

Kentucky Women's Cancer Screening Program
Reimbursement Policy for FY 2014
Effective: January 1, 2014

This reimbursement policy is applicable to the Kentucky Women's Cancer Screening Program's (KWCSPP) eligible patients as defined within this document. The KWCSPP will be referred to as "the program" throughout this document.

A. Program Eligibility:

- 1) The KWCSPP's federal funds and state preventive block grant funds will be used to reimburse screening and/or diagnostic services for females only.
- 2) The Program's federal funds will reimburse for procedures for patients who are 40 years and older. LHDs may use state preventive block grant funds or local tax dollars to provide screening and/or diagnostic services to women 39 years and younger. Please review item number one under the reimbursement policies for breast cancer screening for an exception to this policy.
- 3) HPV DNA testing is a reimbursable procedure as per the following guidelines:
 - For women 21-29 years of age, HPV DNA testing is a reimbursable procedure if used for follow-up of an abnormal Pap test result or surveillance as per the American Society for Colposcopy and Cervical Pathology (ASCCP) guidelines. It is not reimbursable as a primary screening test for women in this age group. Co-testing is not an option for women in this age group. "Co-testing" is defined as the HPV and Pap tests performed together.
 - For women 30-64 years of age who meet specific clinical criteria co-testing is an option and it will be reimbursed only for those women. For further details, please refer to the cancer section in the Core Clinical Services Guide (CCSG). Co-testing is not reimbursable as a primary screening test for women in this age group. Co-testing must be performed with a Pap test.
 - The Program's federal funds will pay for high risk HPV DNA panel only.
 - The Program's federal funds will pay for reimbursement of Cervista HPV HR at the same rate as the Digene Hybrid-capture 2 HPV DNA Assay.
 - The Program's federal funds will not pay for screening for low-risk genotypes of HPV.
 - The Program's federal funds will not pay for genotyping (e.g., Cervista HPV 16/18).
- 4) The Program reimburses for:
 - Women whose household income falls at or below 250% of the annual federal poverty levels.
 - Women who are not covered by any Medicaid program.

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- Women not covered by Medicare Part B. If a woman is eligible to receive Medicare benefits but is not enrolled, she should be encouraged to enroll in the Medicare program.
- The program will reimburse procedures not covered by any third party payors, (e.g., if a mammogram procedure was paid by the Susan G. Komen funds, then the program will not pay for the mammogram. However, the program will pay for the clinical breast exam, Pap test, and other needed procedures for this woman).
- Women not covered by any health insurance.
- Underinsured women whose health insurance does not cover breast and cervical cancer screening services. For Program eligible women younger than 39 years of age, LHDs may use state preventive block grant funds or local tax dollars to pay for procedures for underinsured women.

B. General Reimbursement:

- 5) The Program is a payor of last resort. The KWCSPP's federal funds or state preventive block grant funds cannot be used to pay for any service for which payment has been made or can be made under a federal or state health benefit. The program's funds can be used only after all other sources have been exhausted.
- 6) The KWCSPP's federal funds will not pay for any research projects. The Program advises LHDs not to use state preventive block grant funds to pay for research projects.
- 7) The Program's federal funds will not pay for in-hospital care for patients. The Program advises LHDs to not use of state preventive block grant funds to pay for in-hospital care for patients.
- 8) Verification of household income is not required but is encouraged especially if the agency personnel have reasonable cause to believe the applicant's income is in excess of the income report or when the agency's policy is to verify income for all clinical services provided, as applicable. (See the Administrative Reference, Volume II, PSRS Section Verification of Household Income.)

C. Reimbursement Regarding KWCSPP Approved Current Procedural Terminology (CPT)

Codes:

- 9) The Program will only reimburse for procedures listed on the Kentucky Women's Cancer Screening Program approved Current Procedural Terminology (CPT) codes. Please refer to the April 1, 2013, version 3.0 for the latest revised CPT code list.

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- 10) The Program will reimburse all approved CPT codes up to the allowable Medicare B reimbursement rates. Please refer to the April 1, 2013, version 3.0 for the revised CPT code list and rates.
- 11) The KWCSF will pay for all the program approved CPT codes reported under the 813 cost center up to the LHD's allocation. The LHDs may use their state preventive block grant funds or local tax dollars to pay for procedures after the exhaustion of their federal allocations to the LHDs. LHDs must enter these procedures in the Custom Data Processing's Patient Services Reporting System (PSRS). Please contact the Local Health Operations Branch for coding and billing questions at (502) 564-6663, extension 4100, LHO Branch Help Desk: Option 1 or LocalHealth.HelpDesk@ky.gov.

D. Reimbursement for Office Visits:

- 12) All surgical consultations should be billed through the standard "new patient" office visit CPT codes: 99201-99205. Consultations billed as 99204 or 99205 must meet the criteria for these codes.
- 13) The type and duration of office visits should be appropriate to the level of care necessary for accomplishing screening and diagnostic follow-up within the program.

