Cancer Detection Programs: Every Woman Counts

Step-by-Step Provider User Guide

California Department of Public Health (CDPH)
Cancer Detection Section (CDS)

Medi-Cal Web Site:
www.medi-cal.ca.gov

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Introduction

This Step-by-Step User Guide is the instruction manual for enrolling women and entering data on the Internet for the California Department of Public Health (CDPH) Cancer Detection Section’s (CDS) breast and cervical cancer screening program known as Cancer Detection Programs: Every Woman Counts (CDP: EWC). Only Primary Care Providers (PCPs) will complete the online Recipient Information form, the Breast and Cervical Cancer Screen forms and the Breast and Cervical Cancer Follow-Up forms. PCPs will need computers with Internet access to complete these forms. Recipient information is mandated by Centers for Disease Control and Prevention (CDC) and other programs sponsored by the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) to monitor clinical outcomes. PCPs are eligible for reimbursement of case management services rendered upon submission of complete and accurate recipient data using the appropriate online forms. This complete and accurate data is necessary for continued NBCCEDP funding of CDP: EWC.

Scope of Benefits

CDP: EWC is a breast and cervical cancer screening program with benefits reimbursable to all enrolled CDS providers. Case management reimbursement will be offered only to PCPs when they perform case management services and submit recipient information using the online Recipient Information form and the Breast and Cervical Screen and Follow-Up forms. Case management fees are reimbursable at completion of the data submission and paid only once per woman (per year), whether one screen is needed to complete a normal screening event, or multiple screens are needed for an abnormal workup. More data may be required even after billing for case management. A complete review of these forms will be covered later in this user guide. For a complete list of covered services, please refer to the Cancer Detection Programs: Every Woman Counts section of the Medi-Cal manual (can detect). This list includes the case management reimbursement code.

Provider Participation

Primary Care Providers (PCPs)

PCPs are providers who are enrolled through one of the Regional Cancer Detection Partnerships and have a Provider Enrollment Agreement (PEA) on file with CDS. Some PCPs only enroll for Breast Cancer Screening services, while other enrolled PCPs conduct Breast and Cervical Cancer Screening services. PCPs perform clinical breast exams (CBE) and/or pelvic exams/Pap tests, and coordinate recipients’ care. PCPs are the screening entry point for recipients and are the only providers who can enroll recipients through the Recipient Information online forms and complete and submit the Breast and/or Cervical Cancer Screen and Follow-Up forms. Each PCP must complete a Medi-Cal Point of Service (POS) Network/Internet Agreement and have Internet access to participate in this program. Reporting the final outcome for each recipient of the screening and diagnostic service provided is very important for future program funding.

Referral Providers

Referral providers are any providers to whom PCPs refer patients, for example, radiologists, surgeons, anesthesiologists and pathologists. PCPs can refer recipients to any appropriate Medi-Cal provider in good standing. PCPs are required to inform the referral providers of the billing requirements, covered services, recipient’s eligibility status, and the 14-digit recipient ID number. PCPs remain responsible for ensuring that clinical standards of the program are met. PCPs are responsible for obtaining and submitting data (e.g., diagnostic procedures, final diagnosis, staging and treatment status) from the referral provider.
Recipient Eligibility

For current eligibility information and criteria, refer to the Cancer Detection Programs: Every Woman Counts section of the Medi-Cal manual.

Income

Federal poverty level incomes are adjusted on an annual basis (in April) and are published every year in the Medi-Cal Update bulletins and manual pages.

Health Insurance

To be eligible for the CDP: EWC program, PCPs must certify that the recipient is uninsured or underinsured by recipient self-report. For current insurance information and criteria, refer to the Cancer Detection Programs: Every Woman Counts section (can detect) of the Medi-Cal manual.

Online Forms

PCPs complete online forms in order to:

- Certify recipient eligibility.
- Obtain a recipient ID number for billing.
- Enter screening results of all recipients.
- Enter diagnostic procedures, diagnosis status, final diagnosis and, if applicable, staging and treatment information of recipients with abnormal screening results.
Accessing the Forms

STEP 1: Complete and submit the Medi-Cal Point of Service (POS) Internet/Network Agreement. Call the Telephone Service Center (TSC) at 1-800-541-5555 and select the POS/Internet option for assistance.

STEP 2: Connect to the Internet.

STEP 3: Point your browser to www.medi-cal.ca.gov.

STEP 4: Click the Transaction Login link.

Figure 1: Medi-Cal Web site home page.
STEP 5: Type in the provider number of the site where the recipient is enrolling into Cancer Detection Programs: Every Woman Counts (CDP: EWC) services.

STEP 6: Type in the PIN number associated with the above provider number.

STEP 7: Click the Submit button.

Figure 2: Login Center for Transaction Services page.
STEP 8: Click the “Cancer Detection Programs Application” link. If the “Cancer Detection Programs Application” link does not appear as an option, the provider number you used is not identified as a Cancer Detection Programs: Every Woman Counts (CDP: EWC) Primary Care Provider. Check with your clinic contact to make sure that the provider number is correct. If it is, call the Telephone Service Center (TSC) at 1-800-541-5555 to verify that a POS Internet/Network Agreement is on file (see STEP 1).

**Figure 3:** Transaction Services page.
STEP 9: The CDP Recipient Search screen should appear in the middle of the screen. If it does, skip to STEP 13, otherwise continue to STEP 10.

STEP 10: If the area is empty, as shown in Figure 4, the Macromedia Flash Player is not installed. To install, click the “CDP Documents” link, scroll to the bottom of the page and click the “Web Tool Box” link, then the “Macromedia Flash” link and follow the installation instructions.

Figure 4: Empty page, showing a need to install the Macromedia Flash Player.
STEP 11: If the Flash player does not install, ask for assistance from your office IT department. Your computer may require administrative access to download and install the plug-in.

STEP 12: If you are still having problems installing the Flash player, call the TSC at 1-800-541-5555 for assistance (select the POS/Internet option).
STEP 13: In addition to completing the online forms, there are paper forms required to enroll recipients. Click the “CDP Documents” link to download the required forms from the Cancer Detection Programs: Every Woman Counts Downloads page. An initial step in the enrollment process is having the recipient complete her portion of the eligibility form and the consent form. Eligibility forms are currently available in English and Spanish. Consent forms are available in seven languages: English, Chinese (Cantonese, Mandarin), Korean, Russian, Spanish and Vietnamese. In addition to obtaining a signed consent form, providers must ensure that the recipient receives the Cancer Detection Section’s Notice of Privacy Practices (NPP) statement (included with the consent form). Figure 6 points to the “CDP Documents” page links located on the left side and middle of the screen. Figure 7 (next page) shows the Cancer Detection Programs: Every Woman Counts Downloads page.

Figure 6: Cancer Detection Programs: Every Woman Counts Recipient Search page.
STEP 14: Click on the documents that you need to download and print them as required. As optional documents are added or newer versions of the documents are published, they will be available on this page.

**Note:** Every woman enrolled in Cancer Detection Programs: Every Woman Counts (CDP: EWC) is required to receive a Notice of Privacy Practices. This is available as part of the consent form (see STEP 13).

![Figure 7: Cancer Detection Programs: Every Woman Counts Downloads page.](image)

**Figure 7:** Cancer Detection Programs: Every Woman Counts Downloads page.

STEP 15: To enroll a woman, you must start with the CDP Recipient Search screen. Enter at least the first two letters of her last name; enter her date of birth, and click the **Go** button.

When you do the search, a number of things can happen:

1. If the woman is found, the Search Results by Recipient Info box at the bottom of the CDP Recipient Search screen will be populated. **GO TO STEP 21.**

2. If the woman is not found in the database, the **Recipient Information** form will be displayed with the information that you entered. **GO TO STEP 16.**
3. If the woman is not found, but you know she was enrolled previously, here are some tips before enrolling her again and creating a new ID number:

- If the search included more than two letters of the last name, re-enter using just the first two letters of the last name in the Last Name field.
- Ask the woman if she has a copy of her old ID card.
- Check the medical chart for a copy of the old ID card.
- If the woman’s ID card is available, enter the complete recipient ID in the Recipient ID field and click Go.
- Ask if the woman may have used another last name or date of birth.
- Try entering the first two letters of the first name in the Last Name field (the last and first names may have been reversed when entered previously).

