

BCN Clinical & Compensation Procedures

For

Contract Type 6

Breast Diagnostic Evaluation Services

With

The SC Department of Health and Environmental Control

Effective June 30, 2009

Breast Diagnostic Evaluation Services

- I. SCOPE OF SERVICES: Contractor shall provide diagnostic evaluation of breast abnormalities to pre-authorized patients who meet BCN criteria as follows:**
- A. Patient Eligibility:**
- The Contractor shall provide diagnostic breast evaluation services to women with abnormal clinical findings who are referred by BCN providers under contract with DHEC. (See DHEC BCN Provider List.) These women must be between the **ages of 40-64**, have no insurance (including Medicaid and Medicare) or can provide documentation that their insurance only covers in-patient hospitalization.
- B. Services:** The Contractor will provide clinic visits and related services based on the Fee for Service Schedule.
- 1. Diagnostic Evaluation:**
 - a. Diagnostic evaluation will include history, clinical breast examination (CBE), and evaluation of available mammography films and ultrasound reports with recommendations for follow-up. See appropriate protocols contained in the BCN Clinical Protocols Manual.
 - b. Refer patients, according to appropriate protocols contained in the BCN Clinical Protocols Manual, for diagnostic mammography or breast ultrasound. **The referral must be in the form of a written order stating the patient is associated with the Best Chance Network and has been identified at the Contractor's office as needing the said referral.**
 - c. Breast cyst aspiration (BCA) may be performed on any discrete, palpable mass in the breast. See appropriate protocol in the BCN Clinical Protocols Manual.
 - d. Needle core biopsy (including incisional) or excisional biopsy and other approved procedures, per the Fee for Service Schedule, may be performed on any suspicious lesion in the breast. See the appropriate protocols contained in the BCN Clinical Protocols Manual.
 - 2. Health Education and Counseling:** Assure through patient education that women receiving BCN services are aware and understand the importance of following breast and cervical cancer screening guidelines, including annual rescreening.
 - 3. Referral and Follow up of all Abnormal Findings:**
 - a. Disclose to patient that BCN may not cover the cost of all charges associated with follow-up care, following instructions as stated in paragraph 4. under section B. of III. Compensation ó Method of Payment.
 - b. Ensure that each patient with abnormal findings receives appropriate diagnostic workup and treatment, if indicated, either on-site provided by staff as stated in **Section C** of these Clinical & Compensation Procedures or through referral based on DHEC BCN Provider List.
 - (1) Provide or refer for further diagnosis and treatment, patients with breast findings which are suspicious or positive for breast cancer as indicated in the appropriate protocols contained in the BCN Clinical Protocols Manual.
 - (2) Provide documentation in the clinical record of a minimum of two attempts to reschedule missed appointments for follow up of abnormal findings.

C. Staff:

1. Have a medical supervisor/director to ensure that staff providing contracted services are competent and proficient in clinical diagnostic/follow-up services and related patient education and counseling; and, to ensure that professional credentials are current.
2. Follow-up services for patients with breast abnormalities will be provided by board-certified or board-eligible surgeons or by surgical residents under the supervision of attending physicians.
3. Assist uninsured patients screened through the BCN in completing an application for Medicaid coverage of treatment for breast cancer diagnosed by tissue biopsy.
4. Contractor agrees to release Staff to whom responsibility for contract compliance and accountability is assigned to attend a 1.5 hour BCN orientation and education program and any on-going educational training for updates to clinical protocols. These programs and trainings will be conducted by Service Coordination Staff assigned by BCN (hereinafter referred to as SCS).
5. Assure that staff participate in professional continuing education and training to update skills in breast cancer screening and prevention practices as offered by BCN. This is to include, but is not limited to, all physicians who provide BCN breast diagnostic evaluation services.
6. Contractor must complete, in its entirety, the Provider Information Sheet provided by DHEC prior to the beginning of each fiscal year. This will ensure DHEC has up-to-date information of where to mail payments and lists of all physicians at your facilities who perform BCN services. This information will be used to verify the referring physician name shown on a radiology or pathology bill is associated with your facility.

