BCCCP Data Entry

2019 Mapping Guide for Data Entry

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BREAST SCREENING DATA FORM REQUIREMENTS

Field Name	R=Required S=Situational	Values	Logic
Record ID	R	Breast forms =P4	May be automatically created by system
County/Facility Root System Code	R	001-100 (counties) 500-599 (contractors)	County FIPS codes. May be automatically created by system
Visit (service) date	R	Date YYY-MM-DD format	The date the client entered BCCCP
Administrative Action	R	Y=Yes N=No	Default to Yes; this value was initially to determine if the visit was face to face.
Local Patient Identifier	R	Local Patient Identifier/medical record numbers used by county vendor system	Identity patients within that county; not unique across all counties
CNDS ID	R	Medicaid ID (retrieve from Avatar or Local DSS. CNDS Is not used for billing or citizenship status)	Unique identifier for patient across all counties; allows us to track patients over multiple years and if patient moves from county to county
Entry/Last Change Date	R	Date record was added or modified YYY-MM-DD format	May be automatically created by system
Breast Cancer History	R	Valid Values 1= No personal or family history of breast cancer 2=Patient has had breast cancer 3=Mother, daughter, sister had/have breast cancer 4=Patient and mother/daughter/sister had breast cancer 8= Unable to answer 9=Refused to Answer	If patient had breast cancer in the past or have a first degree relative with breast cancer, patient is High Risk for Breast Cancer
Breast Symptoms	R	Y=Yes N=No	
Last Mammogram Date	R	Date YYYYMM Format 88/8888 = Last Mamm date is unknown 00/0000= Never had mammogram	Do not worry about the how the date format, this is how the data is sent to us on the backend. Each system may differ in how they show this field (ex. calendar box to select date, drop-down box, ect.)
Breast Self-Exam Education (BSE)	R	Valid Values 1= Provided 2= Provided, needs additional training 8= Not indicated 9- Indicated, not provided	

Field Name	R=Required S=Situational	Values	Logic
BCCCP Client Indicator	R	Y=Yes N=No	Always choose YES
High Risk for Breast Cancer	R	1=Yes 2= No 3= Not assessed/Unknown	**1. Yes=** If Woman with BRCA mutation; first degree relative who is BRCA carrier; LIFETIME RISK of 20% or Greater if using risk model like the Gail Model; radiation treatment to the chest between ages 10-30; or personal or family history of genetic syndromes like Li-Fraumeni syndrome **2. No** = If risk was assessed and not determined to be high **3. Not assessed/Unknown** If risk was not assessed, family history was not taken, genetic testing was not done or if risk is unknown
Start Breast Screening Cycle			
Screening Cycle Date	R	Date YYY-MM-DD format	Date of first screening in the cycle
Referral Date	S	Date YYY-MM-DD format	**Required** if Indication for Screening field = Referral • Ex. Patient had screening completed at Non-BCCCP provider and was referred to your BCCCP program for diagnostic work up
Clinical Breast Exam Procedure Date	S	Date of CBE	

Clinical Breast Exam Charged to BCCCP	S	Valid values:
		1 = Federal BCCCP funds
		2 = Non BCCCP
		3 = Partial Federal BCCCP
		4 = State BCCCP
		5 = Partially State BCCCP
		6 = Part State and Federal BCCCP
			Required if Clinical Breast Exam Procedure Date is completed.
			• Determine where funding for this patient will be pulled from.
			• Look at eligibility criteria:
			  • State Fund= ages 40-49
			  • Federal =ages 50-64
			If you have Komen or other funds that helped with cost, you

			can choose 1, 3, 4, or 5. It will still be coded to us as either State or Federal
Field Name	**R=Required S=Situational**	**Values**	**Logic**
Clinical Breast Exam Result Received Date	S	Date *Enter the actual date the report was received by LHD/contracted provider*	**Required** if Clinical Breast Exam Result completed. • If completed, Date must be greater or equal to Clinical Breast Exam Procedure Date.
Clinical Breast Exam Result	S	Valid values 1 = Normal exam 2 = Benign finding *3 = Discrete palpable mass *4 = Bloody or serous nipple discharge *5 = Nipple or areolar scaliness *6 = Skin dimpling or retraction 7 = Normal CBE in past 12 months 8 = CBE not done for other reason 9 = Patient Refused CBE *Denotes Diagnostic Work-Up field must be 'Yes' and Additional Diagnostic procedures must be completed*	**Required** if Clinical Breast Exam Result Received Date is completed.
Initial Mammogram Type	S	1=Screening 2=Diagnostic	**Reminder**, Diagnostic Mammogram is **NOT** a diagnostic work up procedure
Initial Mammogram Procedure Date	S	Date NOTE: No Future dates or dates less than Initial Visit/Screening Dates	If you enter a Date, All other Initial Mammogram Fields (results, charged to BCCCP, result received date, must have data)
Purpose of Screening	R	Valid Values 1=Routine Screening 2=Diagnostic 3=Referral (date required) 4= No Mammogram	**1. Routine Screening**= reported for a mammogram as part of routine or annual screening schedule **2**. **Diagnostic**=Mammogram performed as additional evaluation of recent mammogram **prior to this cycle** (Think-Clinician Planned Short Term Follow up) **3. Referral**= Patient has mammogram performed OUTSIDE of BCCCP program.

