



North Carolina Department of Health and Human Services
Division of Public Health

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

Laura Gerald, M.D., M.P.H.
State Health Director

MEMORANDUM

Date: March 8, 2013
To: Health Directors/Administrators, Nursing Directors, and BCCCP Coordinators
CC: Sharon Rhyne, Debi Nelson, Women's Health nurse consultants, and BCCCP nurse consultants
From: Ruth Petersen, MD, Chronic Disease and Injury Section Chief
Subject: Updated BCCCP Pap policy

In March 2012, new Pap screening guidelines were released jointly by the United States Preventive Services Task Force (USPTF), American Cancer Society (ACS) and American College of Obstetricians and Gynecologist (ACOG). Subsequently, Centers for Disease Control and Prevention adopted these guidelines for National Breast and Cervical Cancer Early Detection grantees, effective July 2012. Revised program guidance for NBCCEDP grantees was published in October 2012.

Consistent with these recommendations, the cervical cancer screening policy for the North Carolina Breast and Cervical Cancer Control Program (NC BCCCP), effective retroactively to July 2012, is attached.

Please file this revised policy with your Pap manual, *Pap Test Screening: A Guide for Health Departments and Providers*.

Thank you.

www.ncdhhs.gov • www.publichealth.nc.gov
Tel 919-707-5000 • Fax 919-870-4829

Location: 5605 Six Forks Road • Raleigh, NC 27609
Mailing Address: 1931 Mail Service Center • Raleigh, NC 27699-1931
An Equal Opportunity / Affirmative Action Employer



**NORTH CAROLINA BREAST & CERVICAL CANCER CONTROL
PROGRAM (NC BCCCP)
CERVICAL CANCER SCREENING POLICY
Effective retroactively to July 2012**

INTRODUCTION:

In 2011, 107 North Carolina women died of preventable cervical cancer.¹ The primary focus of cervical cancer screening is to identify and treat pre-cancerous cervical lesions and detect and treat cervical cancer at an early stage. The incidence of cervical cancer has decreased significantly in the years since World War II, in large part because of early detection efforts using the Pap test. When cervical cancer is detected early, the likelihood of survival is almost 100 percent with timely and appropriate diagnostic follow-up and treatment.

In March 2012, new Pap screening guidelines were released jointly by the United States Preventive Services Task Force (USPTF), American Cancer Society (ACS) and American College of Obstetricians and Gynecologist (ACOG). Subsequently, Centers for Disease Control and Prevention adopted these guidelines for National Breast and Cervical Cancer Early Detection grantees, effective July 2012. Revised program guidance for NBCCEDP grantees was published in October 2012.²

Consistent with these recommendations, the cervical cancer screening policies for the North Carolina Breast and Cervical Cancer Control Program (NC BCCCP), effective retroactively to July 2012, are as follows:

ELIGIBLE WOMEN:

- Women between the ages of 21 and 64 years of age, with an intact cervix, are eligible to enroll in the NC BCCCP, provided their family income is at or below 250% of the current federal poverty level. Women between the ages of 40 and 64 may be screened using federal BCCCP dollars. Women between the ages of 21 and 39 may be screened using state BCCCP dollars.
- Women covered by Medicare-Part B and/or Medicaid are not eligible to enroll in the NC BCCCP. Women who are enrolled in and receiving services under Title X (Family Planning) are not eligible to have Pap tests reimbursed using NC BCCCP funds.
- Women between the ages of 21 and 39 are eligible to enroll in the NC BCCCP for diagnostic work-up of abnormal Pap results, provided their family income is at or below 250% of the current federal poverty level. Federal BCCCP dollars may be used to pay for the diagnostic workup.

¹ State Center for Health Statistics, accessed February 12, 2013 Cancer Mortality Rates By Sex. Web site: <http://www.schs.state.nc.us/schs/CCR/mort2011s.pdf>

² National Breast and Cervical Cancer Early Detection Program. NBCCEDP Program Guidance Manual. Book 2. October 2012. Pages 10-12.

NC BCCCP CERVICAL SCREENING SERVICES PRIORITIES:

INCREASING SCREENING FOR NC BCCCP-ELIGIBLE WOMEN NEVER OR RARELY SCREENED:

- At least twenty percent of all clients newly enrolled for cervical cancer screening should be women who have never been screened for cervical cancer or who have not been screened for cervical cancer in the past 5 years.

CERVICAL CANCER SCREENING FOR WOMEN 21 TO 64 YEARS OF AGE:

- The NC BCCCP funds may be used to reimburse cervical cancer screening following the 2012 United States Prevention Services Task Force (USPSTF) recommendations. Federal funds can be used for reimbursement of cervical cancer screening among women aged 21 to 64 years old, regardless of sexual activity.
 - Women aged 21 to 29 years — NC BCCCP funds can be used to reimburse for Pap testing alone every 3 years.
 - Women aged 30 to 64 years — NC BCCCP funds can be used to reimburse for Pap testing alone every 3 years or co-testing with the combination of Pap testing with human papilloma virus (HPV) testing every 5 years. Grantees must make both cervical cancer screening options (i.e., Pap testing every 3 years and Pap testing with HPV testing every 5 years) available.
 - NC BCCCP funds can be used for annual cervical cancer screening among women who are considered high-risk (e.g., in-utero DES exposure, immunocompromised such as HIV infection, or history of cervical cancer).
 - NC BCCCP funds cannot be used to reimburse for cervical cancer screening in women under the age of 21.

