BCCCP Clinical Care Documentation

E.J. Siegl
Ann Garvin
BCCCP Nurse Consultants
BCCCP Clinical Care Delivery

- Program screening/diagnostic services are provided to eligible women according to the BCCCP medical protocol
- Clinical care is evaluated according to CDC performance indicators
- Indicators measure timeliness and completeness (appropriateness) of clinical care provided to women for immediate follow-up of screening abnormality
- Goal: Confirm or rule/out a cancer diagnosis.
- Achieving indicator benchmarks determines program funding
<table>
<thead>
<tr>
<th>CDC Clinical Performance Indicator (Immediate Follow-up)</th>
<th>Standard</th>
<th>Benchmark</th>
</tr>
</thead>
</table>
| Timeliness: Confirm or rule out cancer diagnosis        | Breast: **Within 60 days** of first identified breast abnormality  
Cervical: **Within 90 days** of Pap test abnormality | 75%       |
| Timeliness: Treatment Start Date                        | Treatment should begin **within 60 days** of final breast or cervical diagnosis | 80%       |
| Completeness: Follow-up procedures documented           | Documentation of at least ONE follow-up procedure | 90%       |
| Completeness: Treatment Disposition (Treatment started, refused, etc.) | Documented within **100 days** post diagnosis | 100%      |
Are all screening results evaluated by CDC?

No, only those results* requiring Immediate Follow-up

* Results that have a high probability of being cancer.
## Abnormal Results Requiring Immediate Follow-Up

<table>
<thead>
<tr>
<th>Breast Abnormal CBE Results</th>
<th>Breast Abnormal Mammogram Results</th>
<th>Cervical Abnormal Pap test Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coded in MBCIS as: Abnormality, rule out cancer</td>
<td>ACR 0 (BiRads 0) - Assessment Incomplete*</td>
<td>ASC-US (+ HPV)</td>
</tr>
<tr>
<td>Includes the following abnormalities:</td>
<td>ACR 4 (BiRads 4) - Suspicious Abnormality</td>
<td>LSIL</td>
</tr>
<tr>
<td>• Dominant lump/mass</td>
<td>ACR 5 (BiRads 5) - Highly suggestive of malignancy</td>
<td>HSIL</td>
</tr>
<tr>
<td>• Asymmetrical thickening</td>
<td>*Majority of abnormalities identified in BCCCP</td>
<td>AGC</td>
</tr>
<tr>
<td>• Skin changes</td>
<td></td>
<td>Adenocarcinoma</td>
</tr>
<tr>
<td>• Unilateral Nipple Discharge</td>
<td></td>
<td>Squamous cell carcinoma</td>
</tr>
</tbody>
</table>
Documenting Clinical Services in MBCIS: General Information

1. Opening/Closing Enrollment Cycles
2. Coding the appropriate clinical program for clients
3. Distinguishing enrollment dates vs. referral dates
4. Coding program funding sources appropriately based on type of screening/diagnostic procedure
Clinical Service Documentation
Opening/Closing Enrollment Cycles

1. Open ‘initial’ cycle for NEW clients (never screened in program previously)
2. Open ‘anniversary’ cycle for clients returning for annual screening regardless if there is a lapse in time between cycles
3. Open ‘anniversary’ cycle for clients with abnormal follow-up exam results (Pap or Mammogram) requiring diagnostic testing prior to annual screening
The following are the list of enrollments added for client: ANGELA GRAYS. Please click add button to start new enrollment cycle. You must close previous enrollment cycle to start new one.

