

**North Carolina Breast & Cervical Cancer Control Program (NC BCCCP)
NC WISEWOMAN Project**

<p>Title: BCCCP Eligibility for Family Planning Patients</p>	<p>Category/Number: N/A</p>
<p>Approved By: <u>Kimberly McDonald</u> NC BCCCP Medical Advisor</p> <p><u>Heather Dolinger</u> NC BCCCP Program Manager</p>	<p>Section: NC BCCCP Training Manual-Appendices</p> <p>Program: NC BCCCP & WISEWOMAN</p>
<p>Effective Date: 04/08/15</p> <p>Current Revision Effective Date: 01/12/24</p> <p>Revision History Date/s: 2/17/21, 6/29/22, 01/12/24</p>	<p>Review Date/s:</p> <p>_____</p> <p>_____</p> <p>_____</p>

Purpose:

Because Family Planning provides a clinical breast exam and Pap test for eligible patients, NC BCCCP funds should not be used to pay for these services if the patient is eligible for and enrolled in family planning.

However, Family Planning may not be able to cover all expenses related to a screening cycle. In those cases, NC BCCCP funds may be able to help.

Policy:

The North Carolina Breast and Cervical Cancer Control Program is legally required to be the payer of last resort for patients enrolled in the program. (Public Law 101-354, 42 U.S.C. § 300n [d]). As a result, NC BCCCP is unable to provide screening services that are provided by the Family Planning (Title X) program.

Local BCCCP agencies should develop a policy and standing orders regarding situations in which they will accept a Family Planning patient for diagnostic work up to balance service to patients in need with the goal of protecting BCCCP funds for the BCCCP priority population. Policies must be approved by the agencies' BCCCP Nurse Navigators.

Responsibilities: Local BCCCP Providers

Procedure:

Situations in which NC BCCCP may be used to help:

Breast circumstances

- Patients between the ages of 40 and 64 may have a screening mammogram and/or diagnostic workup provided through NC BCCCP, using BCCCP funds. These patients will count toward service allocations. The local agency is eligible to be reimbursed \$325 for enrolling and serving these patients.
- Patients between the ages of 30 and 39 are not eligible for screening through NC BCCCP; however, if patients in this age range present with an abnormal clinical breast examination, or if they are found to be at high risk for developing breast cancer (see NC BCCCP Risk Assessment Policy), they may qualify for a mammogram and/or diagnostic workup through NC BCCCP. These patients will count toward NC BCCCP service allocations. The local agency is eligible to be reimbursed \$325 for these patients.
- If patients between the ages of 21 and 29 years of age present with an abnormal clinical breast examination, they *may* qualify for a BCCCP-funded ultrasound and/or diagnostic workup. These patients will count toward NC BCCCP service allocations. The local agency is eligible to be reimbursed \$325 for these patients.

Cervical circumstances

- Patients between the ages of 21 and 64 who have a Family Planning Pap result of ASC-H, HSIL or greater may have a diagnostic workup provided through NC BCCCP. These patients will count toward service allocations. The local agency is eligible to be reimbursed \$325 for enrolling and serving these patients. Serving these patients through BCCCP may enable them to qualify for Breast and Cervical Cancer Medicaid to pay for treatment if they meet other eligibility requirements and have a diagnosis of CIN 2 or greater.
- Patients between the ages of 25 and 64 who have a Family Planning Pap result of persistent ASC-US or LSIL may have a diagnostic workup provided through NC BCCCP. These patients will count toward NC BCCCP service allocations. The local agency is eligible to be reimbursed \$325 of BCCCP funds for these patients. Serving these patients through BCCCP may enable them to qualify for Breast and Cervical Cancer Medicaid to pay for treatment if they meet other eligibility requirements and have a diagnosis of CIN 2 or greater; however, the likelihood of CIN disease in these patients is relatively low and follow-up for patients under the priority age of 40-64 may be more appropriately done with funding other than BCCCP.
- Patients between the ages of 21 and 24 who have a Family Planning Pap result of ASC-US or LSIL that progresses to ASC-H, HSIL, or AGC may have a diagnostic workup provided through NC BCCCP. These patients will count toward BCCCP

service allocations. The local agency is eligible to be reimbursed \$325 of BCCCP funds for these patients. Serving these patients through BCCCP may enable them to qualify for Breast and Cervical Cancer Medicaid to pay for treatment if they meet other eligibility requirements and have a diagnosis of CIN 2 or greater.

Legal Authority: (Public Law 101-354, 42 U.S.C. § 300n (d)).

References:

The Breast Screening Manual: A Guide for Health Departments and Providers (DHHS, December 2016 revised July 2022)

The Cervical Screening Manual: A Guide for Health Departments and Providers (DHHS, December 2020)

Shiffman, Mark et.al., (2020). An introduction to the 2019 ASCCP Risk-Based Management Consensus Guidelines. *Journal of Lower Genital Tract Disease* vol 24, number 2, April 2020.