**Note:** Only the enrolling PCP will have access to a previously enrolled recipient’s clinical information.

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**STEP 15:**

To enroll a woman:

- Enter at least the first two letters of her last name (not case sensitive)
- Enter her date of birth in the format as shown
- Click the <Go> button
**Figure 8:** CDP Recipient Search screen.

**STEP 16:** Complete the *Recipient Info* form (see pages 21 – 23 for instructions).

**STEP 17:** Select the appropriate eligibility check boxes.

**STEP 18:** Click the **Submit New Recipient** button.

**Figure 9:** Recipient Info form.

*This information is subject to change.*
If everything is completed, a pop-up box will appear informing you that you have successfully added this record and displaying the recipient ID number. In addition, the recipient ID number will appear at the top of the page as well as in the Recipient Info tab.

STEP 19: Click the **OK** button on the pop-up box to continue. The label on the button at the bottom of the **Recipient Info** form will change to read “Update Recipient Info.”

Links allowing you to print the recipient information (GO TO STEP 30) and the recipient ID card (GO TO STEP 32) are displayed at the bottom of the form. Tabs to enter screening or follow-up data appear at the top of the form (SEE STEP 23).

STEP 20: To enroll another recipient, click the **Recipient Search/Add** link.

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**Figure 10:** Recipient information record added.
STEP 21: If the woman is found, the Search Results by Recipient Info box at the bottom of the CDP Recipient Search screen will be populated. More than one record may be displayed based on the information that you entered for the search. Based on recipient ID number and name, select the correct record by clicking on it.

STEP 22: If none of the records match the information you have, add a new recipient by clicking **Add New Recipient** (GO TO STEP 16).

**Figure 11:** CDP Recipient Search screen.

STEP 23: If the woman is enrolled, the **Recipient Information** form will be displayed with tabs that allow you to go to the **Breast Screen**, the **Breast Follow-Up**, the **Cervical Screen**, and the **Cervical Follow-Up** online forms for reporting screening and follow-up results.

**Figure 12:** Tabs for accessing **Breast Screen**, **Breast Follow-Up**, **Cervical Screen**, and **Cervical Follow-Up** online forms.
STEP 24: If the woman is enrolled by another provider you will see the **NOT** Provider of Record message. Read and follow the directions in the pop-up box, if it appears.

![NOT Provider of Record pop-up information box.](image)

*Figure 13: NOT Provider of Record pop-up information box.*

If you are becoming the provider of record, you must:

- Re-verify that the recipient is eligible.
- Have the recipient complete the eligibility and consent forms for the medical record.
- Verify and update the information as needed.
- Select the appropriate eligibility check boxes.
- Click the **Recertify Recipient** button.

If the woman’s Recipient Certification Date is “Expired” (see *Figure 14* on the next page), the *Recipient Information* form will be populated with the information that you entered plus the information that is already in the database for this woman. A recipient ID will be displayed. This recipient ID is not active until the online form is completed and the recipient is recertified. The first step in this process is to validate and correct the information associated with this recipient.

STEP 25: Have the recipient complete new eligibility and consent forms. Check the information against the database and make any corrections online to update name, address and phone number.

STEP 26: Enter ethnicity and race information.

STEP 27: Select the appropriate eligibility check boxes.

STEP 28: Click the **Recertify Recipient** button.
Figure 14: Recipient Info form showing the recipient certification date as “Expired.”

**STEP 25:** Validate and correct information in record

**STEP 26:** Enter ethnicity and race information

**STEP 27:** Select the appropriate eligibility check boxes

* Refer to page 23 for instructions.

**STEP 28:** Click the <Recertify Recipient> button

This information is subject to change.
If everything is completed, a pop-up information box will appear with the message “You have successfully enrolled Recipient ID: XX9AXXXXXXXX under your Provider ID.”

STEP 29: Click the OK button

![Image of pop-up information box showing record updated.]

Figure 15: Pop-up information box showing record updated.

**Note:** The recipient ID number remains the same. A woman should have only one ID number for as long as she remains in the program, even if she moves to another address in California.
STEP 30: After clicking the Print Recipient Info link on the online Recipient Info form, you will be able to click the Print button to print the recipient information.

Note: The Print Recipient Info screen shows the most recently submitted demographic and clinical data for the recipient. The example shown in Figure 16 has no clinical data submitted. It is recommended to print after all data has been submitted through the Recipient Info form and all applicable breast and/or cervical screen and follow-up forms, in order to retain the recipient’s submitted demographic and clinical information.

STEP 31: Click Return to Recipient Info link to go back to the Recipient Info form.

Figure 16: Printing recipient information.
STEP 32: After clicking the **Print ID Card** button on the *Recipient Info* form, you will be able to click the **Print** button to print the recipient’s ID Card.

**Note:** If the recipient ID card is not visible, scroll up to see the ID card.

STEP 33: Click **Return to Recipient Info** in order to go back to the *Recipient Info* form.

**Figure 17:** Printing the recipient’s ID Card.

**Note:** Multiple copies of the ID card are recommended for:

- The recipient, in order to instruct her on what services are covered with the ID card.
- The medical record (not required, but recommended).
- The mammogram provider, if applicable.
- The Pap test lab requisition, if applicable.
Instructions for Completing the *Recipient Information* Online Form

![Recipient Info online form](image)

*Figure 18: Recipient Info online form*
Instructions for Completing the *Recipient Information* Online Form (continued)

**Recipient Information**

![Recipient Information Form]

**Note:** An asterisk (*) means that the information is required.

**Last Name:** Enter last name of the recipient.
- If the recipient has only one name, enter name in the last name field and leave the first name blank.

**First Name:** Enter first name of the recipient.

**Middle Initial:** Enter middle initial of the recipient.
- If the recipient does not have a middle initial, leave blank.

**Mother’s Maiden Name:** Enter the mother’s maiden name of the recipient.
- This field allows a minimum of 2 and a maximum of 20 alpha characters including hyphens.

**Date of Birth:** Enter date of birth of the recipient in the space provided using the following format: Month (MM)/ Day (DD)/ Year (CCYY). For example, January 7, 1950 would be entered as 01/07/1950.

**Address:** Enter residence address of the recipient. If homeless, enter the address where the recipient receives mail.

**City:** Enter name of the city in which the recipient lives or receives mail.

**ZIP Code:** Enter the ZIP code for the recipient’s residence or mailing address.

**Phone Number:** Enter the recipient’s telephone number, including area code.
- If the recipient has no telephone number, enter the telephone number of the recipient’s contact.
Instructions for Completing the *Recipient Information* Online Form (continued)

Are you Hispanic or Latino? Enter the recipient’s response to this question. Please encourage applicants to provide race and ethnicity information.

- Even if the recipient responds “Yes,” **further race information is desired**.

Select all that apply to you: Use the selection box to choose one (or more) race designation(s) that apply to the recipient. **Press and hold CTRL key to select more than one race designation.**

- If possible, avoid selecting “Unknown” for race. Complete race information is desired.

Asian – Select one: Use the drop-down box to select the sub-category of Asian if the recipient indicates that she is “Asian.”

Pacific Islander – Select one: Use the drop-down box to select the sub-category of Pacific Islander if the recipient indicates that she is “Pacific Islander.”

These three boxes must be checked when enrolling new recipient or recertifying.

Meets CDP age criteria: Select this box if the recipient meets the program age criteria.

Meets CDP income and insurance criteria: Select this box if the recipient meets the program income and insurance criteria.

- File the forms used to validate that the recipient meets these criteria in the recipient’s medical record.

Signed CDP consent form: Select this box if the recipient has signed the program consent form.