<table>
<thead>
<tr>
<th>Enrollment Site</th>
<th>Site Type</th>
<th>Enrollment Date</th>
<th>Status</th>
<th>Type</th>
<th>Close Date</th>
<th>Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>KARMANOS CANCER INSTITUTE</td>
<td>LCA</td>
<td>11-04-2014</td>
<td>Active</td>
<td>Anniversary</td>
<td>11-04-2014</td>
<td>BCCCP</td>
</tr>
<tr>
<td>INSTITUTE FOR POPULATION HEALTH (DETROIT)</td>
<td>Enrollment Site</td>
<td>08-31-2013</td>
<td>Active</td>
<td>Anniversary</td>
<td>08-31-2013</td>
<td>BCCCP</td>
</tr>
<tr>
<td>KARMANOS CANCER INSTITUTE</td>
<td>LCA</td>
<td>07-25-2012</td>
<td>Active</td>
<td>Initial</td>
<td>07-25-2012</td>
<td>BCCCP</td>
</tr>
</tbody>
</table>
Opening/Closing Enrollment Cycles

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 Mammogram results requiring immediate follow-up
   - Open a NEW cycle in MBCIS
   - Code abnormality as Mammogram Surveillance

Follow same procedure for Pap test results.
Coding Appropriate Clinical Program for Clients

1. Code BCCCP for ALL women ages 40-64
2. Code BCCCP for women < age 40 referred from FP with an abnormal breast exam requiring diagnostic follow-up
3. Code FP for women < age 40 referred from FP with an abnormal PAP TEST requiring follow-up
BCCCP <40 Breast Cancer Project
**BCCCP <40 Breast Cancer Project**

### MBCIS - Service Summary

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Exam Type</th>
<th>Rpt</th>
<th>Service Date</th>
<th>Facility Name</th>
<th>Funding Source</th>
<th>Last Exp Dt</th>
<th>Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modify</td>
<td>Breast ULTRASOUND</td>
<td>N</td>
<td>10-20-2014</td>
<td>KALKASKA MEMORIAL HEALTH CENTER</td>
<td>Federal-BCCCP</td>
<td>11-03-2014</td>
<td>Y</td>
</tr>
<tr>
<td>Modify</td>
<td>Breast MAMMOGRAM SURVEILLANCE</td>
<td>N</td>
<td>10-20-2014</td>
<td>KALKASKA MEMORIAL HEALTH CENTER</td>
<td>Federal-BCCCP</td>
<td>11-03-2014</td>
<td>Y</td>
</tr>
<tr>
<td>Modify</td>
<td>Breast CBE - SCREENING</td>
<td>N</td>
<td>10-08-2014</td>
<td>NWMCHA - MANCELONA</td>
<td>Non-BCCCP</td>
<td>11-03-2014</td>
<td>N</td>
</tr>
</tbody>
</table>

### Add New Program Services

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Exam Type</th>
<th>Rpt</th>
<th>Service Date</th>
<th>LCA Name</th>
<th>Funding Source</th>
<th>Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>CBE - SCREENING</td>
<td>10</td>
<td>08 - 2014</td>
<td></td>
<td>Non-BCCCP</td>
<td></td>
</tr>
</tbody>
</table>

### Referral Date

10 - 08 - 2014

### Comments

- BLOODY NIPPLE DISCHARGE ON LEFT

### Add New Service Results

<table>
<thead>
<tr>
<th>Body Location</th>
<th>Service Date</th>
<th>Results</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right Breast</td>
<td>10 - 08 - 2014</td>
<td>NO BREAST ABNORMALITY, SCREENING MAN</td>
<td></td>
</tr>
<tr>
<td>Left Breast</td>
<td>10 - 08 - 2014</td>
<td>ABNORMALITY, RULE OUT BREAST CANCER -</td>
<td></td>
</tr>
</tbody>
</table>
## BCCCP <40 Breast Cancer Project

### MBCIS - Diagnosis & Treatment

#### Enrollments | Service Summary | Diagnosis and Treatment | Appointments

#### Diagnosis and Treatment Details

**Episode/Cancer Type**: Breast

#### Diagnosis Details

**Final Diagnosis Status**: Work up complete

<table>
<thead>
<tr>
<th>Body Location*</th>
<th>Diagnosis Date*</th>
<th>Final Diagnosis*</th>
<th>Stage of Diagnosis</th>
<th>Tumor Size</th>
<th>Comment Tx</th>
<th>Delete</th>
</tr>
</thead>
<tbody>
<tr>
<td>RIGHT</td>
<td>10/20/2014</td>
<td>Not breast cancer (ott)</td>
<td>Select</td>
<td>Select</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEFT</td>
<td>10/20/2014</td>
<td>Not breast cancer (ott)</td>
<td>Select</td>
<td>Select</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Treatment Details

