Breast and Cervical Cancer (BCC) Early Detection Program Clinical Screening, Diagnostic and Patient Navigation Protocol

INTRODUCTION:

The purpose of this protocol is to guide the clinical implementation of evidence-based breast and cervical cancer screening, specific diagnostic services, and patient navigation for eligible individuals enrolled in the BCC Program.

Regular breast and cervical cancer screening/re-screening has been shown to find breast and cervical cancer at an early stage when it may be more amenable to treatment. Furthermore, the detection of pre-cancerous cervical conditions through screening can effectively prevent cervical cancer when properly treated. The BCC Program reimburses providers for clinical services delivered to underserved individuals who otherwise might not have access to breast and cervical cancer screening and diagnostic services. Reimbursable clinical services, some of which must be pre- authorized include: screening; specific diagnostics; laboratory testing necessary to detect, confirm, or rule out the presence of breast or cervical cancer or pre-cancerous lesions; and anesthesia services provided during diagnostic breast and cervical biopsies.

SERVICE POPULATION:

1. The BCC Program specifies the criteria for program enrollment; enrollment tools are available on the program website at https://www.nmhealth.org/about/phd/pchb/bcc
   a. Per program guidance, eligible individuals include:
      i. Women: persons with female gender identity whose biological sex was female at birth; also referred to as cisgender or non-transgender women
      ii. Transgender men (female-to-male): persons with male gender identity whose biological sex was female at birth
      iii. Transgender women (male-to-female): persons with female gender identity whose biological sex was male at birth
      iv. Intersex individuals: persons born with a reproductive or sexual anatomy that does not fit the typical definitions of female or male
   b. Age and History.
      i. Women, intersex individuals with a cervix and transgender men who have a cervix, have not undergone bilateral mastectomy or who have only undergone breast reduction: new enrollees must be ages 21 years or older for cervical service eligibility, 40 years or older for average risk breast screening service eligibility, 30 years or older for breast diagnostic service eligibility, or 25 years or older for high-risk breast cancer screening and/or diagnostic service eligibility.
      ii. Transgender women: Must be age 50 or older AND have at least five to ten (5-10) years of feminizing hormone use for breast screening service eligibility.
   c. Income – Low-income individuals are defined as having a household income at or below the federal income guidelines of 250% of poverty.

d. Insurance status – BCC Program individuals are uninsured. Individuals enrolled in full Medicaid or who have Medicare Part B are not eligible for BCC Program services. Individuals who meet the income guideline and cannot pay the premium to enroll in Medicare Part B are eligible to enroll in the BCC Program. Individuals who are not eligible to receive Medicare are eligible to enroll in the BCC Program.

METHODOLOGY:

Provider Requirements

2. Assume responsibility as the primary care provider for offering evidence-based, comprehensive breast and cervical cancer screening and diagnostic services to individuals who are enrolled into the BCC Program after meeting all the eligibility requirements described above. Recognize that a BCC Program "service" usually consists of several components such as a clinical procedure(s), client education, referral, tracking and follow-up, and case-management.
   a. Provide enrollment and initial screening services, and arrange for additional diagnostic and treatment services when indicated, following BCC Program screening recommendations or diagnostic guidelines available on the program website at https://www.nmhealth.org/about/phd/pchb/bcc
   b. Facilitate client care by sending complete and accurate BCC Program screening/referral forms to secondary providers, following BCC Program screening recommendations or diagnostic guidelines available on the program website at https://www.nmhealth.org/about/phd/pchb/bcc. Contact the assigned Nurse Coordinator or Claims Processor with questions regarding secondary providers that accept BCC Program referrals.
3. Provide documentation of current professional licensure and specialty and comply with all quality assurance, data collection and reporting requirements set by the BCC Program. Providers administering anesthesia (general, monitored sedation, regional, and/or local) during the delivery of BCC Program services are required to provide a list of their providers' Drug Enforcement Administration (DEA) license and state-controlled substance registration (CSR) numbers.
4. Ensure that BCC Program clients referred to a specialist or mammography facility for services under this Protocol will be provided with a completed BCC Program screening/referral form which identifies the patient as enrolled in the BCC Program.
   a. The Provider accepts responsibility for consequences and expenses incurred by inappropriate referrals that do not follow current BCC Program screening recommendations or diagnostic guidelines or are outside of the BCC Program provider network, to include compensating secondary service providers for services provided to ineligible or inappropriately referred individuals. Program clients will not be billed for these non-covered services when this occurs.
5. Understand that individuals enrolled in the BCC Program are not to be charged fees for services provided for under this Protocol.
6. Designate a staff member as the BCC Program contact. The Provider accepts responsibility for submitting and providing updates to the BCC Program Contact Information sheet included with this Protocol and available on the program website at https://www.nmhealth.org/about/phd/pchb/bcc.

