All Women Count!
1-800-738-2301
SCREENING SITE MANUAL

All Women Count!
Online Training

All Women Count!

PROF
Program and Resource Online Facilitator
Sponsored by SOUTH DAKOTA DEPARTMENT OF HEALTH
In order to use the All Women Count! Program at your facility, training is needed to understand the process of assessing eligibility, completing enrollment, providing follow up and submitting claims correctly and timely.

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

The modules include:

1. Eligibility + Enrollment
2. Screening Sites
3. Forms + Documentation
4. Screening + Diagnostic Tests
5. Follow-up
6. Treatment
7. Billing
8. Payment
9. Materials
PROF can be a tool used for new staff orientation. It is always available as a refresher or can be used as a quick search to answer questions that come up.

Here is how to access PROF:
**TO START THE TRAINING, YOU AND YOUR TEAM SHOULD FOLLOW THESE STEPS:**
- Go to this link [http://dohprofsd.org](http://dohprofsd.org)
- When you arrive at the “Home” page, click “My Training” in the orange bar on the left of the screen.
  a. Complete the form

Click the “All Women Count” link, and you are on your way!

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

SOUTH DAKOTA DEPARTMENT OF HEALTH

“Step-by-step”

1. Woman hears of program through media, clinic staff, public health, etc.

2. Woman calls clinic site for information/appointment.

3. Woman fills out AWC Enrollment form (Cosmic Green)
   - Site determines women’s eligibility and accepts completed form
   - Woman signs Consent for Release of Information to AWC!
   - Site assigns Encounter number (for tracking).

4. Site performs exam (pelvic, pap, breast) and does related patient teaching. Sends Pap specimen and Pap Summary form (green), with Last Name, First Name, DOB, AWC! Encounter Number, DOS to Pap lab.

5. Site schedules mammogram, initiates Mammogram Summary form (yellow) and sends form to radiologist. Site uses same encounter number, Last Name, First Name, DOB as enrollment.

6. Site’s clinician completes Visit Summary on the last page of Enrollment form (Cosmic Green) and sent to program after appointment. (Please answer all questions)

7. Site’s billing office completes HCFA 1500 billing form (or bills insurance if applicable) and mails to AWC! PO Box 1506, Sioux Falls SD 57101-1506. DD11873 & SSN.

8. Site enters patients into tracking system and mails enrollment forms to AWC! weekly.

9. Woman has mammogram.

10. Site receives Pap and mammogram results.

11. If results are normal, site notifies patient and recalls her next year (AWC! mails recall lists to site and patient).

12. If abnormal, site facilitates follow-up care and responds to AWC!’s request for follow-up information.
**AWC! Form Workflow**

1. **Office Visit**  
   - Woman fills out form:
     - Enrollment Form
     - Return Visit Form
   - Where are forms kept?
   - Who keeps forms and encounter #’s?
   - Who signs eligibility section?
   - Who fills out the visit summary?

2. **Pap Summary**  
   - With specimen
   - Send to Pap Lab

3. **Mam Summary** (to facility)

4. **Follow Up Reports** – sent to clinic from Pierre.
   - Only required for abnormal tests. Reports are sent to the clinic after an abnormal test to make sure participants have had diagnostic tests to rule out cancer. Information on the form includes procedure, date and result.
   - Who is the contact for follow up reports?

5. **Billing**
   - HCFA or UB 92 sent to PO Box in Sioux Falls
   - Billing form filled out
   - Who does this?
     - If using HCFA, include:
       - SS# (Box 1a)
       - DD11873 (Box 11)
     - CPT Code for:
       - Office Visit
   - If using UB 92, include:
     - SS# (Field 60)
     - DD11873 (Field 62)
     - CPT Code for:
       - Office Visit

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

2. Enrollment
   Lime Green Enrollment Form (only needs to be filled out at the initial visit)
   - The woman needs to complete a Lime Green Enrollment Form
   - The woman gives the enrollment form back to the nurse or the receptionist – they review the form for completeness. Checking each given answer, income eligibility and signatures.
   - The person verifying eligibility needs to complete questions 33-37.
   - The woman proceeds to have the clinical breast exam, pelvic exam (included in office visit) and, perhaps a pap test. The clinician completes the Visit Summary on the back.
     The completed form is mailed to Pierre within one week of visit date.
     **NOTE:** If the completed form is given to the billing office, they need to send the form to Pierre and the bill to the PO Box in Sioux Falls. Form must be sent within one week from visit date.
   Cherry Return Visit (filled out at any visit except the initial one)
   - Once a woman fills out the Enrollment Form then any AWC! visit after; she completes the Cherry Return Visit Form.
   - Once the woman completes the Cherry Return Visit Form and gives it to the nurse or receptionist, they review the form; checking each given answer, income eligibility and signatures. The nurse fills out the Visit Summary on the back. The completed form must be sent within one week of visit date.
     **NOTE:** If the completed form is given to the billing office, they need to send the form to Pierre and the bill to the PO Box in Sioux Falls. Form must be sent within one week from visit date.

3. Clinic Test Reports
   Yellow Mammogram Summary Form
   - If a woman is age eligible for a mammogram an appointment is set up with the radiology/mammogram facility following the clinic’s procedure. The Mammogram Summary Form is mailed to the radiology facility with the patient’s name, date of birth, date of service and the same encounter as the Enrollment or Return visit form. Another option is to have the woman take the form with her to her mammogram appointment. After the woman has had her mammogram, the radiology facility mails the completed form to Pierre and the bill is mailed to the PO Box in Sioux Falls.
     **Note:** If the form is not given to the mammogram facility, they have no way knowing to bill All Women Count! and problems could arise.

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

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

4. Encounter Numbers
   - Each All Women Count! site has their own set of encounter numbers. These numbers identify both the clinic and the individual woman’s visit. The same encounter number needs to be placed on both sides of the Enrollment Form or Return Visit Form and once on the Pap Summary and Mammogram Summary for each individual visit.
   - Rule for encounter numbers – one set of numbers per woman per visit. Do not save unused encounter numbers. You are given extra numbers and you won’t use all of them; please toss any remaining numbers. Numbers should NEVER be used more than one time.
   - You can order more encounter numbers by calling 1-800-738-2301.

5. Mailing the forms
   All the forms – Enrollment, Return Visit, Pap Summary and Mammogram Summary are mailed to:
   All Women Count!
   615 East 4th Street
   Pierre, SD 57501

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

   Completing the HCFA 1500 or UB 92

   HCFA: Box 1a on the HCFA needs a social security number
   Box 11 needs this identifier number – DD11873 (MUST be on form)

   UB92: Field 60 needs a social security number
   Field 64 needs the identifier DD11873 (MUST be on form)

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

   The Billing office mails bills only on (HCFA 1500 or UB 92) to:
   ALL WOMEN COUNT!
   PO Box 1506
   Sioux Falls, SD 57101-1506
CHAPTER 1

INTRODUCTION
WHO TO CALL
FOR QUESTIONS AND ANSWERS

All Women Count! (AWC!)
South Dakota Department of Health (DOH) - Pierre
1-800-738-2301

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

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

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

-Jane Hanson 1-800-738-2301
  Clinical Care Outreach Coordinator
CHAPTER 2

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

- Identify age-appropriate women who need screening, determine their eligibility and enroll them in the program.
- Provide screening exams and education.
- Track your own AWC! patients and ensure that summaries of screening results are sent to AWC!.
- Notify women of their test results as you would all of your patients.
- Follow up with women who have abnormal results.
- Provide AWC! with test results. These can include diagnostic test results and/or office notes indication follow up plans. This information can be mailed to 615E 4th, Pierre, SD 57501 or faxed to 605-773-8104.
- Send completed HCFA 1500 Universal Billing Form to AWC! for services provided. Billing forms are to be sent to AWC! PO Box 1506, Sioux Falls SD 57101-1506.
- Remind women when they are due for future screenings. The AWC! Program will also send a reminder to the women. Annual screening can be between 10-14 month periods.
- Designate one person to be your administrative contact person for AWC!, one person to be your follow-up contact person (Can be the same person) and one person to be your billing contact person.