D. Facility:

1. Have a clinic operation which ensures the availability and accessibility of breast evaluation services.
2. Maintain a clinical record on each patient which contains documentation of breast cancer, patient and family history, physical examination and clinical findings, patient education and counseling, treatment if provided, referrals and follow-up information if any, laboratory, mammography and reports from other providers as appropriate, and appointment/reappointments.
3. Maintain a copy of each BCN reporting/billing form in the patients' records.
4. Send a report back to the referring physician within **30 days** of follow-up visit(s).
5. Participate in clinical record audits and/or comprehensive program reviews to meet quality assurance requirements of DHEC.
6. Contractor is to only utilize laboratories currently under contract with BCN. See Laboratories Receiving Specimens from BCN Contractors.
7. Provide the reports specified as follows which are necessary for DHEC to compile cancer surveillance data and reports to the Centers for Disease Control and Prevention (CDC).
Obtaining follow-up information for diagnosis or treatment from non-BCN providers is the responsibility of the Contractor.
 - a. The Contractor shall submit to DHEC for each patient served a yellow BCN reporting/billing form (Breast Follow-Up) with a copy of the radiology, operative and pathology reports attached within 45 days of the date of service. **The**

Contractor must also submit a HCFA1500 or UB92 for any breast biopsy or cyst aspiration service provided.

- b. The Contractor shall submit to DHEC yellow BCN reporting/billing forms, **pathology and operative reports** for services received through non- BCN follow-up providers as soon as follow-up information is received.
8. Will review periodic service verification reports to be generated by DHEC. These reports will be provided to the Contractor by SCS if DHEC/BCN has received radiology or pathology bills with a provider name identified as being associated with your facility and for which we have no corresponding clinical service information. This will involve verification of related patient services and providing necessary clinical data, referring provider facility information, service dates, and/or accompanying reports as appropriate as per instructions included in the service verification report referred to in item 7 under G on the following page.
9. The Contractor will return service verification reports, with appropriate information, to DHEC by the date indicated on said reports.
10. Complete the Match Documentation Report provided by DHEC, a sample copy of which is included in these Clinical & Compensation Procedures. This will include annual documentation of in-kind services, donated hours toward BCN services, and other required information that must be returned to DHEC by the date indicated on said report.

E. SERVICE COORDINATION STAFF (SCS) shall:

1. Provide on-going BCN orientation, training and consultation.
2. Reinforce BCN policies and procedures.
3. Provide updated DHEC BCN Provider List(s) for referral and follow-up.

F. DHEC BCN shall:

1. Provide updates for the BCN Clinical Protocols Manual no less frequently than annually.
2. Provide BCN contract monitoring and feedback.
3. Provide quarterly BCN expenditure reports to Contractor
4. Conduct on-site clinical record audits and/or comprehensive program reviews as determined on a sampling basis by BCN staff.
5. Process and enter data from BCN reporting/billing forms.
6. Provide case management services utilizing local Home Health Services medical social work staff.
7. Provide educational materials and resources for breast and cervical cancer patient education.
8. Generate periodic service verification reports. These reports will reflect outstanding clinical data on radiology and/or pathology services that have already been reimbursed. (e.g.: Mammography and/or pathology bills have been reimbursed by DHEC, but the BCN reporting/billing form providing the mammogram and/or pap smear date, results and corresponding follow-up has not been received at DHEC.)

The purpose of these reports is three-fold:

- i. Ensure financial accountability of federal funds.

- ii. Ensure accurate and complete provision of services reported to Centers for Disease Control and Prevention (CDC).
 - iii. Facilitate financial monitoring for Contractors and DHEC.
 - a. Assure appropriate reimbursement for contracted services.
 - b. Assure timely submission of forms to DHEC to reflect payments made.
9. On an annual basis, provide a format to facilitate the documentation and reporting of in-kind services related to BCN services provided by clinical (physicians, physician's assistants, nurse practitioners, nurses) and office personnel. The purpose of this is two-fold:
- i. To provide an accurate report of donated physicians' hours and in-kind services to CDC.
 - ii. To ensure reasonable projections are made for in-kind and match dollars when annual renewals are submitted to CDC.