Field Name	R=Required S=Situational	Values	Logic
			4. **No Mammogram**= Patient only received CBE or screening MRI; or if patient goes directly to Diagnostic Work-Up
Initial Mammogram Charged to BCCCP	S	Valid Values: 1 = Paid by Federal BCCCP funds 2 = Not paid by any BCCCP funds 3 = Partially paid by Federal BCCCP funds 4 = Paid by State BCCCP funds 5 = Partially paid by State BCCCP funds 6 = Partially paid by State and Federal BCCCP funds or Blank	**Required** if Initial Mammogram Date is completed • Determine where funding for this patient will be pulled from. • Look at eligibility criteria: • State Fund= ages 40-49 • Federal =ages 50-64 • If you have Komen or other funds that helped with cost, you can choose 1, 3, 4, or 5. It will still be coded to us as either State or Federal
Initial Mammogram Result Received Date	S	Date *The date the mammogram report was received by local health departments*	**Required** if Initial Mammogram Result is entered. • Date must be greater or equal to the Initial Mammogram Date.
Initial Mammogram Result	S	Valid values: 1 = Negative 2 = Benign 3 = Probably benign; Short term follow up suggested *4 = Suspicious abnormality; Consider biopsy *5 = Highly suggestive of malignancy *6 = Assessment incomplete; additional imaging req'd 7 = Technically unsatisfactory 8 = Not indicated/needed 9 = Indicated, but not performed (refused) 10 = Result is pending *11 = Recent Non-BCCCP, Abn. Mam requires Follow-up requires follow-up	**Required** if Initial Mammogram Results Date is completed. **Screening Algorithm:** • If *4, 5,6, or 11 is entered, then Diagnostic Work-up Planned must be (1. Yes). • If code 8, 9, 10, 11, or 12 is entered, Results Received Date is not required • Only if 7 is entered as results, would Initial Screening Mammogram be repeated

		12 = Recent Non-BCCCP, Mam w/no follow-up required	
			Denotes Diagnostic Work-Up field must 'Yes' and Additional Diagnostic procedures must be completed

MRI Screening: Must get Pre-Authorization from nurse consultant. Patient must be High Risk for Cancer and have received abnormal screening in previous screening cycle.

Field Name	R=Required S=Situational	Values	Logic
Screening MRI Date	S	YYYY-MM-DD format	• Indication/Purpose for Mammogram screening field = No Mammogram • Should only be done for HIGH RISK patients and with your Nurse consultant approval and after previous screening mammogram
Screening MRI Results	S	Valid values: 1 = Negative 2 = Benign finding 3 = Probably Benign indicated *4 = Suspicious *5 = Highly suggestive of malignancy *6 = Known Malignancy *7 = Incomplete - Addl imaging req'd 8 = Results pending 9 = Not done *Denotes Diagnostic Work-Up field must 'Yes' and Additional Diagnostic procedures must be completed*	**Required** if Screening MRI Date is completed.

ONLY COMPLETE 'REPEAT MAMMOGRAM' FIELD IF THE 'INITIAL MAMMOGRAM' IN THE CYCLE IS (7.) TECHNIALLY UNSATISFACTORY

| Repeat Initial Mammogram Type | S | Valid values are as follows:
 1 = Screening
 2 = Diagnostic | |

Field Name	R=Required S=Situational	Values	Logic
Repeat Initial Mammogram Procedure Date	S	Enter the actual date the Repeat Mammogram was performed in YYYY-MM-DD format.	Date must be greater than Initial Mammogram Date, if completed
Repeat Initial Mammogram Charged To BCCCP	S	Valid values: 1 = Federal BCCCP funds 2 = Non BCCCP 3 = Partial Federal BCCCP 4 = State BCCCP 5 = Partially State BCCCP 6 = Part State and Federal BCCCP	**Required** if Repeat Initial Mammogram Procedure Date is completed. - Determine where funding for this patient will be pulled from. - Look at eligibility criteria: - State Fund= ages 40-49 - Federal =ages 50-64 If you have Komen or other funds that helped with cost, you can choose 1, 3, 4, or 5. It will still be coded to us as either State or Federal
Repeat Initial Mammogram Result Received Date	S	Enter the actual date the report was received by the local health department/contracted agency in YYYY-MM-DD format	**Required** if Repeat Initial Mammogram Procedure Date is completed. 1. Date must be greater than or equal to Initial Mammogram Result Received Date, if completed. 2. Date must be on or after Repeat Initial Mammogram Procedure Date, if completed.
Repeat Initial Mammogram Result	S	Valid values: 1 = Negative 2 = Benign 3 = Probably benign; Short term follow up suggested *4 = Suspicious abnormality; Consider biopsy *5 = Highly suggestive of malignancy *6 = Assessment incomplete; additional imaging req'd 7 = Technically unsatisfactory *Denotes Diagnostic Work-Up field must 'Yes' and Additional Diagnostic procedures must be completed	**Required** if the Repeat Initial Mammogram Result Received Date is completed.

