Screening Guidelines

Healthcare providers assume responsibility for comprehensive breast and cervical cancer, cardiovascular, and diabetes screening services and must:

- Have a medical supervisor/director to ensure that healthcare providers are competent and proficient in clinical screening services and related patient education and counseling and to ensure that professional credentials are current.

- Provide pelvic examination, in conjunction with a Pap test and clinical breast examination by a healthcare provider and referral for screening and/or diagnostic mammogram as indicated per screening guidelines.

- Provide and participate in patient education activities with assistance from EWM as needed or requested. The education/counseling includes: breast self-examination instruction, screening guidelines, risk factor information, recommendations for positive lifestyle changes and counseling on abnormal findings and necessary follow up.

- Utilize laboratories and refer enrolled clients for mammography and breast ultrasound to an approved Referral Provider.

- Provide or refer for colposcopy and colposcopy-directed biopsy of cervical lesions. These services shall be provided by a healthcare provider who has received specialized training in colposcopy and/or colposcopy-directed biopsy. Healthcare providers must refer enrolled clients to an approved Referral Provider.

- Provide or refer for diagnosis and treatment of high-grade lesions to an OB/GYN.

- Provide or refer for fine needle or cyst aspiration of palpable breast lumps or breast lesions apparent on mammography. These services shall be provided by an approved, licensed healthcare provider who has received specialized training in breast fine needle and/or cyst aspiration. Healthcare providers must refer enrolled clients to an approved Referral Provider.

- Provide cardiovascular and diabetes screening as described in the Screening Guidelines Section. Discuss and advise clients with elevated cholesterol, blood pressure, blood glucose, or body mass index, based on their lab values, on strategies to reduce their risk factors and attain healthiest screening outcomes. See Cardiovascular Screening Protocols Section.
- Computer Aided Detection (CAD) is **NOT** reimbursable.
- Magnetic Resonance Imaging (MRI) is **NOT** reimbursable.
<table>
<thead>
<tr>
<th>ENROLLMENT</th>
<th>SCREENING SERVICES</th>
<th>DIAGNOSTIC SERVICES</th>
<th>ADDITIONAL SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who can be enrolled?</td>
<td>What screening services are available?</td>
<td>What diagnostic service can they receive?</td>
<td>After client is enrolled, what additional follow up services is she eligible for?</td>
</tr>
</tbody>
</table>
| Women 18 through 39 years of age who have a palpable breast mass suspicious for malignancy  
*EWM highly encourages every client with a suspicious breast mass to be referred to a surgeon. The CDC recommends that every client 18 years of age and older with a suspicious clinical breast exam be referred to a surgeon. | NONE | Surgeon may order imaging after consultation  
*Breast Ultrasound (*Must be preauthorized)  
*Reimbursement for breast ultrasound needs to be preauthorized for clients 18-39, except when recommended by a radiologist following a diagnostic mammogram in clients 30-39. Approval is based on funding availability.  
*Diagnostic Mammogram (*Client must be at least 30)  
*Fine Needle/Cyst Aspiration  
*Ultrasound Guided Fine Needle/Cyst Aspiration  
*Repeat Breast Exam  
*Biopsy:  
  • Needle Core w/ or w/out imaging  
  • Mammotome  
  • Open Incision/ABBI w/ or w/out imaging  
  • Excision w/ or w/out imaging  
  *For cervical diagnostic services see the Cervical Diagnostic Enrollment/Follow Up and Treatment Plan (Section 2, Page 3) (example of this form located in the Forms & Materials Section on Page 11-4) | NONE |
| Women 40 and above not covered by Medicare Part B | Pap Test biennially (every 2 years)  
Pelvic Exam in conjunction with clinical breast exam and/or Pap test  
Clinical Breast Exam (CBE)  
Teaching of Breast Self-Exam (BSE)  
Screening Mammography  
Blood Pressure according to guidelines  
Height, Weight and Waist Circumference according to guidelines  
Fasting glucose according to guidelines  
Fasting lipids to include total cholesterol and HDL according to guidelines  
A1c if previously diagnosed with diabetes according to guidelines (Services available according to screening services listed on Screening Visit Card) | Breast Ultrasound  
Diagnostic Mammography -Compression Magnification, Additional Views, etc.  
Fine Needle/Cyst Aspiration  
Ultrasound Guided Fine Needle/Cyst Aspiration  
Repeat Breast Exam  
Biopsy:  
  • Needle Core w/ or w/out imaging  
  • Mammotome  
  • Open Incision/ABBI w/ or w/out imaging  
  • Excision w/ or w/out imaging  
  *For cervical diagnostic services see the Cervical Diagnostic Enrollment/Follow Up and Treatment Plan (Section 2, Pg 3) (example of this form located in the Forms & Materials Section on Page 11-4) | Follow up Pap test according to the 2006 ASCCP guidelines and with pre-authorization after abnormal Pap test/Colposcopy  
Follow up CBE  
Follow up Ultrasound  
Follow up Mammography |