7. Provide and participate in client education activities with assistance from the BCC Program. Client educational activities may include but are not limited to: evidence-based screening recommendations; risk factor information; recommendations for positive behavior changes; and information on abnormal findings and necessary follow-up.
8. Ensure staff participation in BCC Program Orientation sessions as needed or as available.
9. Collaborate with BCC Program staff to implement, monitor and evaluate BCC Program requirements.
10. Adhere to U.S. Department of Health and Human Services Office of Minority Health National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care mandates as required by all recipients of federal funds.
11. Understand that the last day to perform services provided for in this Protocol is June 29, 2023.

Service Provisions

12. Use the BCC Program website (https://www.nmhealth.org/about/phd/pchb/bcc) as a resource for updating Provider contact information, accessing up-to-date BCC Program eligibility criteria and screening/referral forms, billing information, clinical screening recommendations and diagnostic guideline algorithms, and prior authorization policies. The PROVIDER shall not have autonomy to make decisions to determine how the BCC Program's grant objectives will be met; these decisions will be determined by the program.
13. Screening procedures already performed through the BCC Program will not be repeated within the same screening cycle. A screening cycle includes a Pap test (with or without HPV co-testing) and/or a screening mammogram (when appropriate) with a result of normal/benign (BI-RADS 1 or 2) or at the conclusion of necessary diagnostic services following incomplete or abnormal screening results. The next Pap test and/or screening mammogram initiates a new screening cycle.
    a. All individuals enrolled into the BCC Program, at the start of a new screening cycle, are eligible to receive an office visit with or without cervical cancer screening and/or prior to referral for mammography screening.
    b. All individuals enrolled into the BCC Program, at the start of a new screening cycle, are eligible to receive an optional clinical breast exam at the provider's discretion prior to referring an asymptomatic individual for routine mammography screening. The BCC Program requires documentation of a clinical breast exam for any individual presenting with symptoms of possible breast cancer to guide potential referral for diagnostic services.
14. Conduct follow-up of abnormal/incomplete screening tests and arrive at a final diagnosis within sixty (60) days of screening for an abnormal breast and/or cervical result. Conduct follow-up of BCC clients diagnosed with invasive breast cancer, Ductal Carcinoma in Situ (DCIS), Lobular Carcinoma in Situ (LCIS) or invasive cervical cancer to ensure treatment initiation within sixty (60) days of biopsy diagnosis; for clients diagnosed with a cervical high-grade precancerous lesion CIN grade 2 or 3 ensure treatment initiation within sixty (60) days of biopsy diagnosis. To complete follow-up of abnormal findings, provide documentation of a minimum of three (3) or more telephone contact attempts and/or contact attempts using Health Insurance Portability and Accountability Act (HIPAA) compliant messaging e.g., through a patient portal and one (1) mail attempt, by certified letter, before designating the client as "lost to follow-up" or "refused follow-up." The certified return receipt (or a copy of) should be placed in the individual's record.

a. For BCC clients diagnosed with invasive breast cancer, Ductal Carcinoma in Situ (DCIS), Lobular Carcinoma in Situ (LCIS), invasive cervical cancer and/or cervical high-grade precancerous lesion CIN grade 2 or 3, every effort should be made to locate the individual. If three (3) telephone contact attempts and one (1) mail attempt, by certified letter are unsuccessful, consider a home visit from a nurse or other authorized staff.