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

**Services Covered by AWC!**

Screening and diagnostic services covered by AWC! include:

- Clinical breast exam
- Mammogram (screening, diagnostic and 3D)
- Fine needle aspiration of a breast lump
- Ultrasound interpretation after mammogram
- Breast biopsy
- Pap smear every three years
- Pelvic exam – to be added into office visit charge
- HPV tests with Pap smear every 5 years
- Colposcopy and colposcopy-directed biopsy
- LEEP biopsy
- Cone biopsy
Women need to be enrolled for screening services. If additional tests/follow-up are necessary, AWC! can cover the diagnostic procedures listed above.

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

### Eligibility Criteria

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

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

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

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

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

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

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

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

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

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

A Note about Medicare and Medicaid...

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

Enrolling Women

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

To enroll a woman in AWC!, have her complete the consent for release of information, questions 1-32 on the (cosmic green) All Women Count! Enrollment Form (see Appendix H). In addition to a signed consent for release of information, this form asks for her address, income, insurance coverage, and related information. Use this information to determine whether she is eligible. She does not need to prove her income; you may accept her self-report. Many AWC! sites find it helpful to pre-screen women for eligibility over the phone before scheduling an appointment. Appendix E contains a sample pre-screening tool that you may adapt for use in your facility if you wish.

Once you have determined that a woman is eligible, assign her an AWC! Encounter Number and place it on the upper right hand corner of the Enrollment form. AWC! supplies you with Encounter Number labels in sets of ten. Each number consists of three letters unique to your individual site followed by numbers unique to that patient for that day of service (eg “ABC123”). You will use the additional labels for her Pap Summary (green) and/or Mammogram Summary
(yellow). Please discard any leftover labels with her unique number; they can **NOT** be used for another patient or for a later visit for the same patient.

**Providing Patient Care and Education**

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

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

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

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

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

If you switch to a different cytology lab or mammography facility, they must be participating providers in the program in order for patient services to be reimbursed. The Centers for Disease Control and Prevention requires that AWC! Paps must be read at a CLIA-certified or HCFA-
licensed lab. Mammograms must be done at a unit that is accredited by the American College of Radiology.

**Guidelines for Notifying Patients of Test Results**

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

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

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

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

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

- Missing form reports 1 to 3 times a month.
- List of your patient’s in a normal cervical cancer screening cycle.
- Reminders are mailed to the patient 10 months from their last visit

### Incomplete or Missing Visit Forms

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

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

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

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

**Return Visits**

The initial Enrollment Form should be completed only once for each participant. For return visits done under AWC!, complete the (cherry) Return Visit Form (see Appendix I). It should be completed for all follow-up visits in which an AWC!-reimbursable service is provided.

Examples of such return visits include: an annual Pap/pelvic/breast exam, a repeat Pap smear (when applicable) or breast exam, colposcopy, LEEP, cone, endometrial biopsy or fine needle aspiration, a consultation to discuss results of an abnormal AWC! test and ordering a 6 month follow-up diagnostic mammogram after a probably benign mammogram. **Assign a new AWC! Encounter Number for each patient for each return visit.** Attach this number to the Return Visit form and to the Pap Summary, Mammogram Summary for that visit, if applicable.
We encourage you to remind patients who are enrolled in AWC! when they are due for a return screening appointment. Repeated screening exams at routine intervals provide the best means of detecting cancers in the early stages. Sites may use whatever system you may currently have in place for all patients. The AWC! Program will also send a reminder directly to the woman, two months in advance, and if re-screen information is completed on the bottom of the visit summary.

Supplies

To order additional AWC! forms or Encounter Number labels, use the order form in Appendix G or call (800) 738-2301.
CHAPTER 3

AWC! PATIENT DATA FORMS: INSTRUCTIONS FOR COMPLETION
There are four basic forms for reporting data to AWC! about the services you provide to your AWC! patients.

**Enrollment Form** (cosmic green)
- To document initial AWC! visit only

**Return Visit Form** (cherry)
- To document any subsequent covered visits, no matter how much time has elapsed

**Mammogram Summary** (yellow)
- To report a summary of the mammogram findings and radiologist’s recommendations

**Pap Summary** (green)
- To report Pap smear findings

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

*****Send forms to AWC! within a week of the date of service.*****
This will enable us to track patients and reimburse you promptly.
Please return forms to:

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

*****Send billing (HCFA1500 or UB-92) to AWC! within a week of the date of service*****
If the patient has private health insurance that does not cover these services you must attach the Explanation of Benefits.

Please send billing to:

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

Box 11 on HCFA 1500 must have our insurance ID number for DAKOTACARE- DD11873.
Field 62 on UB-92 must have our insurance ID number for DAKOTACARE- DD11873
To document initial AWC! visit only.

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

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

**PROGRAM DESCRIPTION AND CONSENT FOR RELEASE OF INFORMATION**

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

**PERSONAL DATA**

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

**ELIGIBILITY DETERMINATION**
✓ Medicare or Medicaid: If the patient is enrolled in Medicare or Medicaid, she is NOT eligible for the program.

✓ Income Eligibility. Required. If the income is more than the guidelines, the patient not eligible for the program. Verify with appendix A.

✓ Cervical Screening. Required. The patient must be a South Dakota resident.

✓ Breast Screening. Required. If the patient does not meet the age guidelines, you must call AWC! at (800) 738-2301 for pre approval.

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

**VISIT SUMMARY**

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

**PATIENT HISTORY**

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

1. If you know that a patient has had a prior screening test or exam done, mark the box under Yes for that screening and fill in the month and year that screening took place (leave blank if a date is not known).

2. If you know that prior screening test or exam was not done, mark the box under No prior exam/test.

3. If you don’t know whether a prior screening test or exam was done, mark the box under Don’t know if done.
Form must indicate that at least one of the following categories of service was provided.

**Breast Data**

✓ **Breast exam** done this visit is marked **Yes, findings** must be reported. Do not report breast exam findings from prior visits. Refer to form for definition of findings.

✓ If a **mammogram** is done or ordered it should be marked **Yes. If not mark as No.** It is AWC’s! expectation that a complete breast cancer screening will include a breast exam in addition to a mammogram.

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

**Cervical Data**

✓ If a Pap smear is done this visit mark **Yes.**

✓ If a Pap smear is not done mark **No.**

**RESCREEN PLAN**

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

*Please put the date you would rescreen patient if test(s) done or ordered today are normal.
To document any subsequent visits, no matter how much time has passed.

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

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

**PERSONAL DATA AND CONSENT FOR RELEASE OF INFORMATION**

✔ **AWC! Encounter number.** There must be one that is unique to this visit and patient.

✔ **Birth date.** A common error is to put today’s date.

✔ **Social Security Number.** This information is optional, but allows SDBCCCP to better identify the patient’s record.

✔ **City.** Required.

✔ **County.** Required.

✔ **Income.** Check to make sure this is a MONTHLY income

✔ **Number of people supported by income.** This is the number of people supported by the above income including: spouse, children, partner, etc

✔ **Insurance co-pay or deductible.** If the patient can pay her insurance co-pay or deductible, she is not eligible for the program.

✔ **Medicare or Medicaid:** If the patient is enrolled in Medicare or Medicaid she is **NOT** eligible for the program.

✔ **Patient signature.** Update every 6-12 months.

✔ **Today’s (visit) date.** There must be a current date. Often people will “forget” the correct year or put their birth date.
**VISIT SUMMARY**

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

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**PATIENT HISTORY**

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

1. If you know that a patient has had a prior screening test or exam done, mark the box under **Yes** for that screening and fill in the **month** and **year** that screening took place (leave blank if a date is not known).