**NOTE:** If 2006 ASCCP Guidelines indicate cytology at 6 months and 12 months or HPV testing at 12 months, EWM will ONLY pay for HPV testing at 12 months.
### Screening Visit

**Clients 18-39 (ENROLLED PRIOR TO JULY 1, 1997)**

<table>
<thead>
<tr>
<th>Exams</th>
<th>Clients Should Receive:</th>
<th>Paperwork the healthcare provider completes:</th>
<th>What you give the client:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Clinical Breast Exam</td>
<td>1. EWM Screening Visit Card that the client brought with her.</td>
<td>1. No paperwork given to client at this time.</td>
</tr>
<tr>
<td>2.</td>
<td>Teach/Review Breast Self Exam</td>
<td>2. Affix the Red and White sticker to the lab requisition for the Pap test evaluation so the lab will bill EWM. For clinics using electronic submission of lab requisition indicate EWM for billing purposes.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Pelvic Exam *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Screening Pap test biennially (every 2 years)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Pelvic exam must be in conjunction with a Pap test and/or clinical breast exam in order to be reimbursed.

**NOTE:** Clients enrolled prior to July 1, 1997, will be issued Screening Visit Cards by EWM. No new client under 40 can be enrolled for screening. (See Breast or Cervical Diagnostic Enrollment Guidelines on pages 2-2 through 2-4 for enrollment for diagnostic services)

**NOTE:** Screening mammography is not reimbursable for clients under the age of 40.
Example of form for Screening Visit for Clients 18-39
(enrolled prior to July 1997)

Provider and Client completes these two pages together

Screening Visit Card (5 pages)
# Screening Visit

## Clients 40-64 Years

<table>
<thead>
<tr>
<th>Exams Clients Should Receive:</th>
<th>Paperwork the healthcare provider completes:</th>
<th>What you give the client:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Clinical Breast Exam-Annually</td>
<td>1. Page 3 of Pink Enrollment or EWM Screening Card that the client brought with her. If cholesterol and glucose results are not immediately available, record when available. Submit Screening Visit Card to EWM within two (2) weeks of date of service.</td>
<td>1. EWM Mammography Reporting Form (if mammogram ordered) <em>(gray shaded area must be completed by the healthcare provider)</em> for the client to take to an approved mammography facility.</td>
</tr>
<tr>
<td>2. Teach/Review Breast Self Exam</td>
<td>2. EWM Mammography Reporting Form <em>(gray shaded area must be completed by the healthcare provider)</em>.</td>
<td>2. Screening Visit Card (pages 4 and 5) for client to take with her. These two pages give the client and healthcare provider a place to write down the client’s cardiovascular/diabetes screening results. This is also a place for the client and healthcare provider to talk about goals to improve the clients’ cardiovascular/diabetes health.</td>
</tr>
<tr>
<td>3. Mammography • 40-49: every 1-2 years at discretion of clinician • 50+: Annually</td>
<td>3. Affix the Red and White sticker to the lab requisition for the Pap test evaluation so the lab will bill EWM. For clinics using electronic submission of lab requisition indicate EWM for billing purposes.</td>
<td><em>(Example of Pink Enrollment and Screening Visit Card located on page 3-7)</em> <em>(Example of EWM Mammography Reporting Form located on page 3-7)</em></td>
</tr>
<tr>
<td>4. Pelvic Exam*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Screening Pap test biennially (every 2 years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Blood pressure (two readings are required during visit)**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Fasting Lipid Panel or Basic Metabolic Panel to include total cholesterol and HDL timing in accordance with screening guidelines-see page 3-24**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Fasting blood glucose or A1c timing in accordance with screening guidelines-see page 3-18**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Weight, Height with shoes off, and Waist Circumference**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Risk factor evaluation based on the Health Risk Assessment on the Screening Visit Card**</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Pelvic exam must be in conjunction with a Pap test and/or clinical breast exam in order to be reimbursed.