II. TIME OF PERFORMANCE: Reference the DHEC BCN Contract for Type 6, Breast Diagnostic Evaluation Services.

III. COMPENSATION - METHOD OF PAYMENT:

- A. Payment for services will be rendered according to the breakdown of services and unit charges as described on the Fee for Service Schedule in accordance with Centers for Disease Control & Prevention (CDC) guidelines and Medicare's South Carolina Part B par fee schedule. The Fee for Service Schedule that changes at the beginning of each fiscal year will be updated to reflect the new South Carolina Medicare Par B Par Fee Schedule for the current calendar year. A copy of these updated changes will be provided to the Contractor by DHEC prior to June 30th of each fiscal year.
- 1. The Contractor must have a fully executed contract in place with DHEC.
 - 2. Payment for laboratory services will be made directly by BCN only to laboratories named on the list of Laboratories Receiving Specimens from BCN Contractors only for Allowable Laboratory Services covered under BCN. Payment for services rendered by laboratories not under contract with BCN or for services not listed on Allowable Laboratory Services will be the responsibility of the Contractor unless the patient has agreed to pay for these services and has documentation of the same.
 - 3. BCN will not cover the cost of an ultrasound performed when the patient has previously had a CBE with normal or benign results and a screening mammogram with negative or benign results.
 - 4. Payment for additional radiological and breast biopsy services not covered in these Clinical Guidelines, but payable under BCN, will be made directly by BCN only to providers under contract with BCN. See Allowable Radiological Breast Follow-Up Services and DHEC BCN Provider List.
 - 5. **The Contractor may not provide non-covered services to the patient or refer her for non-covered services without full explanation and disclosure to the patient that said services will not be paid for by BCN, and must have the patient sign a Cost Explanation Form. The patient must be informed of her financial responsibility to pay for services not covered by BCN before these services are provided. The original, signed Cost Explanation Form must be kept in the patient's medical file and a copy given to the patient. Failure to make this disclosure or inability of**

Contractor to provide BCN with a copy of the signed disclosure form will result in the Contractor being liable for payment of non-covered services.

- B. The Contractor shall submit completed yellow (Breast Follow-Up) BCN billing/reporting forms within **45 days** of the date of service. If available, the prior authorization code issued to the referring provider by DHEC BCN should be provided on the top, right-hand corner of all billing/reporting forms submitted. **Contractor must attach a HCFA1500 or UB92 to the yellow Best Chance Network Breast Follow-Up/Billing Form when any breast biopsy or breast cyst aspiration procedures are performed. Payment for any of these procedures cannot be made without submission of the HCFA1500 or UB92 listing the associated CPT code(s).**
- C. DHEC will issue reimbursement within 60 days of receipt of complete and accurate BCN billing/reporting forms.
1. A reimbursement face sheet showing services provided and payment due to the Contractor will be generated by DHEC-BCN from the billing/reporting forms received.
 2. A request for payment will be submitted to DHEC Finance for payment to the Contractor.
 3. The reimbursement face sheet will be submitted to the Contractor with payment from DHEC.
- D. The Contractor agrees to accept payment of allowable charges as payment in full based on BCN covered services included on the Fee for Service Schedule and will *not bill the patient for the balance*.
- E. All requests for payment of services provided between provided each June 30 through June 29 of the Contract period must be received by DHEC BCN by August 15 following that year. **Payment requests received after August 15 of each year will be returned unpaid. Patients cannot be billed for any unpaid requests received by DHEC BCN after August 15 of each contract year.**

