Instructions/FAQ

Breast Diagnostic Enrollment (BDIA)

Follow Up and Treatment Plan for Women 18-74

Every Woman Matters

General questions:

Who/what is this form for?   This form is to be used ONLY for women with an **abnormal breast exam** or **abnormal screening mammogram** that are in need of further testing to diagnose whether or not breast 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? The Every Woman Matters Medical Advisory Board Recommends that we follow the current NCCN Guidelines approved by the Centers for Disease Control and Prevention (CDC). NCCN guidelines can be found at www.nccn.org.   See page 3 for a table of reimbursable procedures. Consultation can only be reimbursed if provider normally brings clients in the office for consultation.

Pages 1&2 – when and how to fill them 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 18-74 in Every Woman Matters to cover breast 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 (prior and current)
- Page 2 must be completed with:
    - income and insurance
    - citizen status or alien status (client must provide a copy of both sides their Permanent Resident Card)
    - signature - date of signature must be 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 she got her CBE (if applicable). Then fill in your clinic's information under diagnostic provider.

- For patients 18-39, fill out the date and findings of her clinical breast exam.
- For patients 40-74, fill out the date and findings of clinical breast exam as well as the results of the SCREENING mammogram.
- The Diagnostic workup section shows all of the procedures allowable for these women. Check the box with the imaging or diagnostic procedure done and fill in the date of service.
- Check the **final diagnosis and date of diagnosis**
- Fill in the clinic name (continued on next page)
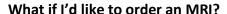- YOU MUST INCLUDE A FINAL DIAGNOSIS

If your patient is diagnosed with breast cancer, please check the box with the type of cancer diagnosed. Also, you must fill out the top of page 4 "Breast Cancer Referral & Treatment".

What do I need to send to EWM along with this form? ==Attach all relevant clinical documentation including imaging results and pathology reports on biopsies. Form may be returned to you if documentation isn't included. You must complete the Final Diagnosis Section.==

Page 4:

What do I do if patient has been diagnosed with breast cancer?
- Complete the "Breast Cancer Treatment and Referral" section at the top of page 4
- Indicate type of treatment and where client is being referred
- Complete Treatment Scheduled and Treatment Performed Dates
- Fill out Treatment Funds Request Form
- Through Nebraska state statute, your patient may be eligible for Nebraska Medicaid for cancer treatment through the Women's Cancer Program if the woman is diagnosed through 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 if I'd like to order an MRI?
- EWM covers MRIs for diagnostic purposes on a case-by-case basis
- Screening MRIs are allowable *for certain high-risk women* but will need pre-authorization
    - Your patient must meet at least one of the criterion listed in the middle of page 4
    - Check the box next to her KNOWN breast cancer risk factor on the list
    - You MUST provide clinical documentation along with the request or MRI will be denied
        - If you've checked the box next to lifetime breast cancer risk of 20-25% or greater, then you must attach a copy of the risk assessment.

What do I do for clients who need surveillance/follow-up from a previous abnormal finding?
- Follow-up is reimbursable ONLY for clients ages 40-74
- Client must be enrolled. Call if you are not sure.
- Must follow NCCN guidelines.
- CBE preferred before the follow-up imaging performed
- Complete "Follow-Up of Previous Abnormal Finding" section, page 4
    a. Fill out the previous abnormal finding that your patient needs follow-up from (for example, a breast ultrasound that came back as BIRADS 3 Probably benign)
    b. Under the 6-month Follow-up, fill out the date and results of your patient's current findings
    c. You do NOT have to fill out page 3 if it's a 6-month follow-up, only bottom of page 4.

CRITICAL REMINDERS:
- Providers must follow 2023 NCCN guidelines**--Breast MRI requires pre-approval (see above)--**
- We only accept diagnostic forms printed 2017 or later (see top right corner of front sheet)
- Diagnostic procedures must correspond with screening results

EWM Coverage of Diagnostic Services

Coverage is determined by the age of the client and the results of screening, following NCCN Guidelines.

Procedures covered for women 18-39:

- Screening mammogram not covered by EWM for women <40

Age	CBE Findings:	Services Allowable for Reimbursement Based On Findings:
18-29	Suspicious CBE (Consultation by surgeon preferred, prior to diagnostic testing)	• Surgical Consultation (can only be reimbursed if provider normally brings clients in the office for consultation) • Breast Ultrasound Fine Needle Aspiration & Cytology of Breast Discharge • Breast Biopsy • Breast MRI: NEEDS PRE-AUTHORIZATION. See page 4 for eligibility
30-39	Suspicious CBE (Consultation by surgeon preferred, prior to diagnostic testing)	• Diagnostic mammogram • Same as list above

Procedures Covered for women ages 40-74:

Age	SCREENING Mammogram Findings:		Services Allowable for Reimbursement Based On Screening Results:	
40-74	**No Screening Mammogram and Suspicious CBE (palpable mass, other symptoms)**		<u>Diagnostic mammogram</u> **BI-RADS 0-3**	Breast Ultrasound is required (diagnostic mammography alone misses 15-20% of translucent tumors)
			<u>Diagnostic mammogram</u> **BI-RADS 4, 5**	Fine Needle Aspiration Breast Biopsy
	BI-RADS 0 - Needs additional imaging evaluation		Comparison of prior films Diagnostic mammogram Breast Ultrasound	
	BI-RADS 1 –Negative or **BI-RADS 2** – Benign finding	**CBE negative**	Routine Screening	
		CBE suspicious for malignancy	• Consultation (can only be reimbursed if provider normally brings clients in the office for consultation) • Breast Ultrasound Fine Needle Aspiration; Cytology of breast discharge • Breast Biopsy • Breast MRI: NEEDS PRE-AUTHORIZATION. See page 4 for eligibility	
	BI-RADS 3 – Probably Benign		Diagnostic mammogram at 6 months, then every 6-12 months for 2-3 years – client must re-enroll in EWM annually	
	BI-RADS 4 – Suspicious Abnormality or **BI-RADS 5** – Highly suggestive of malignancy		Consultation (can only be reimbursed if provider normally brings clients in the office for consultation) Breast Biopsy	