Field Name	R=Required S=Situational	Values	Logic
Diagnostic Workup Planned?	R	Valid Values: Y = Yes N = No	**Must be (Yes)** when **Mammogram or Repeat Mamm Results is** • 4. Suspicious abnormality; Consider biopsy • 5. Highly suggestive of malignancy • 6. Assessment incomplete; additional imaging req'd. **Or CBE is** • 3. Discrete palpable mass • 4. Bloody or serous nipple discharge • 5. Nipple or areolar scaliness • 6. Skin dimpling or retraction
Short Term Follow UP	R	Y=Yes N=No	
Next Screening Mammogram	R	Valid values: 0 = 0 months 2 = 2 months 3 = 3 months 4 = 4 months 6 = 6 months 12 = 12 months 24 = 24 months	• If Short Term Follow Up = Yes; Then Choose 2-6 Months • If Short Term Follow Up = No ; Then Choose 12-24 Months
Diagnostic Work Up Fields Complete one or more diagnostic work up procedures if you have an abnormal initial screening, referral for diagnostic work up, or Clinician Planned Diagnostic Work Up only (i.e. Patient receiving Ultrasound Only during a planned short term follow up after a previously closed cycle)			
Repeat Clinical Breast Exam Procedure Date	S	YYYY-MM-DD format	Date must not be greater than the current date.
Repeat Clinical Breast Exam Charged to BCCCP	S	Valid values: 1 = Federal BCCCP funds 2 = Non BCCCP 3 = Partial Federal BCCCP 4 = State BCCCP 5 = Partially State BCCCP 6 = Part State and Federal BCCCP	**Required** if Repeat Clinical Breast Exam Procedure Date is completed

Field Name	R=Required S=Situational	Values	Logic
Repeat Clinical Breast Exam Result Date	S	YYYY-MM-DD format	Date must be greater than or equal to the Repeat Clinical Breast Exam Procedure Date
Repeat Clinical Breast Exam Result	S	Valid values: 1 = Normal exam 2 = Benign finding 3 = Discrete palpable mass 4 = Bloody or serous nipple discharge 5 = Nipple or areolar scaliness 6 = Skin dimpling or retraction	**Required** if Repeat Clinical Breast Exam Result Date completed.
Additional Mammogram Procedure Date	S	YYYY-MM-DD format	Future date not allowed
Additional Mammogram Charged To BCCCP	S	Valid values: 1 = Federal BCCCP funds 2 = Non BCCCP 3 = Partial Federal BCCCP 4 = State BCCCP 5 = Partially State BCCCP 6 = Part State and Federal BCCCP or Blank Note: Required if Additional Mammogram Date is completed.	**Required** if Additional Mammogram Procedure Data entered • Determine where funding for this patient will be pulled from. • Look at eligibility criteria: • State Fund= ages 40-49 • Federal =ages 50-64 If you have Komen or other funds that helped with cost, you can choose 1, 3, 4, or 5. It will still be coded to us as either State or Federal
Additional Mammogram Result Received Date	S	YYYY-MM-DD format	**Required** if Additional Mammogram Procedure Date completed. Date must be greater than or equal to Additional Mammogram Date
Additional Mammogram Result	S	Valid values: 1 = Negative 2 = Benign 3 = Probably benign; short term follow up suggested *4 = Suspicious abnormality-biopsy should be considered *5 = Highly suggestive of malignancy *6 = Assessment is incomplete	**Required** if Additional Mammogram Result Received Date completed.

		7 = Technically unsatisfactory *Denotes that biopsy must be done*	
Field Name	**R=Required S=Situational**	**Values**	**Logic**
Ultrasound Procedure Date	S	YYYY-MM-DD format	Future date not allowed

Ultrasound Charged To BCCCP	S	Valid values:
		1 = Paid by Federal BCCCP funds
		2 = Not paid by any BCCCP funds
		3 = Partially paid by Federal BCCCP funds
		4 = Paid by State BCCCP funds
		5 = Partially paid by State BCCCP funds
		6 = Partially paid by State and Federal BCCCP funds
			Required if Ultrasound Procedure Date is completed.
			• Determine where funding for this patient will be pulled from.
			• Look at eligibility criteria:
			  • State Fund= ages 40-49
			  • Federal =ages 50-64
			
			If you have Komen or other funds that helped with cost, you can choose 1, 3, 4, or 5. It will still be coded to us as either State or Federal

Ultrasound Result Date	S	YYYY-MM-DD format	**Required** if Ultrasound Procedure Date completed. Date must greater than or equal to the Ultrasound Procedure Date.,
Ultrasound Result	S	Valid values: 1 = Negative 2 = Benign 3 = Probably benign; short term follow up suggested *4 = Suspicious abnormality-biopsy should be considered *5 = Highly suggestive of malignancy *6 = Assessment incomplete; additional imaging req'd 7 = Technically unsatisfactory *Denotes that biopsy must be done*	**Required** if Ultrasound Result Date completed.
Film Comparison Procedure Date	S	YYYY-MM-DD format.	**You will rarely use the Film Comparison fields.** Future date not allowed.

Field Name	R=Required S=Situational	Values	Logic
Film Comparison Charged To BCCCP	S	Valid values: 1 = Federal BCCCP funds 2 = Non BCCCP 3 = Partial Federal BCCCP 4 = State BCCCP 5 = Partially State BCCCP 6 = Part State and Federal BCCCP or Blank Note: Req'd if Film Comparison Procedure Date entered.	
Film Comparison Result Date	S	YYYY-MM-DD format. Note: Date must be on or after Film Comparison Procedure Date, if completed.	
Film Comparison Result	S	Valid values: 1 = Negative 2 = Benign findings 3 = Probably benign; short- term F/U 4 = Suspicious abnormality; Consider biopsy 5 = Highly suggestive of malignancy 6 = Incomplete; add'l imaging req'd 7 = Technically Unsatisfactory or Blank Note: Required if Film Comparison Result Date entered.	
Final Imaging Outcome	S	Valid values: 1 = Negative 2 = Benign findings 3 = Probably benign; short- term F/U 4 = Suspicious abnormality; Consider biopsy 5 = Highly suggestive of malignancy 6 = Incomplete; add'l imaging req'd 7 = Technically Unsatisfactory	**Required** if • "Additional Mammogram Result Date" or • "Ultrasound Result Date" or " • Film Comparison Result Date" field • has a value; otherwise do not populate
Final Imaging Outcome Date	S	YYYY-MM-DD format or leave blank	**Required** if • "Additional Mammogram Result Date" or • "Ultrasound Result Date" or " • Film Comparison Result Date" field • has a value; otherwise do not population