BEST CHANCE NETWORK

FEE FOR SERVICE SCHEDULE

6

CONTRACTUAL SERVICES 06/30/2009 through 06/29/2010	CPT CODES	ALLOWABLE CHARGES*
BREAST FOLLOW - UP		
●Referrals from DHEC BCN Providers for Follow up of Abnormal Findings		
- Initial Visit	99203	86.37
- Follow-Up Visit(s)	99213	58.17
●Fine Needle Aspiration - Without Imaging Guidance**	10021	117.67
●Fine Needle Aspiration - With Imaging Guidance**	10022	120.94
●Biopsy of skin of breast or nipple only, subcutaneous tissue, single lesion ***	11100	85.87
●Biopsy of skin of breast or nipple only, subcutaneous tissue, each additional lesion ***	11101	28.18
●Puncture Aspiration of Cyst of Breast**	19000	94.65
●Puncture Aspiration of Cyst of Breast (each additional cyst)**	19001	24.29
●Biopsy of Breast - Needle Core**	19100	116.02
●Incisional Biopsy of Breast; Needle Core**	19101	265.14
●Percutaneous Needle Core Biopsy Using Image Guidance**	19102	191.37
●Percutaneous Needle Core Biopsy, Automated Vacuum Asst. or Rotation Biopsy**	19103	478.40
●Nipple Exploration w/or without Excision of Solitary or Papilloma Lact Duct**	19110	368.65
●Biopsy of Breast - Excisional, for One or More Lesions**	19120	384.77
●Excision of Breast Lesion Identified by Preoperative Placement of Radiological Marker; Single Lesion**	19125	426.35
●Excision of Each Add'l Lesion Separately Identified by a Radiological Marker**	19126	139.56
●Biopsy or Excision of Lymph Node(s); Superficial (separate procedure)**	38500	265.70
●Biopsy or Excision of Deep Cervical Node(s)**	38510	431.93
●Biopsy or Excision of Deep Axillary Node(s)**	38525	355.61

*2009 Medicare Allowable Rate - Par Fee Schedule Uniform Throughout S.C. Effective 06/30/09 through 06/29/10.

**** & ***Payment for any of these procedures cannot be made without attaching a CMS1500 or UB04 to the yellow breast follow-up form. Copies of operative, radiology and pathology reports must also be submitted.**

*****This does not include biopsies for diagnosis of skin cancer. This should only include biopsies done to diagnose Paget's Disease of the Nipple or Inflammatory Breast Cancer.**

2009BCN PROVIDER INFORMATION SHEET

(Complete & fax to (803)545-4996.)

Contract Name _____

Mailing Address _____ Payment Address _____

Provider Sites (Please list the names & addresses of all facilities providing services under these Clinical & Compensation Procedures.)

Contract Signer & Title -----

Contract Signer's Phone & Fax _____

Contract Signer's E-Mail _____

BCN Contact Person _____

(This should be the individual at your site who has overall responsibility for BCN services and is the person normally contacted by DHEC or BCN's Regional Service Coordinator.)

BCN Contact Phone & Fax _____

BCN Contact E-Mail Address _____

BCN Clinical Contact _____

(This should be an individual at your site who has a clinical background & knowledge of BCN protocols and Clinical & Compensation Procedures for your contract type.)

BCN Clinical Contact Phone # _____

Contact for Patient Billing _____

Patient Billing Phone & Fax: _____

Hours & Days of Operation _____

Tax ID # _____

Names of all Physicians, Physician's Assistants or Nurse Practitioners Performing BCN Examinations and/or surgery (Please include any visiting physicians from other practices & use back of form if necessary.):

First & Last Name

First & Last Name

First & Last Name

LABORATORIES RECEIVING SPECIMENS STATE-WIDE FROM BCN CONTRACTORS

Laboratory Corporation of America Holdings, PO Box 2230, Burlington, North Carolina 27216-2230

Pathology Service Associates, LLC, PO Box 100559, Florence, SC 29501-0559

- Associated Pathologists, LLC, Georgetown SC
- Beaufort Pathology, Beaufort, SC
- Charleston Pathology Associates, Charleston, SC
- Charleston Pathology Associates, Mt. Pleasant, SC
- Coastal Pathology, Charleston, SC
- Cyto-Lab, Inc., Murrells Inlet, SC
- Dermatopathology Specialists, Mt. Pleasant, SC
- Orangeburg Pathology Associates, Orangeburg, SC
- Pathology Associates of Lexington, West Columbia, SC
- Pathology of Georgetown, Georgetown, SC
- Pee Dee Pathology Associates, PA, Florence, SC
- Professional Pathology Services, PC, Columbia, SC
- Professional Pathology Services, Hilton Head Island, SC
- Southeastern Clinical Labs, PA, Pickens, SC
- Sumter Pathology, Sumter, SC