- File the signed consent and eligibility forms in the recipient’s medical record.

Note: Save the data entered by clicking the “Submit New Recipient” or “Update Recipient Info” button at the bottom of the form. If the recipient is being recertified, this button will read “Recertify Recipient.”

This information is subject to change.
Instructions for Completing the *Breast Screen* Online Form

![Image of Breast Screen online form]

**Figure 19: Breast Screen online form**
Instructions for Completing the Breast Screen Online Form (continued)

Note: Data must be entered prior to ID expiration date. Tabs for screen and follow-up are not visible after eligibility is expired.

Breast Cancer Screening Performed through Cancer Detection Programs: Every Woman Counts?
- Select “Yes” if the screening is performed by a Cancer Detection Programs: Every Woman Counts (CDP: EWC) provider.
- Select “No” if the screening is performed by a non-CDP provider (e.g., FPACT).

Clinical Breast Exam (CBE)

CURRENT breast symptoms?  
- Select “Yes” if the recipient reports any breast symptoms.
- Select “No” if the recipient does not report breast symptoms.
- Select “Unknown” if (1) the woman wasn’t asked; (2) the answer wasn’t recorded; (3) the woman does not know; or (4) the woman refused to answer.
- Examples of breast symptoms include:
  - Discrete mass/lump
  - Non-cyclical breast pain
  - Spontaneous unilateral nipple discharge
  - Skin scaliness
  - Skin dimpling or puckering
  - Skin ulceration
  - Skin inflammation

Date of CURRENT CBE: Enter the date of the current Clinical Breast Examination (CBE), using the following format: Month (MM)/Day (DD)/Year (CCYY).

CURRENT Results obtained from a non-CDP program provider: Select this box if the CBE results reported below have been obtained from a non-CDP provider (e.g., an outside provider and/or not paid by CDP: EWC).
Instructions for Completing the Breast Screen Online Form (continued)

CURRENT Clinical Breast Exam Results (Check One): Select the CBE result that corresponds to the reported result of the CBE.

- **No breast abnormality**: Select if the CBE was performed and the finding was within normal limits.
- **Benign breast condition**: Select if the CBE revealed a finding not of concern for breast cancer.
- **Probably benign breast condition**: Select if the CBE revealed a finding that requires a follow-up exam in 3-6 months.
- **Abnormality, rule out breast cancer**: Select if the CBE revealed a finding that is suspicious for breast cancer and requires an immediate diagnostic procedure, in addition to the initial mammogram, to rule out breast cancer.

**Note**: For a screening CBE with abnormal results and negative/benign mammogram result, complete and submit breast cancer diagnostic procedure(s), diagnosis status and final diagnosis using the Breast Follow-Up form.

If CBE not performed, why not? (Check One): Select one of the following if a CBE was not performed.

- **CBE not needed at this time**:
  - Select if the recipient had a normal CBE within the last 12 months or per PCP discretion.
  - Select if the CBE was performed by a non-CDP provider (an outside provider and/or not paid by CDP: EWC).
- **CBE needed but not performed (includes refused/other/reason unknown)**:
  - Select if the recipient is due for a CBE but one was not performed.
  - Select if recipient refused examination or if due to other unknown reasons, the CBE was not performed.
Instructions for Completing the *Breast Screen* Online Form (continued)

**Previous Mammogram**

<table>
<thead>
<tr>
<th>Previous Mammogram(s)?</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of most recent previous mammogram:</td>
<td>mm</td>
<td>ccyy</td>
<td>Date unknown</td>
</tr>
</tbody>
</table>

**PREVIOUS Mammogram(s)?**
- Select “Yes” if the recipient has had one or more previous mammograms.
- Select “No” if the recipient has not had a previous mammogram.
- Select “Unknown” if it is not known if the recipient has had a previous mammogram.

**Date of most recent PREVIOUS mammogram:**
- Enter the month and year of the recipient’s most recent previous mammogram, using the following format: Month (MM)/Year (CCYY).
- If the month of the previous mammogram is not known, enter the year. The month field will automatically fill “00.”
- If the year of the previous mammogram is not known, select “Date Unknown.”

To demonstrate program success in rescreening, please make every attempt to find the year of the previous mammogram, if one was done. To obtain the date of the previous mammogram:
- Check the mammogram report. It includes dates of prior mammograms used for comparison.
- Check the chart for copies of old reports.
Instructions for Completing the Breast Screen Online Form (continued)

**Mammogram**

<table>
<thead>
<tr>
<th>Date of mammogram:</th>
<th>Enter the date of the recipient’s initial mammogram using the following format: Month (MM)/Day (DD)/Year (CCYY).</th>
</tr>
</thead>
</table>

**Mammography Results (Check one):** Select the mammogram result that corresponds to the reported “Final Result” of the initial mammogram (screening or diagnostic).

- **Negative** (BIRADS 1): Select if the assessment was **negative**.
- **Benign** (BIRADS 2): Select if the assessment was **benign**.
- **Probably benign** (BIRADS 3): Select if the assessment was **probably benign**. Probably benign findings have a high probability of being benign. Further clinical evaluation must be completed for a probably benign mammogram.
  - If there is a planned delay between the initial screening and further clinical evaluation:
    - Select **Short-term Follow-up** as the **Next Step**.
    - Complete and submit the next procedure(s) using a new **Breast Screen form**. (See instructions on page 50.)
  - If there is an immediate clinical evaluation:
    - Select **Immediate Work-up** as the **Next Step**.
    - Complete and submit breast cancer diagnostic procedure(s), diagnostic status and final diagnosis using the **Breast Follow-Up form**.
- **Suspicious abnormality** (BIRADS 4): Select if the assessment was **suspicious abnormality**. This indicates the findings do not have the characteristic morphology of breast cancer but do have a strong probability of being cancer.
  - Select **Immediate Work-up** as the **Next Step**.
  - Complete and submit breast cancer diagnostic procedure(s), diagnostic status and final diagnosis using the **Breast Follow-Up form**.
- **Highly suggestive of malignancy** (BIRADS 5): Select if the assessment was highly suggestive of malignancy. These finding(s) have a high probability of being cancer.
  - Select **Immediate Work-up** as the **Next Step**.
  - Complete and submit breast cancer diagnostic procedure(s), diagnostic status and final diagnosis using the **Breast Follow-Up form**.
Instructions for Completing the Breast Screen Online Form (continued)

Assessment incomplete (BIRADS 0): Select if the assessment was **incomplete**. This category is reported as requiring additional imaging evaluation and/or review of prior mammograms. No final assessment can be assigned due to incomplete radiologic work-up.

- If the radiologist requires additional imaging to make a final assessment, (e.g., additional mammographic views and/or ultrasound), select **Immediate Work-up** as the **Next Step** and submit the breast cancer diagnostic procedure(s), diagnostic status and final diagnosis using the Breast Follow-Up form.
- If the radiologist is waiting to obtain old films for comparison, wait for the final assessment report and enter the final result of BIRADS 1, 2, 3, 4, or 5.

Unsatisfactory, radiologist could not read: Select this box if the assessment was unsatisfactory.

- Select **Short Term Follow-Up** as the **Next Step**.
- After the repeat mammogram is completed, submit repeated mammogram using a new Breast Screen form. (See instructions on page 50.)

If mammogram not performed, why not? (Check one): Select the description that most closely documents the reason why a mammogram was not performed.

- **Not needed**: Select this if the recipient had a normal mammogram within the last 12 months or per PCP discretion. This can include a mammogram done elsewhere.
- **Needed but not performed (includes refused)**: Select this if the mammogram was needed but was not performed. The recipient could have refused the mammogram.
Instructions for Completing the *Breast Screen* Online Form (continued)

Based on CURRENT CBE, mammogram, or patient’s concerns, the NEXT STEP for this recipient is: (Check One)

- Recipient should return for routine rescreen:
  - Select this when both the CBE and mammogram are normal/benign.
  - Submit next breast screening (CBE and mammogram) using a new *Breast Screen* form by clicking **Add new Breast Screening record**. (See instructions on page 50.)
  - Do not submit next breast screening (CBE and mammogram) using a *Breast Follow-Up* form.