Field Name	R=Required S=Situational	Values	Logic
Physician Consult Procedure date	S	YYYY-MM-DD format	Date of physician consultation

Physician Consult Charged To BCCCP	S	Valid values:
		1 = Federal BCCCP funds
		2 = Non BCCCP
		3 = Partial Federal BCCCP
		4 = State BCCCP
		5 = Partially State BCCCP
		6 = Part State and Federal BCCCP
			Required if Physician Consult Date is entered.
			Determine where funding for this patient will be pulled from.
			
			• Look at eligibility criteria:
			   • State Fund= ages 40-49
			   • Federal =ages 50-64
			
			If you have Komen or other funds that helped with cost, you can choose 1, 3, 4, or 5. It will still be coded to us as either State or Federal

Physician Consult Result Received Date	S	YYYY-MM-DD format	• Date must be greater than Physician Consult Date., if completed. Date cannot be greater than current date.
Biopsy Procedure Date	S	YYYY-MM-DD format.	• Date must not be greater than the current date.

Biopsy Charged To BCCCP	S	Valid values:
		1 = Federal BCCCP funds
		2 = Non BCCCP
		3 = Partial Federal BCCCP
		4 = State BCCCP
		5 = Partially State BCCCP
		6 = Part State and Federal BCCCP
			Required if Biopsy Date is completed.
			Determine where funding for this patient will be pulled from.
			• Look at eligibility criteria:
			   • State Fund= ages 40-49
			   • Federal =ages 50-64
			
			If you have Komen or other funds that helped with cost, you can choose 1, 3, 4, or 5. It will still be coded to us as either State or Federal

Field Name	R=Required S=Situational	Values	Logic
Biopsy Result Received Date	S	YYYY-MM-DD format	• Date must not be greater than the current date. Date must be greater than or equal to the Biopsy Date
Fine Needle Aspiration Date	S	YYYY-MM-DD format	• Date cannot be greater than the current date.
Fine Needle Aspiration Charged To BCCCP	S	Valid values: 1 = Paid by Federal BCCCP funds 2 = Not paid by any BCCCP funds 3 = Partially paid by Federal BCCCP funds 4 = Paid by State BCCCP funds 5 = Partially paid by State BCCCP funds 6 = Partially paid by State and Federal BCCCP funds	• **Required** if Fine Needle Aspiration Date is completed.
Fine Needle Aspiration Result Date	S	YYYY-MM-DD format	• If entered, Date must be greater than the current date. • If entered, Date must be greater than or equal to the Fine Needle Aspiration Date.
		Closing the Cycle: Final Diagnostic Disposition	
Diagnostic Disposition	R	Valid values: 1 = No Cancer present, case closed. 2 = Work up and/or test results pending. 3 = Patient died. 4 = Patient moved out of state. 5 = Unable to obtain results. 6 = Patient refused or non-responsive to work up/further services. 7 = Cancer Diagnosed, treatment required. 8 = Lost to follow-up.	

Diagnostic Disposition Date	S	YYYY-MM-DD format or leave blank.	**Required** if Diagnosis Disposition Does NOT = 2. Pending Date must be greater than or equal to any Procedure Date.
Field Name	**R=Required S=Situational**	**Values**	**Logic**
Final Diagnosis	S	Valid values: 0 = Breast ductal carcinoma in-situ (DCIS) 1 = Breast lobular carcinoma in-situ (LCIS) 2 = Invasive Breast cancer 3 = Other cancer (non-breast) 4 = Atypical epithelial hyperplasia	**Required** if Diagnostic Disposition = 7. Cancer Diagnosed, treatment required.
Stage	S	Valid values: 0 = stage 0 (Cancer in situ) 1 = Stage I 2 = Stage II 3 = Stage III 4 = Stage IV 5 = stage Unknown or Un-staged 6 = Summary Local 7 = Summary Regional 8 = Summary Distant	**Required** if Diagnostic Disposition = 7. Cancer Diagnosed, treatment required. **AND** • If Final Diagnosis = 1. DCIS (Ductal carcinoma in situ) , then Stage must be 0 **OR** if Final Diagnosis=2. LCIS (Lobular carcinoma in situ), then Stage must be 1-8.
Tumor Size	S	Valid values: 1 = 0 - 1 cm 2 = >1 - 2 cm 3 = >2 - 5 cm 4 = > 5 cm 5 = Unknown	**Required** if Diagnostic Disposition = 7. Cancer Diagnosed, treatment required.
Treatment Disposition	S	Valid values: 0 = Treatment not needed 1 = Treatment initiated 2 = Treatment pending 3 = Patient died 4 = Moved out of the county/state 5 = Unable to obtain results from provider 6 = Patient non-responsive/refuses follow-up 7 = Patient Lost to Follow-up (LTF)	**Required** if Diagnostic Disposition = 7. Cancer Diagnosed, treatment required. **AND** If 1. Treatment initiated is entered, the Treatment Date must be entered.

