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CLINICAL CARE DELIVERY IN THE BCCCP
Clinical screening and diagnostic services are provided to program women according to the BCCCP medical protocol. Evaluation of these services is according to the Centers for Disease Control (CDC) clinical performance indicators. These indicators measure timeliness and appropriateness of clinical care provided to program women for immediate follow-up of an abnormality to either confirm or rule out a breast or cervical cancer diagnosis.

A. Clinical Performance Indicator – Timeliness
1. Defined as the amount of time (measured in number of days) from an abnormal breast or cervical screening result to final diagnosis
2. Timeliness Indicators are as follows:
   • 75% of abnormal BREAST cases requiring IMMEDIATE follow-up should have a final diagnosis within 60 days
   • 75% of abnormal CERVICAL cases requiring IMMEDIATE follow-up should have a final diagnosis within 90 days
   • 80% of all breast and cervical cancer diagnoses should begin treatment within 60 days of the final diagnosis

B. Clinical Performance Indicator - Completeness Standard
1. Defined as documentation of appropriate diagnostic services (according to the BCCCP medical protocol) for all abnormal screening test results requiring IMMEDIATE follow-up
2. Completeness Indicators are as follows:
   • 90% of abnormal breast or cervical cases requiring IMMEDIATE follow-up have at least ONE follow-up diagnostic procedure and a final diagnosis documented
   • 100% of cases with a breast or cervical cancer diagnosis must have a treatment disposition documented within 100 days of the diagnosis

C. Immediate Follow-up Definition
1. Immediate Follow-up is used as a work-up plan for ALL abnormal breast or cervical cancer screening results that have a high probability of being cancer.
2. Results coded for immediate follow-up are evaluated according to the CDC clinical performance indicators for timeliness and completeness. (Table 1)
Table 1 – Abnormal Screening Results requiring Immediate Follow-up

<table>
<thead>
<tr>
<th>CBE Results</th>
<th>Mammogram</th>
<th>Pap test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abnormality - R/O Breast Cancer”</td>
<td>• ACR 0 – Assessment</td>
<td>• ASC-US with POSITIVE HPV</td>
</tr>
<tr>
<td>(includes the following results:</td>
<td>Incomplete-additional imaging required</td>
<td>• ASC-H</td>
</tr>
<tr>
<td>• Dominant mass,</td>
<td>• ACR 4 - Suspicious Abnormality</td>
<td>• LSIL</td>
</tr>
<tr>
<td>• Nipple discharge-no palpable mass,</td>
<td>• ACR 5 - Highly Suggestive of Malignancy</td>
<td>• HSIL</td>
</tr>
<tr>
<td>• Asymmetric thickening/nodularity,</td>
<td></td>
<td>• AGC</td>
</tr>
<tr>
<td>• Skin changes</td>
<td></td>
<td>• Squamous cell carcinoma</td>
</tr>
<tr>
<td>(Peau d’orange, erythema, nipple</td>
<td></td>
<td>• Adenocarcinoma</td>
</tr>
<tr>
<td>excoriation, scaling, eczema, skin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ulcers)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

II Documenting Clinical Services in MBCIS – General Information

A. Opening/Closing Cycles in MBCIS

1. Open ‘initial’ cycle for new clients (never screened in program previously)
2. Open ‘anniversary’ cycle for clients returning for annual screening
3. Open ‘anniversary’ cycle for clients with follow-up exam results (Pap or Mammogram) returning for follow up of new abnormality prior to annual screening

Question?
A client is scheduled for a follow-up mammogram in 6 months. Does the mammogram get documented in the current cycle that is open or is a new cycle opened?

Answer: Depends on the mammogram result
1. Normal/benign results requiring no follow-up or short-term follow-up -
   • Document in the SAME cycle as screening exams
2. Abnormal Pap test or Mammogram results requiring immediate follow-up
   • Open a NEW cycle in MBCIS
   • Code abnormality as Mammogram Surveillance

Follow same procedure for Pap test results.