- **IMMEDIATE WORK-UP**:
  - Select this when additional diagnostic procedures are required without delay to rule out breast cancer.
  - Same-day Ultrasound is considered an Immediate Work-Up.
  - Complete and submit breast cancer diagnostic procedures, diagnosis status and final diagnosis using the *Breast Follow-Up* form.

- **Short-Term Follow-Up**:
  - Select this when additional diagnostic procedures/exams are required after 3 to 6 months planned delay but within the next 12 months.
  - Submit next procedure(s) on a new *Breast Screen* form by selecting **Add new Breast Screening record**. (See instructions on page 50.)

Note: For the following abnormal breast screening results, Cancer Detection Programs: Every Women Counts requires Immediate Work-Up as the Next Step and data for Breast Cancer Diagnostic Procedures, Diagnosis Status and Final Diagnosis submitted using a *Breast Follow-Up* form:

- CBE: Abnormality, rule out breast cancer
- Mammogram: Suspicious abnormality
- Mammogram: Highly suggestive of malignancy
- Mammogram: Assessment incomplete (follow-up consisting of further imaging procedures)

This information is subject to change.
Instructions For Completing The *Breast Follow-Up* Online Form

![Breast Cancer Diagnostic Procedures](image)

![Breast Cancer Diagnosis Status](image)

![Breast Cancer Final Diagnosis](image)

![Invasive Breast Cancer Stage and Tumor Size](image)

![Breast Cancer Treatment Status](image)

*Figure 20: Breast Follow-Up online form.*
Instructions For Completing The *Breast Follow-Up* Online Form (continued)

- Complete Breast Cancer Diagnostic Procedures only if the breast screening results were abnormal (see note on page 30) and/or “Immediate Work-up” selected in the previous step.

<table>
<thead>
<tr>
<th>Breast Cancer Diagnostic Procedures</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional mammographic views</td>
<td></td>
</tr>
<tr>
<td>Repeat Breast Exam/Surgical Consultation</td>
<td></td>
</tr>
<tr>
<td>Ultrasound</td>
<td></td>
</tr>
<tr>
<td>Biopsy/Lumpectomy</td>
<td></td>
</tr>
<tr>
<td>Fine needle/Cyst aspiration</td>
<td></td>
</tr>
<tr>
<td>Other procedure performed</td>
<td></td>
</tr>
<tr>
<td>Specify</td>
<td></td>
</tr>
<tr>
<td>Other procedure performed</td>
<td></td>
</tr>
<tr>
<td>Specify</td>
<td></td>
</tr>
</tbody>
</table>

**Breast Cancer Diagnostic Procedures:** Enter the date the diagnostic procedure was performed, not the date of the results. If there are duplicate diagnostic procedures (e.g., two biopsies performed), enter the date of the most recent procedure. All dates should be entered using the following format: Month (MM)/Day (DD)/Year (CCYY).

- **Additional mammographic views:** If additional views (e.g., spot compression, etc.) were performed, enter the date.
- **Repeat Breast Exam/Surgical Consultation:** If a repeat CBE or surgical consultation was performed, enter the date. If both were performed, enter the date of the surgical consultation.
- **Ultrasound:** If an ultrasound was performed, enter the date.
- **Biopsy/Lumpectomy:** If a biopsy or lumpectomy was performed, enter the date. If both were performed, enter the date of the procedure performed resulting in a final diagnosis.
- **Fine needle/Cyst aspiration:** If a fine needle aspiration or a cyst aspiration was performed, enter the date.
- **Other procedure performed:** If a diagnostic procedure not listed above was performed, enter the date.
- **Specify:** Enter a description of the other diagnostic procedure performed.
  - Enter only the following diagnostic procedures as an “Other Breast Diagnostic Procedure”:
    - MRI
    - CT scan
    - PET scan
    - Ductogram
    - Skin biopsy
    - Cannulization
    - Sentinel lymph node biopsy
    - C&S nipple discharge
    - CAD, chest X-ray
    - Galactogram
    - Bone scan
    - Other medical consults
  - Do not enter additional mammogram, CBE/surgical consult, ultrasound, biopsy/lumpectomy, fine needle/cyst aspiration or treatment as an “Other Breast Diagnostic Procedure.”
  - Please report any of the “Other Breast Diagnostic Procedures” even though they are not covered by Cancer Detection Programs: Every Woman Counts (CDP: EWC).
Instructions For Completing The Breast Follow-Up Online Form (continued)

Complete Breast Cancer Diagnosis Status only if the breast screening results were abnormal (see note on page 30) and/or “Immediate Work-up” selected in the previous step.

Breast Cancer Diagnosis Status
(Select only one)

- **Work-up complete**: Select this if no immediate diagnostic procedures are needed to determine the diagnosis. It is also appropriate to select “Work-up complete” if the recipient is advised to return for further evaluation (e.g., CBE, mammogram, etc.) in 3 to 6 months after current diagnostic procedures.
  - If work-up is complete, enter the date of this diagnostic status. Use the date of the diagnostic procedure used to complete the work-up.
  - In the next section, enter the Breast Cancer Final Diagnosis and date of the final diagnosis. (See instructions on page 34.)

- **Lost to follow-up (two phone calls and certified letter sent)**: Select this if the recipient is considered lost to follow-up before the definitive diagnostic procedures were performed. Three attempts must be made to contact the recipient. The third contact attempt must be by certified letter.

- **Work-up refused**: Select this if the recipient refused to have diagnostic procedures performed, acquired insurance, moved out of the area, or changed PCP for any reason.

- **Died before work-up completed**: Select this if the recipient died before the diagnostic procedure(s) was performed.

If work-up was NOT complete (patient was Lost to Follow-up, Work-up Refused, or Died before work-up completed):

- Enter the date this was determined as the Date of this Diagnostic Status.
- Enter the date this was determined as the Date of this Final Diagnosis.
- **DO NOT** select a Breast Cancer Final Diagnosis category.

**Date of this diagnostic status**: Enter the date of the diagnostic status using the following format: Month (MM)/Day (DD)/Year (CCYY). Use the date of the definitive diagnostic procedure as the date of this diagnostic status.
Instructions For Completing The *Breast Follow-Up* Online Form (continued)

Complete Breast Cancer Final Diagnosis only if the breast screening results were abnormal (see note on page 30) and/or “Immediate Work-up” selected in the previous step.

Breast Cancer Final Diagnosis: A final diagnosis of breast cancer can only be determined by a pathology report from histologic examination of tissue/cells. Select a final diagnosis if the Breast Cancer Diagnosis Status was “Work-up Complete.”

- **Not Cancer:** Select this if cancer is not found during current diagnostic procedures.
- **Cancer in situ (Ductal or Lobular not specified): **Do not select Cancer in situ. If the pathology report indicates the diagnosis of breast cancer in situ, select lobular (LCIS) or ductal (DCIS) below.
- **Lobular Cancer in situ (LCIS) (AJCC Stage 0):** Select this if the pathology report indicates the diagnosis is lobular carcinoma in situ.
- **Ductal Cancer in situ (DCIS) (AJCC Stage 0):** Select this if the pathology report indicates the diagnosis is ductal carcinoma in situ.
  - Breast Cancer Treatment data is required for a final diagnosis of DCIS.
- **Invasive Cancer:** Select this if the pathology report indicates the diagnosis is invasive cancer. If the pathology report indicates both invasive and in-situ components, select “Invasive Cancer.” Select this also for Paget’s disease (of the nipple with no tumor).
  - Data for Invasive Breast Cancer Stage, Invasive Breast Cancer Tumor Size and Breast Cancer Treatment Status is required for a final diagnosis of Invasive Cancer.