**Treatment Disposition**: Treatment not needed

<table>
<thead>
<tr>
<th>Body Location*</th>
<th>Trmt Date*</th>
<th>Trmt Type</th>
<th>Comment Tx</th>
<th>Delete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select</td>
<td></td>
<td>Select Type</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

All fields marked with * are required

[Submit] [Cancel] [Delete]
Entering Enrollment Dates

Definition: Date the client was enrolled/re-enrolled in the program (i.e. date eligibility information obtained

- Does NOT need to match the first date of service BUT MUST BE THE SAME OR BEFORE the client’s first screening service date.
- CANNOT be after the first date of service. (Error message will appear preventing data entry)
When to Enter Referral Dates

Definition:
Referral Date is either a date the client was referred by a non-BCCCP provider to the program; OR a Date the client was first seen by the program

• To ensure timeliness of care, date of non-BCCCP service should not be used as the referral date
## MBCIS - Service Summary

### Enrollments

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Exam Type</th>
<th>Rpt</th>
<th>Service Date</th>
<th>Facility Name</th>
<th>Funding Source</th>
<th>Last Exp Dt</th>
<th>Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>MAMMOGRAM SURVEILLANCE</td>
<td>N</td>
<td>11-04-2014</td>
<td></td>
<td>Non BCCCP</td>
<td>12-10-2014</td>
<td>N</td>
</tr>
</tbody>
</table>

### Add New Program Services

<table>
<thead>
<tr>
<th>Service Type*</th>
<th>Exam Type*</th>
<th>Rpt</th>
<th>Service Date</th>
<th>LCA Name</th>
<th>Funding Source*</th>
<th>Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>MAMMOGRAM SURVEILLANCE</td>
<td></td>
<td>11-04-2014</td>
<td>KARMANOS CANCER INSTITUTE</td>
<td>Non BCCCP</td>
<td></td>
</tr>
</tbody>
</table>

### Other Exam Description

**Units**: 1

**Facility Name**: Select Facility

### Workup Plan

**Adequacy**: Select Adequacy

**Type of Pap Test**: Select Pap Test

### Referral Date

**Referral Date**: 11-12-2014

**Comments**: REFERRED FROM DR. J JOHNSON

### Add New Service Results

<table>
<thead>
<tr>
<th>Body Location*</th>
<th>Service Date*</th>
<th>Results*</th>
<th>Comments</th>
<th>Delete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right Breast</td>
<td>11-04-2014</td>
<td>ACR 4 - SUSPICIOUS ABNORMALITY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left Breast</td>
<td>11-04-2014</td>
<td>ACR 1 - NEGATIVE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

All fields marked with * are required
Coding Program Funding Sources Appropriately

- Funding source is coded based on age of the woman, type of screening/diagnostic service provided and/or referral source.

- ALL exams/diagnostic procedures (regardless of age) obtained from Non-BCCCP providers MUST be coded as Non-BCCCP (e.g. Pap tests or abnormal breast exams on FP clients).
<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</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>diagnostic procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exam results coded as Pap Surveillance or Mammogram Surveillance for ALL</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>women regardless of age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Unless referred by non-BCCCP Provider)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Documenting Clinical Services in MBCIS:
Service Summary

- Office visits vs. consults
- Breast/Cervical Screening Exams
- Breast/Cervical Diagnostic (Follow-up) Exams
- Breast/Cervical Diagnostic Procedures requiring MDCH NC Pre-authorization
- Surveillance Exams
- Coding work-up Plans
Clinical Documentation of Screening Services In MBCIS

**Office Visits (OV)** – From a DATA, NOT a BILLING perspective, OV’s always tied to a screening exam

- Full office visit: CBE and Pap test or Pelvic Exam
- Partial Office Visit: CBE OR Pap test or Pelvic Exam