CERVICAL CANCER SCREENING FOR WOMEN OVER 64 YEARS OF AGE:

- Cervical cancer screening is not recommended for women older than age 65 who have had adequate screening and are not high risk. If a woman over 64 needs to be screened and is eligible to receive Medicare benefits, but is not enrolled, she should be encouraged to enroll. Women enrolled in Medicare Part B are not eligible for the NC BCCCP clinical services. Women who are eligible for Medicare Part B but have low incomes (up to 250% of the federal poverty level) and cannot pay the premium to enroll in Medicare Part B are eligible to receive services through the NC BCCCP.

CERVICAL CANCER SCREENING FOLLOWING HYSTERECTOMY OR OTHER TREATMENT FOR CERVICAL NEOPLASIA OR CANCER:

- NC BCCCP funds CANNOT be used to reimburse for cervical cancer screening in women with total hysterectomies (i.e., those without a cervix), unless the hysterectomy was performed because of cervical neoplasia (precursors to cervical cancer) or invasive cervical cancer.
- For women with a history of cervical neoplasia or in situ disease, NC BCCCP funds can be used to reimburse for routine cervical cancer screening for 20 years post treatment.

- For women with a history of invasive cervical cancer, NC BCCCP funds can be used to reimburse for cervical cancer screening indefinitely as long as they are in good health.
- For women without documentation regarding the reason for the hysterectomy or that no neoplasia or cancer was identified, NC BCCCP funds can be used to reimburse for cervical cancer screening. For these women, cervical cancer screening should continue until there is a 10-year history of negative screening results, including the documentation that the Pap tests were technically satisfactory. The presence of a cervix can be determined with a physical examination. NC BCCCP funds CAN be used to reimburse for an initial examination (i.e., pelvic examination) to determine if a woman has a cervix. NC BCCCP funds may not be used to pay for follow-up pelvic exams in the absence of a Pap test.
- Women who have had a **supracervical hysterectomy** remain eligible for cervical cancer screening under the NC BCCCP.

POLICY ON LIQUID-BASED CYTOLOGY (LBC) TECHNOLOGIES FOR PRIMARY CERVICAL CANCER SCREENING:

- Programs may reimburse for liquid-based cervical cytology for primary cervical cancer screening, up to the allowable Medicare rate. The screening interval is the same for both the use of liquid-based tests and the conventional Pap tests. The specific cervical cancer screening method must be indicated in the HIS data, so that the number of liquid-based tests can be distinguished from the number of conventional Pap tests performed. This will provide a means by which the test-specific diagnostic outcomes can be compared.

USE OF AUTOMATED SCREENING TECHNOLOGIES FOR QUALITY ASSURANCE:

- NC BCCCP funds may not be used to reimburse automated technologies when they are used as a secondary assessment of Pap testing for quality assurance purposes. These quality assurance costs are included in the pricing of tests and are paid by the cytopathology laboratories.

MANAGING WOMEN WITH ABNORMAL CERVICAL CANCER SCREENING RESULTS:

- The management of women whose cervical cancer screening tests yield abnormal results shall be in accordance with current standards of care as described in the Pap Manual.
- To arrive at a definitive diagnosis for a woman with an abnormal cervical cancer screening test, programs may use NC BCCCP funds to reimburse colposcopy, colposcopy-directed biopsy, endocervical curettage, and, in unusual cases, diagnostic excisional procedures (such as LEEP and cold-knife excisions), as well as associated pathology. Excisional procedures require prior authorization by a NC BCCCP nurse consultant.

REIMBURSEMENT OF HPV DNA TESTING:

- High Risk HPV DNA testing is a reimbursable procedure when used for screening with Pap testing (i.e., cotesting) and for follow-up of abnormal Pap results as per American Society for Colposcopy and Cervical Pathology (ASCCP) algorithms. Providers should specify the high-risk HPV DNA panel. Reimbursement for low-risk HPV DNA panel and HPV genotyping is not permitted.

REIMBURSEMENT OF OTHER SERVICES:

- NC BCCCP funds may not be used to pay for any cervical diagnostic or treatment services not included on the NC BCCCP services fee schedule (e.g., LEEP, conization, etc.) unless prior authorization is obtained.
- NC BCCCP funds may not be used to reimburse for a repeat Pap test which is performed simultaneously with colposcopy or colposcopy with biopsy, unless more than four months have passed since the initial Pap test was performed.