Field Name	R=Required S=Situational	Values	Logic
Treatment Initiated Date	S	YYYY-MM-DD format	• Date must not be greater than the current date. Required if Treatment Disposition **is NOT** = 1. Treatment Initiated
Patient Navigation Needs Assessment Completed	R	Valid values: 1 = Yes 2 = No or PN not delivered 3 = Unknown	If you assessed a patient's barrier to care and help patients navigate to screening, to diagnosis, and/or to treatment services and referred them to resources (transportation, financial assistance, food panties, ect.), you have done Patient Navigation. Other personnel in your health system or outside your health system can provide PN services.
Patient Navigation Care Plan Completed	S	Valid values: Y = Yes N = No	**Required** if *Patient Navigation Needs Assessment Complete* = 1. Yes
Patient Navigation Charged to BCCCP	S	Valid values: 1 = Paid by Federal BCCCP funds 2 = Not paid by any BCCCP funds 3 = Partially paid by Federal BCCCP funds 4 = Paid by State BCCCP funds 5 = Partially paid by State BCCCP funds 6 = Partially paid by State and Federal BCCCP funds	**Required** if *Patient Navigation Needs Assessment Complete* = 1. Yes
Special Situation Comments	S	Free Text	Record abbreviations when reporting special situations in order to turn off errors on monthly report. **LTF**=Lost to Follow up **CDUSTF**= Clinician Directed Ultrasound for Short Term Follow up

CERVICAL SCREENING DATA FORM REQUIREMENTS

Field Name	R=Required S=Situational	Values	Logic
Record ID	R	Valid value for Cervical Cancer Form = P5	Typically created by your EHR system
Action	R	Valid Values: A = Add D = Delete	NOTE: If the record is submitted as an Add and the record already exists at the State it will be processed as a Replace.
County/Facility RSC	R	Valid values: Local Health Dept.: 001-100; Contractors: 500-599	Your County Code
Visit (Service Date)	R	Date YYYY-MM-DD format *The date may appear in a calendar box or in another formatting in your EHR, that is OK.*	NOTE: This date is the same as the service date in the service master layout. It is repeated in this layout for ease in data analysis by the program.
Administrative Action	R	Valid Values: Y = Yes N = No	Always choose Yes. NOTE: This is a new field that allows the state to separate non-face-to-face services so that they are not included in counts of encounters
Local Patient Identifier	R	Local Patient Identifier/medical record numbers used by county vendor system	Identity patients within that county; not unique across all counties
CNDS ID	R	Medicaid ID (retrieve from Avatar or Local DSS. CNDS Is not used for billing or citizenship status)	Unique identifier for patient across all counties; allows us to track patients over multiple years and if patient moves from county to county
Entry/Last Change Date	R	YYYY-MM-DD format.	Date record was entered or last changed.
Screening Cycle Date	R	Enter the date in YYYY-MM-DD format when this screening cycle began.	**NOTE: Date must not be greater than current date.**

Field Name	R=Required S=Situational	Values	Logic
Reason for pap Screening	R	Valid values: 1 = Routine Screening 2 = Surveillance 3 = Referred for Diagnostics 4 = Pap after primary HPV+ 5 = No Pap	**1. Routine Screening:** Reported for a Pap test performed as part of a routine screening **2. Surveillance:** Pap Test performed on a woman under management for cervical abnormality detected prior to this cycle (Think-Planned Delayed Short term follow up) **3. Referred for Diagnostics**: Patient has had a Pap test performed outside of the BCCCP program and is referred to BCCCP for diagnostic work up only **4. Pap after primary HPV+:** Reported when a Pap test is done as follow up to a positive primary (other than 12) HPV test **5. No Pap:** Patient does not have a screening Pap test and goes directly to Diagnostic work up or only had a Primary HPV Test
Referral Date	S	YYYY-MM-DD format. The date that the screening cycle began.	**Required** if Reason for Screening = 3 Referred for Diagnostics. Date must not be greater than current date.
BCCCP Client Indicator	R	Valid Values: Y = Yes N = No	Always select YES
Date of last PAP test	R	YYYYMM format.	Special Conditions **000000** = Client has NOT had a Previous PAP or pap was done > 10 years ago. **111111** = Client had a Previous PAP Test. She doesn't remember what year but it was within 5 years. **555555** = Client had a Previous PAP Test. She doesn't remember what year but it was 5 or more years ago. **888888** = Client had a Previous PAP Test. She doesn't remember when it was.