15. Assess nicotine use and readiness for cessation services among all individuals enrolled into the BCC Program.
    a. Complete the nicotine use assessment portion of the BCC Program screening/referral form.
    b. Provide referrals to cessation services (e.g., 1-800-QUIT-NOW) to individuals who use tobacco products.
        i. *Treating Nicotine Dependence in New Mexico* is a free online course for health care professionals to gain the knowledge and skills to address tobacco use with their patients. Online course accessible from the Nicotine Use Prevention and Control (NUPAC) Program website at: https://www.nupacnm.com/online-training-modules/
16. Refer uninsured individuals to the New Mexico Health Insurance Exchange (www.bewellnm.com/) for assessment of insurance eligibility.
17. Understand that the last day to perform services provided for in this Protocol is June 29, 2023.

Cervical Cancer Screening

18. BCC Program women, intersex individuals, and transgender men ages 21 to 65 years who have a cervix, regardless of sexual history, and who are not at high risk for cervical cancer (defined below) shall be provided with cervical cancer screening services per current United States Preventive Services Task Force (USPSTF) recommendations and The Center of Excellence for Transgender Health guidance, and considering BCC Program reimbursable Current Procedural Terminology (CPT) codes, when screening results have been normal. *If recommendations are updated during the terms of this protocol, the BCC Program will provide implementation information in accordance with current CDC National Breast and Cervical Cancer Early Detection Program (NBCCEDP) guidance*.
    a. For ages 21-65 years: cervical cytology alone (conventional or liquid-based Pap smear) every three (3) years, OR
    b. For ages 30-65 years: High-risk human papillomavirus (hrHPV) testing alone every 5 years or hrHPV testing in combination with cytology (co-testing) every five (5) years.
        i. Current USPSTF recommendations for cervical cancer screening may be accessed at: https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening
        ii. Current Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People (June 2016) published by The Center of Excellence for Transgender Health, Department of Family and Community Medicine, University of California San Francisco may be accessed at: http://transhealth.ucsf.edu/trans?page=guidelines-cervical-cancer
19. Priority population: Individuals who are never or rarely screened for cervical cancer; rarely screened is defined as a Pap test more than 10 years ago. The CDC's NBCCEDP will

evaluate Program performance related to reaching this population through their Core Program Performance Indicators, i.e., the Core Indicators. A study published in 2021 found that about 60% of cervical cancer survivors had never or rarely been screened for cervical cancer, which highlights the importance of reaching this population through the NBCCEDP in order to reduce cervical cancer burden and improve health equity.

a. Study may be accessed at: Benard, V. B., Jackson, J. E., Greek, A., Senkomago, V., Huh, W. K., Thomas, C. C., & Richardson, L. C. (2021). A population study of screening history and diagnostic outcomes of women with invasive cervical cancer. Cancer medicine, 10(12), 4127–4137. https://doi.org/10.1002/cam4.3951
b. The Never or Rarely Screened for Cervical Cancer indicator applies to Program eligible individual ages 30 and older.
    i. At least 35% of all initial BCC Program funded cervical cancer screenings should be among individuals who are never or rarely screened for cervical cancer.
c. To help the Program meet this indicator, please document the following in the cervical section of the screening and referral form:
    i. Did the person have a Pap test before today (yes/no)?
    ii. If yes, document date (month/day/year) of Pap test.
    iii. If exact date of previous Pap test unknown and/or not documented in clinic's Electronic Medical Record, please ask individual to provide their best guess of the month and year of their previous Pap test, or at least the year if unsure of the month.
    iv. If the individual is unable to provide the best guess of the year of their previous Pap test, please ask if they think their previous Pap test was more than 10 years ago (yes/no).