Performed yearly; new cycle opened for screenings

**Consults**

- Part of Diagnostic Work-up
- Billed as an Office Visit but documented as a CONSULT for data purposes in MBCIS.
Breast/Cervical Screening Exams

Screening Exam Types
- CBE
- Mammogram-Screening
- Pap test
- Pelvic Exam

Performed ONCE yearly – NEW CYCLE always opened for screening exams
Screening Exams are NOT a follow-up exam that is monitoring a previously identified abnormality
Repeat Screening Tests

ONLY 2 Screening Services fall into this category: Mammograms and Pap tests

- Mammogram or Pap test is repeated if initial result is unsatisfactory
- Second screening exam is STILL entered as a screening: Mammogram-Screening or Pap test
- Check the “REPEAT” box to indicate this is a repeat exam and not a follow-up
### MBCIS - Service Summary

#### Enrollments

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Exam Type</th>
<th>Rpt</th>
<th>Service Date</th>
<th>Facility Name</th>
<th>Funding Source</th>
<th>Last Exp Dt</th>
<th>Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modify</td>
<td>Breast - MAMMOGRAM - SCREENING</td>
<td>Y</td>
<td>11-08-2014</td>
<td></td>
<td>Non BCCCP</td>
<td>12-10-2014</td>
<td>N</td>
</tr>
<tr>
<td>Modify</td>
<td>Breast - MAMMOGRAM - SCREENING</td>
<td>N</td>
<td>11-06-2014</td>
<td></td>
<td>Federal-BCCCP</td>
<td>12-10-2014</td>
<td>Y</td>
</tr>
<tr>
<td>Modify</td>
<td>Breast - CBE - SCREENING</td>
<td>N</td>
<td>11-04-2014</td>
<td></td>
<td>Federal-BCCCP</td>
<td>12-10-2014</td>
<td>Y</td>
</tr>
</tbody>
</table>

#### Add New Program Services

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Exam Type</th>
<th>Rpt</th>
<th>Service Date</th>
<th>Facility Name</th>
<th>LCA Name</th>
<th>Funding Source</th>
<th>Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>MAMMOGRAM - SCREENING</td>
<td></td>
<td>11-08-2014</td>
<td>KARMANOS CANCER INSTITUTE</td>
<td>Non BCCCP</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Other Exam Description

<table>
<thead>
<tr>
<th>Units</th>
<th>Facility Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Select Facility</td>
</tr>
</tbody>
</table>

#### Workup Plan

- No Workup Needed

#### Adequacy

- Select Adequacy

#### Type of Pap Test

- Select Pap Test

#### Referral Date

<table>
<thead>
<tr>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

#### Referral Date

<table>
<thead>
<tr>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

#### Add New Service Results

<table>
<thead>
<tr>
<th>Body Location</th>
<th>Service Date</th>
<th>Results</th>
<th>Comments</th>
<th>Delete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right Breast</td>
<td>11-08-2014</td>
<td>ACR 1 - NEGATIVE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left Breast</td>
<td>11-08-2014</td>
<td>ACR 1 - NEGATIVE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

All fields marked with * are required.
Documenting Follow-up/Diagnostic Exams

Types:
- Follow-up CBE
- Follow-up Pap test
- Diagnostic Mammogram

Follow-up/Diagnostic Exams:
- Are never the first service* in a cycle
- Performed at a designated time period AFTER the screening exam
- Linked to a partial office visit for follow-up CBE OR follow-up Pap test

*Exception:
Surveillance Exams that begin a new cycle
Breast Diagnostic Exams

Include:
Diagnostic Mammogram, Ultrasound, Breast Biopsy (inclusive category), Post biopsy mammogram/Clip Placement

- Always entered AFTER a screening exam; never the first exam in a cycle
- If recorded as the final diagnostic procedure then final diagnosis is required
Cervical Diagnostic Exams

One or more of the following:

- Colposcopy
- Colposcopy with biopsy
- Endocervical Curettage
Diagnostic Exams requiring MDCH Nurse Consultant Approval

Breast Diagnostics
- MRI, Axillary Lymph Node Biopsy, Biopsy of Skin (r/o Inflammatory Br Ca), Breast/Nipple Exploration, Ductogram

Cervical Diagnostics
- Conization of cervix, Endometrial Biopsy, Diagnostic LEEP
Procedure for NC approval

- Call or email Ann Garvin for all clinical reimbursement questions (517-335-9087 or garvina@michigan.gov)

- In Ann’s absence, call or email E.J. Siegl (517-335-8814 or siegle@michigan.gov).