2. If you know that prior screening test or exam was not done, mark the box under **No prior exam/test.**

3. If you don’t know whether a prior screening test or exam was done, mark the box under **Don’t know if done.**

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**AWC! SERVICES PROVIDED THIS VISIT**

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

**Consult**

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

**Breast Data**

✔ If a **Breast exam** done this visit is marked **Yes, findings** must be reported. Do not report breast exam findings from prior visits. Refer to form for definition of findings.

✔ If a **mammogram** is done or ordered it should be marked **Yes.** If not done marked **No.** It is AWC’s! expectation that a complete breast cancer screening will include a breast exam in addition to a mammogram.

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

**Cervical Data**
✔ If a Pap smear is done this visit, mark Yes.

✔ If a Pap smear is not done this visit, mark No.

✔ If Colposcopy, LEEP, cone or endometrial biopsy done this visit is marked Yes (any “yes” category), the prior abnormal Pap result must be entered under abnormal Pap result with the date it was obtained. Note: the date of the abnormal Pap must be prior to the date of the colposcopy.

NOTE: Endometrial Biopsy must be preauthorized.

<table>
<thead>
<tr>
<th>RESCREEN PLAN</th>
</tr>
</thead>
</table>

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

*Please put the date you would rescreen patient if test(s) done or ordered today are normal.
The following items are common problem areas and should be checked for accuracy and completeness before submitting forms. **Items with a (✓) are required data elements.** If these items are incomplete or incorrect, the form will be returned to you for completion.

**IDENTIFYING INFORMATION (Completed by the referring provider)**

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

**MAMMOGRAM INFORMATION (Completed by the mammography facility)**

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

**Radiology #.** The film number assigned by the mammography facility (optional).

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

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

At the bottom of this form please supply the Radiologist’s name, signature, Radiology group, and date dictated. This information allows AWC! to contact the appropriate radiologist if there are questions.
The following items are common problem areas and should be checked for accuracy and completeness before submitting forms. **Items with a (√) are required data elements.** If these items are incomplete or incorrect, the form will be returned to you for completion.

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

### PAP SMEAR INFORMATION  
(Completed by cytotechnologist or pathologist)

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

### FINDINGS  
(Completed by cytotechnologist or pathologist)

- **General Categorization.** Only one category should be checked.
- **Descriptive Diagnosis.** This should correspond to the General Categorization.
- **HPV date and result-** Done every 5 years with Pap smear or reflex with ASC-US Pap.
CHAPTER 4
FOLLOW-UP OF WOMEN WITH ABNORMAL RESULTS
AWC! monitors the outcome of all patients with abnormal screening tests to ensure that women obtain adequate follow-up and to evaluate the effectiveness of the AWC! screening program.

Keep in mind that the vast majority of women screened are likely to have normal results, and that only a small proportion of those with abnormal results will be found to have cancer after a diagnostic work-up. However, a larger number of women will require evaluation and treatment for pre-invasive cervical dysplasia, and this will vary according to the risk status of the population screened.

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

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

Guidelines for the follow-up of abnormal Pap smear and breast abnormalities results are included in Appendix D. The guidelines are not intended to dictate practice, but rather to serve as a standard against which the program can monitor follow-up care received by program participants.
Because the AWC! recognizes and understands the challenges inherent in securing affordable medical care for uninsured or underinsured women, our staff continues to seek sources of care that meet the needs of these women. Some diagnostic procedures are covered by All Women Counts! For a complete list of covered services, refer to Appendix C. If a woman is screened through All Women Count! and found to be in need of treatment for breast or cervical cancer, there may be coverage available. The woman must be uninsured and meet AWC! guidelines. The woman may be eligible for full Medical Assistance coverage until her treatment is completed. Through the joint efforts of AWC! and a number of providers and organizations in the Women’s Cancer Network, other resources are sometimes available for women needing either diagnostic or treatment procedures not covered by the program. Contact the AWC! Clinical Coordinator at (800) 738-2301.
CHAPTER 5

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

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

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

**What Services will AWC! Reimburse?**

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

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

**No other CPT codes are accepted by our system and will be disallowed if billed.** The clinic determines the appropriate visit code to be billed. The only restrictions are that only one new patient visit is allowed per patient and the new patient charge should be used for patients new to your clinic, not the program.
AWC! services must be free to all eligible program participants. **The patient must never be billed for AWC! covered services.** You may bill participants for non-covered services provided during an AWC! visit (certain blood tests, medications, etc.). **However, please notify the patient beforehand that these additional services will be their responsibility.** AWC! is advertised as a free program and some patients may be confused if billed for additional services.

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

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

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

How Do You Bill AWC!? 

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

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

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

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

All Women Count!
615 E 4th
Pierre SD 57501
What Amount Do I Bill AWC?!

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

Who Receives the Check?

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

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

Charges will be disallowed immediately under the following circumstances: the patient does not meet age or income eligibility and pre-authorization has not been obtained; the procedure billed is not marked as done on the visit summary; or when a charge has been previously submitted. It
is very important that the Enrollment Form and visit summary be filled out correctly. Several examples of problems on the Enrollment Form are as follows:

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

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

1) Mammogram not marked as ordered.
2) Pap smear or colposcopy not marked as done.
3) Colposcopy marked as done without abnormal Pap smear results.
4) Mammogram done on patient less than 40 without abnormal CBE marked (i.e., discrete lump or mass; nipple scaling or discharge; or skin dimpling, retraction, or edema) and pre-approval not requested from AWC!

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

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

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

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

**Who Do I Call With Problems?**

If you have questions about general billing policy, insurance issues, specific charges, please call All Women Count!, at (800) 738-2301.
CHAPTER 6

APPENDICES
# APPENDIX A

## 2018 Cancer Screening Programs

**South Dakota Department of Health**

*All Women Count! Program*

### Income Guidelines for Screening Eligibility

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Annual Income</th>
<th>Monthly Income</th>
<th>Weekly Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$24,280</td>
<td>$2,023</td>
<td>$467</td>
</tr>
<tr>
<td>2</td>
<td>$32,920</td>
<td>$2,743</td>
<td>$633</td>
</tr>
<tr>
<td>3</td>
<td>$41,560</td>
<td>$3,463</td>
<td>$799</td>
</tr>
<tr>
<td>4</td>
<td>$50,200</td>
<td>$4,183</td>
<td>$965</td>
</tr>
<tr>
<td>5</td>
<td>$58,840</td>
<td>$4,903</td>
<td>$1,132</td>
</tr>
<tr>
<td>6</td>
<td>$67,480</td>
<td>$5,623</td>
<td>$1,298</td>
</tr>
<tr>
<td>7</td>
<td>$76,120</td>
<td>$6,343</td>
<td>$1,464</td>
</tr>
<tr>
<td>8</td>
<td>$84,760</td>
<td>$7,063</td>
<td>$1,630</td>
</tr>
<tr>
<td>9</td>
<td>$93,400</td>
<td>$7,783</td>
<td>$1,796</td>
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<tr>
<td>10</td>
<td>$102,040</td>
<td>$8,503</td>
<td>$1,962</td>
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<tr>
<td>11</td>
<td>$110,680</td>
<td>$9,223</td>
<td>$2,128</td>
</tr>
<tr>
<td>12</td>
<td>$119,320</td>
<td>$9,943</td>
<td>$2,295</td>
</tr>
<tr>
<td>13</td>
<td>$127,960</td>
<td>$10,663</td>
<td>$2,461</td>
</tr>
<tr>
<td>14</td>
<td>$136,660</td>
<td>$11,383</td>
<td>$2,628</td>
</tr>
<tr>
<td>15</td>
<td>$145,240</td>
<td>$12,103</td>
<td>$2,793</td>
</tr>
</tbody>
</table>

- Husband-wife combined income before taxes should be at or below levels listed for family size.