Field Name	R=Required S=Situational	Values	Logic
High Risk for Cervical Cancer	R	Valid values: 1 = Yes 2 = No 3 = Not assessed/Unknown	1. Yes: if risk was determined to be high risk, as defined as prior DES exposure and immunocompromised patients 2. No: if risk was not assessed and not determined to be high risk 3. Not assessed: risk was not assessed, family history not taken, genetic testing was not done or if risk is unknown
Pelvic Exam Procedure Date	S	YYYY-MM-DD format	
Pelvic Exam Charged To	S	Valid values: 1 = Paid by Federal BCCCP funds 2 = Not paid by any BCCCP funds 3 = Partially paid by Federal BCCCP funds 4 = Paid by State BCCCP funds 5 = Partially paid by State BCCCP funds 6 = Partially paid by State and Federal BCCCP funds or Blank NOTE: Required if Pelvic Exam Procedure Date is completed.	**Required** If BCCCP Client is Y=Yes, and date is entered,
Pelvic Exam Result Date	S	YYYY-MM-DD format.	**Required** if Pelvic Exam Result is completed.
Pelvic Exam Result	S	Valid values: 1 = Normal exam, no follow-up required. 2 = Abnormal: follow-up required.	**Required** when BCCCP Client =Yes and Required if Pelvic Exam Procedure Date is completed. Pelvic Exam Result must = 1 or 2
Initial PAP Test Procedure Date	S	YYYY-MM-DD format.	Date must not be greater than current date
Initial PAP Test Charged To	S	Valid values: 1 = Paid by Federal BCCCP funds 2 = Not paid by any BCCCP funds 3 = Partially paid by Federal BCCCP funds 4 = Paid by State BCCCP funds 5 = Partially paid by State BCCCP funds 6 = Partially paid by State and Federal BCCCP funds	**Not required** if Specimen Adequacy = 3 (Unsatisfactory)

Field Name	R=Required S=Situational	Values	Logic
Initial PAP Test Result Date	S	YYYY-MM-DD format	**Required** if Initial Pap Test Result is valid. • Date cannot be greater than current date. • Date must be greater than or equal to the Pap Test Procedure Date
Initial Pap Test Specimen Adequacy	S	Valid Values: 1 = Satisfactory 3 = Unsatisfactory	**Required** if Initial PAP Test Result is valid. AND if PAP Test Procedure Date is completed
Initial PAP Test Specimen Type	S	Valid values: 1 = Conventional Smear 2 = Liquid Base 3 = Other 4 = Unknown	**Required** if PAP Test Procedure Date is completed
Initial PAP Test Result	S	1. Negative for intraepithelial lesion or malignancy 2. Atypical squamous cells of undetermined significance (ASC-US) 3. Low Grad SIL (including HPV changes) *4. Atypical squamous cells cannot exclude HSIL ASC-H)* *5. High Grade SIL *6. Squamous Cell Carcinoma *7. Atypical Glandular Cells *8. Adenocarcinoma in situ (AIS) *9. Adenocarcinoma 10. Other malignant neoplasm 11. Result Pending *12. Recent non BCCCP presumed abnormal, Results Unknown *Denotes Work Up must be planned*	**Required** if Repeat PAP Test Procedure Date is completed • If codes 4, 5, 6, 7, 8, 9, or 12 are entered, Work-up Planned must be Yes and Diagnostic procedures must be completed If Specimen Adequacy of Pap Test = 3. Unsatisfactory Pap Smear Result should be left blank.
Repeat PAP Test Procedure Date	S	YYYY-MM-DD format	• **Required** if previous pap smear is 3. Unsatisfactory • Date cannot be greater than current date. • Date must be greater than the Pap Test Procedure Date, if completed.

Field Name	R=Required S=Situational	Values	Logic
Repeat PAP Test Charged To	S	Valid values: 1 = Paid by Federal BCCCP funds 2 = Not paid by any BCCCP funds 3 = Partially paid by Federal BCCCP funds 4 = Paid by State BCCCP funds 5 = Partially paid by State BCCCP funds 6 = Partially paid by State and Federal BCCCP funds	**Required** if Repeat PAP Test Procedure Date is entered.
Repeat PAP Test Result Date	S	YYYY-MM-DD format	• Required if Repeat PAP Test Result completed. • Date must not be greater than current date. • Date must be greater than or equal to Repeat Pap Smear Procedure Date if completed
Repeat PAP Test Result	S	1. Negative for intraepithelial lesion or malignancy 2. Atypical squamous cells of undetermined significance (ASC-US) 3. Low Grad SIL (including HPV changes) *4. Atypical squamous cells cannot exclude HSIL ASC-H) *5. High Grade SIL *6. Squamous Cell Carcinoma *7. Atypical Glandular Cells *8. Adenocarcinoma in situ (AIS) *9. Adenocarcinoma 10. Other malignant neoplasm 11. Result Pending *12. Recent non BCCCP presumed abnormal, Results Unknown *Denotes Work Up must be planned	**Required** if Repeat PAP Test Procedure Date is completed • If codes 4, 5, 6, 7, 8, 9, or 12 are entered, Work-up Planned must be Yes and Diagnostic procedures must be completed • If Specimen Adequacy of Pap Test = 3. Unsatisfactory Pap Smear Result should be left blank.
Repeat PAP Test Specimen Adequacy	S	Values are: 1 = Satisfactory 3 = Unsatisfactory 4 = Unknown	**Required** if Repeat PAP Test Procedure Date is completed.