** In order to be reimbursed for these exams, cardiovascular screening must be in conjunction with breast and cervical cancer screening and follow CVD Screening Guidelines set forth on page 3-18).
Example forms for Screening Visit for Clients 40-64

Presumptive Eligibility Enrollment Form (pink) (6 pages)

Screening Visit Card (5 pages)

Mammography Reporting Form
### Diagnostic Mammography

<table>
<thead>
<tr>
<th>EWM will pay for this when:</th>
<th>Paperwork the healthcare provider completes:</th>
<th>What you give the client:</th>
</tr>
</thead>
</table>
| Clients enrolling for diagnostic services, who are 30-39 years of age and who have a palpable mass suspicious for malignancy. *EWM highly encourages every client with a suspicious breast mass to be referred to a surgeon.* | 1. Breast Diagnostic Enrollment/ Follow Up and Treatment Plan (Section 1 indicating referral to a surgeon)  
2. EWM Mammography Reporting Form (gray shaded area must be completed by the healthcare provider) | 1. EWM Mammography Reporting Form (gray shaded area must be completed by the healthcare provider) for the client to take to an approved mammography facility. |

| Clients of at least 40 years of age, who have had a mammogram indicating Assessment Incomplete. | 1. Breast Diagnostic Enrollment/ Follow Up and Treatment Plan (Sections 1 and 2)  
2. EWM Mammography Reporting Form (gray shaded area must be completed by the healthcare provider). | 1. EWM Mammography Reporting Form (gray shaded area must be completed by the healthcare provider) for the client to take to an approved mammography facility. |

(Example of the Breast Diagnostic Enrollment/Follow Up and Treatment Plan form located on page 3-9)  
(Example of the EWM Mammography Reporting Form located on page 3-9)

### Breast Ultrasound

<table>
<thead>
<tr>
<th>EWM will pay for this when:</th>
<th>Paperwork the healthcare provider completes:</th>
<th>What you give the client:</th>
</tr>
</thead>
</table>
| Client is 18-39 years old with suspicious palpable mass *Reimbursement for breast ultrasound needs preauthorization for clients 18-39, except when recommended by a radiologist following a diagnostic mammogram in clients 30-39. Preauthorization for breast ultrasound is based on funding availability.* | 1. Breast Diagnostic Enrollment/ Follow Up and Treatment Plan (Section 1 and Preauthorization on Page 4)  
2. EWM Mammography Reporting Form (gray shaded area must be completed by the healthcare provider) | 1. Section 1 and 2 of the Breast Diagnostic Enrollment/Follow Up and Treatment Plan for the client to take to an approved referring surgeon.  
2. EWM Mammography Reporting Form (gray shaded area must be completed by the healthcare provider) |

| Client is 40 years old or older with suspicious breast malignancy on clinical breast exam with negative/ benign screening or diagnostic mammogram or Assessment Incomplete mammogram. | 1. Complete Section 1 and 2 of the Breast Diagnostic Enrollment/Follow Up and Treatment Plan  
2. EWM Mammography Reporting Form (gray shaded area must be completed by the healthcare provider). | 1. EWM Mammography Reporting Form (gray shaded area must be completed by the healthcare provider) for the client to take to an approved ultrasound facility. |

(Example of the Breast Diagnostic Enrollment/Follow Up and Treatment Plan form located on page 3-9)  
(Example of the EWM Mammography Reporting Form located on page 3-9)

**NOTE:** Reimbursement for breast ultrasound needs preauthorization for clients 18-39, except when recommended by a radiologist following a diagnostic mammogram in clients 30-39. Preauthorization for breast ultrasound is based on funding availability.
Example forms for Diagnostic Mammography and Breast Ultrasound