B. Coding Appropriate Program for Clients

1. BCCCP – all women ages 40-64
2. BCCCP – women < age 40 enrolled from Family Planning with an abnormal breast exam requiring diagnostic follow-up
3. FP (Family Planning) – women < age 40 enrolled from Family Planning with an abnormal PAP TEST requiring diagnostic follow-up
C. Enrollment Dates
   1. Definition: Date the client was enrolled or re-enrolled in the program (i.e. date eligibility information obtained or date woman completed enrollment paperwork)
   2. Does NOT need to match the first date of service BUT MUST BE THE SAME OR BEFORE the clients’ first screening service date.
   3. CANNOT be after the first date of service. (Error message will appear preventing data entry)

D. Referral Dates
   1. Definition: Date a client was referred by a non-BCCCP provider to the program; OR
   2. Date that client was first seen by the program
   3. To ensure timeliness of care, date of non BCCCP service should not be used as the referral date
   4. Document the referral date on the service summary screen

E. Coding Funding Sources Based on type of screening/diagnostic procedure
   1. Funding source must be coded appropriately based on age of woman, type of exam, exam type and/or referral source
   2. ALL exams/diagnostic procedures obtained from NON-BCCCP providers must be coded as NON-BCCCP regardless of age or type of exam. (E.g. Pap tests or abnormal breast exams on Family Planning Clients) (Table 2)

Table 2: Coding Funding Sources

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Federal Funding</th>
<th>State Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women age 40-49: Screening Mammograms</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Women age 25-64: Diagnostic Mammograms</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Women age 40-64: Pap tests</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>All BCCCP/FP Women regardless of age referred for breast/cervical diagnostic procedures</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Exam results coded as Pap Surveillance or Mammogram Surveillance for ALL Program women regardless of age (Unless referred by non-BCCCP provider)</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
III  Clinical Service Documentation of Screening Services in Service Summary

A. Office Visits
1. Annual Screening Office Visit – Purpose is to provide screening services (Clinical Breast Exam (CBE), Pap test (if indicated), Pelvic Exam) to identify a potential breast or cervical problem
   - Usually scheduled > 365 days from date of last screening
   - Does NOT have to be the same time every year. Dates can be extended by a few months if results are normal from previous screening and caseload constraints prevent the woman from enrolling Office Visits (annual and follow-up) are ALWAYS tied to service: CBE, Follow-up CBE, Pap test, Follow-up Pap Test, Pelvic Exam
   - Annual screenings are documented as OFFICE Visits (Full or Partial) depending on exams/tests performed.
   - Partial Office Visit (OV) – CBE OR Pap and/or Pelvic (one body part examined)
   - Full OV – CBE AND Pap and/or Pelvic (both breast and cervical (2) body parts examined)
2. Follow-up Office Visits – Purpose is to examine the client with an identified breast or cervical abnormality post procedure or post imaging exam
   - Type of visit documented depends on procedures performed
   - Usually coded as partial office visit (follow-up is problem related)
   - Scheduled when needed (some limitations apply as to # of visits, and type of monitoring required)

B. Breast/Cervical Consults
1. Purpose: To examine the client with a NEW breast or cervical abnormality based on screening test results to determine appropriate diagnostic testing OR examine a client post procedure for possible complications
2. Reimbursement: Consults are billed as office visits. Consult CPT codes are no longer approved BCCCP codes
3. If client referred for consult; document the appropriate consult (BREAST or CERVICAL) in MBCIS
4. Payment for consults is the same as for office visits. Documenting Breast/Cervical Consults are for data entry only and do not affect payment.

IV  Clinical Service Documentation of Diagnostic Procedures in Service Summary
A. Screening Exam Types:
   1. Initial Exam: Full Office visit to include CBE and Pap/Pelvic or Partial Office Visit to include CBE OR Pap/Pelvic
      - Performed ONCE yearly – NEW CYCLE always opened for screening exams
GUIDELINES FOR DOCUMENTING CLINICAL DATA IN MBCIS

- Are NOT a follow-up exam that is monitoring a previously identified abnormality
- Includes the following EXAM types: CBE, Mammogram-Screening (OR Diagnostic-depending on history) Pap test, Pelvic Exam Screening
- Mammograms are documented in MBCIS as “Mammograms – Screening” regardless of the type of mammogram performed based on client history (Screening or Diagnostic)

2. Repeat exams due to unsatisfactory result (Mammograms, Pap tests)
   - Repeat exams are screening exams that have an initial unsatisfactory result (i.e. the image or lab could not determine final result for a variety of reasons)
   - The initial exam result is coded as unsatisfactory.
   - The second screening exam is entered as Mammogram-Screening or Pap test (NOT Diagnostic Mammogram or Follow-up Pap test).
   - Check the repeat box to indicate this is a repeat exam and NOT a follow-up exam.