Field Name	R=Required S=Situational	Values	Logic
Repeat PAP Test Specimen Type	S	Valid values: 1 = Conventional Smear 2 = Liquid Base 3 = Other 4 = Unknown	**Required** if Repeat PAP Test Procedure Date is completed.
		HPV Screening Section	
HPV Procedure Date	S	YYYY-MM-DD format	
Reason for HPV Test	R	Valid values: 1 = Co-Test or Screening 2 = Reflex 3 = Test not done 4 = Unknown	**1. Co-Test or Screening:** if HPV test is performed alone or in a combination with Pap test **2. Reflex**: If HPV test is performed as a follow up test after a screening Pap **3. Test not done:** No HPV test done **4. Unknown:**
HPV Test Charged To BCCCP	S	Valid values: 1 = Paid by Federal BCCCP funds 2 = Not paid by any BCCCP funds 3 = Partially paid by Federal BCCCP funds 4 = Paid by State BCCCP funds 5 = Partially paid by State BCCCP funds 6 = Partially paid by State and Federal BCCCP funds	**Required** if HPV Procedure data completed
HPV Test Result	S	Valid values: *1 = Positive with positive genotyping (types 16 or 18) 2 = Positive with negative genotyping (HPV positive, but not types 16 or 18) 3 = Positive with genotyping not done 4 = Negative *Denotes Diagnostic work up is required	**Required** if HPV Procedure data completed
HPV Test Result Date	S	YYYY-MM-DD format.	**Required** if HPV Procedure data completed • Future date not allowed. • Date must be greater than or equal to HPV Test Date.

Field Name	R=Required S=Situational	Values	Logic
Diagnostic Workup?	R	Valid Values: Y = Yes N = No **Pap Results Field:** *4. Atypical squamous cells cannot exclude HSIL ASC-H)* *5. High Grade SIL *6. Squamous Cell Carcinoma *7. Atypical Glandular Cells *8. Adenocarcinoma in situ (AIS) *9. Adenocarcinoma	Note: If Pap results = 4, 5, 6, 7, 8, 9, or 12 (see *Pap Results* Field) are entered, Work-up Planned must be Yes and Diagnostic procedures must be completed Or If HPV Test results = 1. Positive with positive genotyping (16 or 18), then Work-up Planned must be Yes and Diagnostic procedures must be completed
Short Term Follow Up?	R	Valid Values: Y = Yes N = No	NOTE: If Yes is entered, then Next Screening Pap Smear must be completed and DX Disposition must = 1.
Next PAP Test Due	S	Valid values: 02=After 2 months of this screening date 03=After 3 months of this screening date 04=After 4 months of this screening date 05=After 5 months of this screening date 06=After 6 months of this screening date 12=After 12 months of this screening date 24=After 24 months of this screening date 36=After 36 months of this screening date 60=After 60 months of this screening date or blank.	If Short Term Follow Up = • Yes, then select 2-24 months for Next Pap Test Due. • If No, then select 36-60 months

Diagnostic Work Up Procedures Section

This section should be completed if you have an abnormal Pap, Pelvic, or HPV+ (16 or 18) result; or
Clinician delayed colposcopy (Think-planned short-term follow-up for Colposcopies only); or if patient is referred
in for diagnostic work up only.

Field Name	R=Required S=Situational	Values	Logic
Colposcopy Procedure Date	S	YYYY-MM-DD format	• Date must be greater than current date. • Date must be greater than Pelvic Exam Procedure Date, Initial and Pap Test Procedure Dates
Colposcopy Charged to	S	Valid values: 1 = Paid by Federal BCCCP funds 2 = Not paid by any BCCCP funds 3 = Partially paid by Federal BCCCP funds 4 = Paid by State BCCCP funds 5 = Partially paid by State BCCCP funds 6 = Partially paid by State and Federal BCCCP funds	**Required** if Colposcopy Procedure Date is complete.
Colposcopy Result Date	S	Enter date of procedure in YYYY-MM-DD format or leave blank.	**Required** if Colposcopy procedure date is completed. • Date must not be greater than current date. • The date must be greater than or equal to the Colposcopy Procedure Date, if completed
Colposcopy Result	S	Valid values: 1 = No biopsy performed. 2 = Biopsy and/or ECC was performed with the colposcopy.	Required if the Colposcopy Result Date completed.
Cervical Biopsy Procedure Date	S	YYYY-MM-DD format NOTE:	• Date cannot be greater than current date. • Date must be greater than or equal to Coloscopy Date of Procedure.
Cervical Biopsy Charged to	S	Valid values: 1 = Paid by Federal BCCCP funds 2 = Not paid by any BCCCP funds 3 = Partially paid by Federal BCCCP funds 4 = Paid by State BCCCP funds 5 = Partially paid by State BCCCP	**Required** if Biopsy Procedure Date is complete.

Field Name	R=Required S=Situational	Values	Logic
		funds 6 = Partially paid by State and Federal BCCCP funds	
Cervical Biopsy Result Date	S	YYYY-MM-DD format	• Date must not be greater than current date. • Date must be greater than or equal to the Biopsy Procedure Date if completed. • Required if Biopsy Result is completed.
Cervical Biopsy Result	S	Valid values: 1 = Normal exam benign reaction 2 = HPV/Condylomata/Atypia 3 = CIN I *4 = CIN II *5 = CIN III/Carcinoma in-situ (Stage=0) *6 = Invasive cervical carcinoma *7 = Invasive adenocarcinoma 8 = Other (non-cervical) cancer. * Denotes that treatment is required	**Required** if the Cervical Biopsy Procedure Date completed. * If 4, 5 ,6, or 7 is entered, then Treatment Disposition is required. * If 1,2,3, or 8 is entered then Treatment Disposition may be completed.

Diagnostic Work Up Part II.

ECC, CKC, LEEP can be used as treatment. Record the ECC, CKC, or LEEP procedure date in the Treatment Initiated Date field.

