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## BREAST CANCER SCREENING

### A. General Description

#### 1. Covered Services

All eligible women enrolled in the Montana Cancer Control Programs (MCCP) shall receive the following comprehensive screening services for breast cancer, every other year or as indicated:

- Clinical breast exam
- Referral for a screening mammogram or diagnostic mammogram
- Diagnostic services including biopsy
- Referral to the Montana Breast and Cervical Cancer Treatment Program (MBCCTP) if necessary

See [www.cancer.mt.gov](http://www.cancer.mt.gov) for a complete list of screening and diagnostic procedures and reimbursement rates.

Please note that MCCP funds may not be used for treatment services.

#### 2. Enrollment and Screening Steps

- a. Complete MCCP enrollment forms, paying particular attention to the following:  
Ensure that each client signs an “Informed Consent and Authorization to Disclose Health Care Information.” This form must be signed before any services can be provided.
- b. Determine which screening services a client needs.
- c. Perform appropriate screening and refer the client for diagnostic tests in accordance with the MCCP algorithms.
- d. Notify all clients of all test results within ten days of receiving them.
- e. If results are abnormal, conduct appropriate tracking and follow-up.
- f. Send rescreening reminders to all clients.

#### 3. Screening Guidelines

- The MCCP provides breast cancer screening every other year for women age 50-64, with limited funds for women age 40-49.
- The decision to screen every other year before age 50 is per a client’s individualized discussion with her provider, taking into account patient context.
- These guidelines apply to women without signs or symptoms of breast cancer, with normal screening results.
- Screening younger than age 39 must be pre-approved by MCCP.

## B. Eligibility

### 1. General Criteria

The MCCP will provide screening services to women who meet all of the following criteria:

- Are 50 through 64 years of age for breast cancer screening, with limited funding for 40-49 years of age.
- Are uninsured or underinsured. (See Chapter 2, Section G.)
- Have a family gross income at or below 200 percent of the current Federal Poverty Level (FPL) scale (see the MCCP Website, [www.cancer.mt.gov](http://www.cancer.mt.gov), Income Guidelines.)<sup>1</sup>

Clients must provide the information needed to determine eligibility on the MCCP “Eligibility and Enrollment” form. If a woman is ineligible for MCCP services, she should be referred to other community agencies that may be able to assist her.

Only women diagnosed through the MCCP for breast cancer or a pre-cancerous condition may apply for the MBCCTP.

If a client misrepresents her eligibility, the MCCP will deny reimbursement for screening services and refer the client to the health or social service agency that may be able to assist her.

### 2. Exception to the Age Criteria for Eligibility

Presuming a woman is otherwise MCCP eligible; the following criteria for age will be used to determine eligibility for breast cancer screening and diagnostic funds:

- Women ages 50 through 64 and ages 65 and older that do not have Medicare part B, are MCCP eligible for breast cancer screening services.
- Women ages 40 through 49 will be determined MCCP eligible for breast cancer screening services based on an allocated percentage of available funds.
- Women ages 39 and younger **MUST** be pre-approved by the state MCCP office for eligibility and **MUST** be referred by a surgeon or consulting breast specialist. The criteria that will be considered to determine MCCP eligibility for this age category will include but may or may not be limited to one of the following:
  - A mammogram result of BI-RAD category “4” (Suspicious abnormality) or “5” (Highly suggestive of malignancy).
  - A clinical breast exam (CBE) after consultation with a surgeon or consulting breast specialist that is suspicious for breast cancer, in concert with other clinical findings that are suspicious for breast cancer, for example abnormal ultrasound, abnormal mammogram, abnormal cytology/pathology from a needle core exam.
  - A family history of pre-menopausal breast cancer in concert with other clinical findings determined to be suspicious for breast cancer, for example breast mass, abnormal ultrasound, abnormal mammogram.
  - A documented history of a previous biopsy diagnosis of breast cancer.

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<sup>1</sup>The Federal Poverty Level scale is updated each year.