20. Continuing screening after age 65: Women, intersex individuals, and transgender men ages 66 years and older who are at high risk for cervical cancer (see below) or who have not had adequate prior screening ARE eligible to receive BCC Program cervical screening and diagnostic services as long as they meet BCC Program eligibility criteria. “Adequate prior screening” means three (3) consecutive negative cytology results or two (2) consecutive negative co-test results within 10 years before cessation of screening, with the most recent test occurring within 5 years.
21. Cervical cancer risk status assessment and reporting: Minimum Data Elements (MDE) Version 7.0, released January 2019, requires CDC grantees to collect breast and cervical cancer risk status data for all BCC Program clients. This information is used to guide appropriate screening.
    a. All individuals should be assessed for their cervical cancer risk.
        i. Complete cervical cancer risk status question included in the Cervical Section of the BCC Program Screening and Referral Form.
        ii. If needed, use comprehensive history/exam office visit codes (99204-99205) to reimburse for the provider time required to complete a detailed risk assessment.
    b. Cervical cancer screening recommendations differ based on risk status. BCC Program reimbursable risk-based cervical cancer screening services:
        i. **Average risk**: See number 19 above, with associated sub-bullets.
        ii. **Above Average risk**: Personal history of CIN2 or greater but does not meet “high” risk criteria defined below. Per current CDC NBCCEDP guidance, BCC clients may receive routine surveillance for 20 years post-treatment for cervical neoplasia or in situ disease. The BCC Program follows the surveillance tests and intervals in the current (2019) ASCCP Risk-Based Management Consensus Guidelines for

Abnormal Cervical Cancer Screening Tests and Cancer Precursors, published in the *Journal of Lower Genital Tract Disease* (2020). *If guidelines are updated during the terms of this protocol, the BCC Program will provide implementation information in accordance with current CDC NBCCEDP guidance*.

a) Current Guidelines may be accessed at: https://www.asccp.org/management-guidelines

iii. **High risk**: Personal history of invasive cervical cancer, *in utero* exposure to DES and/or is immunocompromised (e.g., HIV positive, received organ transplantation).

a) **History of invasive cervical cancer:** BCC Clients may receive surveillance indefinitely, as long as they are in good health. The BCC Program follows the National Comprehensive Cancer Network ® [NCCN], NCCN Clinical Practice Guidelines in Oncology, (NCCN Guidelines ®).

b) ***in utero* exposure to DES (diethylstilbestrol) and/or is immunocompromised (e.g., HIV positive, received organ transplantation):** BCC clients under age 30 years may receive an annual Pap test; individuals 30 years of age and older may have co-testing every 3 years or an annual Pap test.

i) Current *Journal of Lower Genital Tract Disease* Cervical Cancer Screening Recommendations for Non-HIV Immunocompromised Women may be accesses at: https://www.asccp.org/guidelines

22. Cervical cancer screening following hysterectomy: The BCC Program follows the current (August 2018) USPSTF recommendations *against* screening for cervical cancer in individuals who have had a hysterectomy with removal of the cervix and who do not have a history of a high-grade precancerous lesion CIN grade 2 or 3 or cervical cancer.
    a. Current USPSTF recommendations for cervical cancer screening may be accessed at: https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening
23. If it is unknown if the cervix was removed at the time of the hysterectomy, per current CDC NBCCEDP guidance, the individual may receive a physical examination to determine if the cervix is present.
24. Women, intersex individuals and transgender men who have had a hysterectomy for high-grade precancerous lesion (i.e., cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer or individuals with a prior supracervical hysterectomy (i.e., cervix not removed) may be screened routinely for cervical cancer through the BCC Program per current CDC NBCCEDP guidance.
25. Women, intersex individuals, and transgender men who have had a hysterectomy though the reason for the hysterectomy or final diagnosis of no neoplasia or invasive cancer cannot be documented, per current CDC NBCCEDP guidance may receive cervical cancer screening until there is a 10-year history of negative screening results, with documentation that the Pap tests are technically satisfactory.
26. Follow-up of abnormal cervical cancer screening results: The BCC Program follows the current American Society for Colposcopy and Cervical Pathology (ASCCP) Risk-Based Management Consensus Guidelines published in the *Journal of Lower Genital Tract*

