party reimbursement or denial, such as an Explanation of Benefits (EOB), must accompany any claim submitted for payment to AWC!.

   5. Submit an itemized claim to the third-party administrator employed by AWC! after providing authorized services to a participant. Each itemized claim must be submitted on a properly executed standardized method form, include all data elements required by AWC!, such as Current Procedural Terminology (CPT) codes, and meet all applicable HIPAA requirements. *Any claims submitted by Participating Site older than 12 months from the date of service, will*

be denied by AWC! and Participating Site will not hold the participant and the participant's responsible party harmless for those claims.

NOTE: Only authorized CPT codes on the "All Women Count! Program Payment Schedule of Allowed Services by CPT (Current Procedural Terminology) Code", should be placed on any bill sent to AWC!.

a. All AWC! claims, electronic or paper, must include Client Group Number DD11873. The Client Group number, if missing, will result in automatic denial of the Participating Site claim.

b. Participating Site shall submit electronic claims through its clearinghouse to the third-party administrator of AWC!.

c. Paper claims and paper claims with insurance EOBs attached must be mailed to AWC! at:

All Women Count!
P.O. Box 1506
Sioux Falls, SD 57101-1506

6. It is recommended that Participating Sites complete the online training module designed specifically for Participating Sites to understand and manage the AWC! Program for their site. AWC! recommends that staff complete the **P**rogram and **R**esource **O**nline **F**acilitator (PROF) training module: All Women Count! PROF is located at the following website www.dohprofsd.org.

7. Send all original, signed and completed Visit Forms to AWC! within ***one*** week of women's screening visit or by request of AWC!. Original, signed and completed Visit Forms must be mailed to AWC! at:

SDDOH
All Women Count!
615 E 4th St
Pierre SD 57501

8. Any reasonably requested reports (i.e. Pap/HPV Summary or Mammogram Summary) may be mailed or faxed to AWC! at:

SDDOH
All Women Count!
615 E 4th St
Pierre SD 57501
Fax: 605-773-8104

9. Notify AWC! of any material staffing, billing or facility changes (i.e. facility name changes, contact staff for program reports, contact staff for bills and facility changes for services) with respect to Participating Site.

10. Accept payment for authorized services, as described in Section A.3, to participants as payment in full. AWC!'s third party administrator, as authorized by AWC!, makes payment directly to Participating Site.

11. To not hold AWC! liable or responsible for any of the costs or expenses incurred in providing services to participants, except as authorized by AWC! in Section A.3, submitted as required by Sections A.4 – A.5, and to the extent funding is available as set forth in Section B.2.

12. Maintain the following insurance:

    a. Commercial General Liability Insurance: Participating Site shall maintain occurrence based commercial general liability insurance or equivalent form with a limit of not less than $1,000,000 each occurrence. If such insurance contains a general aggregate limit it shall apply separately to this contract or be no less than two times the occurrence limit.

    b. Professional Liability Insurance: Participating Site shall procure and maintain professional liability insurance with a limit of not less than one million dollars.

    c. Workers' Compensation Insurance: Participating Site shall procure and maintain workers' compensation and employers' liability insurance as required by South Dakota law.

    d. Certificates of Insurance: Before beginning work under this Agreement, Participating Site shall furnish AWC! with properly executed Certificates of Insurance which shall clearly evidence all insurance required in this Agreement. In the event of a substantial change in insurance, issuance of a new policy, cancellation or nonrenewal of the policy, Participating Site agrees to provide immediate notice to AWC! and provide a new certificate of insurance showing continuous coverage in the amounts required. Participating Site shall furnish copies of insurance policies if requested by AWC!

    e. The parties agree that any insurance required to be carried under this Agreement may be provided through a program of self-insurance or via one or more third-party insurance carriers.

13. Indemnify and hold the State of South Dakota, its officers, agents, and employees, harmless from and against any and all actions, suits, damages, liability, or other proceedings which may arise as a result of performing services hereunder. This section does not require Participating Site to be responsible for or defend against claims or damages arising solely from acts or omissions of State, its officers, agents, or employees.

14. Participating Site is a "covered entity" as defined in the Health Insurance Portability and Accountability Act, 45 CFR §160.103, and will abide by the rules and regulations set forth in 45 CFR Parts 160 and 164 (HIPAA), as amended by the Health Information Technology for Economic and Clinical Health (HITECH) Act §§ 13400-13424, 42 U.S.C. §§ 17921-17954 (2009).

15. To not use subcontractors to perform any services described herein without prior written consent from AWC! Participating Site also agrees to include provisions in its subcontracts requiring the subcontractors to comply with all applicable provisions of this Participating Site Agreement, including, but not limited to, indemnifying the State and providing insurance coverage.

B. **AWC!** agrees to:

1. Pay Participating Site, through the third-party payment intermediary for AWC!, as described in Sections A.3 through A.5, for authorized services provided to participants.

2. Pay its Section B costs or expenses using grant funds received from the United States Department of Health and Human Services. Participating Site understands that AWC! is funded by a federal grant and that this Participating Site Agreement depends upon the continued availability of appropriated funds and expenditure authority from Congress, the Legislature, or the Executive Branch, for this purpose. If for any reason Congress or the Legislature fails to appropriate funds or grant expenditure authority, or the grant funds or appropriated funds become unavailable by operation of law or federal funds reductions, AWC! will not be liable or responsible to pay any cost or expense or provide services set forth in this Agreement. AWC!'s failure to pay or provide services for any of these reasons is not a default by AWC! nor does it give rise to a claim against AWC! or the State of South Dakota.

C. **Other Provisions**:

1. Term: The term of this Agreement begins October 1, 2019, and ends September 30, 2022, unless terminated earlier by either party upon thirty (30) days prior written notice.

2. Amendment: This Agreement may be amended only in writing signed by both parties and each amendment shall be attached to and become a part of this Agreement.

3. Disputes: This Agreement is subject to the laws of the State of South Dakota. Any dispute arising from the terms and conditions of this Agreement, which cannot be resolved by mutual agreement, will be tried in the Sixth Judicial Circuit Court, Hughes County, South Dakota.

4. Severability: In the event that any term or provision of this Agreement shall violate any applicable law, such provision does not invalidate any other provision hereof.

5. Super cession: This Agreement contains the entire agreement between the parties. All other prior discussions, communications, and representations concerning the subject matter of this Agreement are superceded by the terms of this Agreement.

6. Notice: Any notice or other communication required under this Agreement shall be in writing and sent to the address set forth below or via the SD Cancer Programs Listserv. Notices shall be given by and to the Cancer Programs Director on behalf of AWC! and to the Participating Site Contact Person designated below, on behalf of Participating Site, or such authorized designee as either party may designate in writing. Notices or communications to or between the parties shall be deemed to have been delivered when mailed by first class mail or via Listserv, provided that notice of default or termination shall be sent by registered or certified mail, or, if personally delivered, when received by such party.

The parties signify their agreement by signing below.

Participating Site:

_____
Signature of authorized representative

_____
Printed name of authorized representative

_____
Federal Tax ID Number

_____
Telephone Number

_____
Street and Post Office Address

_____
City/State/Zip

_____
Contact Person

DD11873
The AWC! Client Group Number

South Dakota Department of Health, dba
All Women Count! Program (AWC!)

_____
Colleen Winter, Director
Division of Family and Community Health
South Dakota Department of Health
615 East 4th Street
Pierre, SD 57501

Contact Person:
Karen Cudmore
Cancer Programs Director
Division of Family and Community Health
South Dakota Department of Health
615 East Fourth Street
Pierre, SD 57501
Telephone: (605) 773-3737