Breast Diagnostic Enrollment/Follow Up and Treatment Form (5 pages)

Instructions for Providers

Blank

Client completes

Mammography Reporting Form
### Fine Needle or Cyst Aspiration

<table>
<thead>
<tr>
<th>EWM will pay for this when:</th>
<th>Paperwork the healthcare provider completes:</th>
<th>What you give the client:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client is 18-39 years old with suspicious palpable mass</td>
<td>1. Breast Diagnostic Enrollment/ Follow Up and Treatment Plan (Section 1 indicating referral to surgeon)</td>
<td>1. If referring to another healthcare provider, give client the Breast Diagnostic Enrollment/Follow Up and Treatment Plan to take to an approved referral healthcare provider.</td>
</tr>
</tbody>
</table>

(Example of the Breast Diagnostic Enrollment/Follow Up and Treatment Plan form located on page 3-11)

| Client is 40 years old or older with suspicious breast malignancy on clinical breast exam with negative/benign screening or diagnostic mammogram or assessment incomplete mammogram. | 1. Breast Diagnostic Enrollment/ Follow Up and Treatment Plan (Section 1 and 2) | 1. If referring to another healthcare provider, give client Breast Diagnostic Enrollment/ Follow Up and Treatment Plan to take to an approved referral healthcare provider. |

(Example of Breast Diagnostic Enrollment/Follow Up and Treatment Plan form located on page 3-11)

### Breast Biopsy

<table>
<thead>
<tr>
<th>EWM will pay for this when:</th>
<th>Paperwork the healthcare provider completes:</th>
<th>What you give the client:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client is 18-39 years old with suspicious palpable mass</td>
<td>1. Breast Diagnostic Enrollment/ Follow Up and Treatment Plan (Section 1 indicating referral to surgeon)</td>
<td>1. If referring to another healthcare provider, give client the Breast Diagnostic Enrollment/Follow Up and Treatment Plan to take to an approved referral healthcare provider.</td>
</tr>
</tbody>
</table>

(Example of the Breast Diagnostic Enrollment/Follow Up and Treatment Plan form located on page 3-11)

| Client is 40 years old or older with mammogram results of suspicious abnormality or suggestive of malignancy. | 1. Breast Diagnostic Enrollment/ Follow Up and Treatment Plan (Section 1 and 2) | 1. If referring to another healthcare provider, give client the Breast Diagnostic Enrollment/Follow Up and Treatment Plan to take to an approved referral healthcare provider. |

(Example of Breast Diagnostic Enrollment/Follow Up and Treatment Plan form located on page 3-11)
Example forms for Fine Needle or Cyst Aspiration and Breast Biopsy

Breast Diagnostic Enrollment/Follow Up and Treatment Form (5 pages)

Instructions for Providers

Client completes

Provider completes

Screening Guidelines
Preauthorization - Pap Test for Short Interval Follow Up

<table>
<thead>
<tr>
<th>EWM will pay for this when:</th>
<th>Paperwork the healthcare provider completes:</th>
<th>What you give the client:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preauthorization</td>
<td>1. Cervical Diagnostic Enrollment/Follow Up and Treatment Plan (Pre-authorization portion located in Section 4)</td>
<td>1. No paperwork given to the client at this time.</td>
</tr>
<tr>
<td>Before you contact EWM for pre-authorization, please check your request to confirm that it follows the 2006 ASCCP Guidelines.</td>
<td>All Surveillance/Follow Up cytology and HPV testing at 12 months to be documented under Surveillance/Follow Up Section on the Annual Screening Visit Card.</td>
<td></td>
</tr>
<tr>
<td>Note: If the 2006 ASCCP Guidelines indicate cytology at 6 months and 12 months OR HPV testing at 12 months, EWM will ONLY pay for HPV testing at 12 months. (See Policy 10 C-7). See algorithms in Cervical Protocols Section of this manual.</td>
<td>2. Affix the Red and White Sticker to the lab requisition so the lab will bill EWM. For clinics using electronic submission of lab requisition indicate EWM for billing purposes.</td>
<td></td>
</tr>
</tbody>
</table>