B. Follow-up/Diagnostic Procedures
   1. Clinical Exam Types:
      - Follow-up CBE is performed > 2 months from screening CBE
      - Follow-up Pap Test is performed ≥ 6 months post screening Pap test or post cervical biopsy
      - Follow-up CBEs/Pap tests are linked with PARTIAL Office Visits (unless both breast and cervical body parts are examined)

   2. Breast Diagnostic Exams
      - Diagnostic Mammogram*
      - Ultrasound
      - Breast Biopsy (inclusive category) covers ALL BCCCP reimbursed biopsies
      - Post biopsy mammogram/clip placement

*NOTE: A Diagnostic Mammogram is performed:
   - Following an abnormal CBE result
   - Post screening mammogram result of ACR 0 - Additional Work-up Required
   - 6 months post ACR 3 - Probably Benign
   - Immediately Post breast biopsy to evaluate clip or wire placement
   - > 2 months post breast biopsy to evaluate status of abnormality

3. Cervical Diagnostic Exams
   - Colposcopy
   - Cervical Biopsy
   - Endocervical Curettage (ECC)
F. Diagnostic Procedures Requiring MDCH Nurse Consultant Pre-Authorization

1. Breast Diagnostic Exams
   - MRI
   - Axillary Lymph Node Biopsy
   - Biopsy of Skin
   - Breast/Nipple Exploration
   - Ductogram

2. Cervical Diagnostic Exams
   - Conization of Cervix
   - Endometrial Biopsy
   - Diagnostic LEEP

G. Use of Surveillance Exams

1. Purpose: Used to distinguish abnormal results requiring follow-up from screening results. Entered as FIRST exam in a new cycle NOT as follow-up exams in current cycle

2. Mammogram Surveillance: Used in the following 4 situations:
   - When a client has an abnormal CBE and is referred for a diagnostic mammogram
   - To document a mammogram result of a client referred from a non-BCCCP provider to the program for diagnostic work-up
   - To open a new cycle mid-year because the follow-up Diagnostic mammogram is abnormal and requires additional diagnostic tests
   - After radiologist issues final ACR result from a film comparison.

3. Pap Surveillance: Used in the following 3 situations:
   - When a client is referred from a non-BCCCP provider (E.g. Family Planning Clients) to the program for diagnostic work-up for an abnormal Pap test
   - To open a new cycle mid-year because the follow-up Pap test is abnormal and requires additional diagnostic tests
   - To document yearly Pap tests for women with a history of CIN 2-3 (20 years) or hysterectomy for dysplasia or cervical cancer (forever)

H. Coding Work-up Plan based on results: Immediate, Short-term or No Follow-up

1. Immediate Work-up (Table 3)
   - Evaluated on CDC performance indicators of timeliness and completeness
   - Diagnostic work-up should be completed within 60 days (breast); 90 days (cervical)
   - Requires final diagnosis and diagnosis date
   - Requires Treatment disposition if cancer diagnosed
BREAST AND CERVICAL CANCER CONTROL PROGRAM
GUIDELINES FOR DOCUMENTING
CLINICAL DATA IN MBCIS

2. Short-term Follow-up (Table 3)
   - Follow-up exam/procedures occur > 2 months of screening exam
   - Is NOT evaluated on CDC’s performance indicators
   - Does NOT require a final diagnosis