- Single income before taxes should be at or below levels listed for family size.

- For further clarification, call the South Dakota Department of Health, All Women Count! Program at 1-800-738-2301.  
  February 1, 2018
INSURANCE STATUS
- Must be uninsured or underinsured (co-payment, limited coverage, unmet deductible) to qualify for program.
- Not enrolled in Medicaid or Medicare B

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

AGE
- Must meet age guidelines to qualify for program.
  - 30 to 64 for cervical cancer screening
  - 40 to 64 for breast and cervical cancer screening

SPECIAL CIRCUMSTANCES – CALL PROGRAM
- Women not a resident of South Dakota
- Women 30-39 with these clinical symptoms
  - documented breast signs or symptoms suspicious for cancer (i.e. palpable lump, bloody discharge, nipple inversion, ulceration, dimpling or inflammation of the skin)
  - call AWC! At 1-800-738-2301 for pre-approval
- Family History - If a woman has a biological, 1st degree relative that has been diagnosed previously with breast cancer; please contact AWC! for authorization of a screening mammogram.
## APPENDIX C

**ALL WOMEN COUNT! PROGRAM**

**PAYMENT SCHEDULE OF ALLOWED SERVICES BY CPT CODE**

**EFFECTIVE January 1, 2018**

<table>
<thead>
<tr>
<th>CPT CODE</th>
<th>SERVICE DESCRIPTION</th>
<th>Medicare B rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>00400</td>
<td>Anesthesia for procedures on the anterior trunk and perineum</td>
<td>Per ABU</td>
</tr>
<tr>
<td>00940</td>
<td>Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium; not otherwise specified</td>
<td>Per ABU</td>
</tr>
<tr>
<td>10021</td>
<td>Fine needle aspiration without imaging guidance</td>
<td>$119.40</td>
</tr>
<tr>
<td>10022</td>
<td>Fine needle aspiration with imaging guidance</td>
<td>$139.36</td>
</tr>
<tr>
<td>19000</td>
<td>Puncture Aspiration of Cyst of Breast</td>
<td>$111.60</td>
</tr>
<tr>
<td>19001</td>
<td>Aspiration, each additional Cyst</td>
<td>$26.03</td>
</tr>
<tr>
<td>19081</td>
<td>Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion DO NOT use in conjunction with 19281-19288</td>
<td>$694.13</td>
</tr>
<tr>
<td>19082</td>
<td>Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion DO NOT use in conjunction with 19281-19288</td>
<td>$577.06</td>
</tr>
<tr>
<td>19083</td>
<td>Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion DO NOT use in conjunction with 19281-19288</td>
<td>$675.62</td>
</tr>
<tr>
<td>19084</td>
<td>Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion DO NOT use in conjunction with 19281-19288</td>
<td>$554.46</td>
</tr>
<tr>
<td>19100</td>
<td>Biopsy of Breast; Needle Core</td>
<td>$146.28</td>
</tr>
<tr>
<td>19101</td>
<td>Biopsy of Breast; Incisional</td>
<td>$330.04</td>
</tr>
<tr>
<td>19120</td>
<td>Excision of Cyst, Fibroadenoma, or Other Benign or Malignant Tumor Aberrant Breast Tissue, Duct Lesion or Nipple Lesion (except 19140)</td>
<td>$470.87</td>
</tr>
<tr>
<td>19125</td>
<td>Excision of Breast Lesion Identified by Preoperative Placement of Radiological Marker; Single Lesion</td>
<td>$520.11</td>
</tr>
<tr>
<td>19126</td>
<td>Excision, Each Additional Lesion</td>
<td>$148.61</td>
</tr>
<tr>
<td>19281</td>
<td>Placement of breast localization device, mammographic guidance; first lesion DO NOT use in conjunction with 19081-19086</td>
<td>$239.11</td>
</tr>
<tr>
<td>19282</td>
<td>Placement of breast localization device, mammographic guidance; each additional lesion DO NOT use in conjunction with 19081-19086</td>
<td>$167.25</td>
</tr>
<tr>
<td>19283</td>
<td>Placement of breast localization device, stereotactic guidance; first lesion DO NOT use in conjunction with 19081-19086</td>
<td>$270.49</td>
</tr>
<tr>
<td>19284</td>
<td>Placement of breast localization device, stereotactic guidance; each additional lesion DO NOT use in conjunction with 19081-19086</td>
<td>$204.89</td>
</tr>
<tr>
<td>19285</td>
<td>Placement of breast localization device, ultrasound guidance; first lesion DO NOT use in conjunction with 19081-19086</td>
<td>$524.15</td>
</tr>
<tr>
<td>19286</td>
<td>Placement of breast localization device, ultrasound guidance; each additional lesion DO NOT use in conjunction with 19081-19086</td>
<td>$460.86</td>
</tr>
<tr>
<td>57452</td>
<td>Colposcopy without Biopsy</td>
<td>$104.73</td>
</tr>
<tr>
<td>57454</td>
<td>Colposcopy with Directed Cervical Biopsy</td>
<td>$145.95</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Price</td>
</tr>
<tr>
<td>---------</td>
<td>-----------------------------------------------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>57455</td>
<td>Colposcopy with biopsy(s) of the cervix</td>
<td>$137.15</td>
</tr>
<tr>
<td>57456</td>
<td>Colposcopy with endocervical curettage</td>
<td>$129.50</td>
</tr>
<tr>
<td>57460</td>
<td>Colposcopy with loop electrode biopsy(s) of the cervix</td>
<td>$275.46</td>
</tr>
<tr>
<td>57461</td>
<td>Colposcopy with loop electrode conization of the cervix</td>
<td>$310.44</td>
</tr>
<tr>
<td>57500</td>
<td>Biopsy, single or multiple, or local excision of lesion, with or without fulguration</td>
<td>$124.97</td>
</tr>
<tr>
<td>57505</td>
<td>Endocervical curettage (not done as part of a dilation and curettage).</td>
<td>$99.57</td>
</tr>
<tr>
<td>57520</td>
<td>Conization of cervix, with or without fulguration, with or without dilation and curettage; with our without repair; cold knife or laser.</td>
<td>$296.25</td>
</tr>
<tr>
<td>57522</td>
<td>Loop electrode excision</td>
<td>$253.43</td>
</tr>
<tr>
<td>76098-YN</td>
<td>Radiological Examination, Surgical Specimen</td>
<td>$16.62</td>
</tr>
<tr>
<td>76098-TC</td>
<td>Radiological Examination, Surgical Specimen</td>
<td>$8.78</td>
</tr>
<tr>
<td>76098-26</td>
<td>Radiological Examination, Surgical Specimen</td>
<td>$7.84</td>
</tr>
<tr>
<td>76641-YN</td>
<td>Ultrasound, complete, examination of breast including axilla, unilateral</td>
<td>$108.03</td>
</tr>
<tr>
<td>76641-TC</td>
<td>Ultrasound, complete examination of breast including axilla, unilateral</td>
<td>$72.50</td>
</tr>
<tr>
<td>76641-26</td>
<td>Ultrasound, complete examination of breast including axilla, unilateral</td>
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<tr>
<td>76642-YN</td>
<td>Ultrasound, limited examination of breast including axilla, unilateral</td>
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<tr>
<td>76642-TC</td>
<td>Ultrasound, limited examination of breast including axilla, unilateral</td>
<td>$55.22</td>
</tr>
<tr>
<td>76642-26</td>
<td>Ultrasound, limited examination of breast including axilla, unilateral</td>
<td>$33.09</td>
</tr>
<tr>
<td>76942-YN</td>
<td>Ultrasound Guidance Needle Biopsy</td>
<td>$59.38</td>
</tr>
<tr>
<td>76942-TC</td>
<td>Ultrasound Guidance Needle Biopsy</td>
<td>$27.87</td>
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<tr>
<td>76942-26</td>
<td>Ultrasound Guidance Needle Biopsy</td>
<td>$31.52</td>
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<tr>
<td>77063-YN</td>
<td>Screening Breast Tomosynthesis Bilateral (List Separately in addition to code for primary procedure G0202 or 77057)</td>
<td>$54.66</td>
</tr>
<tr>
<td>77063-TC</td>
<td>Screening Breast Tomosynthesis Bilateral (List Separately in addition to code for primary procedure G0202 or 77057)</td>
<td>$25.56</td>
</tr>
<tr>
<td>77063-26</td>
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<td>77065-YN</td>
<td>Diagnostic Mammogram, including CAD when performed , Unilateral</td>
<td>$135.42</td>
</tr>
<tr>
<td>77065-TC</td>
<td>Diagnostic Mammogram, including CAD when performed , Unilateral (Technical/Facility Only)</td>
<td>$95.90</td>
</tr>
<tr>
<td>77065-26</td>
<td>Diagnostic Mammogram, including CAD when performed , Unilateral (Professional Only)</td>
<td>$39.52</td>
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<td>77066-YN</td>
<td>Diagnostic Mammogram, including CAD when performed, Bilateral</td>
<td>$171.29</td>
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<td>77066-TC</td>
<td>Diagnostic Mammogram, including CAD when performed, Bilateral (Technical/Facility Only)</td>
<td>$122.54</td>
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<td>77066-26</td>
<td>Diagnostic Mammogram, including CAD when performed, Bilateral (Professional Only)</td>
<td>$48.76</td>
</tr>
<tr>
<td>77067-YN</td>
<td>Screening Mammogram, including CAD when performed, Bilateral (Professional Only)</td>
<td>$138.23</td>
</tr>
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<td>77067-TC</td>
<td>Screening Mammogram, including CAD when performed, Bilateral (Technical/Facility Only)</td>
<td>$101.30</td>
</tr>
<tr>
<td>77067-26</td>
<td>Screening Mammogram, including CAD when performed, Bilateral (Professional Only)</td>
<td>$36.93</td>
</tr>
<tr>
<td>G0279-YN</td>
<td>Diagnostic Breast Tomosynthesis (List Separately in addition to code for primary procedure 77065 or 77066)</td>
<td>$54.66</td>
</tr>
<tr>
<td>G0279-TC</td>
<td>Diagnostic Breast Tomosynthesis (List Separately in addition to code for primary procedure 77065 or 77066)</td>
<td>$25.56</td>
</tr>
<tr>
<td>G0279-26</td>
<td>Diagnostic Breast Tomosynthesis (List Separately in addition to code for primary procedure 77065 or 77066)</td>
<td>$29.10</td>
</tr>
<tr>
<td>87624</td>
<td>Human Papillomavirus, High Risk Types</td>
<td>$43.33</td>
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<tr>
<td>87625</td>
<td>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</td>
<td>$43.33</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Price</td>
</tr>
<tr>
<td>--------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------</td>
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<tr>
<td>88141</td>
<td>PAP- Cytology Smear, Cervical or Vaginal Requiring Interpretation by a Physician</td>
<td>$32.09</td>
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<tr>
<td>88142</td>
<td>PAP-Cytology, cervical or vaginal collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision</td>
<td>$25.01</td>
</tr>
<tr>
<td>88143</td>
<td>PAP- Cytology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening and rescreening under physician supervision</td>
<td>$25.01</td>
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<tr>
<td>88144</td>
<td>PAP- Cytology Smear, Cervical or Vaginal, TBS, Technician</td>
<td>$14.65</td>
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<tr>
<td>88145</td>
<td>Cytology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening and rescreening under physician supervision</td>
<td>$14.65</td>
</tr>
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<td>88142-YN</td>
<td>Evaluation of Fine Needle Aspiration with or without Preparation of Smears - Immediate Cytohistologic Study</td>
<td>$57.41</td>
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<tr>
<td>88142-TC</td>
<td>Evaluation of Fine Needle Aspiration (Technical/Facility Only)</td>
<td>$20.66</td>
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<td>88142-26</td>
<td>Evaluation of Fine Needle Aspiration (Professional Only)</td>
<td>$36.75</td>
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<tr>
<td>88143-YN</td>
<td>Interpretation and Report of Fine Needle Aspiration</td>
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<td>88143-TC</td>
<td>Interpretation and Report of Fine Needle Aspiration (Technical/Facility Only)</td>
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<td>$72.27</td>
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<td>88144-YN</td>
<td>PAP- Cytology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system and manual rescreening, under physician supervision.</td>
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<td>88150-YN</td>
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<td>Duration</td>
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<tr>
<td>99201</td>
<td>OFFICE VISIT-New Patient; history, exam, straightforward decision-making; 10 minutes</td>
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<tr>
<td>99202</td>
<td>OFFICE VISIT- New Patient; expanded history, exam, straightforward decision-making; 20 Minutes</td>
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<td>99203</td>
<td>OFFICE VISIT- New Patient; detailed history, exam, straightforward decision-making; 30 minutes</td>
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<td>99204</td>
<td>Office / Outpatient Visit/ decision making moderate complexity</td>
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<td>99205</td>
<td>Office / Outpatient Visit / decision making high complexity</td>
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<tr>
<td>99211</td>
<td>OFFICE VISIT- Established Patient; evaluation and management, may not require presence of physician; 5 Minutes</td>
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<tr>
<td>99212</td>
<td>OFFICE VISIT- Established Patient; history, exam, straightforward decision making 10 Minutes</td>
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<tr>
<td>99213</td>
<td>OFFICE VISIT- Established Patient; expanded history, exam, straightforward decision- making; 15 Minutes</td>
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<tr>
<td>99214</td>
<td>Established Patient; detailed history, exam, moderately complex decision making; 25 minutes</td>
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<tr>
<td>99385</td>
<td>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</td>
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<tr>
<td>99386</td>
<td>OFFICE VISIT- Same as 99385, but 40-64 years of age</td>
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<tr>
<td>99387</td>
<td>OFFICE VISIT- Same as 99385, but 65 years and older</td>
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<tr>
<td>99395</td>
<td>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</td>
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<tr>
<td>99396</td>
<td>OFFICE VISIT- Same as 99395, but 40-64 years of age</td>
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SUGGESTED PRACTICE GUIDELINES
FOR BREAST HEALTH