Date of This Final Diagnosis: Enter the date of the diagnosis using the following format: Month (MM)/Day (DD)/Year (CCYY).
- Enter just the date of this final diagnosis for patients that are Lost to Follow-up, Refused service or Died before work-up completed. **Note:** A final diagnosis category is not required unless the Breast Cancer Diagnosis Status was “Work-up Complete.”
Instructions For Completing The Breast Follow-Up Online Form (continued)

- Complete Invasive Breast Cancer Stage only if the Breast Cancer Final Diagnosis is invasive breast cancer.

**Invasive Breast Cancer Stage:** Please refer to the National Cancer Institute Web site for the American Joint Committee on Cancer (AJCC) staging system: [http://www.cancer.gov/cancertopics/pdq/treatment/breast/HealthProfessional/page3](http://www.cancer.gov/cancertopics/pdq/treatment/breast/HealthProfessional/page3)

Select one of the following AJCC stages if the woman has invasive breast cancer:

- AJCC Stage I
- AJCC Stage II
- AJCC Stage III
- AJCC Stage IV
- Stage unknown
  - Select “Stage unknown” if the pathology report indicates invasive cancer and the stage is not available from any source (e.g., surgeon, oncologist, pathologist, etc.).
  - Select “Stage unknown” for diagnosis of malignant phyllodes.

- Complete Breast Cancer Tumor Size only if the Breast Cancer Final Diagnosis is invasive breast cancer.

**Invasive Breast Cancer Tumor Size:** The tumor size is based on surgical reports, pathology reports, biopsy reports and clinical or radiologic exams.

- 0 to ≤ 1 cm: Select this if the tumor is no more than 1 cm in its greatest dimension.
- > 1 to ≤ 2 cm: Select this if the tumor is greater than 1 cm and less than or equal to 2 cm in its greatest dimension.
- > 2 to ≤ 5 cm: Select this if the tumor is greater than 2 cm and less than or equal to 5 cm in its greatest dimension.
- > 5 cm: Select this if the tumor is greater than 5 cm in its greatest dimension.
- Unknown: Select this only if the tumor size is not available from any source.
  - Select “Unknown” tumor size for diagnosis of inflammatory breast cancer.
Instructions For Completing The Breast Follow-Up Online Form (continued)

❖ Complete Breast Cancer Treatment Status if Breast Cancer Final Diagnosis is invasive cancer or DCIS.

Breast Cancer Treatment Status

➢ Treatment initiated: Select this if the clinic staff can verify from the recipient or treatment facility that treatment has been initiated.

➢ Referred for treatment (pending): Do not select Referred for treatment. A referral for treatment is not sufficient confirmation that treatment has been initiated. Data submission is not complete if “Referred for treatment” is selected.

➢ Lost to follow-up (two phone calls and certified letter): Select this if the recipient did not begin treatment and the clinic staff cannot locate the recipient. Three attempts must be made to contact the recipient. The third attempt must be by certified letter.

➢ Treatment refused: Select this if the recipient refused treatment. Select this if the recipient only received non-standard or alternative treatments.

➢ Treatment not needed: Select this if the medical provider and recipient agree that treatment would adversely affect the woman’s quality of life (with late or end-stage cancers) and that treatment is not recommended or needed at this time.

➢ Died before entering treatment: Select this if the recipient died before beginning treatment.

Date of this treatment status: Enter the date when treatment was initiated or other treatment status was determined using the following format: Month (MM)/Day (DD)/Year (CCYY).

Note: In some cases, a diagnostic procedure (e.g., lumpectomy) may result in a final diagnosis and serve as treatment. When this occurs, enter data in the following fields (see page 31):

- The diagnostic procedure and date in the Breast Cancer Diagnostic Procedures section.
- Use the date of the diagnostic procedure in the “Date of this diagnostic status” field.
- Use the date of the diagnostic procedure in the “Date of this final diagnosis” field.
- Select “Treatment Initiated” for Breast Cancer Treatment Status.
- Use the date of the diagnostic procedure in the “Date of this treatment status” field.
Instructions for Completing the **Cervical Cancer Screen** Online Form

<table>
<thead>
<tr>
<th>Cervical Cancer Screening Performed through Cancer Detection Programs:</th>
<th>Every Woman Counts?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Pelvic Exam**
- Date of CURRENT pelvic exam: 
- Rectovaginal exam performed: Yes | No

**Previous Pap Smear Test(s)?**
- Yes | No | Unknown
- Date of most recent PREVIOUS Pap smear

**Pap Smear Test**
- Date of Pap smear Test: 

**Specimen Adequacy (Check one)**
- Satisfactory for evaluation
- Unsatisfactory for evaluation

**Specimen Type (Check one)**
- Conventional smear
- Liquid-based (not covered)
- Other (specify):

**Pap Smear Results (Check one)**
- Negative for intraepithelial lesion or malignancy
- Atypical squamous cells of undetermined significance (ASC-US)
- Atypical squamous cells of undetermined significance, cannot exclude HSIL (ASC-H)
- Low grade squamous intraepithelial lesion (LSIL) encompassing human papillomavirus (HPV) detectable
- High grade squamous intraepithelial lesion (HSIL) encompassing HPV detectable, moderate and severe dysplasia, carcinoma in situ, CIN 1 and CIN 2
- Severe dysplasia
- Atypical glandular cells (AGC)
- Atypical glandular cells (AGC), favor neoplastic
- Endocervical adenocarcinoma in situ (AIS)
- Adenocarcinoma
- Other (specify):

**If Pap Smear Test not performed, why not? (Check one)**
- Not needed
- Needed but not performed (includes refused)
- Done recently, cervical screening and follow-up services paid with non-Caeser funds

**NEXT STEP**
- Based on pelvic exam or Pap smear test results, the next step for this recipient is:
  - Recipient should return for routine rescreen
  - IMMEDIATE FOLLOW-UP
  - Short-Term Follow-Up

Submit

*Figure 21: Cervical Cancer Screen online Form.*
Instructions for Completing the Cervical Cancer Screen Online Form (continued)

Cervical Cancer Screening Performed through Cancer Detection Programs: Every Woman Counts?
- Select “Yes” if the screening is performed by a Cancer Detection Programs: Every Woman Counts (CDP: EWC) provider.
- Select “No” if the screening is performed by a non-CDP provider (e.g., FPACT).

Pelvic Exam
Date of current pelvic exam: Enter the date if a pelvic exam was performed using the following format: Month (MM)/Day (DD)/Year (CCYY).

Rectovaginal exam performed?
- Select “Yes” if a rectovaginal exam was performed.
- Select “No” if a rectovaginal exam was not performed.

Pap Smear

Previous Pap Smear Test(s)?
- Select “Yes” if a previous Pap smear test was done.
- Select “No” if a previous Pap smear test was not done.
- Select “Unknown” if it is unknown as to whether the recipient had a previous Pap smear test.

One measure of the program’s success is the number of “never or rarely screened” women who receive a cervical cancer screening. “Rarely screened” means five or more years between screenings. To help us track the program’s performance, ask if it has been more than five years since her previous Pap smear test and, if so, enter a date at least six years before the current year.

Date of most recent PREVIOUS Pap smear (date box) or date unknown:
- Enter the month and year of the previous Pap smear test using the following format: Month (MM)/Year (CCYY). If it has been more than five years since her previous Pap smear test, enter a date at least six years before the current year.
- If the month of the previous Pap smear test is not known, enter the year. The month field will automatically fill “00.”
- If the year of the previous Pap smear test is not known, select “Date Unknown.”
Instructions for Completing the *Cervical Cancer Screen* Online Form (continued)

**Date of Pap Smear Test:** If a Pap smear test was performed, enter the date using the following format: Month (MM) Day/(DD)/Year (CCYY).
- Use the date the Pap smear test was performed, not the date of the results.
- A Pap smear test (initial or follow-up) starts a new screening cycle and is reported using a *Cervical Cancer Screen* form. (See instructions on page 50.)