Disease (2020). *If Guidelines are updated during the term of this protocol, the BCC Program will provide implementation information in accordance with CDC NBCCEDP guidance.*

a. Current ASCCP Risk-Based Management Consensus Guidelines for Abnormal Cervical Cancer Screening Tests and Cancer Precursors may be accessed at: https://www.asccp.org/management-guidelines

27. Follow-up of primary HPV screening results: The BCC Program follows the current American Society for Colposcopy and Cervical Pathology (ASCCP) Risk-Based Management Consensus Guidelines published in the *Journal of Lower Genital Tract Disease* (2020)
    a. Current ASCCP Risk-Based Management Consensus Guidelines for Abnormal Cervical Cancer Screening Tests and Cancer Precursors may be accessed at: https://www.asccp.org/management-guidelines
28. Procedures requiring prior authorization
    a. Cervical diagnostic excisional procedures: **Prior authorization** must be obtained from the BCC Program before a cervical diagnostic excisional procedure is performed for select clinical circumstances. The current ASCCP Risk-Based Management Consensus Guidelines published in the *Journal of Lower Genital Tract Disease* (2020) should be reviewed *prior* to requesting prior authorization. Current Management Guidelines may be accessed at: https://www.asccp.org/management-guidelines
    b. Post-treatment surveillance for cervical cancer: **Prior authorization** must be obtained from the BCC Program before stage dependent imaging studies (e.g., neck/chest/abdomen/pelvis/groin positron emission tomography-computed tomography [PET/CT], chest/abdomen/pelvic computed tomography [CT] scan with contrast, pelvic magnetic resonance imaging [MRI] with contrast) or laboratory assessments (complete blood count [CBC], blood urea nitrogen [BUN] and serum creatinine) are performed, except as noted below. The relevant policy should be reviewed *prior* to requesting prior authorization, and is available from the assigned Nurse Coordinator, or at: https://www.nmhealth.org/about/phd/pchb/bcc

       The following cervical cancer post-treatment surveillance interventions ***do not require*** prior authorization:
       i. Interval history and physical examination
       ii. Annual cervical/vaginal cytology tests, as indicated, for the detection of lower genital tract neoplasia
       iii. Stage-dependent imaging for follow-up at 3-6 months after completion of treatment/therapy which may include: a neck/chest/abdomen/pelvic/groin PET/CT or chest/abdomen/pelvic CT with contrast, pelvic MRI with contrast.

Breast Cancer Screening

29. Mammography: BCC Program women and transgender men ages 40-74 years who are at average risk and eligible for breast cancer screening services shall be provided a screening mammogram every one to two (1-2) years, in accordance with current CDC NBCCEDP guidance. Transgender women ages 50-74 enrolled in the BCC Program may receive a screening mammogram every two (2) years once the age of 50 and 5-10 years of feminizing hormone use criteria have been met.