Risk Factors & Screening Guidelines

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

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

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

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

- In order to distribute breast tissue as evenly as possible, the client should be positioned on her side for examination of lateral tissue and in a supine position for examination of medial tissue.

- The breast tissue to be examined includes a roughly rectangular area. This rectangle begins laterally with the mid-axillary line and is bounded by the clavicle, the sternum, and approximately the fifth rib. All tissue within this rectangle should be examined thoroughly.

- The recommended search pattern involves arranging palpation in vertical strips, transversing the entire breast area. Optimally, palpations and strips should overlap slightly to ensure through examination of all tissue.
Finger Techniques for the CBE

1. Use the pads of the three middle fingers.
2. Use light pressure for the first circle.
3. Use medium pressure for the second circle.
4. Use deep pressure for the third circle.
5. At each spot, make three small circles about the size of a dime.

Palpation Technique:
- Use the three middle fingers, held together.
- Concentrate on palpating with the flats or pads of those fingers.
- The palpation motion should consist of small circles, about the size of a dime.
- The circular motion should be smooth and well-controlled.
- For each area of breast tissue examined, a series of three distinct pressure levels should be used.

1. The first circle at each spot should be made with very light pressure.
2. The second circle should press midway down into the breast.
3. The third circle should press down as firmly into the breast tissue as possible without causing discomfort. This will probably allow more pressure than you might think!