**3. Women who have the following abnormal test results are eligible for patient navigation:**

- A. One of the following abnormal test results
  - Clinical Breast Exam
    - Abnormal, Suspicious for Cancer
  - Mammography Test Results
    - BI-RAD Category 4 – Suspicious Abnormality
    - BI-RAD Category 5 – Highly Suggestive of Malignancy
    - BI-RAD Category 0 – Assessment Incomplete

**C. Reporting Systems**

**Breast Screening and Diagnostic Tests**

Use the following when reporting on services provided to MCCP clients:

- a. Breast screenings
  - “Breast Screening Results” form
  - “Abnormal Breast Screening Results” form
- b. Mammography test results
  - Breast Imaging Reporting and Data System—BI-RADS, 2nd edition
- c. Breast cancer staging
  - American Joint Committee on Cancer Staging: Staging for Breast Carcinoma, 3rd edition

**D. Summary of Performance Indicators**

Indicator Type, Number and Description			CDC Benchmark
% of mammograms	1	Percent of mammograms provided to women $\geq$ 50 years of age	$\geq$ 75%
Completeness of Clinical Follow-up	2	Abnormal screening results with complete follow-up	$\geq$ 90%
	4	Percent of diagnosed cancers with treatment initiated	$\geq$ 90%
Timeliness of Clinical Follow-up	5	Percent of abnormal screening results; time from screening to diagnosis within 60 days	$\geq$ 75%
	6	Percent of cancers diagnosed with treatment initiated within 60 days	$\geq$ 80%

## **E. Montana Breast and Cervical Cancer Treatment Program**

The Montana Breast and Cervical Cancer Treatment Program, (MBCCTP) provides basic Medicaid benefits to women in need of treatment for breast cancer, including pre-cancerous conditions.

In order to be eligible for MBCCTP services:

- The woman must be screened and/or diagnosed through the MCCP.
- The woman must have a diagnosis of breast cancer or a pre-cancerous condition dated July 1, 2001 or later.
- The woman may not have creditable insurance or other coverage to pay for treatment
  - Medicaid will determine if the insurance coverage is creditable.
  - Medicaid will determine MBCCTP eligibility for women who may be eligible for Indian Health or Tribal Health services.
  - Medicaid will determine if the woman is eligible for any other Medicaid program which will cover these services.
- The woman must be less than 65 years of age. If she is over 65 years of age she will be referred to Medicare.
- Beneficiaries will receive Basic Medical Coverage and will remain eligible until one of the following occurs:
  - The treatment recommended by the medical services provider is complete.
  - All approved cases will be reviewed according to the estimated length of treatment indicated by their medical service provider.
  - The woman turns 65 years of age.
  - The woman obtains creditable insurance coverage.
  - The woman is eligible for other Medicaid coverage.
  - The woman becomes a resident of another state.

### **1. Process for Application and Eligibility Requirements**

- a. The State Public Assistance Bureau and the Montana Cancer Control Programs will facilitate applications and establish eligibility of potential clients.
- b. The State Public Assistance Bureau will accept and approve all applications.  
Required documents include:
  - MBCCTP Medicaid Enrollment form, #HCS-BCC-002 (completed and signed by the client).
  - MBCCTP Medicaid Referral Form, #HCS-BCC-003 (completed and signed by the provider).
  - Montana Cancer Control Programs Enrollment form.
  - Proof of:
    - Age;
    - U.S. Citizenship, U.S. National or Alien Status; and
    - Montana residence (see list on application form)
  - Insurance card or policy name and number if applicable.

