

STATE OF COLORADO

John W. Hickenlooper, Governor
Christopher E. Urbina, MD, MPH
Executive Director and Chief Medical Officer

Dedicated to protecting and improving the health and environment of the people of Colorado

4300 Cherry Creek Dr. S. Laboratory Services Division
Denver, Colorado 80246-1530 8100 Lowry Blvd.
Phone (303) 692-2000 Denver, Colorado 80230-6928
Located in Glendale, Colorado (303) 692-3090

<http://www.cdphe.state.co.us>



Colorado Department
of Public Health
and Environment



Women's Wellness Connection (WWC) Breast Cancer Screening Policy FY 2013

I. Clinical Breast Exams

- A. Clinical breast exams (CBE) are covered yearly for all women enrolled in the WWC program even if they do not qualify for a program funded mammogram.

II. Screening Mammography

- A. The WWC program follows the United States Preventative Task Force recommendations for mammogram screening intervals. Most current recommendations can be found at <http://www.uspreventiveservicestaskforce.org/uspstf/uspsbrca.htm>.
- B. The WWC program funds yearly screening mammograms for women ages 50-64.
- C. WWC does not fund routine screening mammograms for women ages 40-49 with no risk factors for breast cancer.
- D. WWC will cover routine screening mammograms for women ages 40-49 with the following risk factors:
 - 1. Personal history of breast cancer
 - 2. First degree relative with breast cancer
- E. Routine screening mammograms for women with breast implants are covered by WWC using the same screening guidelines for all WWC clients and do not require special screening procedures.

III. Breast Diagnostics and Management of Abnormal Breast Findings

- A. All women enrolled in WWC may receive breast diagnostic services if they present with a breast complaint, have an abnormal CBE, or have an abnormal screening mammogram.
- B. WWC Program Requirements for Management of Abnormal Findings
 1. The Breast Cancer Diagnostic Algorithms for Primary Care Providers, 4th Ed. (June, 2011) must be used by WWC providers to guide clinical decision making in the work-up of breast abnormalities. Copies of the guidelines can be downloaded at <http://www.qap.sdsu.edu/>.
 2. If a WWC client has an abnormal CBE or breast complaint, both a diagnostic mammogram and an ultrasound should to be ordered to help complete the diagnostic evaluation.
 3. Both the CBE and diagnostic imaging results must be concordant before a diagnostic evaluation is complete. The ordering clinician or clinical case manager should ensure that all results are concordant before closing a case in eCaST. **This means that the CBE must match the diagnostic findings.** If the follow-up CBE is still abnormal or the client continues to have a breast complaint despite negative or benign imaging, the client must be referred to a specialist.
 4. Negative findings on a mammogram or ultrasound should never delay further evaluation of an abnormal CBE or persisting breast complaint.
 5. WWC will cover breast biopsy of a suspicious breast mass or lesion whenever it is indicated or recommended by a physician. WWC will not cover surgical procedures on benign breast masses for cosmetic or pain management reasons.
 6. Ductograms are covered when the procedure is being performed to rule out breast cancer. **Pre-approval from WWC is required.**

IV. Breast Procedures Not Covered by WWC

- A. Magnetic Resonance Imaging (MRI)
- B. Computer Aided Detection (CAD)
- C. Breast ultrasound as a screening method

V. BCCP Medicaid for the Treatment of Breast Cancer and High-Risk Breast Conditions

- A. All women enrolled in WWC who are diagnosed with breast cancer or an eligible high-risk breast condition are eligible to apply for BCCP Medicaid if they are in need of **active treatment**.

1. **Active treatment** is defined as a woman in need of any of the following: surgical interventions, chemotherapy or radiation, or chemoprevention (i.e. Tamoxifen).
 2. Women who are under close surveillance only (i.e. follow-up pap testing, repeat mammography) are not eligible for BCCP Medicaid.
- B. The following BCCP eligible high-risk breast conditions: Atypical Lobular Hyperplasia, Atypical Ductal Hyperplasia, Lobular Carcinoma in Situ and Benign Phyllodes Tumor may not require active treatment, especially if the diagnosis was made by excisional biopsy. If one of these diagnoses is made by an excisional biopsy, verification that a patient is in need of active treatment is required by WWC before a woman will be approved for BCCP Medicaid.

VI. Quality Assurance and Improvement Overview

- A. Timeliness parameters between screening and diagnosis and between diagnosis and treatment have been set up by the Department of Health and the CDC. The following timelines are required for all WWC clients:
1. No more than 60 days between screening and diagnosis.
 2. No more than 60 days between diagnosis and treatment.
- B. A WWC client contact and tracking system must be in place to notify clients of abnormal results. Contact should be clearly documented in the client's chart and include what type of follow-up is needed, the recommended timeframe for follow-up, and what may happen if the follow-up does not occur.
1. Contact should continue until one of the following occurs and is documented in the chart:
 - a. Recommended follow-up has been completed and follow-up evaluation and has been referred for treatment.
 - b. Formal documentation of an informed refusal is in the chart.
 - c. Three documented attempts in contacting the client have been made. The last and third attempt must be in writing and sent as a certified letter.
- C. Lost to Follow-Up
1. A client can be considered lost to follow-up when at least three contact attempts have been made and documented in the client's medical record.
 - a. This documentation should include the type of contact attempted, the date, and the outcome.

- b. At least one of the contact attempts is a certified letter with a return receipt. A copy of the certified letter sent and the return receipt should be kept in the patient's medical record.

D. Refused Service

1. A client is considered to have refused service when the following has been carefully documented in the clients chart:
 - a. She has verbally refused the follow-up care recommended.
 - b. She has refused in writing the follow-up care recommended.
2. Documentation of the informed refusal should be kept in the client's medical record. This can either be done by quoting the verbal conversation that occurred with the client or by having the client sign an informed refusal form. The form should state specifically what is being refused and the risks involved if recommended follow-up is not completed.