- Palpation pressures should always be directed straight down, against the plane of the chest wall.
Less than 25 years

Obtain complete breast health history with emphasis on risk factors for breast cancer

Palpable mass, client < 25 years old

No mammogram
Do Breast Ultrasound of palpable area

Solid

Negative

Suspicious fibroadenoma
Refer to surgeon for consultation for elective excision or core biopsy

Suspicious Clindamycin tissue
Re-examine for 1-3 cycles

Recommended follow up
Age 25-39

**Obtain complete breast health history with emphasis on risk factors for breast cancer**

- **CBE**
  - Normal exam: No palpable mass
  - Abnormal exam: Palpable mass

- **Mammogram**
  - Diagnostic mammogram and Breast ultrasound
  - *Caution: abnormal exam & normal mammogram does not mean no cancer*

- **Recommended follow-up**
  - Continue routine screenings
  - Repeat annually in 3 years
  - Practice breast awareness
  - Encourage to report any concerns promptly
  - Refer to surgeon or qualified breast specialist
Age 40 and older

Obtain complete breast health history with emphasis on risk factors for breast cancer

CBE

Normal exam
No palpable mass

Abnormal exam
Palpable mass

Screening Mammogram

Diagnostic mammogram *caution
Negative mammogram does not mean not cancer

Suspicious or highly suggestive of cancer
(IV or V)

Negative Mammogram
(I)

Benign Finding
(II)

Incomplete, inconclusive, or probability benign
(III)

Further diagnostic workup per radiologist

Roscreen In 1 year

Roscreen In 1 year

Refer to surgeon or qualified breast specialist within 5 working days

1, II, III Normal or probably benign

IV or V Suspective or suspicious

Refer to surgeon or qualified breast specialist

Restream 6-12 months
SUGGESTED PRACTICE GUIDELINES FOR CERVICAL CANCER SCREENING
Consensus Guidelines

All Women Count!

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

Adequacy of Pap Smear

- Unsatisfactory for Evaluation
  - Treat specific infections if present
    - Repeat Pap smear in 2 to 4 months
- Satisfactory for Evaluation
Epithelial Cell Abnormalities
Low-grade Squamous Intraepithelial Lesions (LSIL)

- **LSIL with negative HPV test**
  - Preferred
  - Repeat Co Test @ 1 year
  - Cytology Negative and HPV Negative
  - Repeat COTesting @ 3 years

- **LSIL with no HPV test**
  - >ASC or HPV positive
  - Colposcopy
  - Non pregnant and no lesion identified: endocervical sample preferred. Inadequate colposcopic exam: endocervical sample preferred. Adequate colposcopy and lesion identified: endocervical sample acceptable
  - No CIN2, 3
  - Manage per ASCCP Guidelines

- **LSIL with positive HPV test**
  - Colposcopy
  - CIN2, 3
  - Manage per ASCCP Guidelines

*Management options may vary if the woman is ages 21-24 years.*
Epithelial Cell Abnormalities
High-grade Squamous Intraepithelial Lesions*

HSIL

Immediate LEEP*

Or

Colposcopy exam with ECC

No CIN 2, 3

CIN 2, 3

Manage per ASCCP guidelines

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

<table>
<thead>
<tr>
<th>Bethesda System 2001</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsatisfactory for Evaluation</td>
</tr>
<tr>
<td>Negative for Intraepithelial Lesion or Malignancy</td>
</tr>
<tr>
<td>-Organisms</td>
</tr>
<tr>
<td>-Reactive Cellular Changes</td>
</tr>
<tr>
<td>Epithelial Cell Abnormalities:</td>
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<tr>
<td>-ASC – US</td>
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<td>-ASC – H</td>
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<tr>
<td>-LSIL encompassing: HPV, Mild Dysplasia/CIN I</td>
</tr>
<tr>
<td>-HSIL encompassing: Moderate and Severe dysplasia, CIS/CIN2 and CIN3</td>
</tr>
<tr>
<td>-Squamous Cell Carcinoma</td>
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<tr>
<td>Abnormal Glandular Cells including Atypical Glandular Cells of Undetermined Significance (ACG); Endocervical Adenocarcinoma; Endometrial Adenocarcinoma; Extrapelvic Adenocarcinoma; Adenocarcinoma, NOS</td>
</tr>
</tbody>
</table>

Terms related to cervical cancer screening:
- ASC-US Atypical Squamous Cells of Undetermined Significance
- ASC-H Atypical Squamous Cells of Undetermined Significance cannot exclude HSIL
- HSIL - High Grade Squamous Intraepithelial Lesion
- LSIL - Low Grade Squamous Intraepithelial Lesion
- NOS - Not otherwise specified

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

American College of Obstetricians and Gynecologists [www.acog.org](http://www.acog.org)
American Society for Colposcopy and Cervical Pathology [www.asccp.org](http://www.asccp.org)
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:** Insurance company must be billed prior to AWC!. EOB must accompany all bills sent to AWC!.

5. What is your household income?
   - Household income _____________
   - Use pre-tax amount (For self-employed or farmers: use household net taxable income after business expenses are deducted)
   - Family size: ________________

***Clinic Use Below:

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

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

**Age 30-39, requesting a mammogram:** AWC! pays for mammograms on women ages 30-39 only if they have a documented lump, nipple discharge, inverted nipple, skin ulceration, or other symptoms suspicious for breast cancer. Must have pre-authorization from AWC! (800-738-2301). Please be prepared to do additional follow up if the mammogram comes back with a negative or benign result.

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

TRACKING LOGS

Instructions:

1. Enter each AWC! patient in the “All Women Count! Program Log”, after her visit. If she has an abnormal breast exam or a Pap smear on that day, also enter her in the “Abnormal Pap/Colposcopy” log or the “Abnormal Breast Screening” log.

2. Enter Pap and mammogram results in this log immediately upon receipt in your clinic.
   2a. If results are normal, this is where the process ends. AWC! will notify the patient when she is due to return for routine screening.
   2b. If results are abnormal, enter her in the appropriate Abnormal log. Continue to track until her diagnostic workup and treatment are completed, and you have sent follow-up information to the AWC! Clinical Care Coordinator.

NOTE: Please do not send copies to AWC! - they are for your use only.
### ALL WOMEN COUNT! PROGRAM LOG

<table>
<thead>
<tr>
<th>Visit Date</th>
<th>Name</th>
<th>Chart #</th>
<th>AWC! Encounter #</th>
<th>Clinician</th>
<th>Service</th>
<th>Pap Results</th>
<th>Mammogram Results</th>
<th>Patient Notified of Results</th>
<th>Comments</th>
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**APPENDIX F**
### AWC! ABNORMAL BREAST SCREENING LOG

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<th>Abnormal Breast Exam?</th>
<th>Mamm Date</th>
<th>Mammogram Results</th>
<th>F/U recommended</th>
<th>Date F/U done</th>
<th>Rec. return date</th>
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<th>Date</th>
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<th>Colpo Date</th>
<th>Colposcopy Results</th>
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<th>Laser</th>
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</tr>
</tbody>
</table>
AWCC! CLINICAL FORMS AND SUPPLIES ORDER FORM

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

Quantity

Enrollment Form (cosmic green)

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

Pap Smear Summary (green)

Mammogram Summary (yellow)

Encounter # Labels: Clinic’s 3 letter code __________

Mail to (include contact name):

__________________________________________

__________________________________________

__________________________________________

Phone Number (__________) ____________________

For AWC! use only

Received:

Mailed:
AWC! TRACKING FORMS

Enrollment Form (cosmic green)

Return Visit Form (cherry)

Mammogram Summary (yellow)

Pap Smear Summary (green)
All Women Count!
Breast and Cervical Screening
Enrollment Form

PROGRAM DESCRIPTION

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

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

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

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

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

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

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

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENT

I, ____________________________
(please print first name, middle initial, and last name above)

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

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

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

Signature ____________________________
Today's date __/__/____

South Dakota Department of Health
All Women Count!
March 2016

SAMPLE DO NOT USE
**PERSONAL DATA:** To be completed by the client

1. Name: ________________  
   Last ________________ First ________________  
   MI ________________ Maiden Name ________________

2. Birthdate: __________ / __________ / __________  
   month day year age in years

3. Social Security #: ________________ ________________ ________________ ________________

4. Mailing Address: ____________________________________________________________________  
   5. City: ________________

6. State: ________________  
7. Zip: ________________  
8. County: ________________  
9. Home phone: (___) ________________

10. Work phone: (___) ________________  
11. Cell phone: (___) ________________

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

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

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

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

16. Are you currently working full time?  
   □ Yes  □ No

17. Are you currently working for pay?  
   □ Yes  □ No

18. Total household monthly income before taxes: $ ________________ per month

   **NOTE:** If you farm or are self-employed, use adjusted gross income or net income (after deducting business expenses).
   By signing page one, I am verifying that the reported income is true and accurate.