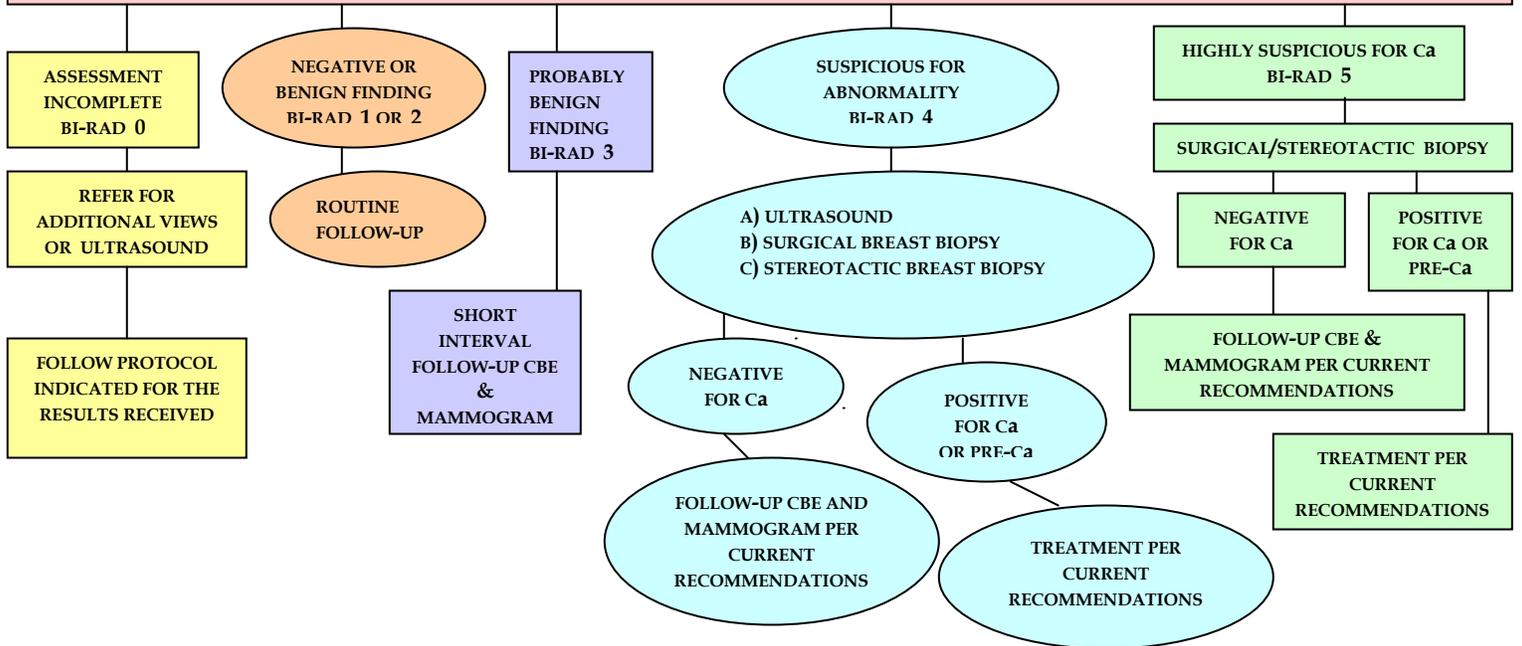
- c. The State Public Assistance Bureau will notify clients of their eligibility status.
  - Medicaid cards will be issued to MBCCTP eligible clients monthly.
  - Women who are eligible for other Medicaid programs will be referred for application and must follow through to be eligible for MBCCTP coverage.
- d. MBCCTP eligible clients will be required to participate in PASSPORT to Health.
  - MBCCTP clients will receive a welcome packet and a letter that instructs them to choose a PASSPORT Primary Care Provider (PCP).
  - If the woman does not complete the PASSPORT forms and chose a PCP, one will be assigned and the woman will be notified.
  - The PCP must provide “most” services for the client or give a referral to another provider or Medicaid *will not* pay the claim. (Referral # must be on the claim).
- e. All applicants will be reviewed for continued eligibility three (3) months after the initial date of eligibility and annually thereafter.
  - Continued eligibility will be determined based on the recommendation of the client’s PASSPORT Provider.
- f. Eligibility will be discontinued when/if the:
  - Woman’s PASSPORT Provider indicates treatment is complete
  - Woman becomes eligible for other Medicaid coverage
  - Woman turns 65 years old
  - Woman fails to cooperate or complete an eligibility redetermination
- g. All women will be notified when their MBCCTP eligibility is discontinued and for what reason eligibility is ending.

# Montana Cancer Control Programs Algorithm for Breast Cancer Screening

NORMAL CLINICAL BREAST EXAM (CBE)

REFER FOR MAMMOGRAM

DIAGNOSTIC OR SCREENING MAMMOGRAM RESULTS



ABNORMAL CLINICAL BREAST EXAM SUSPICIOUS FOR CANCER (REGARDLESS OF SCREENING OR DIAGNOSTIC MAMMOGRAM RESULTS)