30. The BCC Program encourages providers to consider adopting current (January 2016) United States Preventive Services Task Force (USPSTF) recommendations for screening mammography in women at average risk for breast cancer. *If recommendations are updated during the term of this protocol, the BCC Program will provide implementation information in accordance with current CDC NBCCEDP guidance.*
    a. The USPSTF recommends biennial screening mammography for women ages 50 to 74 years.
    b. The USPSTF recommends that the decision to start screening mammography in women prior to age 50 years should be an individual one. Women who place a higher value on the potential benefit than the potential harms may choose to begin biennial screening between the ages of 40 and 49 years.
    c. The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening mammography in women ages 75 years or older.
        i. Current USPSTF recommendations for breast cancer screening may be accessed at: https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-screening
31. Transgender men who have not undergone bilateral mastectomy, or who have only undergone breast reduction, should undergo screening according to current guidelines for non-transgender women per Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People (June 2016) published by The Center of Excellence for Transgender Health, Department of Family and Community Medicine, University of California San Francisco (UCSF)
    a. Current guidelines may be accessed at: http://transhealth.ucsf.edu/trans?page=guidelines-breast-cancer-men
33. Transgender women over age 50 with at least five to ten (5-10) years of feminizing hormone use may undergo screening mammography every 2 years per the current Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People (June 2016) published by The Center of Excellence for Transgender Health, Department of Family and Community Medicine, University of California San Francisco (UCSF)
    a. Current guidelines may be accessed at: https://transcare.ucsf.edu/guidelines/breast-cancer-women
34. Clinical Breast Exam: The USPSTF concludes that the current evidence is insufficient to assess the additional benefits and harms of clinical breast examination (CBE) beyond screening mammography in individuals 40 years or older.
    a. The BCC Program will reimburse for an office visit that may include an optional clinical breast exam at the provider's discretion prior to referring an eligible asymptomatic woman, transgender woman, intersex individual or transgender man (who has not undergone bilateral mastectomy or has only undergone breast reduction) for screening mammography
    b. The BCC Program requires documentation of a clinical breast exam for any woman, transgender woman, intersex individual or transgender man (who has not undergone bilateral mastectomy or has only undergone breast reduction) presenting with symptoms of possible breast cancer to guide potential referral for diagnostic services.
35. The above USPSTF breast cancer screening recommendations apply to asymptomatic women aged 40 years or older who do not have preexisting breast cancer or a previously

diagnosed high-risk breast lesion and who are not at high risk for breast cancer because of a known underlying genetic mutation (such as a BRCA1 or BRCA2 gene mutation or other familial breast cancer syndrome) or a history of chest radiation at a young age. The BCC Program also applies this guidance to transgender and intersex individuals.

36. Breast cancer risk status assessment and reporting: Minimum Data Elements (MDE) Version 7.0, released January 2019, requires CDC NBCCEDP grantees to collect breast and cervical cancer risk status data for all BCC Program clients. This information is used to guide appropriate screening.

    a. For individuals already known to be at high risk (e.g., BRCA mutation 1 or 2; first degree relative with known genetic mutation e.g., BRCA 1 or 2; first-degree relative with premenopausal breast cancer ; personal or family history of certain genetic syndromes [e.g., Li-Fraumeni]; known lifetime risk of 20% or more for developing breast cancer based on a risk assessment model; history of lobular neoplasia (LCIS), atypical lobular hyperplasia(ALH), ductal carcinoma in situ (DCIS), or atypical ductal hyperplasia (ADH); and/or had radiation treatment to chest between ages 10-30 years), documentation of high-risk status is required when requesting prior authorization for high risk breast cancer screening services.
    b. All individuals not already known to be at high risk for breast cancer (as described above) and/or individuals with no personal history of breast cancer should undergo a risk assessment to determine whether they are at high risk for developing breast cancer.
    c. To document breast cancer risk status complete question included in the Breast Section of the BCC Program Screening and Referral Form. The various methods to complete risk assessment are described on a Program fact sheet that is available from the assigned Nurse Coordinator.
    d. If needed, use comprehensive history/exam office visit codes (99204-99205) to reimburse for the provider time required to complete a detailed risk assessment.
    e. Breast cancer screening recommendations differ based on risk status. BCC Program reimbursable risk-based breast cancer screening services include:
        i. **Average risk**: Based on risk assessment. See number 30 above, with associated sub-bullets.
        ii. **High risk**: Client has one or more of the following: Known BRCA mutation 1 or 2; first degree relative with known genetic mutation e.g., BRCA 1 or 2; first-degree relative with premenopausal breast cancer ; personal or family history of certain genetic syndromes [e.g., Li-Fraumeni]; known lifetime risk of 20% or more for developing breast cancer based on a risk assessment model; history of lobular neoplasia (LCIS), atypical lobular hyperplasia(ALH), ductal carcinoma in situ (DCIS), or atypical ductal hyperplasia (ADH); and/or had radiation treatment to chest between ages 10-30 years. Current CDC NBCCEDP guidance, and in accordance with National Comprehensive Cancer Network® [NCCN], NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®), BCC Program clients may receive:
            a) A clinical encounter every 6-12 months (not prior to age 21)
            b) A prior authorized annual breast MRI (not prior to age 25)

c) An annual screening mammogram (not prior to age 30)
d) For additional information about BCC Program reimbursable services for high-risk breast cancer screening, please contact assigned Nurse Coordinator.

iii. Based on risk assessment, some individuals may be above average risk. BCC Program clients should participate in an informed decision conversation with their provider to determine appropriate screening based on results from a risk assessment tool and/or individual risk factors assessed.