3. No-Follow-up (Table 3)
   - Screening exams are normal/benign
   - Client can return to regular screening schedule

Table 3: Screening Results requiring Immediate, Short-term, or No Follow-up

<table>
<thead>
<tr>
<th>Immediate Follow-up</th>
<th>Short-term</th>
<th>No-Follow up</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBE: Abnormality-Rule out Breast Cancer</td>
<td>CBE – Probably Benign Finding</td>
<td>CBE – no abn, benign finding</td>
</tr>
<tr>
<td>Mammogram: ACR 0 – Assessment Incomplete – additional imaging required</td>
<td>Mammogram: ACR 3- Probably Benign</td>
<td>Mammogram: ACR 1 – Negative</td>
</tr>
<tr>
<td>ACR 4 – Suspicious Abnormality</td>
<td>ACR 0 – film comparison</td>
<td>ACR 2 – Benign Finding</td>
</tr>
<tr>
<td>ACR 5- Highly Suggestive of Malignancy</td>
<td>Mammogram – unsatisfactory result</td>
<td></td>
</tr>
<tr>
<td>Pap test: LSIL, HSIL, ASC-US + HPV, AGC, Adenocarcinoma, Squamous Cell Carcinoma</td>
<td>Pap test – unsatisfactory result</td>
<td>Negative ASC-US - HPV</td>
</tr>
</tbody>
</table>

G. Appropriate Coding of Final Diagnosis Data
1. FINAL Diagnoses are required for ALL breast or cervical screening results coded as IMMEDIATE FOLLOW-UP

NOTE: Deletion of ANY data on the service summary screen will delete the diagnosis and treatment data. Diagnosis and treatment data MUST be re-entered.

2. At the conclusion of diagnostic work-up the following is required
   - Final Diagnosis Status (complete, pending, interrupted, refused, etc.)
   - Final Diagnosis (cancer, not cancer, or pre-cancerous condition) and Diagnosis Date
   - Treatment Disposition (treatment started, pending, refused, etc.) if cancer diagnosed
3. Coding Final Diagnoses Status (Table 4)

<table>
<thead>
<tr>
<th>Final Diagnosis Status</th>
<th>Indications for Use</th>
<th>Documentation guidelines</th>
</tr>
</thead>
</table>
| Work-up Complete       | All diagnostic work-up is complete and a final diagnosis is obtained                                                                                                                                                                                                                                                                                                         | • Date of final diagnosis = date of last diagnostic procedure  
• Treatment start date NOT required unless CIN 2*, CIN 3, cervical or breast cancer diagnosed.  
* Exception: If treatment no indicated for young women in their 20’s with CIN 2 – document “Treatment Not Needed” and reason in comments.  
  &lt;ul&gt;  
  &lt;li&gt;  
  &lt;li&gt;  
  &lt;li&gt;  
  &lt;/ul&gt;                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Work-up Refused        | Use ONLY if patient refuses diagnostic work-up OR no shows for TWO or more scheduled appointments                                                                                                                                                                                                                                                                      | • Document date of refusal and “Not Applicable” for final diagnosis.  
• Diagnosis date = date of refusal or last appointment “no show”  
• LEAVE TREATMENT START DATE BLANK.  
  &lt;ul&gt;  
  &lt;li&gt;  
  &lt;li&gt;  
  &lt;li&gt;  
  &lt;/ul&gt;                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Lost to Follow-up      | Use if client cannot be located after 3 attempts at contacting                                                                                                                                                                                                                                                                                                          | • Document date of last attempted contact and Not Applicable” for final diagnosis.  
• Diagnosis date = date of last attempted contact  
• LEAVE TREATMENT START DATE BLANK.  
  &lt;ul&gt;  
  &lt;li&gt;  
  &lt;li&gt;  
  &lt;li&gt;  
  &lt;/ul&gt;                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Work-up Interrupted    | Use ONLY if breast or cervical diagnostic work-up cannot be complete because client left the country or has other health issues.                                                                                                                                                                                                                                         | • Document date work-up was interrupted and Not Applicable” for final diagnosis.  
• Diagnosis date = date work-up interrupted  
• LEAVE TREATMENT START DATE BLANK.  
  &lt;ul&gt;  
  &lt;li&gt;  
  &lt;li&gt;  
  &lt;li&gt;  
  &lt;/ul&gt;                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Seeing Non-BCCCP Provider | Use for clients who choose to see non-participating providers for follow-up care                                                                                                                                                                                                                                                                                    | • Document date client saw non-BCCCP provider and “Not Applicable” for final diagnosis.  
• Diagnosis date = date work-up interrupted  
• LEAVE TREATMENT START DATE BLANK.  
  &lt;ul&gt;  
  &lt;li&gt;  
  &lt;li&gt;  
  &lt;li&gt;  
  &lt;/ul&gt;                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Moved out of MI        | Use ONLY if the client has left Michigan.                                                                                                                                                                                                                                                                                                                              | • Document date the client left the state (or when you were notified the client left the state) and “Not Applicable” for final diagnosis.  
• Diagnosis date = date work-up interrupted  
• LEAVE TREATMENT START DATE BLANK.  
  &lt;ul&gt;  
  &lt;li&gt;  
  &lt;li&gt;  
  &lt;li&gt;  
  &lt;/ul&gt;                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                  |
H. Documenting Treatment Disposition
   1. Treatment Start Date is required for all breast cancer diagnoses (Cancer Invasive, DCIS, and LCIS) and cervical cancer diagnoses (Adenocarcinoma, Squamous cell carcinoma, CIN 2 and CIN 3)

