

BCCCP Eligibility FAQ
Frequently Asked Questions
About Eligibility for the
N.C. Breast and Cervical Cancer Control Program

Who Should Receive BCCCP Services?

1. If a woman has only cervical screening, only breast screening, or only diagnostic services will she count toward my service goals?

Yes. Each woman enrolled in BCCCP is not required to have a complete work-up including all cervical cancer and breast cancer screening services. Depending on individual circumstances and clinical protocols, it may be appropriate to provide only cervical cancer screening, only breast cancer screening, or only diagnostic work-up.

2. Which BCCCP patients are eligible for screening mammograms?

FEDERAL FUNDS: Low income (<250% FPL) uninsured and underinsured women ages 50-64 years old who do not have Medicaid, Medicare (Part B) or Title X (Family Planning) are eligible for BCCCP-provided mammograms. A minimum of 75% of the women receiving initial mammograms paid with BCCCP federal funding should be age 50 and above. A woman under age 50 may be enrolled in BCCCP for CBE, but her mammogram must not be paid with federal BCCCP funding, unless she presents with clinical symptoms suspicious for breast cancer or is found to be high-risk per breast cancer risk assessment.

STATE FUNDS: Low income (<250% FPL) uninsured and underinsured women ages 40-75 years old are eligible for BCCCP-provided mammograms and CBEs, so long as they are not eligible for Medicaid, Medicare (Part B), or Title X (Family Planning).

3. Are BCCCP patients who are less than 50 years old eligible for a mammogram?

FEDERAL FUNDS: No more than 25% of the mammograms may be provided to women under 50 years of age. (Priority should be given to symptomatic women in this age group.) A diagnostic mammogram may be provided for women younger than 50 who present with clinical symptoms suspicious for breast cancer. An annual screening mammogram may be provided for women 30 years and older who are determined to be high-risk per breast cancer risk assessment.

STATE FUNDS: Screening mammograms may be provided to women 40-75 years of age. (Priority should be given to symptomatic women in this age group.) A diagnostic mammogram may be provided for women younger than 40 who present with clinical symptoms suspicious for breast cancer. An annual screening mammogram may be provided

for women 30 years of age and older who are determined to be high-risk per breast cancer risk assessment.

4. If women under age 40 are not eligible for a mammogram, what screening services can be provided?

Eligible women ages 21-39 may have the following services provided:

- Clinical breast exam and cervical cytology (Pap test) with pelvic exam
- Assessment of history and risk assessment for cancer
- BSE instruction if the patient requests

Women ages 21-39 who present with symptoms of breast and/or cervical cancer may be enrolled for diagnostic work-up.

Women ages 21-39 identified as “High Risk” should be advised to have a mammogram annually beginning at age 30. NC BCCCP will cover this annual screening.

5. Can a woman who has had a bilateral mastectomy receive CBE services and breast cancer screening services through BCCCP?

Yes, patients are eligible to receive services once breast cancer treatment is complete.

6. Are women with implants eligible for BCCCP?

Yes.

7. Which BCCCP patients are eligible for cervical cancer screening?

FEDERAL FUNDS: Low income (<250% FPL), uninsured and/or underinsured women ages 21-64 years old who have an intact cervix and do not have Medicaid, Medicare (Part B) or Title X (Family Planning) are eligible for federal BCCCP-provided age-appropriate cervical cancer screening (including cervical cytology and/or high-risk HPV testing). A minimum of 20% of the women screened with federal BCCCP funds should be women who have never had a Pap test.

STATE FUNDS: Low income (<250% FPL), uninsured and/or underinsured women ages 21-64 years old are eligible for state BCCCP-provided age-appropriate cervical cancer screening (including cervical cytology and/or high-risk HPV testing) if no other source of healthcare reimbursement is available.

Women who have had a total hysterectomy with removal of the cervix for any reason other than cervical cancer or dysplasia are not eligible for BCCCP cervical cancer screening.

8. If a patient is not eligible for a Pap test, should I provide a pelvic exam?

Do not provide a BCCCP-funded pelvic exam if a Pap test is not provided. The only exception is if a woman is a new patient and does not know if she still has a cervix. You may provide a one-time only pelvic exam to determine if the patient’s cervix remains.