



Cervical Cancer Screening Services Policy Effective July 1, 2012

Women's Way Cervical Cancer Screening Services Priority Population

The NBCCEDP Program Guidance Manual states: Each grantee determines the specific priority populations for its program on the basis of surveillance and other data, which include NBCCEDP Eligible Population Estimates.

- A. *Women's Way* priority populations for cervical cancer screening services are designated as subgroups of women ages 40 through 64 only, who are:
1. A resident of North Dakota,
 2. Uninsured (have no other source of health care reimbursement),
 3. Underinsured women (whose health insurance does not cover screening services),
 4. Low-income (up to 200% of federal poverty level),
 - a. Income is based on self-reported income. While the income does not have to be verified, every effort must be made to be as accurate as possible.
 5. Rural women with reduced access to care,
 6. Never or rarely screened women (women who have never had a Pap test or who have not had a Pap test within the past 5 years),
 - a. Twenty percent of **all newly** enrolled women for cervical cancer screening should be never or rarely screened, i.e. women who have never been screened for cervical cancer or who have not had a Pap test in the past five years.
 7. North Dakota American Indian women.
- B. *Women's Way* will focus on serving eligible women ages 40 through 64 from these priority populations.

Criteria For Women Under Age 40 Or Age 65 And Over

- A. Women under age 40 are not eligible for *Women's Way* cervical cancer screening or diagnostic services.
1. Current enrolled women under age 40 will not be re-enrolled unless they had an abnormal screening result and are still actively obtaining diagnostic follow-up.
 2. If the currently enrolled woman under age 40 has been recommended to return to routine screening, she will not be re-enrolled.
 3. One exception: Exception will be made only for uninsured or underinsured never or rarely screened women ages 30 through 39:
 - a. Uninsured or underinsured women ages 30 through 39 can be enrolled for one enrollment period **if** they fit into the category of never or rarely screened, defined as:
 - b. Have never had a Pap test, or
 - c. Have not had a Pap test within the last 5 years.
 4. *Women's Way* must pay for the initial Pap test to qualify as never or rarely screened.
 5. The I&V for the uninsured or underinsured never or rarely screened client must clearly indicate the woman falls into this category.
 6. Uninsured or underinsured women ages 30 through 39 initially enrolled as a never or rarely screened woman can re-enroll only if they are currently in the process of follow-up for abnormalities found during first enrollment period or if they have reached the age of 40.
- B. Women under the age of 30 are not eligible for any *Women's Way* cervical cancer screening or diagnostic services.

- C. Women age 65 and over receiving Medicare Part B benefits are not eligible for *Women's Way*. If the woman is eligible to receive Medicare benefits but is not enrolled, she should be encouraged to do so. Although the number of women aged 65 or older who are ineligible for Medicare Part B is small, these women may be enrolled in *Women's Way* (adapted from NBCCEDP Program Guidance Manual).

Cervical Cancer Screening Services For Eligible Women

- A. Eligible women (with an intact cervix), can receive:
1. Annual pelvic examination.
 2. Pap test per CDC recommendations, as follows:
 - a. Conventional or liquid-based Pap test every three years with Pap test alone, or every five years with the combination of Pap test and HPV test.
 - b. For women older than 65 year, should not be screened provided prior screening was adequate and are not otherwise at high risk for cervical cancer.
 3. Diagnostic services or consultations as listed in the current *Women's Way* What's Covered List (CPT Code Medicare Part B rate list) if the initial Pap test is abnormal.
 4. For abnormal Pap test result, *Women's Way* will reimburse for repeat Pap tests needed for follow-up.

High Risk Individuals

- A. Women with the following risk factors
1. Women with the following risk factors may require more frequent Pap tests:
 - a. Women infected with HIV,
 - b. Women who are immuno-suppressed (e.g. recipient of organ transplant),
 - c. Women who were exposed to DES (diethylstilbestrol) in utero,
 - d. Women were previously treated for CIN 2, CIN 3, or cervical cancer.
- B. Women who have had a hysterectomy
1. If the hysterectomy was due to cervical cancer or neoplasia, the client will continue to be eligible for regular cervical cancer screenings.
 2. If the hysterectomy was performed for any other reason, and if woman does not know if she still has a cervix, a pelvic exam can be done to confirm the presence or absence of the cervix. If there is no cervix, *Women's Way* will not pay for Pap tests.
- C. Human Papillomavirus (HPV) Testing
1. HPV testing is a reimbursable procedure if it is used in the follow-up of an ASCUS result from the screening examination, or for the surveillance at one year following a low-grade squamous intraepithelial neoplasia (LSIL) Pap test and no result of a CIN 2 or 3 on a colposcopy-directed biopsy, or any other situation described in the 2006 ASCCP recommendations. HPV test is also reimbursable as an adjunctive screening test to Pap test for women age 30 and older. Providers should specify the high-risk HPV DNA panel only; reimbursement of screening for low-risk genotypes of HPV is not permitted.

This policy will be reviewed annually.			
Last review date:			
March 15, 2007	maf	Sept. 8, 2011	maf/bas
October 10, 2008	maf	May 11, 2012	maf/bas
August 3, 2009	maf		
March 22, 2011	bas		
August 12, 2011	maf		