

# UTAH Breast and Cervical Cancer Screening Program Manual for Partnering Clinics



Utah Department of  
**Health & Human**  
Services

Utah Breast & Cervical Cancer Screening Program  
PO Box 142107 Salt Lake City UT | 1-800-717-1811 | [cancer.utah.gov](http://cancer.utah.gov)

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## Introduction

The Utah Breast and Cervical Cancer Screening Program (B&C) serves women who qualify by providing breast and cervical cancer screenings. The B&C Program is a payer of eligible services offered through the program.

This Program Manual provides standardized guidelines to assist providers in understanding the requirements given to B&C as set forth under National Breast and Cervical Cancer Early Detection Program (NBCCEDP) guidelines and to assist B&C in meeting them.

This will be a living document that will be updated as needed.

## Partnering with the Breast & Cervical Program

- By participating in the program, partners will be expected to adhere to the following:
- By participating in the program, partners will be expected to adhere to the following:
- Sign a Memorandum of Agreement (MOA)
- Accept the fee schedule. The B&C Program reimburses at Medicare rates
- Submit required paperwork to B&C in a timely manner
  - Clinic Eligibility Form
  - Breast Payment Voucher/Physician order
  - Pap results (non-Cytocheck laboratories)
- Notify each patient of abnormal breast and/or cervical results
- Make medical decisions and notify B&C regarding client follow-up and treatment recommendations
- Refer B&C clients only to B&C contracted providers
- Submit claims for reimbursement
- Refer clients to receive services through B&C
- Attend all trainings provided by the B&C Program
- Designate a staff member or clinical contact person(s) within the clinic



## Eligibility

To be eligible for enrollment into B&C, a client must meet the following eligibility criteria:

- Ages of 21 to 64 for cervical cancer screening services
- Ages of 40 and older for breast cancer screening services
- Ages of 21 to 39 who are high risk or symptomatic requiring a CBE and/or diagnostic services
- Living at or below [250% federal poverty level](#)
- Uninsured or underinsured  
*\* UBCCP acts as the payer of last resort*
- A Utah resident or a border town of Utah with limited access to breast and cervical cancer screening services (such as Mesquite, NV, Colorado City, AZ, etc.) and those seasonal workers who will continue to be in the area for at least three months

### **B&C cannot provide any services to the following clients:**

- Male clients who may require breast cancer screening services
- Individuals covered by Medicare Part B

Eligibility is valid for 12 months. All clients can re-enroll every 12 months, provided they continue to meet the eligibility criteria.

## Income Determination

Women served through B&C must be at or below the 250% FPL guidelines. Income is asked during registration and must be verified according to clinic policy.

Income is gross annual income (before taxes and deductions) and must include all sources of income. <https://cancer.utah.gov/do-i-qualify/>

## Covered Services

Please note that clinics are strongly advised to schedule routine breast and cervical cancer screenings in the same visit. B&C will reimburse clinics for one visit per eligible patient per year, except for a patient experiencing symptoms requiring a follow-up appointment. The goal of B&C is to reduce the number of clinic appointments a client needs to have during the year, thereby removing a barrier to screening.

Services eligible for coverage:

- Clinical visit may include:
  - Clinical breast exam
  - Pap and/or HPV test
  - [BeWise](#) services in available clinics
- Screening mammograms
- Diagnostic mammogram and ultrasound
- Screening breast MRI for women considered high risk for developing breast cancer (pre-authorization is required through B&C)
- Breast biopsy
- Surgical consultations
- Colposcopy
- Referral to Medicaid and/or financial assistance for breast and cervical cancer treatment

## Uncovered Services

Services that the B&C Program does NOT cover:

- STI and STD testing
- HPV vaccinations
- Family Planning screening including IUD placement or removal
- Cervical cancer screenings following a total hysterectomy for non-cervical cancer related health issues (call for exceptions)
- Treatment for breast or cervical cancer including:
  - Surgery
    - Mastectomies, lumpectomies, or reconstruction
  - Oncology
    - Chemo and/or radiation
- Treatment for abnormal pap screening including:
  - LEEP procedure
  - Cone biopsies
  - Hysterectomy
  - Infections
  - Oncology
    - Chemo and/or radiation



## Enrolling Clients For B&C Services

Clients are encouraged to enroll prior to being seen for B&C services. To enroll, the client may do one of the following:

- Complete an [online application](#)
- Call 1- 800-717-1811

Once a client is scheduled, the following B&C paperwork will be sent to the clinic via secure email or fax:

- Clinic Eligibility Form - this form details what services the client is eligible for
- Mammogram Payment Voucher
- Pap Requisition form (those using Cytocheck and as indicated)

Incorrect information on all forms (e.g., spelling of name, DOB, address) **must be crossed out and corrected by the clinic** prior to sending to the screening facility and B&C.