37. Follow-up of abnormal breast cancer screening results: The BCC Program follows the most current National Comprehensive Cancer Network® (NCCN®) Guidelines (accessible under NCCN Guidelines® for Detection, Prevention & Risk Reduction).
    a. Accessible from the NCCN® home page at: https://www.nccn.org
    b. Registration for a free account required
38. Procedures requiring prior authorization
    a. Average risk women, transgender men, intersex individuals and transgender women under age 40 are not eligible for screening mammography. Average risk individuals under 40 years of age with findings suspicious for breast cancer must be enrolled into the BCC Program and a **prior authorization** must be obtained from the BCC Program office, via the assigned Nurse Coordinator in order to have diagnostic testing to rule out breast cancer.
        i. **High risk** women, transgender men, intersex individuals and transgender women 25 years of age or older with findings suspicious for breast cancer must be enrolled into the BCC Program and a prior authorization must be obtained from the BCC Program office, via the assigned Nurse Coordinator in order to have diagnostic testing to rule out breast cancer.
    b. Diagnostic axillary lymph node procedures: Extensive documentation is required to obtain BCC Program **prior authorization** for an axillary lymph node biopsy or excision performed to establish or rule out a diagnosis of Stage IIA breast cancer. The relevant policy should be reviewed *prior* to requesting prior authorization, and is available from the assigned Nurse Coordinator or at: https://www.nmhealth.org/about/phd/pchb/bcc
    c. Chest wall ultrasound and/or chest wall biopsy: Extensive documentation is required to obtain BCC Program **prior authorization** for chest wall ultrasound and/or chest wall biopsy performed to rule out recurrent breast cancer in an individual who has had a mastectomy as part of breast cancer treatment. The relevant policy should be reviewed prior to requesting prior authorization, and is available from the assigned Nurse Coordinator or at: https://www.nmhealth.org/about/phd/pchb/bcc
    d. Breast MRI: In accordance with both current CDC NBCCEDP guidance, and with the National Comprehensive Cancer Network® [NCCN], NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®), The New Mexico BCC Program will provide **prior authorization** for breast MRI in select clinical circumstances. The policy for prior authorization and coverage of breast MRI and clinical guidelines should be reviewed *prior* to requesting prior authorization, and are available from the assigned Nurse Coordinator or at: https://www.nmhealth.org/about/phd/pchb/bcc
    e. Mammary ductogram: **Prior authorization** must be obtained from the BCC Program before a mammary ductogram is performed for select clinical circumstances. The relevant policy should be reviewed *prior* to requesting prior authorization, and is

available from the assigned Nurse Coordinator or at: https://www.nmhealth.org/about/phd/pchb/bcc