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

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

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

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

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

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

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

26. Date of last Pap test: __________ / __________ / __________

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

28. Have you had a hysterectomy (removal of the womb or uterus)?  
   □ Yes  □ No  □ Don't Know

   **Was the hysterectomy due to cervical cancer or cervical dysplasia?**  
   □ Yes  □ No  □ Don't Know

---

South Dakota Department of Health  
All Women Count!  
March 2016

**SAMPLE DO NOT USE**
### PERSONAL DATA: To be completed by the client

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

30. Do you have Medicaid or Medicare B?  □ Yes  □ No

31. Do you smoke cigarettes?  □ Everyday  □ Some days  □ Not at all  □ Don’t know

32. Were you referred to the South Dakota QuitLine at today’s visit?  □ Yes  □ No  □ Don’t know

### To be completed by the participating clinic:

33. Is woman a South Dakota resident?
   - Yes ___ (continue)  No ___ (not eligible)

34. The woman does NOT have Medicaid or Medicare B?
   - Yes ___ (continue)  No ___ (not eligible)

35. Is the income level stated in questions 18 and 19 equal to or less than the income guidelines set by the South Dakota Department of Health?
   - Yes ___ (continue)  No ___ (not eligible)

36. Cervical Screening:
   - a. Is the woman between the ages of 30-64? (refer to question 2)
     - Yes ___ (continue)  No ___ (not eligible)
   - b. Has NOT had a hysterectomy? (refer to question 28)
     - Yes ___ (eligible for pap test)  No ___ (not eligible for a pap test)
   - c. Has had a hysterectomy to treat cervical cancer or dysplasia (precancer)? (refer to question 28)
     - Yes ___ (eligible for pap test)  No ___ (not eligible for a pap test)

37. Breast Screening:
   - a. Is the woman 40 or older? (refer to question 2)
     - Yes ___ (eligible for a screening mammogram; skip #37 b. and c.)  No ___ (Continue to #37 b. and c.)
   - b. Is the woman between the ages of 30-39 and had an abnormal Clinical Breast Exam ‘suspicious for cancer finding’? (See Visit Summary section, page 4)
     - Yes ___ (eligible for a diagnostic mammogram and breast ultrasound — authorization is required*)
     - No ___ (not eligible for a mammogram)
     - *Call 1-800-738-2301 for prior authorization
   - c. Is the woman between the ages of 30-39 and have a first degree relative diagnosed with breast cancer? (biological parent, sibling or child)
     - Yes ___ (eligible for a screening mammogram — authorization is required*)
     - No ___ (not eligible for a mammogram)
     - *Call 1-800-738-2301 for prior authorization

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

Name ________________________________________ Visit Date __/____/____

Chart # (For clinic use) __________________________

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

PATIENT HISTORY

Screening prior to this visit:

- Clinical breast exam: □ Yes □ No
  - Record MM/YYYY
  - Prior exam/test: □ Yes □ No
  - Don't know if done: □ Yes □ No

- Mammogram: □ Yes □ No
  - Record MM/YYYY
  - Prior exam/test: □ Yes □ No
  - Don't know if done: □ Yes □ No

- Pap smear: □ Yes □ No
  - Record MM/YYYY
  - Prior exam/test: □ Yes □ No
  - Don't know if done: □ Yes □ No

AWC! SERVICES PROVIDED THIS VISIT

Breast exam done this visit?
□ Yes □ No
- Findings for exam: □
  - Normal/benign: no diagnostic evaluation
to no breast cancer required.
  - Abnormal: not suspicious for cancer
    (i.e. fibrocystic disease).
  - Abnormal: suspicious for cancer,
diagnostic evaluation required (two
diagnostic tests required)

Fine Needle Aspiration done this visit?
□ Yes □ No
- Yes, cytology sent
- Yes, NO cytology sent

Mammogram ordered or done this visit?
□ Yes □ No
- Patient refused

Does the patient report breast symptoms? □ Yes □ No

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

Pap smear done this visit?
□ Yes □ No □ Patient refused
- HPV done as co-testing

Was Pap done to follow up on a previous abnormal? □ Yes □ No

QUITLINE

Was the patient referred to the South Dakota QuitLine at today's visit? □ Yes □ No
1-866-SD-QUITTS (1-866-737-8487)

RESCREEN PLAN (Date you would rescreen patient if test(s) done or ordered today are normal)

Mammogram _____ Pap smear date _____

Please return form immediately to:

All Women Count!

615 E. 4th St., Pierre, SD 57501-1700

South Dakota Department of Health All Women Count!

March 2016
All Women Count!
Breast and Cervical Screening
Return Visit Form

PERSONAL DATA: Please provide the following information

1. Name: ________________________________  Last ________________________________
   First ________________________________  MI ________________________________
   Maiden Name ________________________________

2. Birthdate: ______/____/____  5. Social Security #: ________________________________
   month ___________ day ___________ year ___________ in years:

4. Mailing Address: ____________________________________________________________


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

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

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

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

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

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

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

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

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

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

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENT

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

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

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

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

Signature ________________________________  Today’s date _____/____/____

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

South Dakota Department of Health  All Women Count!
March 2016

SAMPLE DO NOT USE
VISIT SUMMARY

Name ________________________________ Visit Date ___/___/___

Chart # (For clinic use) ________________

Visit Date _______ month _______ day _______ year _______

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

PATIENT HISTORY

Screening prior to this visit: Yes Record MM/YYYY No prior exam/test Don't Know if done

Clinical breast exam................. □ __/___ □ □ □

Mammogram......................... □ __/___ □ □ □

Pap smear............................ □ __/___ □ □ □

AWC! SERVICES PROVIDED THIS VISIT

If consultation only, please go to Rescreen plan below. □ Breast Consultation only, NO breast exam or fine needle aspiration

Consult: □ Cervical Consultation only, NO pap smear, pelvic exam or colposcopy done

Breast exam done this visit? □ Yes □ No

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

Does the patient report breast symptoms? □ Yes □ No

Fine Needle Aspiration done this visit?

□ No

□ Yes, cytology sent.

□ Yes, NO cytology sent

Mammogram ordered or done this visit?

□ Yes

□ No

□ Patient refused

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

Pap smear done this visit?

□ Yes

□ No

□ Patient refused

□ No, patient has had a hysterectomy for benign disease

□ HPV done as co-testing

Colposcopy done this visit?

□ Yes

□ No

□ Yes, with Biopsy and ECC

□ Yes, with Biopsy only

□ Yes, with ECC only

□ Yes, no pathology sent

□ Endometrial Biopsy (need presribition)

Leep □ Yes □ No

Cone Biopsy □ Yes □ No

□ ASC-US

□ HPV positive with ASC-US (reflex)

□ LSIL

□ HSIL

□ AGUS

Indications for Follow-Up/Abnormal Pap results

Abnormal Pap date ___/___/___ month day year

Was the patient referred to the South Dakota QuitLine at today's visit? □ Yes □ No

1-866-SD-QUITS (1-866-737-8487)

RESCREEN PLAN (Date you would rescreen patient if test(s) done or ordered today are normal)

Mammogram ______ Pap smear date ______

Please return form immediately to: All Women Count!