## After a Client is Seen

Once the client is seen, completed documents should be sent by fax (801-237-0775) or email (cancer@utah.gov) to B&C:

- Completed Clinic Eligibility Form
- Completed Mammogram Payment Voucher and order. The order and payment voucher should also be faxed to the imaging facility
- Pap results for non-Cytocheck laboratory clinics

### Abnormal Results

**B&C does not make medical decisions for follow-up or treatment.** The primary provider is responsible for delivering appropriate and timely follow-up for diagnostic and treatment services.

#### Breast

- Notify clients of any abnormal findings
- Fax or email additional imaging orders to B&C and contracting imaging facilities
- B&C will provide additional vouchers for diagnostic mammograms, ultrasounds, biopsies, and surgical consultations
- Inform B&C on the outcome of the patient's diagnostic tests and/or treatment **within 14 days** of scheduled follow-up appointments
- Notify clients of cancer diagnosis

#### Clients needing 6 month follow-up

- Fax or email recommended imaging order to B&C and imaging facility one month prior to being due

#### Cervical

- Notify clients of abnormal findings
- Fax or email follow-up recommendations to B&C
- If a colposcopy is recommended/needed, schedule the client with a contracted OB/GYN provider and provide B&C with the provider's name and date of appointment
- B&C will provide a cervical payment voucher and fax to the OB/GYN provider

- Inform B&C on the outcome of the patient's diagnostic tests and/or treatment **within 14 days** of scheduled follow-up appointments
- Notify clients of cancer diagnosis

## Cytocheck Laboratory Users

The following checklist is only for providers seeing B&C clients who have a Pap Requisition form included in their B&C enrollment packet. It includes a list of items to be completed.

- Set up an account with Cytocheck Laboratory
  - B&C will email or fax to you the New Provider Information Form to be completed. Return the form to B&C and wait for further instruction
  - An account representative from Cytocheck will email you instructions on how to set up a password for your clinic to view and print Pap test results. Follow the instructions
  - Coordinate with Cytocheck account representative to obtain needed Pap test supplies and UPS mailers

After the clinic visit:

- Place biohazard bag with sample and requisition form in a white mailing box
- Place the white mailing box in a UPS shipping envelope
- Send sample to UPS within 14 days of the patient's clinic visit
- Obtain Pap reports from Cytocheck Laboratory website at: [https://www.cytocheck.net/lab\\_login.aspx](https://www.cytocheck.net/lab_login.aspx)

Cytocheck Laboratory provides all shipping supplies. Please contact Cytocheck Provider Services at **800-572-4277** for additional supplies as needed.

Whenever possible, send as many specimens per mailing to save on postage.

PLEASE NOTE: IF YOU ARE USING CYTOCHECK FOR OTHER SERVICES (E.G. PAP TESTS FOR FAMILY PLANNING OR STI TESTING), REQUEST CUSTOM REQUISITIONS FOR THAT PURPOSE. DO NOT USE THESE REQUISITIONS FOR B&C PAP TESTS.

## Additional Information

All information may be found on our website at [cancer.utah.gov](http://cancer.utah.gov)

### Dense Breast Tissue

Clinics should discuss dense breast tissue with clients according to [House Bill 258](#) (2018) codified in Utah Code Title 26 Chapter 21a Part 2.

### Americans with Disabilities Act

B&C requires all clinics to conform to the [Americans with Disabilities Act](#) (ADA), which prohibits discrimination against people with disabilities in several areas, including transportation, public accommodations, communications, and access to state and local government programs and services.

Clinic staff are encouraged to complete the [training](#) on servicing individuals with disabilities.

### High Risk

Clinics may use any type of risk assessment. CDC considers the following as High Risk:

#### Breast

- Those who have a known genetic mutations
- First-degree relatives with premenopausal breast cancer or known genetic mutations
- History of radiation treatment to the chest area before the age of 30 (typically for Hodgkin's lymphoma)
- Lifetime risk of 20% or more for development of breast cancer based on risk assessment models that are largely dependent on family history

#### Cervical

- Those with HIV infection
- Have had an organ transplantation
- Immunocompromised from another health condition

- Had DES exposure in utero

In general, those under the age of 30 should undergo annual Pap testing; those aged 30 years and older should have co-testing every 3 years or yearly Pap testing.

## Program Contact Information

Resource	Contact Information
Mailing Address	PO Box 142107 Salt Lake City UT 84114-2107
Street Address	288 N 1460 W Salt Lake City UT 84116
Toll-free phone number	800-717-1811
Fax number	801-536-0172
Email	cancer@utah.gov
Billing	Fax: 801-237-0769 Email: ldoyle@utah.gov Cell: 801-793-8774