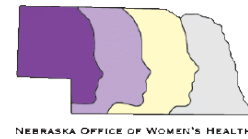


Instructions/ FAQ

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 July 2014 or later. Forms are available online at www.dhhs.ne.gov/ewmforms

What are the guidelines for reimbursement? The Every Woman Matters Medical Advisory Board Recommends that we follow the 2015 NCCN Guidelines approved by the Centers for Disease Control and Prevention (CDC). NCCN guidelines can be found at www.nccn.org. See last page 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 it 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 Residency card. Call us at 1-800-532-2227 if you're not sure, or check our website for current income guidelines.

http://dhhs.ne.gov/publichealth/WMHealth/Documents/EWM_Income_Guidelines.pdf

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 a copy of 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 40 and has recently completed a Healthy Lifestyle Questionnaire and had a recent EWM well-woman screening visit
- under 40 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 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)

Page 3, continued

YOU MUST INCLUDE A FINAL DIAGNOSIS.

If your patient gets 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. And, like we said before, you must include a final diagnosis.

Page 4

What do I do if my patient is found to have 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
- Fill out Treatment Funds Request Form found online at www.dhhs.ne.gov/ewmforms
- Through Nebraska state statute, your patient may be eligible for Nebraska Medicaid for cancer treatment through the Women’s Cancer Program. This is treatment Medicaid specific to our program. We have our own application for this, so do not have your client apply for Medicaid without us.
- 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 get the process of helping your patient to apply for Medicaid started as quickly as possible.**

What if I’d like to order an MRI?

- Diagnostic MRIs are NOT allowable under EWM
- 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 test.

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.
- Pre-authorization not needed, but must follow NCCN guidelines.
- CBE expected 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 2015 NCCN guidelines --**Breast MRI requires pre-approval (see page 6 middle row)**--
- We only accept diagnostic forms printed July 2014 or later (see top right corner of front sheet)
- Diagnostic procedures must correspond with screening results

What procedures are covered under Every Woman Matters? See table on next page

EWM Coverage of Diagnostic Services

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

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)	Surgical Consultation (can only be reimbursed if provider normally brings clients in the office for consultation) Breast Ultrasound Fine Needle Aspiration Breast Biopsy Cytology of breast discharge Breast MRI: NEEDS PRE-AUTHORIZATION. See page 4 for eligibility
30-39	Suspicious CBE (Consultation by surgeon preferred)	Same as list above, can also get diagnostic mammogram

Procedures Covered for women ages 40-74:

- If the client did NOT have a screening mammogram, just had a breast lump or other cause for concern, see the first row (“No Screening Mammogram and Suspicious CBE”).
- If she had a screening mammogram, see the column to the right of the results of the screening mammogram (BI-RADS 0-5) to determine if services are covered.

Age	SCREENING Mammogram Findings:	Services Allowable for Reimbursement Based On Screening Results:		
40-74	No Screening Mammogram and Suspicious CBE (palpable mass, etc) See Diagnostic mammogram findings ->	<u>Diagnostic mammogram</u> BI-RADS 0-3	Breast Ultrasound is required (diagnostic mammography alone misses 15-20% of tumors)	
		<u>Diagnostic mammogram</u> BI-RADS 4, 5	Fine Needle Aspiration Breast Biopsy Breast MRI: NEEDS PRE-AUTHORIZATION. See page 4 for eligibility	
	BI-RADS 0 - Needs additional imaging evaluation	Comparison of prior films Diagnostic mammogram Breast Ultrasound Breast Biopsy		
	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 Breast Biopsy Cytology of breast discharge 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		
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			