Case Management Services: Clinic-Based Patient Navigation

39. Assess every BCC Program enrolled individual for barriers related to receiving needed clinical services, including, but not limited to, transportation, childcare, etc.
40. Designate a licensed professional (e.g., Registered Nurse [RN], Doctor of Medicine [MD], Physician Assistant [PA], Certified Nurse Practitioner [CNP], Master of Social Work [MSW]) to oversee or complete the functions of patient navigation.
41. Assure that patient navigation services are made available to each BCC Program enrolled person with identified barriers to receiving clinical services. Patient navigation services should include:
    a. Talking with the individual to identify and evaluate their barriers to completing clinical services.
    b. Working with the individual to resolve or mitigate identified barriers.
    c. Monitoring progress in completing clinical services.
    d. Providing education and support to the person being navigated.
42. Clinic-based Patient Navigation services may be reimbursed using the appropriate CPT code listed on the FY23 NM BCC Program CPT Code list. The list with current reimbursement rates for July 1, 2022 – June 29, 2023, is located on the Program website at https://www.nmhealth.org/about/phd/pchb/bcc.
    a. Prior to conducting Clinic-Based Patient Navigation services, ensure that one clinic designee completes the BCC Program Clinic-Based Patient Navigation Implementation Training.
        i. Required forms, training resources, and additional information about BCC Program reimbursable Clinic-Based Patient Navigation services are available from the BCC Program assigned Nurse Coordinator.
43. Reimbursement requests for the provision of patient navigation services must include the completed Clinic-Based Patient Navigation Form that documents the following:
    a. Identified barriers to receiving clinical services.
    b. Plan to resolve or mitigate identified barriers.
    c. No fewer than two actual contacts with the person; however, three or more contacts are recommended.
        i. An actual contact occurs when the navigator and the person being navigated have a conversation with each other.
    d. Outcome of navigation services, e.g., services were completed, or individual refused services or was lost to follow-up.
44. Conclude patient navigation services when the individual is found to be without cancer, when treatment is initiated, or when the individual refuses treatment or is lost to follow-up.
45. Submit completed Clinic-Based Patient Navigation Form(s) and Patient Navigation Claim Form to the BCC Program for review and approval within 30 days of the close of the month in which the services were delivered, except as described in number 43 below.
46. Final Clinic-Based Patient Navigation claims for the fiscal year must be received by the BCC Program no later than July 5, 2023.

Quality Assurance and Evaluation

47. Have a medical supervisor/director to ensure that providers are competent, properly licensed, and proficient in clinical screening and related client education and counseling and to ensure that each provider has current professional credentials.
48. Collaborate with BCC Program Nurse Coordinators in receiving and responding to Provider Feedback Reports, as available.

PUBLIC HEALTH DIVISION
CLINICAL PROTOCOL/MANUAL APPROVAL SHEET

PROGRAM/BUREAU: Breast and Cervical Cancer (BCC) Early Detection Program/Population and Community Health Bureau.

CLINICAL PROTOCOL/MANUAL TITLE: Breast and Cervical Cancer (BCC) Early Detection Program Clinical Screening, Diagnostic and Patient Navigation Protocol 2022-2023

Reviewed by: (Must have a signature from at least one clinical user of the Clinical Protocol.)

User Reviews:

Name: Michelle Papp, RN Date: 10/13/2022

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

Approved by:

Program Manager Beth Pinkerton Date 10/13/2022

Bureau Chief Timothy Lopez Date 11/7/2022

Bureau Medical Director (Independent Contract Medical Consultant) Brian A. Mann MD Date **10/14/22**

PHD Medical Director _____ Date 11/01/22

Regional Health Officer _____ Date 11/01/22

PHD Chief Nurse _____ Date 11/1/2022

PUBLIC HEALTH DIVISION
ACKNOWLEDGEMENT AND RECEIPT OF NEW/REVISED CLINICAL PROTOCOL

PROGRAM: Breast and Cervical Cancer (BCC) Early Detection Program

CLINICAL PROTOCOL/MANUAL TITLE: BCC Program Clinical Screening, Diagnostic and Patient Navigation Protocol 2022-2023

I have reviewed the document listed above and I approve it for practice in Region_____.

Regional Director	Date
Regional Health Officer	Date
Regional Director of Nursing Service	Date
Regional Director of Nursing Service	Date

I have received, reviewed, and will follow this Clinical Protocol and its Standing Orders.

Staff (Clinicians, PHNs, DPSs, etc.):

Name	Date	Name	Date
Name	Date	Name	Date
Name	Date	Name	Date
Name	Date	Name	Date
Name	Date	Name	Date
Name	Date	Name	Date
Name	Date	Name	Date
Name	Date	Name	Date

Each clinician and PHN must review the document mentioned above and sign this sheet. (Use additional sheets as necessary.) The Nurse Manager will retain the signed copy(ies) of this sheet at the clinic and submit the original(s) to the Director of Nursing Services.