Example Sticker:

```
Every Woman Matters
1-800-532-2227
```

(Examples of the Cervical Diagnostic Enrollment/Follow Up and Treatment Plan form are located on page 3-13)

<table>
<thead>
<tr>
<th>Section 1 Screening</th>
<th>Section 2 Diagnostic Workup</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pap Test Finding</td>
<td>Recommendations:</td>
</tr>
<tr>
<td>Negative Benign</td>
<td>Cervical biopsy with</td>
</tr>
<tr>
<td>ASC-US with HPV ≥ 21 yrs</td>
<td>possible high-grade cervical intraepithelial neoplasia (CSIN)</td>
</tr>
<tr>
<td>≥ 21 yrs</td>
<td>Cervical biopsy</td>
</tr>
<tr>
<td>≥ 18 yrs</td>
<td>Immediate LEEP unacceptable</td>
</tr>
<tr>
<td>HSIL 16-20 yrs</td>
<td>Cervical biopsy with LEEP or CFNB with consideration for cervical biopsy first instead of treatment for high-grade lesion</td>
</tr>
<tr>
<td>HSIL ≥ 21 yrs</td>
<td>OR</td>
</tr>
<tr>
<td>Squamous Cell Cervix</td>
<td>Treatment referral to OB/GYN</td>
</tr>
<tr>
<td>ASC-H</td>
<td>OR</td>
</tr>
<tr>
<td>≥ 55 yrs</td>
<td>All other ASC Pap</td>
</tr>
<tr>
<td>HPV (-) testing ≥ 32 yrs</td>
<td>Colposcopy with biopsy</td>
</tr>
<tr>
<td>AGC Results</td>
<td>Colposcopy with</td>
</tr>
<tr>
<td>HPV Testing</td>
<td>Endocervical Sampling</td>
</tr>
<tr>
<td>INDOLITE biopsies (IVS)</td>
<td>Date <strong>/</strong>/__</td>
</tr>
<tr>
<td>Date <strong>/</strong>/__</td>
<td>Date <strong>/</strong>/__</td>
</tr>
<tr>
<td>Endometrial biopsy</td>
<td>Complete Section 3</td>
</tr>
<tr>
<td>Date <strong>/</strong>/__</td>
<td>Date <strong>/</strong>/__</td>
</tr>
</tbody>
</table>

Note: All biopsies must be performed on same day.
Example forms for Pap Test for Short Interval Follow Up

Cervical Diagnostic Enrollment/Follow Up and Treatment Form (6 pages)

Instructions for Providers  Provider Education  Client completes

Client completes  Provider completes
Colposcopy and Colposcopy-directed biopsy

<table>
<thead>
<tr>
<th>EWM will pay for this when:</th>
<th>Paperwork the healthcare provider completes:</th>
<th>What you give the client:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services are allowable based upon the Cervical Diagnostic Enrollment/ Follow Up and Treatment Plan criteria listed below:</td>
<td>1. If referring or performing, complete Cervical Diagnostic Enrollment/Follow Up and Treatment Plan (Section 1 or 2).</td>
<td>1. If referring to another healthcare provider, give client the Cervical Diagnostic Enrollment/Follow Up and Treatment Plan to take to an approved referral healthcare provider.</td>
</tr>
<tr>
<td></td>
<td>2. Affix the Red and White Sticker to the lab requisition so the lab will bill EWM.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>For clinics using electronic submission of lab requisition indicate EWM for billing purposes.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Example Sticker:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Every Woman Matters 1-800-532-2227</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Example of the Cervical Diagnostic Enrollment/Follow Up and Treatment Plan form located on page 3-15)</td>
<td></td>
</tr>
</tbody>
</table>

NOTE: Expect that 98% of clients receive colposcopy with biopsy.

