

# Instructions/ FAQ

## Cervical Diagnostic Enrollment (CDIA)

Follow Up and Treatment Plan for Women 21-74

*Every Woman Matters*



### General questions:

**Who/what is this form for?** This form is to be used **only for women 21 and over with an abnormal Pap test that are in need of further testing to diagnose whether or not cervical cancer is present.** We only accept diagnostic forms printed 2017 or later. Forms are available online at <http://dhhs.ne.gov/EWMForms>

**What are the guidelines for reimbursement?** EWM follows the current ASCCP Guidelines approved by the Centers for Disease Control and Prevention (CDC). Algorithms for the ASCCP guidelines can be found at: [www.asccp.org](http://www.asccp.org)

- Providers must follow current ASCCP guidelines
- Diagnostic procedures MUST correspond with screening Pap/HPV results
- Consultation can only be reimbursed if provider normally brings clients in the office for consultation
- Pelvic ultrasound is not a reimbursable procedure

### Pages 1&2 – when and how to fill out:

**What if my patient is not enrolled in Every Woman Matters?** Your client does not have to be currently enrolled in our program to use this form. This form can be used to enroll clients in Every Woman Matters to cover diagnostic testing as long as they meet our income guidelines and are US citizens or have a Permanent Resident card. Call us at 1-800-532-2227 if you're not sure or check our website for current [income guidelines](#).

Please make sure that your patient fills out pages 1 and 2 completely.

- **Page 1 must be completed with:**
  - contact information
  - demographics
  - breast and cervical history
- **Page 2 must be completed with:**
  - income and insurance
  - citizen status or alien status (client must provide copy of both sides of their Permanent Resident Card or their A-Number/Alien Registration Number)
  - signature - date of signature must be on or before the date of first diagnostic service in order for it to be reimbursed

**What if my patient is already enrolled in Every Woman Matters?** If your patient meets the following criteria, then pages 1 and 2 don't need to be completed or returned.

- over 35 and has recently completed a Healthy Lifestyle Questionnaire and had a recent EWM well-woman screening visit
- under 35 and currently enrolled in the Nebraska State Pap Plus program

### Page 3:

**Who can fill out page 3?** This page can be filled out by any clinical member of the health care team at a primary care, OB/GYN, or surgical provider's office.

**How do I fill out page 3?** The top section must be completed with the client's name, DOB, and screening provider where Pap/HPV was done. Fill in your clinic's information under diagnostic provider, if different.

Find Pap/HPV results in the column and mark the date of the Pap/HPV underneath. Check the box by the procedure (only allowable procedures are in the column under the Pap/HPV result). This is only for new abnormal Pap/HPV results.

**YOU MUST INCLUDE A FINAL DIAGNOSIS.**

**What do I need to send to EWM along with this form?** Attach all relevant clinical documentation including Pap/HPV test results and pathology reports on biopsies. Form may be returned to you if documentation is incomplete. You must complete the Final Diagnosis Section.

**Page 4:**

**What do I do if my patient is found to have CIN 2 or 3, Invasive Cancer, or Squamous Cell Carcinoma?**

- Complete the “Cervical Cancer Treatment and Referral” section at the top of page 4
- Indicate type of treatment and where client is being referred
- Fill out [Treatment Funds Request Form](#)
- Through Nebraska state statute, your patient may be eligible for Nebraska Medicaid for LEEP procedure or cancer treatment through the Women’s Cancer Program if they are diagnosed through EWM. We have our own application for this, please contact EWM.
- Call us at 1-800-532-2227 and ask for the nurse if you have any questions or need to discuss next steps. Although not required, we do appreciate a “heads up” so we can begin the process of helping your patient apply for Medicaid as quickly as possible.



**What do I do for clients who need surveillance/follow-up from a previous abnormal Pap test?**

- Complete the bottom of page 4
- Pre-authorization not needed but must follow ASCCP guidelines.
- Complete ‘Follow up of Previous Abnormal Findings’ for women 25-74 in need of follow up with colposcopy/cytology
- Women under 35, who are in need of 12-24 month repeat Pap/HPV, must enroll in the Nebraska State Pap Plus program in order to have the Pap covered.
- Women over 35, who are in need of 12-24 month repeat Pap/HPV, must enroll with a Healthy Lifestyle Questionnaire (HLQ). Please call if you are not sure.