“When in doubt – give one of us a shout!”
Documenting Surveillance Exams

- Used exclusively for data entry; not a clinical exam
- Purpose is to distinguish abnormal results requiring follow-up FROM screening results
- Entered as the FIRST exam in a new cycle
- NEVER entered as a follow-up exam in a current cycle
- Two types: Mammogram Surveillance and Pap Surveillance
When do you use Mammogram Surveillance?

1. Client has an abnormal CBE and referred for diagnostic mammogram.
Use of Mammogram Surveillance

2. To document an abnormal mammogram result of a client referred from a non-BCCCP

---

**MBCIS - Service Summary**

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Exam Type</th>
<th>Rpt</th>
<th>Service Date</th>
<th>Facility Name</th>
<th>Funding Source</th>
<th>Last Exp Dt</th>
<th>Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modify</td>
<td>Breast</td>
<td>N</td>
<td>12-01-2014</td>
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<td>Federal-BCCCP</td>
<td>12-10-2014</td>
<td>Y</td>
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<tr>
<td>Modify</td>
<td>Breast</td>
<td>N</td>
<td>11-24-2014</td>
<td></td>
<td>Federal-BCCCP</td>
<td>12-10-2014</td>
<td>Y</td>
</tr>
<tr>
<td>Modify</td>
<td>Breast</td>
<td>N</td>
<td>11-10-2014</td>
<td>Non BCCCP</td>
<td></td>
<td>12-10-2014</td>
<td>N</td>
</tr>
</tbody>
</table>

**Add New Program Services**

<table>
<thead>
<tr>
<th>Service Type*</th>
<th>Exam Type*</th>
<th>Rpt</th>
<th>Service Date</th>
<th>LCA Name</th>
<th>Funding Source*</th>
<th>Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>MAMMOGRAM SURVEILL</td>
<td>N</td>
<td>11-10-2014</td>
<td>KARMANOS CANCER INSTITUTE</td>
<td>Non BCCCP</td>
<td></td>
</tr>
</tbody>
</table>

**Workup Plan**

<table>
<thead>
<tr>
<th>Immediate Follow Up</th>
<th>Adequacy</th>
<th>Type of Pap Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select Adequacy</td>
<td>Select Pap Test</td>
<td></td>
</tr>
</tbody>
</table>

**Referral Date**

11 - 15 - 2014

**Comments**

REFERRED FROM DR. J JOHNSON

**Add New Service Results**

<table>
<thead>
<tr>
<th>Body Location*</th>
<th>Service Date*</th>
<th>Results*</th>
<th>Comments</th>
<th>Delete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right Breast</td>
<td>11-10-2014</td>
<td>ACR 4 - SUSPICIOUS ABNORMALITY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left Breast</td>
<td>11-10-2014</td>
<td>ACR 1 - NEGATIVE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*All fields marked with * are required [Submit]  [Cancel]  [Delete]
3. When a follow-up (diagnostic) mammogram is abnormal and additional diagnostic testing is needed. (Note: New cycle must be opened)
Use of Mammogram Surveillance

- After radiologist issues final ACR result from a film comparison.
- Only use film comparison if result reviewed on separate date from screening date.
When Do You Use Pap Surveillance?