**Specimen Adequacy (Check one)**
- **Satisfactory for evaluation:** Select if the cytology report states that the Pap smear test was satisfactory or adequate.
- **Unsatisfactory for evaluation:** Select if the cytology report states that the Pap smear test was an unsatisfactory or inadequate specimen (e.g., a specimen with no epithelial cells or excessive blood cells).
  - If specimen is “Unsatisfactory for Evaluation,” select “Other” as the Pap smear result and enter “Unsatisfactory” as the description.
  - Select Short-Term Follow-up as the *Next Step* and submit repeat Pap smear test using a new *Cervical Cancer Screen* form. (See instructions on page 50.)

**Specimen Type (Check one):** Select specimen type to document the type of Pap smear testing kit used to obtain the Pap smear specimen (conventional smear, liquid based, other or unknown).
Instructions for Completing the *Cervical Cancer Screen* Online Form (continued)

### Pap Smear Results (Check one)

- Negative for intraepithelial lesion or malignancy
- Atypical squamous cells of undetermined significance (ASC-US)
- Atypical squamous cells of undetermined significance, cannot exclude HSIL (ASC-H)
- Low grade squamous intraepithelial lesion (LSIL) encompassing: human papilloma virus/mild dysplasia/cervical intraepithelial neoplasia (CIN I)
- High grade squamous intraepithelial lesion (HSIL) encompassing: moderate and severe dysplasia, carcinoma in situ, CIN II and CIN III
- Squamous cell carcinoma
- Atypical glandular cells (AGC)
- Atypical glandular cells (AGC), favor neoplastic
- Endocervical adenocarcinoma in situ (AIS)
- Adenocarcinoma
- Other (specify) ____________

#### Examples of appropriate entries for “Other” Pap Smear Results are:

- No endocervical component
- Endometrial cells (for women older than 40)
- Unsatisfactory (i.e., specimen adequacy is unsatisfactory for evaluation)

**Note:** An asterisk (*) indicates Pap smear results that require an Immediate Work-up as the *Next Step* and submission of Cervical Cancer Diagnostic Procedures, Diagnosis Status and Final Diagnosis using the *Cervical Cancer Follow-Up* form.
Instructions for Completing the *Cervical Cancer Screen* Online Form (continued)

If Pap smear test not performed, why not? (Check one): Select the description that most closely documents the reason why no Pap smear test was performed.

- **Not needed:** Select this if the recipient had a normal Pap smear test within the last 12 months or per PCP discretion.
- **Needed but not performed (includes refused):** Select this if the Pap smear test was indicated but was not performed. The recipient could have refused the Pap smear.
- **Done recently, cervical screening and follow-up services paid with non-CDP funds:** Select this if the recipient had a Pap smear test done elsewhere or services were paid with non-CDP funds (e.g., FPACT).

Based on pelvic exam or Pap smear test results, the *Next Step* for this recipient is: (Select One)

- **Recipient should return for routine rescreen:**
  - Select this if the Pap smear test and pelvic exam screening was normal.
  - Submit next cervical screening (Pap smear and pelvic exam) using a new *Cervical Cancer Screen* form by clicking the Add new Cervical Screening record button.
  - Do not submit next cervical screening using a Cervical Cancer Follow-Up form.
- **Immediate Work-Up:**
  - Select this when additional diagnostic procedures are required without delay to rule out cervical cancer.
  - Complete and submit cervical cancer diagnostic procedures, diagnosis status and final diagnosis using a Cervical Cancer Follow-Up form.
- **Short-Term Follow-Up:**
  - Select this when additional diagnostic procedures/exams are required after a planned delay (e.g., repeat Pap smear test in 3 to 6 months).
  - Submit next procedure(s) using a new *Cervical Cancer Screen* form by clicking the Add new Cervical Screening record button. (See instructions on page 50.)
Instructions for Completing the Cervical Cancer Screen Online Form (continued)

For the following abnormal cervical screening results, CDP: EWC requires Immediate Work-up as the Next Step and Cervical Cancer Diagnostic Procedures, Diagnosis Status and Final Diagnosis data submitted using the Cervical Cancer Follow-Up form:

- (*) Atypical squamous cells of undetermined significance, cannot exclude HSIL (ASC-H)
- (*) High-grade squamous intraepithelial lesion (HSIL) encompassing: moderate and severe dysplasia, carcinoma in situ, CIN II and CIN III
- (*) Squamous cell carcinoma
- (*) Atypical glandular cells (AGC)
- (*) Atypical glandular cells (AGC), favor neoplastic
- (*) Endocervical adenocarcinoma in situ (AIS)
- (*) Adenocarcinoma
Instructions for Completing the *Cervical Cancer Follow-Up* Online Form

**Figure 22:** *Cervical Cancer Follow-Up* Online Form.

- **Cervical Cancer Diagnostic Procedures**
  - Cervical biopsy
  - Other procedure performed
  - Specimen

- **Cervical Cancer Diagnosis Status (Check One)**
  - Workup complete
  - Last to follow-up (two phone calls and certified letter sent)
  - Work-up refused
  - Died before work-up completed

- **Cervical Cancer Final Diagnosis (Check One)**
  - Normal/normal cell changes
  - HPV/condyloma acetabulum
  - CIN (cervical intraepithelial neoplasia)
  - CIN (biopsy diagnosis)
  - CIN (biopsy diagnosis)
  - Invasive cervical carcinoma (biopsy diagnosis)
  - Other (specify)

- **Invasive Cervical Cancer Stage (Check One)**
  - AJCC stage I
  - AJCC stage II
  - AJCC stage III
  - AJCC stage IV
  - Stage unknown (check if the invasive cancer stage is unconfirmed or not available)

- **Cervical Cancer Treatment Status (Check One)**
  - Treatment initiated
  - Referred for treatment (pending)
  - Last to follow-up (two phone calls and certified letter sent)
  - Treatment refused
  - Treatment not needed
  - Died before entering treatment

- **Submit**
Instructions for Completing the *Cervical Cancer Follow-Up* Online Form (continued)

- Complete Cervical Cancer Diagnostic Procedures if there were abnormal (*) cervical screening results (see page 42) and/or Immediate Work-up selected in the previous step.

<table>
<thead>
<tr>
<th>Cervical Cancer Diagnostic Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colposcopy without biopsy</td>
</tr>
<tr>
<td>Colposcopy directed biopsy</td>
</tr>
<tr>
<td>Other procedure performed</td>
</tr>
<tr>
<td>Specify:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Cervical Cancer Diagnostic Procedures: Use the date the diagnostic procedure was performed, not the date of the results.

- **Colposcopy without biopsy (date):** Enter the date of the procedure using the following format: Month (MM)/Day (DD)/Year (CCYY).
- **Colposcopy directed biopsy (date):** Enter the date of the procedure using the following format: Month (MM)/Day (DD)/Year (CCYY).
- **Other procedure performed (date):** This field is completed if another procedure was performed. Enter the date of the procedure using the following format: Month (MM)/Day (DD)/Year (CCYY).
- **Specify:** Enter a description for the additional diagnostic procedure performed.
  - Enter only the following diagnostic procedures as an "Other Procedure":
    - Endocervical curettage (ECC)
    - Excision of endocervical polyps
    - Endometrial biopsy (EMB)
    - Diagnostic conization
    - Biopsy of other structures such as the vagina and vulva
    - Cervicography
    - Loop electrocautery excision procedure (LEEP)
    - HPV testing
  - Please report any of the procedures listed above even though they are not covered by Cancer Detection Programs: Every Woman Counts (CDP: EWC).
  - **Do not enter colposcopy without biopsy, colposcopy with biopsy, Pap smear test results or treatment** (e.g., cryosurgery, hysterectomy, etc.) as an “Other Cervical Cancer Diagnostic Procedure.” Pap smear test results should only be submitted using a *Cervical Cancer Screen* form.
Instructions for Completing the *Cervical Cancer Follow-Up* Online Form (continued)

- Complete Cervical Cancer Diagnosis Status if there were abnormal (*) cervical screening results (see page 42) and/or Immediate Work-up selected in the previous step.

