

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 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 2014 ASCCP Guidelines approved by the Centers for Disease Control and Prevention (CDC). Algorithms for the ASCCP guidelines can be found at http://www.asccp.org/Portals/9/docs/ASCCP%20Management%20Guidelines_August%202014.pdf

- Providers must follow current ASCCP guidelines
- Diagnostic procedures MUST correspond with screening Pap 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 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 in Every Woman Matters to cover 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 Pap test. Then fill in your clinic's information under diagnostic provider.

Find her Pap results in the list and mark the date of her Pap underneath it, then check the box by the procedure she had (only allowable procedures are in the column under the Pap result). This is only for new abnormal Pap results. If this is for a follow up of a previous abnormal Pap, you don't need to fill out this section, skip to bottom of page 4. More on that in a few paragraphs.

YOU MUST INCLUDE A FINAL DIAGNOSIS.

If your patient gets diagnosed with cervical cancer you must fill out the top of page 4.

What do I need to send to EWM along with this form? Attach all relevant clinical documentation including Pap test 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 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 found online at www.dhhs.ne.gov/ewmforms
- Through Nebraska state statute, your patient may be eligible for Nebraska Medicaid for LEEP procedure or 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 the Medicaid started 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 21-74 in need of follow up with colposcopy/cytology
- Women under 40 who are in need of 12-24 month repeat Pap only must enroll in the Nebraska State Pap Plus program in order to have the Pap be covered. Please call if you are not sure.