Field Name	R/S	Values	Logic
ECC Procedure Date	S	YYYY-MM-DD format.	Future date not allowed.
ECC Test Charged To	S	Valid values: 1 = Paid by Federal BCCCP funds 2 = Not paid by any BCCCP funds 3 = Partially paid by Federal BCCCP funds 4 = Paid by State BCCCP funds 5 = Partially paid by State BCCCP funds 6 = Partially paid by State and Federal BCCCP funds or Blank	
ECC Type	S	Valid values: 1 = ECC done with a colposcopy. 2 = ECC done alone.	

Field Name	R=Required S=Situational	Values	Logic
ECC Result Date	S	YYYY-MM-DD format	NOTE: Future date not allowed
LEEP Procedure Date	S	YYYY-MM-DD format	NOTE: Future date not allowed
LEEP Charged To	S	Valid values: 1 = Paid by Federal BCCCP funds 2 = Not paid by any BCCCP funds 3 = Partially paid by Federal BCCCP funds 4 = Paid by State BCCCP funds 5 = Partially paid by State BCCCP funds 6 = Partially paid by State and Federal BCCCP funds	
LEEP Result Date	S	YYYY-MM-DD format.	Note Future date not allowed.
CKC Procedure Date	S	YYYY-MM-DD format	NOTE: Future date not allowed
CKC Charged To	S	Valid values: 1 = Paid by Federal BCCCP funds 2 = Not paid by any BCCCP funds 3 = Partially paid by Federal BCCCP funds 4 = Paid by State BCCCP funds 5 = Partially paid by State BCCCP funds 6 = Partially paid by State and Federal BCCCP funds	
CKC Result Date	S	YYYY-MM-DD format.	Note Future date not allowed.
Closing out the Cycle: Diagnostic Disposition Fields			
Diagnostic Disposition	R	Valid values: 1 = No cervical cancer; case closed 2 = Diagnosis Workup/results are pending 3 = Patient Died 4 = Moved out of county/state 5 = Unable to obtain result 6 = Patient non-responsive/refuses follow up 7 = Cervical cancer diagnosed 8 = Lost to follow-up	NOTE: If 1 or 7 is entered, then Next Screening Pap Test must be completed.
Diagnostic Disposition Date	S	Enter the date of the DX Disposition in the YYYY-MM-DD	• Not required if DX Disposition = 2. Results pending

			• If completed, must be greater than or equal to any Date of Procedure.
Field Name	**R=Required S=Situational**	**Values**	**Logic**
Diagnostic Stage	S	Valid values: 0 = stage 0 (cervical cancer in-situ 1 = Stage I 2 = Stage II 3 = Stagent III 4 = Stage IV 5 = Stage Unknown/Unstaged 6 = Summary Local 7 = Summary Regional 8 = Summary Distant	**Required** if Diagnostic Disposition = 7. Cervical Cancer Diagnosed • If Cervical Biopsy Result = 5. CIN III/Carcinoma in-situ then Stage must = 0 (cervical in-situ)
Treatment Section: If patient has CIN II or greater, treatment must be initiated.			
Treatment Disposition	S	Valid values: 0 = Treatment not needed 1 = Treatment Initiated 2 = Treatment Pending 3 = Patient Died 4 = Moved out of county or state 5 = Unable to obtain result from provider 6 = Non-responsive/refused	
Treatment Initiated Date	S	Enter the date of the TX Disposition in the YYYY-MM-DD format or leave blank.	**Require** if Treatment Disposition value is one of the following: 1 = Treatment initiated 3 = Client died 4 = Moved out of the county or state 5 = Unable to obtain result from provider 6 = Non-responsive/refused **Must** be blank if Treatment Disposition = 2. Treatment Pending
Patient Navigation Section			
Patient Navigation Needs Assessment Completed	R	Valid values: 1 = Yes 2 = No or PN not delivered 3 = Unknown	If you assessed a patient's barrier to care and help patients navigate to screening, to diagnosis, and/or to treatment services and referred them to resources (transportation, financial assistance, food panties, ect.), you have done Patient Navigation (PN). Other personnel in your health system or outside

			your health system can provide PN services.
Field Name	**R=Required S=Situational**	**Values**	**Logic**
Patient Navigation Plan Completed	S	Valid values: Y = Yes N = No	**Required** if Patient Navigation Needs Assessment Completed = "Yes"
Patient Navigation Charged to BCCCP	S	Valid values: 1 = Paid by Federal BCCCP funds 2 = Not paid by any BCCCP funds 3 = Partially paid by Federal BCCCP funds 4 = Paid by State BCCCP funds 5 = Partially paid by State BCCCP funds 6 = Partially paid by State and Federal BCCCP fund	**Required** if Patient Navigation Needs Assessment Completed = "Yes"
Special Situation Comments	S	Used for LTF; NC; CDCSTF;NCAP; CDC; HPV+	Use codes to turn off certain errors in monthly report **LTF**-Lost to Follow-up: let us know you are unable to contact a patient to finish a cycle **NC**-neoadjuvant chemotherapy; this will stop the 'Missing or Unknown stage/size' **CDCSTF** -Clinician Directed Colposcopy for Short Term Follow Up: Let us know why the colposcopy was done **NCAP**-Non Cervical Abnormal Pelvic Exam: Let us know that the abnormal pelvic exam requires follow up elsewhere other than BCCCP **HPV+** : let us know that HPV positive hence the reason for diagnostic procedures.