<table>
<thead>
<tr>
<th>Cervical Cancer Diagnosis Status (Check One)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Work-up complete: Select this if there are no further immediate diagnostic procedures needed to determine the diagnosis. It is also appropriate to select “Work-up complete” if the recipient is advised to return for further evaluation (e.g., repeat Pap smear test) in 3 to 6 months, after current diagnostic procedures.</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>- Lost to follow-up (two phone calls and certified letter sent): Select this if the recipient did not follow-up before the definitive diagnostic procedures were performed. Three attempts must be made to contact the recipient. The third attempt must be by certified letter.</td>
</tr>
<tr>
<td>- Diagnostic work-up refused: Select this if the recipient refused to have diagnostic procedures performed, acquired insurance, moved out of the area or changed PCP for any reason.</td>
</tr>
<tr>
<td>- Died before work-up completed: Select this if the recipient died before the diagnostic procedure(s) was performed.</td>
</tr>
</tbody>
</table>

If work-up was not complete (patient was Lost to Follow-up, Work-up Refused, or Died Before Work-up Completed):

- Enter the date this was determined as the Date of this Diagnostic Status.
- Enter the date this was determined as the Date of this Final Diagnosis.
- Do not select a Cervical Cancer Final Diagnosis category.

**Date of this diagnostic status (date):** Enter the date of this diagnostic status using the following format: Month (MM)/Day (DD)/Year (CCYY). Use the date of the definitive diagnostic procedure as the date of this diagnostic status.
Instructions for Completing the *Cervical Cancer Follow-Up* Online Form (continued)

- Complete Cervical Cancer Final Diagnosis if there were abnormal (*) cervical screening results (see page 42) and/or Immediate Work-up selected in the previous step.

<table>
<thead>
<tr>
<th>Cervical Cancer Final Diagnosis (Check One)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Normal/benign reaction</td>
</tr>
<tr>
<td>- HPV/condylomata/atypia</td>
</tr>
<tr>
<td>- CIN I (biopsy diagnosis)</td>
</tr>
<tr>
<td>- CIN II (biopsy diagnosis)</td>
</tr>
<tr>
<td>- CIN III/carcinoma in situ (biopsy diagnosis)</td>
</tr>
<tr>
<td>- Invasive cervical carcinoma (biopsy diagnosis)</td>
</tr>
<tr>
<td>- Other (specify)</td>
</tr>
</tbody>
</table>

Note: DO NOT submit a repeat Pap smear result using the *Cervical Cancer Follow-up* form.

- **Normal/benign reaction:**
  - Select this if the colposcopic examination is normal and the entire squamocolumnar junction is seen.
  - Select this if the biopsy results are negative and the endocervical curettage is negative.

- **HPV/condylomata/atypia:** Select this when the cytology report notes cellular changes associated with the human papilloma virus (HPV) and no higher-grade atypia.

- **CIN I (biopsy diagnosis):** Select this when the pathology report notes findings consistent with a low-grade squamous intraepithelial lesion (LSIL) or cervical intraepithelial neoplasia (CIN I).

- **CIN II (biopsy diagnosis):** Select this if the pathology report indicates findings consistent with a high-grade squamous intraepithelial lesion (HSIL), moderate dysplasia or cervical intraepithelial neoplasia (CIN II).
  - Cervical Cancer Treatment data is required.

- **CIN III/carcinoma in situ (biopsy diagnosis):** Select this if the pathology report indicates findings consistent with severe dysplasia, cervical intraepithelial neoplasia (CIN III), or carcinoma in situ.
  - Cervical Cancer Treatment data is required.

- **Invasive cervical carcinoma (biopsy diagnosis):** Select this if the pathology report indicates invasive carcinoma.
  - Invasive Cervical Cancer Stage and Cervical Cancer Treatment data is required.
Instructions for Completing the *Cervical Cancer Follow-Up* Online Form (continued)

- Complete Cervical Cancer Final Diagnosis if there were abnormal (*) cervical screening results (see page 42) and/or Immediate Work-up selected in the previous step.

- **Other (specify):** Select this if the pathology report indicates a different cancer or if the result is not listed above. Enter a description of the result in the space provided.
  - Enter the following diagnoses as an “Other” Cervical Cancer Final Diagnosis:
    - HSIL (biopsy result)
    - LSIL (biopsy result)
    - Cervical polyps
    - Adenocarcinoma of the cervix
    - Vaginal intraepithelial neoplasia (VAIN)
    - Vulvar intraepithelial neoplasia (VIN)
    - Other cancers of the endometrium, vagina, ovaries or vulva (including primary and metastatic disease)
  - Do not submit a repeat Pap smear test result as an “Other” Cervical Cancer Final Diagnosis.

- **Date of the final diagnosis (date box):** Enter the date of this diagnosis using the following format: Month (MM)/Day (DD)/Year (CCYY).
Instructions for Completing the Cervical Cancer Follow-Up Online Form (continued)

- Complete Invasive Cervical Cancer Stage only if the Cervical Cancer Final Diagnosis is invasive cervical carcinoma.

<table>
<thead>
<tr>
<th>Invasive Cervical Cancer Stage (Check One)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AJCC stage I</td>
</tr>
<tr>
<td>AJCC stage II</td>
</tr>
<tr>
<td>AJCC stage III</td>
</tr>
<tr>
<td>AJCC stage IV</td>
</tr>
<tr>
<td>Stage unknown (Check if the invasive cancer stage is unknown or not available)</td>
</tr>
</tbody>
</table>

Please refer to the National Cancer Institute Web site for the American Joint Committee on Cancer (AJCC) or Federation Internationale de Gynecologie et d'Obstetrique (FIGO) staging system: [http://www.nci.nih.gov/cancertopics/pdq/treatment/cervical/HealthProfessional/page3](http://www.nci.nih.gov/cancertopics/pdq/treatment/cervical/HealthProfessional/page3)

Select one of the AJCC/FIGO stages if the woman has invasive cervical carcinoma:

- AJCC Stage I/FIGO Stage 1
- AJCC Stage II/FIGO Stage 2
- AJCC Stage III/FIGO Stage 3
- AJCC Stage IV/FIGO Stage 4
- Stage unknown
  - Select “Stage unknown” only if the pathology report indicates invasive cervical carcinoma and the stage is not available from any source (e.g., surgeon, oncologist, pathologist, etc.).
Instructions for Completing the *Cervical Cancer Follow-Up* Online Form (continued)

► Complete Cervical Treatment Status if Cervical Cancer Final Diagnosis is CIN II, CIN III/carcinoma in situ, HSIL or invasive cancer.

![Cervical Cancer Treatment Status (Check One)](image)

**Cervical Cancer Treatment Status (Check One):**

- **Treatment Initiated**: Select this if the recipient accepted a referral for treatment and the clinic staff can verify from either the recipient or treatment facility that treatment has been initiated.

- **Referred for treatment (pending)**: *Do not select Referred for treatment.* A referral for treatment is not sufficient confirmation that treatment has been initiated. Data submission is not complete if “Referred for treatment” is selected.

- **Lost to follow-up (two phone calls and certified letter)**: Select this if the recipient did not begin treatment and the clinic staff cannot locate the recipient. Three attempts must be made to contact the recipient. The third attempt must be by certified letter.

- **Treatment refused**: Select this if the recipient refused treatment. If the recipient only receives non-standard or alternative treatments, select “Treatment refused.”

- **Treatment not needed**: Select this if the medical provider and recipient agree that treatment would adversely affect the woman’s quality of life (with late or end-stage cancers) and that treatment is not recommended or needed at this time.

- **Died before entering treatment**: Select this if the recipient died before beginning treatment.

**Date of this treatment status**: Enter the date when treatment was initiated or other treatment status was determined using the following format: Month (MM)/Day (DD)/Year (CCYY).