SECTION 1: Screening

<table>
<thead>
<tr>
<th>Referral Information</th>
<th>Clinic Information</th>
<th>Pap Test Finding</th>
<th>Recommendations</th>
<th>Allowable for Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client Required to another provider who will take over care.</td>
<td></td>
<td></td>
<td>Colposcopy with biopsy</td>
<td></td>
</tr>
<tr>
<td>Internal Clinician Information - Address name, clinic name, city name</td>
<td></td>
<td></td>
<td>Colposcopy with biopsy with visible suspicious cervical lesion</td>
<td></td>
</tr>
<tr>
<td>Do not abbreviate clinic name.</td>
<td></td>
<td></td>
<td>Colposcopy with biopsy</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Immediate LEEP unacceptable</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Colposcopy with biopsy or LEEP with strong consideration for colposcopy first instead of treatment for younger women</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Colposcopy with</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Endocervical Sampling</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Cervical biopsy</td>
<td>Date ___ / ___ / ___</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Squamous Cell Carcinoma</td>
<td>Treatment referral to OB/GYN</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>AGC Results 18-34 yrs</td>
<td>Colposcopy with</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Endometrial biopsy criteria:</td>
<td>Endocervical Sampling</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Atypical Endometrial Cells</td>
<td>Cervical biopsy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>All other AGC Paps-AG-NOS, AG-C probable endocervical cells</td>
<td>Endometrial biopsy Date / /</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>HPV (+) surveillance testing 21 yrs</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Colposcopy with biopsy</td>
<td>Endometrial biopsy Date ___ / ___ / ___</td>
</tr>
</tbody>
</table>

SECTION 2: Diagnostic Workup

<table>
<thead>
<tr>
<th>Referral Information</th>
<th>Clinic Information</th>
<th>Pap Test Finding</th>
<th>Recommendations</th>
<th>Allowable for Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client Required to another provider who will take over care.</td>
<td></td>
<td></td>
<td>Colposcopy with</td>
<td></td>
</tr>
<tr>
<td>Internal Clinician Information - Address name, clinic name, city name</td>
<td></td>
<td></td>
<td>Endocervical Sampling</td>
<td></td>
</tr>
<tr>
<td>Do not abbreviate clinic name.</td>
<td></td>
<td></td>
<td>Cervical biopsy</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Endometrial biopsy Date ___ / ___ / ___</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Squamous Cell Carcinoma</td>
<td>Treatment referral to OB/GYN</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>AGC Results 18-34 yrs</td>
<td>Colposcopy with</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Endometrial biopsy criteria:</td>
<td>Endocervical Sampling</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Endometrial biopsy</td>
<td>Cervical biopsy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Endometrial biopsy</td>
<td>HPV Testing</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Endometrial biopsy Date ___ / ___ / ___</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>EWM may request documentation to support diagnosis</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Endometrial biopsy Date ___ / ___ / ___</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Squamous Cell Carcinoma</td>
<td>Treatment referral to OB/GYN</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>AGC Results 18-34 yrs</td>
<td>Colposcopy with</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Endometrial biopsy criteria:</td>
<td>Endocervical Sampling</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Endometrial biopsy</td>
<td>Cervical biopsy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Endometrial biopsy</td>
<td>HPV Testing</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Endometrial biopsy Date ___ / ___ / ___</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Squamous Cell Carcinoma</td>
<td>Treatment referral to OB/GYN</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>AGC Results 18-34 yrs</td>
<td>Colposcopy with</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Endometrial biopsy criteria:</td>
<td>Endocervical Sampling</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Endometrial biopsy</td>
<td>Cervical biopsy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Endometrial biopsy</td>
<td>HPV Testing</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Endometrial biopsy Date ___ / ___ / ___</td>
<td></td>
</tr>
</tbody>
</table>

NOTE: Expect that 98% of clients receive colposcopy with biopsy.
Example forms for Colposcopy and Colposcopy-directed Biopsy

Cervical Diagnostic Enrollment/Follow Up and Treatment Form (6 pages)

Instructions for Providers       Provider Education       Client completes

Cervical Diagnostic Enrollment/Follow Up and Treatment Plan

Provider completes       Provider completes
LEEP for Diagnosis

EWM will pay for this when:
Procedure is performed, based upon the Cervical Diagnostic Enrollment/Follow Up and Treatment Plan criteria listed below:

<table>
<thead>
<tr>
<th>Paperwork the healthcare provider completes:</th>
<th>What you give the client:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. If referring or performing, complete Cervical Diagnostic Enrollment/Follow Up and Treatment Plan (Section 1 or 2).</td>
<td>1. If referring to another healthcare provider, give client the Cervical Diagnostic Enrollment/Follow Up and Treatment Plan to take to an approved referral healthcare provider.</td>
</tr>
<tr>
<td>2. Affix the Red and White Sticker to the lab requisition so the lab will bill EWM. For clinics using electronic submission of lab requisition indicate EWM for billing purposes.</td>
<td></td>
</tr>
</tbody>
</table>

Example Sticker:

Every Woman Matters
1-800-532-2227

(Example of the Cervical Diagnostic Enrollment/Follow Up and Treatment Plan form located on page 3-17)

(Example of the Cervical Diagnostic Enrollment/Follow Up and Treatment Plan form located on page 3-17)

SECTION 1 Screening

<table>
<thead>
<tr>
<th>Referral Information</th>
<th>Clinic Information</th>
<th>Pap Test Finding</th>
<th>Recommendations</th>
<th>Allowable for Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>ASC-US with -HPV ≥ 21 yrs</td>
<td>Colposcopy with biopsy with visible suspicious cervical lesion</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>LSIL ≥ 21 yrs</td>
<td>Colposcopy with biopsy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>ASC-H ≥ 18 yrs</td>
<td>Immediate LEEP unacceptable</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>HSIL 18-20 yrs</td>
<td>Colposcopy with biopsy or LEEP with strong consideration for colposcopy first instead of treatment for younger women</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>HSIL ≥ 21 yrs</td>
<td>Colposcopy with biopsy or LEEP</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Squamous Cell Carcinoma</td>
<td>Treatment referral to OB/GYN</td>
</tr>
</tbody>
</table>

SECTION 2 Diagnostic Workup

<table>
<thead>
<tr>
<th>Name and Address of Clinic initiating completing SECTION 1</th>
<th>AGC Results 18-34 yrs</th>
<th>Additional Endometrial biopsy criteria:</th>
<th>AGC ≥ 35 yrs</th>
<th>colposcopy with biopsy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endometrial biopsy criteria:</td>
<td></td>
<td></td>
<td>All other AGC Paps-AG-NOS, AGC-probable endocervical cells</td>
<td></td>
</tr>
<tr>
<td>Abnormal Endometrial bleeding</td>
<td></td>
<td></td>
<td>Colposcopy with</td>
<td></td>
</tr>
<tr>
<td>Abnormality (any)</td>
<td></td>
<td></td>
<td>Cervical biopsy</td>
<td></td>
</tr>
<tr>
<td>Polycystic Ovarian Syndrome (PCOS)</td>
<td></td>
<td></td>
<td>HPV Testing</td>
<td></td>
</tr>
<tr>
<td>Other conditions leading to chronic anorexia</td>
<td></td>
<td></td>
<td>Date / / /</td>
<td></td>
</tr>
<tr>
<td>AGC ≥ 35 yrs</td>
<td></td>
<td></td>
<td>HPV Testing</td>
<td></td>
</tr>
</tbody>
</table>

All these procedures must be performed on same day

Complete Section 3
Example forms for LEEP for Diagnosis

Cervical Diagnostic Enrollment/Follow Up and Treatment Form (6 pages)