1. To document an abnormal Pap test result on a client referred from FP or non-BCCCP.
Coding Work-up Plan based on Screening Results

Work-Up Plan = Immediate Follow-up

- Evaluated on CDC performance Indicators of timeliness and completeness to confirm or rule/out cancer diagnosis
- Diagnostic work-up should be completed within 60 days (breast); 90 days (cervical)
- Requires final diagnosis and diagnosis date
- Treatment disposition required if cancer diagnosed
Coding Work-up Plan Results

Work-Up Plan = Short-term Follow-up

- Follow-up exam/procedures performed > 2 months after date of screening exam
- CDC Performance indicators NOT evaluated for short-term follow-up
- NO final diagnosis required
Coding Work-up Plan Results

Work-up Plan = No Follow-up

- Screening exams are normal/benign
- Client can return to regular screening schedule
<table>
<thead>
<tr>
<th>Immediate Follow-up</th>
<th>Short-term</th>
<th>No-Followup</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>
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 complete the following:
   - Final Diagnosis Status, Final Diagnosis, Diagnosis Date and Treatment Disposition if cancer diagnosed
### Coding Final Diagnosis Status’ cont.

<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. |
| 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 |
### Coding Final Diagnosis Status’ cont.

<table>
<thead>
<tr>
<th>Final Diagnosis Status</th>
<th>Indications for Use</th>
<th>Documentation Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lost to Follow-up</td>
<td>Use if client cannot be located after 3 attempts at contacting</td>
<td>• Document date of last attempted contact and Not Applicable” for final diagnosis.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Diagnosis date = date of last attempted contact</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• LEAVE TREATMENT START DATE BLANK.</td>
</tr>
<tr>
<td>Work-up Interrupted</td>
<td>Use ONLY if breast or cervical diagnostic work-up cannot be complete because client left the country or has other health issues.</td>
<td>• Document date work-up was interrupted and Not Applicable” for final diagnosis.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Diagnosis date = date work-up interrupted</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• LEAVE TREATMENT START DATE BLANK.</td>
</tr>
</tbody>
</table>
# Coding Final Diagnosis Status’ cont.

<table>
<thead>
<tr>
<th>Final Diagnosis Status</th>
<th>Indications for Use</th>
<th>Documentation Guidelines</th>
</tr>
</thead>
</table>
| 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     |
| 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     |
Documenting Treatment Disposition

Treatment Start Date required for:

- All breast cancer diagnoses (Cancer Invasive, DCIS, and LCIS)
- All 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 FP women, enter treatment disposition as “Treatment not needed”.
Documenting Treatment Disposition

Breast Cancer Treatment Start Date
(Includes Invasive, DCIS, and LCIS)

- 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)
Cervical Cancer Treatment Start Date
(Includes Invasive, CIN 2 or 3)

- Date of the surgical procedure (LEEP, Cone, Hysterectomy)

**EXCEPTION:**
- For clients receiving DIAGNOSTIC LEEP’S or Cone’s reimbursed by BCCCP, the “Treatment Start” date is the *same* date the Diagnostic LEEP/Cone was performed.
- This date is also the final diagnosis date.
Special Circumstances

1. Breast Consults
BCCCP will reimburse up to 2 surgical consults/office visits per year: Pre breast biopsy, and immediately post breast biopsy

Consults requiring NC prior approval include:
- Consults on day of biopsy if FNA performed
- Additional consults (beyond 2) required to treat complications post breast biopsy (E.g. biopsy induced infection/hematoma
- Number of approved consults dependent on problem identified and treatment

2. Cervical Consults: No approval required for:
- Cervical consult/office visit on DAY of cervical diagnostic procedure.
- Cervical consult/office visit post biopsy to discuss treatment of cancer diagnosis ONLY

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

Imaging Tests Pre and Post Biopsy

3. Ultrasound and Ultrasound Biopsy performed together on same date of service. Will be reimbursed in the following 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.

4. 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”
Special Circumstances cont.

5. Non Standard Care

- Used by MDCH Nurse Consultants to document a BREAST consult/exam/procedure NOT reimbursed by BCCCP that deviates from medical protocol BUT impacts FINAL diagnosis

- Contact NC to enter information
Special Circumstances cont.

6. 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”
   • BCCCP will pay for 1st follow-up Pap/colp.
   • If still NO treatment planned, patient returns to care of Family Planning for surveillance
   • If CIN 3/CIS diagnosed after follow-up colp. Enroll in BCCCP MTA for treatment.
Questions???

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