**Note**: In some cases, a diagnostic procedure may also serve as treatment (e.g., LEEP). When this occurs, enter data in the following fields (see page 43):

- Specify other procedure(s) performed and date(s) in the Cervical Cancer Diagnostic Procedures section.
- Use the date of the diagnostic procedure in the “Date of this diagnostic status” field.
- Use the date of the diagnostic procedure in the “Date of this diagnosis” field.
- Select “Treatment Initiated” for Cervical Cancer Treatment Status.
- Use the date of the diagnostic procedure in the “Date of this treatment status” field.
Instructions on Adding New Records

This is applicable for the breast and cervical online forms (Breast Screen, Breast Follow-up, Cervical Screen and Cervical Follow-Up):

To enter data of new screening or follow-up procedures:

- Click the Add new Breast (or Cervical) Screening (or Follow-Up) record button.
- Enter data into blank online form.
- Click the Submit button (see below for message displayed).
Instructions on Editing Records

This is applicable for the breast and cervical online forms (Breast Screen, Breast Follow-up, Cervical Screen and Cervical Follow-Up):

To enter additional data or correct data of previously submitted online forms:

- Click the Unlock fields and edit this record button.
- Correct or enter additional data to online form that displays previously submitted data.
- Click Update to submit additional or corrected data (see below for message displayed).

To delete a selection that was submitted in error for a specific field that should have been blank (i.e., Cancer Final Diagnosis, Stage, Tumor Size, and Treatment Status):

- Click on the specific breast or cervical online form.
- Click the Unlock fields and edit this record button.
- Click in one of the date fields in order to make sure that the cursor is on the form.
- Use the TAB key or SHIFT-TAB key (SHIFT-TAB moves backwards) to navigate to the field you want to clear.
- Press the ESC key to clear the field selected in error.
- Click Update to submit corrected form.

See below for an example of how the “>2 to <=5cm” value is “highlighted” by using the TAB key or SHIFT-TAB key to navigate to the Invasive Breast Cancer Tumor Size field.
**Claim Submission**

Primary Care Providers (PCPs) are required to submit screening, diagnostic procedures, diagnosis status, final diagnosis, cancer staging and treatment data using the Cancer Detection Programs: Every Woman Counts (CDP: EWC) Internet application. Claims may be submitted either hard copy or electronically through usual Medi-Cal channels. Claims must be submitted with the 14-digit ID number that is received after the *Recipient Information* Online Form has been completed and submitted. All claims submitted without the 14-digit ID number will be denied. All other Medi-Cal criteria will apply (e.g., timeliness guidelines, modifier requirements, etc.).

**In order for claims to be paid, the recipient ID must be current (i.e., Recipient Certification Date cannot be expired) both at the time of service and at the time for billing. If the ID Card has expired at the time of billing, the claim will be denied.** For more information regarding claims, call the Telephone Service Center (TSC) at 1-800-541-5555.

**Breast and Cervical Cancer Treatment Program (BCCTP)**

For those recipients who have been diagnosed with breast or cervical cancer or certain pre-cancerous conditions and are found to need treatment, please refer to the Breast and Cervical Cancer Treatment Program (BCCTP) area of the Medi-Cal Web site. For more information regarding the BCCTP, please call 1-800-824-0088 for a BCCTP Eligibility Specialist or visit the BCCTP Web site at [http://www.dhcs.ca.gov/services/medi-cal/Pages/BCCTP.aspx](http://www.dhcs.ca.gov/services/medi-cal/Pages/BCCTP.aspx).
### Terms and Acronyms

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<th>Definition</th>
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<td>BCCCP</td>
<td>Breast and Cervical Cancer Control Program</td>
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<td>BCCTP</td>
<td>Breast &amp; Cervical Cancer Treatment Program</td>
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<td>BCEDP</td>
<td>Breast Cancer Early Detection Program</td>
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<td>BCTG</td>
<td>Beneficiary Correspondence and Telephone Group</td>
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<td>CBE</td>
<td>Clinical Breast Exam</td>
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<tr>
<td>CDC</td>
<td>Centers for Disease Control and Prevention, Communication Disorder Centers</td>
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<td>CDPH</td>
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<td>CDP: EWC</td>
<td>Cancer Detection Programs: Every Woman Counts</td>
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<td>FPACT</td>
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<td>HIPAA</td>
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<td>MDE</td>
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<td>NCCC</td>
<td>Northern California Cancer Center (CDP:EWC patient referral call center)</td>
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<td>OHC</td>
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<td>OOS</td>
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<td>Partnership</td>
<td>Regional Cancer Detection Partnership, a local resource for Cancer Detection Programs: Every Woman Counts</td>
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<td>PCP</td>
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**Note:** For a complete list of Medi-Cal acronyms, please refer to the *Acronyms and Abbreviations Glossary* in the Medi-Cal Indexes and Glossary Manual.
Provider Resources

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<td>• Cancer Detection Programs: Every Woman Counts, Family PACT, OB, CPSP, PE, BCCTP&lt;br&gt;• Billing assistance, Claim Status&lt;br&gt;• Request representative onsite technical assistance&lt;br&gt;• General Medi-Cal issues&lt;br&gt;• Medi-Cal provider enrollment&lt;br&gt;• PIN requests&lt;br&gt;• Web site questions&lt;br&gt;• BCCTP application assistance&lt;br&gt;• CMC claims submission and technical assistance</td>
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<td><strong>POS/Internet Help Desk</strong>&lt;br&gt;6 a.m. – midnight, 7 days a week</td>
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<td><strong>Computer Media Claims Help Desk (CMC)</strong>&lt;br&gt;8 a.m. – 5 p.m., Monday - Friday</td>
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**Regional Cancer Detection Partnerships**

A complete list of partnerships is located on the Cancer Detection Programs: Every Woman Counts Web site: [www.dhs.ca.gov/cancerdetection/regionalcontractors.htm](http://www.dhs.ca.gov/cancerdetection/regionalcontractors.htm)

- Program information
- Technical assistance to implement program requirements
- Information about professional education and other events
- Collaboration with other providers in the region
- Program-related quality improvement initiatives
- Cancer Detection Programs: Every Woman Counts online forms assistance

**Cancer Detection Programs: Every Woman Counts Web site:** [www.dhs.ca.gov/cancerdetection](http://www.dhs.ca.gov/cancerdetection)

- Consumer program information

**Cancer Detection Programs: Every Woman Counts in collaboration with San Diego State University Quality Assurance Project**

Web site: [http://qap.sdsu.edu](http://qap.sdsu.edu)

- Provider clinical resources
- Breast Diagnostic Algorithms
- Provider training opportunities

**Breast and Cervical Cancer Treatment Program (BCCTP) Eligibility Specialist**

1-800-824-0088<br>8 a.m. – 5 p.m., Monday - Friday

- BCCTP eligibility
- Eligibility policy questions
- BCCTP application questions
- Information about BCCTP

**Cancer Detection Programs: Every Woman Counts Consumer Line** 1-800-511-2300

Operated by the Northern California Cancer Center (NCCC)

9 a.m. – 7 p.m., Monday - Friday

- Information on women’s cancer screening services
- Eligibility for free women’s cancer screening services
- Referrals to providers of women’s cancer screening services
- Assistance available in English, Spanish, Mandarin, Cantonese, Vietnamese, Korean

**Contact Information**

*Cancer Detection Programs: Every Woman Counts* section of the Medi-Cal Provider Manual.<br>Web site: [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)

- Cancer Detection Programs: Every Woman Counts requirements and approved procedures<br>Medi-Cal billing policy and guidelines
## Communicating with Medi-Cal

### Medi-Cal Directory

The following directory lists the help desks and touch-tone interactive response systems that providers may call for Medi-Cal information or assistance. See corresponding telephone numbers and hours of operation on the following page.

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** Includes information about software development and/or distribution.
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<td>1-916-636-1980</td>
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<td>DHCS PROVIDER ENROLLMENT</td>
<td>DHCS</td>
<td>1-916-323-1945</td>
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<td>BORDER PROVIDER LINE*</td>
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<td>1-916-636-1200</td>
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+ Local Medi-Cal Providers are those who can call without paying toll charges.  
* Bilingual (English/Spanish) operators are available.