Instructions for Providers

| Client completes | Provider completes | Provider completes |

| Client completes |

| Provider Education |

| Client completes |

| Provider completes |

<p>| Provider completes |</p>
<table>
<thead>
<tr>
<th>EWM CVD/Diabetes Screening services:</th>
<th>EWM will pay for this when:</th>
<th>Paperwork the healthcare provider completes:</th>
<th>Follow Up services:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Height/Weight Measurements</td>
<td>1. Client 40-64 is brand new to the EWM Program (never been enrolled or screened at anytime). Client is eligible to receive an initial CVD screening at her first breast and cervical visit.</td>
<td>1. Page 3 of the Screening Visit Card within the red box and the recommended goals to improve the clients’ CVD/Diabetes health. <strong>The Screening Visit Card must be submitted to EWM in order to receive payment for the screening visit.</strong></td>
<td>1. Give client the “Heart Health Results and Information” (pages 4 and 5) from the Screening Visit Card to take with her. These two pages give the client and healthcare provider a place to write down the client’s CVD/Diabetes screening results. This is also a place for the client and healthcare provider to talk about goals to improve the clients’ CVD/Diabetes health.</td>
</tr>
<tr>
<td>2. Two blood pressure readings</td>
<td>2. Client 40-64 is eligible to receive a second required CVD screen at her next annual B&amp;C visit (12-18 months after initial screening).</td>
<td>2. Counsel the client on the healthcare provider’s interpretation of the test results and the recommended treatment, including a review of all results, medications ordered, lifestyle modifications, interventions recommended, and accessible community resources.</td>
<td></td>
</tr>
<tr>
<td>3. Waist circumference measurement</td>
<td>3. Client 40-64 and is at risk based on health history and/or previous lab results or according to National Guidelines and EWM Program Policies.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Total cholesterol test and HDL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Fasting blood glucose or an HgA1C test if client diagnosed diabetic</td>
<td><strong>NOTE: Client Screening history on label on front of Screening Visit Card.</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EWM does NOT pay for:**

- Further diagnostic testing, such as a 12-lead EKG, stress test or other lab work not described in this manual.
- If services are needed that are NOT included on the list or if more than one strategy is recommended to address the client’s medical issues, the healthcare provider should discuss possible cost/payment issues and options with the client.

**Other services client may be eligible for:**

Lifestyle Interventions (LSI’s) which refers to giving information to the client about lifestyle changes. Client may receive LSI’s according to her lab values as noted below. (See Cardiovascular/Diabetes Protocols Section for more detailed information)

Normal: Refer to no-cost/low-cost community resources

At-risk/Abnormal: 4 month intervention management process with Regional LSI.

- Blood pressure of 120-180 systolic or 80-110 diastolic
- Fasting total cholesterol of 200-400 mg/dl
- Fasting blood glucose 100-375 mg/dl

Alert: 4 month intervention management process with Regional Case Manager

- Blood pressure of ≥180 systolic or ≥110 diastolic
- Fasting total cholesterol of ≥400 mg/dl
- Fasting blood glucose ≥375 mg/dl
Example forms for Cardiovascular / Diabetes Screening

**Screening Visit Card**

- **Client completes**
- **Provider completes**

**Health Assessment (continued)**

- **Client completes**
- **Provider completes**

**Screening Visit Card (5 pages)**
Other Follow Up Guidelines

<table>
<thead>
<tr>
<th>Follow Up Timeliness Parameters</th>
<th>Report of Women Deemed Lost to Follow Up</th>
<th>Client’s Refusal of Services</th>
</tr>
</thead>
</table>
| The funder of this program, the Centers for Disease Control and Prevention, has set parameters for acceptable timeliness between screening and diagnosis and between diagnosis and treatment. These parameters are:  
  - No more than 60 days should elapse between screening and diagnosis  
  - No more than 60 days should elapse between diagnosis and the initiation of treatment | All providers must make at least three (3) documented attempts at follow up for clients with abnormal results. The documentation must include the dates and types of contact as well as the results of the contact. Once a provider has exhausted all conventional means to contact a client to return for follow up, the client can be deemed lost to follow up. **Failure to show up for a scheduled appointment does not constitute lost to follow up.** The provider then notifies EWM of the client’s status using the Report of Women Deemed Lost to Follow Up form. EWM then attempts to locate the client to encourage her to return for follow up care.  

(Example of Report of Women Deemed Lost to Follow Up form located on page 3-21) | In the event of client’s refusing diagnostic services or treatment services, the healthcare provider should complete the Client Informed Refusal form. Healthcare providers need to fill in the following: client name, date of birth, social security number (if she has one) and the name of the procedure or treatment the client is refusing in the left margin of the form. The form should be given to the client in person or mailed. If mailed, information should be given verbally to the client by phone to ensure that client has enough information to make an informed decision. If client fails to return or sign the Client Informed Refusal, the reverse side of the Client Informed Refusal should be completed by the healthcare provider. This will indicate whether or not the healthcare provider believes the client had enough information to make an informed decision.  

(Example of Client Refusal form and the Provider Documentation of Refusal form located on page 3-21) |
Example forms for Other Follow Up

Report of Women Deemed Lost to Follow Up

Client Informed Refusal and Service Provider Documentation