615 E. 4th St., Pierre, SD 57501-1700

March 2016

South Dakota Department of Health

All Women Count

SAMPLE DO NOT USE
### All Women Count!
Breast and Cervical Cancer Control Program

### Mammogram Summary

#### A. TO BE COMPLETED BY MAMMOGRAPHY FACILITY

<table>
<thead>
<tr>
<th>Facility where mammogram done:</th>
<th>Radiology #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mammogram Type</td>
<td></td>
</tr>
<tr>
<td>□ Film</td>
<td>□ Digital</td>
</tr>
<tr>
<td>Mammogram date</td>
<td></td>
</tr>
<tr>
<td>_____ / _____ / _____</td>
<td></td>
</tr>
<tr>
<td>month</td>
<td>day</td>
</tr>
<tr>
<td>Type:</td>
<td></td>
</tr>
<tr>
<td>□ Bilateral</td>
<td>□ Unilateral-Left</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>ACR ASSESSMENT CATEGORY</th>
<th>RECOMMENDATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 0 Assessment is incomplete-need additional imaging evaluation</td>
<td>➔ Magnification views</td>
</tr>
<tr>
<td>□ 1 Negative</td>
<td>➔ Additional projections</td>
</tr>
<tr>
<td>□ 2 Benign finding</td>
<td>➔ Spot compression</td>
</tr>
<tr>
<td>□ 3 Probably benign finding-short interval follow-up suggested</td>
<td>➔ Ultrasound examination</td>
</tr>
<tr>
<td>□ 4 Suspicious abnormality-biopsy should be considered</td>
<td>➔ Comparison with previous films</td>
</tr>
<tr>
<td>□ 5 Highly suggestive of malignancy-appropriate action should be taken</td>
<td>➔ Mammogram in _____ year(s)</td>
</tr>
<tr>
<td>□ Unsatisfactory</td>
<td>➔ Mammogram in _____ month(s)</td>
</tr>
</tbody>
</table>

**COMMENTS:**

**Radiologist name (please print):**

**Radiologist signature**

**Date dictated:**

**Radiologist Group (please print):**

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

December, 2008

---

**SAMPLE DO NOT USE**
# Mammogram Assessment Categories*

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative Mammography</td>
<td>There is nothing to add. No masses, architectural disturbances or calcifications present.</td>
</tr>
<tr>
<td>Negative with benign findings</td>
<td>There is nothing to suggest cancer, but there are findings that although benign may warrant reporting. Included in this category are benign inflammatory lymph nodes; involuting, calcifying fibroadenomas; fat-containing lesions such as oil cysts, etc.</td>
</tr>
<tr>
<td>Probably benign - short interval follow-up suggested</td>
<td>These are lesions that have benign radiographic characteristics. The radiologist anticipates no change, but close follow-up evaluation is suggested because there is a very low probability of malignancy.</td>
</tr>
<tr>
<td>Suspicious - Biopsy should be considered</td>
<td>These are lesions that have a moderate probability of malignancy although statistically they are likely to be benign.</td>
</tr>
<tr>
<td>Highly suggestive of malignancy</td>
<td>These lesions have a high probability of being cancer.</td>
</tr>
<tr>
<td>Incomplete - Need additional imaging evaluation</td>
<td>A recommendation for additional evaluation should be made including the use of spot compression, magnification, parallax, special mammographic views, clinical correlation (as with asymmetric breast tissue), ultrasound, aspiration, etc.</td>
</tr>
<tr>
<td>Unsatisfactory</td>
<td>The mammogram is unsatisfactory for interpretation due to technical problems. Should be retaken immediately.</td>
</tr>
</tbody>
</table>

* Adapted from the American College of Radiology Breast Imaging Reporting and Database System.
# Pap Summary

## A. PAP SMEAR INFORMATION

<table>
<thead>
<tr>
<th>Lab name:</th>
<th>Specimen #:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SPECIMEN TYPE:</strong></td>
<td>(optional)</td>
</tr>
<tr>
<td>1 Conventional Pap smear</td>
<td></td>
</tr>
<tr>
<td>2 Liquid based</td>
<td></td>
</tr>
</tbody>
</table>

**SPECIMEN ADEQUACY**

1. Satisfactory for evaluation (describe other quality indicators):

2. Unsatisfactory (specify reason):

3. Rejected/not processed due to:

4. Processed and examined but unsatisfactory for evaluation due to:

## B. INTERPRETATION RESULT

<table>
<thead>
<tr>
<th>1 Negative for Intraepithelial Lesion or Malignancy:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Epithelial Cell Abnormalities ⇒ Squamous cell</td>
</tr>
</tbody>
</table>

- ASC-US (atypical squamous cells of undetermined significance)
- ASC-H (Atypical squamous cells cannot exclude HSIL)
- LSIL (Low grade squamous intraepithelial lesion encompassing HPV, mild dysplasia/CIN 1)
- HSIL (High grade squamous intraepithelial lesion encompassing moderate and severe dysplasia, CIN 2 and CIN 3)
- Squamous cell carcinoma

**Glandular cell**

- Atypical:
  - Endocervical cells (NOS or specify in comments)
  - Endometrial cells (NOS or specify in comments)
  - Glandular cells (NOS or specify in comments)

- Atypical:
  - Endocervical cells, favor neoplastic
  - Glandular cells, favor neoplastic

- Adenocarcinoma
  - Endocervical in situ
  - Endometrial
  - Extrametrical
  - NOS

8 Endometrial cells (in a woman > 40 years of age)

9 Other Malignant Neoplasms (specify)

## C. HUMAN PAPILLOMAVIRUS

<table>
<thead>
<tr>
<th>HPV Test Date:</th>
<th>HPV Test Result: 1 Positive 2 Negative</th>
</tr>
</thead>
</table>

HPV Test Reason: ☐ co-testing ☐ reflex ☐ surveillance

**COMMENTS:**

Pathologist name ___________________________ Date Reported ______/______/____

Please complete and return to: All Women Count!
South Dakota Department of Health 615 E. 4th Street
Pierre, SD 57501-1700 July 2013

SAMPLE DO NOT USE
CHAPTER 7
SUPPLEMENTAL MATERIALS
Department of Health materials/including AWC! brochures

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

Website for All Women Count!

http://getscreened.sd.gov/

All Women Count! training PROF

www.dohprofsd.org

Click “My Training”

If you are new to PROF, click Register

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

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

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

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

You will need to pass each quiz to move forward. If you fail a quiz, review the chapter and/or retake the quiz.
Frequently Used AWC! Denial Reasons - if you see other reasons please call AWC! (1-800-738-2301)

01 Charges exceed our fee schedule or maximum allowable amount
Means: Amount of payment is more than the Medicare B rate and the remainder must be written off

02 Charges previously processed, refer to your prior explanation of benefits statement
Means: The claim was sent to AWC! more than one time

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

08 Charges paid or payable by other carrier
Means: Women has either Medicaid, Medicare or Private Health Insurance

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

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

16 Services prior to the effective date of coverage
Means: The date of services was before her enrollment date on the women’s enrollment form

17 Services after termination of coverage
Means: The woman has left the program and bills are dated after that date.

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

24 Information necessary to process this charge was requested and not received
Means: A request for reports/summaries was sent to the lab, clinic or mammography facility and they were not sent to AWC!

324 Doesn’t meet Cervical Cancer Screening
Means: The Pap smear was ordered and done too early or the woman had a hysterectomy without cervical cancer or cervical dysplasia present.

336 Items must be written off
Means: AWC! cannot pay for these services and the woman cannot be billed.