Breast Cancer Screening Services Policy

Effective May 1, 2013

Women’s Way provides annual breast cancer screening for women of priority age.

Priority Age – Women Ages 50 through 64

The priority population for Women’s Way mammography services is women between the ages of 50 and 64 who are low-income (up to 200% of federal poverty level), who have not been screened in the past year, and who have no other source of health-care reimbursement, such as insurance. Recruitment efforts should be concentrated on this population.

- The broader eligible population for breast cancer screening for Women’s Way includes low-income (up to 200% of the Federal Poverty level), uninsured, and underinsured women (whose health insurance does not fully cover screening services). Once a woman is enrolled in Women’s Way, the program is responsible for the provision of rescreening mammograms at appropriate, recommended screening intervals.

Note: A minimum of 75% of all Women’s Way federally funded mammograms should be provided to program-eligible women who are 50 years of age and older and not enrolled in Medicare Part B.

Eligible women ages 50 through 64 can receive:

- Annual clinical breast examination (CBE) and mammogram.
- Diagnostic tests or consultation as listed in Women’s Way CPT code Medicare Part B rate list, if needed.

Other Ages – Women ages 40 through 49

Women’s Way services are available for women between the ages of 40 and 49 who are low-income (up to 200% of federal poverty level), who have not been screened in the past year, and who have no other source of health-care reimbursement, such as insurance.

- The broader eligible population for breast cancer screening for Women’s Way includes low-income (up to 200% of the Federal Poverty level), uninsured, and underinsured women (whose health insurance does not fully cover screening services). Once a woman is enrolled in Women’s Way, the program is responsible for the provision of rescreening mammograms at appropriate, recommended screening intervals.

Eligible women ages 40 through 49 can receive:

- Annual clinical breast examination (CBE) and mammogram.
- Diagnostic tests or consultation as listed in Women’s Way CPT code Medicare Part B rate list, if needed.
Other Ages – Women ages 30 through 39

*Women’s Way* services are available for women between the ages of 30 and 39 who are *symptomatic* (includes a self-reported breast abnormality by a woman or a healthcare provider documented abnormality) and who are low-income (up to 200% of federal poverty level), uninsured or underinsured women (whose health insurance does not fully cover screening services).

- The total number of women ages 30 through 39, cannot be greater than 10% of the Local Coordinating Unit current fiscal year screening goal. It is recommended that priority be given to women age 35 and older.

Eligible symptomatic women ages 30 through 39 can receive:
- Clinical breast exam to determine if there is a breast abnormality including a palpable lump, bloody discharge, nipple inversion, ulceration, dimpling or inflammation of the skin.
  - If a breast abnormality is not found and documented by health-care provider during clinical breast exam, a mammogram will not be reimbursed for by *Women’s Way*.
- Diagnostic mammogram if there is a health-care provider documented breast abnormality including a palpable lump, bloody discharge, nipple inversion, ulceration, dimpling or inflammation of the skin.
- Diagnostic tests or consultation as listed in *Women’s Way* CPT code Medicare Part B rate list, if needed.

Note:
- Federally funded mammograms provided to program eligible women less than 50 years of age should not exceed 25% of all mammograms reimbursed for by *Women’s Way* federal funds.
- A family history of breast cancer alone does not make a woman ages 30 through 39 eligible for *Women’s Way*.
- Women under the age of 30 will not be eligible for *Women’s Way*.

Re-enrollment of Women Ages 30 through 39

- Uninsured or underinsured women ages 30 through 39 can re-enroll the following year only if they are currently in the process of follow-up for abnormalities found during first enrollment period or in need of a Pap test as per CDC recommendations.

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