      EXCEPTION: Providers may choose “watchful waiting” over treatment for FP women in their 20’s. For those women, enter treatment disposition as “Treatment not needed”.

   2. Breast Cancer Treatment Start Date
      • First date the client saw the oncologist or
      • Date client began a course of therapy (I.e. port placed for chemotherapy, breast surgery or radiation therapy

   3. Cervical Cancer (Invasive, CIN 2 or 3) Treatment Start Date is the date of the surgical procedure (LEEP, Cone, and Hysterectomy)

      EXCEPTION: For clients receiving DIAGNOSTIC LEEPS or Diagnostic Cones reimbursed by BCCCP, the “Treatment Start”, date is the same date the Diagnostic LEEP/Cone was performed. NOTE: This is also the final diagnosis date.

V Special Circumstances
   A. Multiple Surgical Consults
      1. Breast Consults: BCCCP will reimburse up to 2 surgical consults/office visits per year: Pre breast biopsy, and immediately post breast biopsy. NOT DAY OF BIOPSY

         EXCEPTION: Complications post breast biopsy – surgical consults (# dependant on problem) reimbursed to evaluate biopsy induced infection/hematoma

      2. Cervical Consults: BCCCP will reimburse for consult on DAY of cervical diagnostic procedure. If cancer diagnosed, will reimburse for post biopsy consult/office visit

      3. Additional breast and cervical consults beyond guideline require NC approval: reviewed on case by case basis

   B. Imaging Tests Pre and Post Biopsy
      1. Ultrasound and Ultrasound Biopsy performed together on same date of service. Reimbursed ONLY in select circumstances.
         • If US used to determine if biopsy is needed then both US and US guided biopsy are reimbursed
         • If solid mass identified from previous imaging, Ultrasound may or may not be reimbursed if performed on same date of service as biopsy. Requires NC review.
GUIDELINES FOR DOCUMENTING
CLINICAL DATA IN MBCIS

2. Mammogram/Ultrasound performed with no results reported
   • If Mammogram performed to determine clip placement post biopsy then chose NEW exam type: Post biopsy mammogram/clip placement
   • If Ultrasound performed to confirm cyst prior to aspiration document result as “Additional Work-up Required.”

C. Non Standard Care
   • Used by MDCH Nurse Consultants to document ANY consult/exam/procedure NOT reimbursed by BCCCP that deviates from medical protocol BUT impacts FINAL diagnosis

D. No Treatment for young Family Planning Clients diagnosed with CIN 2
   • If plan is follow with colp/Pap at 6 months: Document “treatment, not needed” under disposition. In comments document “Pap/colp in 6 months”
   • After 1st follow-up Pap/colp, if still NO treatment planned, patient returns to care of Family Planning for surveillance (Do NOT enter data in MBCIS)
   • If CIN 3/CIS diagnosed after follow-up colp, BCCCP will provide care. Enroll in MTA.