

NC BCCCP DIAGNOSTIC CAP

The NC Breast and Cervical Cancer Control Program instituted a capitation on diagnostic services. We have assessed the amount of financial resources needed for additional diagnostic workups on BCCCP patients. Careful consideration is given to reports submitted by local BCCCP providers. The result is an annual statewide Diagnostic capitation for all patients.

The following summarizes the Diagnostic capitation for services:

Diagnostic Capitation: \$2,000 per one (1) occurrence of illness per fiscal year

The funding decision for the diagnostic capitation for BCCCP was based on consideration of an abnormal breast finding, which diagnostically would be the most expensive.

Example:	99201 Office Visit (Breast Exam)	44.05
	77067 Screening Mammogram	130.31
	77063 Screening Digital Breast Tomosynthesis	53.24
	77066 Diagnostic Mammogram (Bilateral) (or Ultrasound-less expensive)	161.94
	99203 Surgical Consultation	104.68
	19081 Stereotactic breast bx with needle placement	623.15
	99203 Office Visit with biopsy	104.68
	88307 Surgical Pathology	<u>258.11</u>
		\$1,480.16

This example would cover a woman who had an abnormal CBE or mammogram with only one lesion for biopsy. It would be possible that there could be more than one lesion requiring additional lesion biopsies needed with additional costs.

An additional cost for the same woman receiving cervical cytology with an abnormal finding and needing a colposcopy, biopsy, and surgical consultation would increase the cost by:

Example:	88142 Cytopathology (liquid-based Pap Test)	22.51
	87624 HPV Test	38.99
	57454 Colposcopy with Biopsy and Endocervical Curettage (one BX)	152.81
	88305 Surgical Pathology	67.04
	99203 Surgical Consultation/Office visit w/ Colpo	<u>104.68</u>
		<u>\$386.03</u>

Total for combined services: **\$1,866.19**

NC Breast & Cervical Cancer Control Program
Diagnostic CAP Policy
Cancer Prevention and Control Branch, CDI Section

It is certainly reasonable to assume that an additional \$133.81 could be included in these charges somewhere to reach a \$2,000 diagnostic capitation.

A diagnosis of breast and cervical cancer in the same year would be unlikely, though possible. The possibility of needing more than one biopsy is present if there are multiple lesions.

The \$2,000 Diagnostic Cap leaves the *remaining non-covered services the responsibility of the patient or provider.*

It should be noted that if there is a pre-cancerous or cancerous diagnosis, BCCM will retroactively cover these diagnostic services (billed from private or local provider), if the dates of diagnostic services were after the first day of the month in which the woman was diagnosed (or the start date of her BCCM coverage). This is an ongoing training issue to remind local providers of the above. Providers may or may not be billing BCCM for these diagnostic services.