LABORATORIES RECEIVING SPECIMENS FROM LOCAL BCN CONTRACTORS

Aiken Regional Medical Center, 302 University Pkwy., Aiken, SC 29801

Prima Pathology, 302 University Pkwy., Aiken SC 29801

AnMed Laboratory Services, 800 North Fant St., Anderson, SC 29621

Clinical Pathology Consultants, PO Box 1599, Conway, SC 29528

Colleton Regional Hospital, 501 Robertson Boulevard, PO Box 5001, Walterboro, SC, 29488

Greenville Hospital Systems, 701 Grove Road, Greenville, SC 29605

Pathology Associates of Greenville, 8 Memorial Medical Ct., Greenville, SC 29605

Kershaw County Medical Center, 1315 Roberts St., Camden, SC 29020

Steeplechase Pathology, LLC, 1315 Roberts St., Camden, SC 29020

Marlboro-Chesterfield Pathology, PC, PO Box 100, 206 Ball Park Rd., Bennettsville, SC 29512

Medical University of South Carolina Medical Center, 171 Ashley Avenue, Charleston, SC 29425

Mullins Pathology & Cytology Laboratory, 1402 Walton Way, Augusta, GA 30901

Palmetto Pathology, PA, PO Box 60070, 8085 Rivers Ave., Charleston, SC 29419-0070

Pathology Consultants, Inc., 8 Memorial Medical Ct., Suite 1, Greenville, SC 29605

Piedmont Medical Center, 222 S. Herlong Ave., Rock Hill, SC 29732

York Pathology, PO Box 4016, Rock Hill, SC 29732

Piedmont Pathology Associates, 404 E. Calhoun St., Anderson, SC 29621

Select Laboratories, PO Box 186, Manning, SC 29102

Self Regional Healthcare, 1325 Spring St., Greenwood, SC 29646

Carolina Pathology Associates, PO Box 3368, Greenwood, SC 29648

Spartanburg Regional Medical Center, 101 E. Wood St., Spartanburg, SC 29303

Carolinas Pathology Group, PO Box 30637, Charlotte, NC 28230

Spectrum Laboratory Network, 4380 Federal Dr., Suite 100, Greensboro, NC 27410

Tuomey Healthcare System, 192 N. Washington St., Sumter, SC 29150

ALLOWABLE LABORATORY SERVICES

SERVICE DESCRIPTIONS 06/30/2009 through 06/29/2010	CPT CODES
●Evaluation of fine needle aspiration	88172
●Fine needle aspirate, interpretation and report	88173
●Breast biopsy	88305 & 88307*

*This code is only to be used in the excision of a breast lesion and will only be reimbursed at the rate of a level IV biopsy.

SAMPLE MATCH DOCUMENTATION REPORT

BREAST DIAGNOSTIC FOLLOW-UP PROCEDURES:

- a(i). Usual charge for a fine needle aspiration-one cyst procedure (CPT code: 19000)? \$_____.
- a(ii). Usual charge for a fine needle aspiration-each additional cyst procedure (CPT code: 19001)? \$_____.
- b. Usual charge for a biopsy of breast; needle core (no radiological guidance required) procedure (CPT code: 19100)? \$_____.
- c. Usual charge for a incisional biopsy of breast; needle core procedure (CPT code: 19101)? \$_____.
- d(i). Usual charge for a percutaneous needle core biopsy using image guidance procedure (CPT code: 19102)? \$_____.
- d(ii). Usual charge for a percutaneous needle core biopsy, automatic vacuum asst. or rotating biopsy device using image procedure (CPT code: 19103)? \$_____.
- e. Usual charge for a nipple exploration with or without excision of solitary lact duct of papilloma lact duct procedure (CPT code: 19110)? \$_____.
- f. Usual charge for a biopsy of breast -excisional, for one or more lesions procedure (CPT code: 19120)? \$_____.
- g(i). Usual charge for a excision of breast lesion identified preoperative placement of radiological marker; single lesion procedure (CPT code: 19125)? \$_____.
- g(ii). Usual charge for a excision of each additional lesion separately identified by a radiological marker procedure (CPT code: 19126)? \$_____.
- h(i). Usual charge for a biopsy or excision of lymph node(s); superficial procedure (CPT code: 38500)? \$_____.
- h(ii). Usual charge for a biopsy or excision of deep cervical node(s) procedure (CPT code: 38510)? \$_____.
- h(iii). Usual charge for a biopsy or excision of deep axillary node(s) procedure (CPT code: 38525)? \$_____.

Please list any other charges associated with the above procedures or patient encounters below that have not been addressed along with your usual charge.

Thank you for taking the time to complete and send in the information by Date.

No individual practice will be identified in the annual report to CDC. The collective contributions and donated services of BCN contracted healthcare providers will benefit the program.

ALLOWABLE RADIOLOGICAL BREAST FOLLOW-UP SERVICES

SERVICE DESCRIPTIONS 06/30/2009 through 06/29/2010	CPT CODES
●Preoperative placement of needle localization wire, breast	19290
●Preoperative placement of needle localization wire for each additional lesion	19291
●Image guided placement, metallic localization clip, percutaneous	19295
●Unilateral diagnostic, mammogram (includes additional views or magnification)	77055
●Bilateral diagnostic mammogram (includes additional views or magnification)	77056
●Screening mammogram (two views each breast)	77057
●Stereotactic localization for breast biopsy, each lesion, radiological supervision & interpretation	77031
●Preoperative placement of needle localization wire, breast, radiological supervision & interpretation	77032
●Radiological examination, surgical specimen	76098
●Diagnostic ultrasound*	76645*
●Ultrasonic guidance for needle biopsy, radiological supervision and interpretation	76942

**Reminder: BCN will not cover the cost of an ultrasound performed when the patient has previously had a CBE with normal or benign results and a screening mammogram with negative or benign results.*

**BEST CHANCE NETWORK (BCN)
BREAST SERVICES COST EXPLANATION FORM**

(WHAT BCN CAN and CANNOT PAY)

I agree that I have been told and understand that BCN will pay for the procedures on the following list:

CHARGES PAID BY BCN:

- Surgical Office Visit(s)
- Breast Exams
 - Mammograms/Ultrasound Tests
 - Breast Cyst Aspiration (fluid removal)
 - Counseling Visits for Abnormal Tests
 - Lab Charges for Testing the Tissue

Breast Biopsy (tissue taken out) by:

- Needle Core Breast Biopsy¹ or
- Stereotactic Breast Biopsy¹ then
3 follow-up visits within 18 months of the biopsy – if any follow-up test or exam is abnormal, 3 additional visits will be paid for if needed

'The hospital may add facility charges and charges for medical supplies that BCN cannot pay.

If an incisional or excisional breast biopsy (removal of the lump by surgery) is needed, I have been told and know that BCN CAN pay the surgeon's bill, but NOT these hospital services:

CHARGES NOT PAID BY BCN:

- | | |
|---|--------------------------------------|
| No doctor visits until 90 days after surgery
(no bills are usual for this post-surgery time period)* | |
| EKG and X-Rays | Pharmacy |
| Anesthesia Services | Other Lab Tests |
| Medical/Surgical Supplies | IV Solutions |
| Operating Room | All Other Charges Not Listed As Paid |
| • Facility Fees | |

*** See above for bills BCN will pay for 90 days after biopsy surgery**

I know that bills BCN cannot pay are my responsibility and I will need to meet with the billing staff at the hospital to arrange for a payment plan.

Signature

Date

Witness