E. Reimbursement for Cervical Cancer:

- 14) For women aged 21 to 29 years, LHDs may use their state preventive block grant funds or local tax dollars to reimburse for Pap tests and follow-up procedures. The Pap test should be performed every three years or more frequently as deemed necessary by the physician. These women must have an intact cervix. (For non-high risk women)
- 15) For women aged 30 to 39 years, LHDs may use their state preventive block grant funds or local tax dollars to reimburse for Pap testing alone every three years or co-testing with the combination of Pap testing with human papillomavirus (HPV) testing every five (5) years. LHDs must make both cervical cancer screening options (i.e., Pap testing every three (3) years or Pap testing with HPV testing every five (5) years) available to patients.) (For non-high risk women)
- 16) For women aged 40 to 64 years, the program will reimburse for Pap testing alone every three (3) years or co-testing with the combination of Pap testing with human papillomavirus (HPV) testing every five (5) years using federal funds. LHDs must make both cervical cancer screening options

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(i.e., Pap testing every three (3) years or Pap testing with HPV testing every five (5) years) available to patients. (For non-high risk women)

- 17) The Program will reimburse for annual cervical cancer screening among women who are considered high-risk.
- 18) State preventive block grant funds should not be used to reimburse for cervical cancer screening in women under the age of 21.
- 19) The Program will not pay for cervical cancer screening in women with hysterectomies, (i.e., those without a cervix). The program will pay for an initial physical examination (i.e., pelvic examination) to determine if a woman has a cervix.
- 20) The Program will pay for Pap tests for women who had a supracervical hysterectomy.
- 21) The Program will reimburse for routine cervical cancer screenings for women with a history of cervical neoplasia or in situ disease for 20 years post treatment.
- 22) The Program will reimburse for cervical cancer screenings indefinitely for women with a history of cervical cancer.
- 23) The Program's federal funds will reimburse for cervical cancer screenings for women whom the reason for the hysterectomy was not documented or is unknown. For these women, cervical cancer screenings should continue until there is a 10-year history of negative screening results, including the documentation that the Pap tests were technically satisfactory.
- 24) The Program's federal funds will not pay for any kind of treatment services, including cervical intraepithelial neoplasia, for cervical cancer. The program advises LHDs not to use state preventive block grant funds or local tax dollars to pay for treatment services. The LHDs must enroll patients in need of treatment services to the Department for Medicaid Services Breast and Cervical Cancer Treatment Program (BCCTP).
- 25) The program's federal funds will not reimburse for Loop Electrode Excision Procedure (LEEP) or conization when used as a treatment procedure. The program will reimburse these diagnostic excisional procedures only when used to arrive at a definitive final cervical diagnosis. The LHDs must refer patients in need of treatment services to the BCCTP. LHDs must also follow this reimbursement policy while using state preventive block grant funds.

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- 26) The program will pay for liquid-based cervical cytology (such as ThinPrep or SurePath) and other automated technologies approved by FDA for primary screening.
- 27) The program will not reimburse for automated technologies when they are used as a secondary assessment of Pap testing for quality assurance purposes. These quality assurance costs are included in the pricing of tests and are paid by the cytopathology laboratories.
- 28) The program will reimburse \$100.00 for each woman reported to the program as never or rarely screened for cervical cancer. (Definition of never or rarely screened: A woman who has never had a Pap test or has not had a Pap test within the last 5 years.)

F) Reimbursement for Breast Cancer Screening:

- 29) The KWCSF's federal funds will pay for screening mammograms only for women 50 years and above. The program's federal funds will not pay for screening mammograms for women who are younger than 50 years old. LHDs may use state preventive block grant funds or local tax dollars to pay for screening mammograms for women younger than 50 years old. \
- 30) LHDs can use state preventive block grant funds or local tax dollars to pay for breast cancer screening services for asymptomatic women under the age of 40 who are at increased risk for breast cancer (e.g., women who have a personal history of breast cancer or first-degree relative).
- 31) The KWCSF's federal funds will not pay for any kind of treatment services including Ductal Carcinoma In Situ, Lobular Carcinoma In Situ and invasive breast cancer. The program advises LHDs not to use state preventive block grant funds or local tax dollars to pay for these treatment services. The LHDs must enroll patients in need of treatment services in the Department for Medicaid Services Breast and Cervical Cancer Treatment Program.
- 32) The program's federal funds will not reimburse for the Computer-Aided Detection procedure (CAD). The program advises LHDs not to use state preventive block grant funds to pay for this procedure.
- 33) The program's federal funds will not reimburse for a Magnetic Resonance Imaging (MRI) procedure. The program advises LHDs not to use state preventive block grant funds to pay for this procedure.

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34) Please contact the KWCSF staff to discuss women who are diagnosed with breast or cervical cancer outside of the KWCSF provider network. These women may be eligible to receive services provided by the BCCTP.

G. Reimbursement for Case Management:

35) The program's federal funds will reimburse \$20.00 for each abnormal screening result towards case management. All program-enrolled women with an abnormal screening result must be assessed for their need of case management services. These services must be provided accordingly. Examples of screening results which would require a case management assessment would be an abnormal CBE, BIRADS 4, 5 or 6 or ASC-H, LSIL and HSIL for Pap test results.

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