BCN Clinical & Compensation Procedures

For

Contract Type 2.4/BCA

Clinical Breast and Cervical Cancer Screening Services

With

The SC Department of Health and Environmental Control

Effective June 30, 2005

Clinical Breast and Cervical Cancer Screening Services

I. SCOPE OF SERVICES: Contractor shall provide breast and cervical cancer screening to pre-authorized patients who meet BCN criteria as follows:

A. Patient Eligibility: The Contractor shall provide breast and cervical cancer screening services and breast cyst aspiration (BCA) to women whose family income is at or below the federal income guidelines of **200%** of poverty as indicated on Income Eligibility Guidelines, have no insurance (including Medicaid and Medicare) or can provide documentation that their insurance only covers in-patient hospitalization, **and** are **ages 47-64**,

B. Services: The Contractor will provide clinic visits and related services based on the Fee for Service Schedule.

1. **Screening/Rescreening:**

   a. Screening services, which include clinical breast examination (CBE), pelvic examination and Pap smear, will be provided by staff as stated in **Section C** of these Clinical & Compensation Procedures. New patients receiving their first BCN screening services shall receive a CBE, pelvic examination and Pap test and be scheduled for a mammogram if one has not been performed within the last twelve (12) months. These services must be provided according to the appropriate protocols contained in the BCN Clinical Protocols Manual. Any refusals by patients to have these services should be documented.

   b. Refer patients, as appropriate, using the appropriate protocols contained in the BCN Clinical Protocols Manual, only to mammography facilities under contract with BCN, as listed in the DHEC BCN Provider List, for screening or diagnostic mammography and 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. Provide documentation in the clinical record of a minimum of one attempt to reschedule missed mammography and breast ultrasound appointments.

   d. Establish/maintain an effective annual rescreening reminder system that notifies enrolled women 47-64 of their need to return for rescreening, facilitates adherence to assure continuity of care, and documents patient notification to return for annual rescreening.

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 – Method of Payment.

   b. Ensure that each patient with abnormal findings receives referral for appropriate diagnostic workup and treatment, if indicated, through referral based on DHEC BCN Provider List.

      (1) Refer **only to cervical follow-up facilities listed on** DHEC BCN Provider List for diagnostic work-up of precancerous cervical lesions as per appropriate protocol contained in the BCN Clinical Protocols Manual.

(2) Refer **only to facilities listed on** DHEC BCN Provider List for diagnostic mammography to obtain additional views or magnification if recommended by a radiologist.

(3) Refer **only to facilities listed on** DHEC BCN Provider List for breast ultrasound to differentiate between solid and cystic masses following a screening or diagnostic mammogram which suggests the presence of one or more cysts. See appropriate protocol contained in the BCN Clinical Protocols Manual.

(4) Refer for breast evaluation, **only to facilities listed on** DHEC BCN Provider List, all patients who have mammography or ultrasound reports or clinical breast exams with findings that are suspicious or suggestive of malignancy as indicated on the appropriate protocols contained in the BCN Clinical Protocols Manual.

(5) Perform breast cyst aspiration (BCA), if indicated by CBE findings or mammographic recommendations, on any discrete palpable mass in the breast. See protocol for BCA contained in the BCN Clinical Protocols Manual.

(6) Provide or refer for further diagnosis and treatment, patients with breast findings which are suspicious or positive for breast cancer as indicated on the appropriate protocols contained in the BCN Clinical Protocols Manual.

(7) In addition to the follow-up referrals noted in (1), (2), (3), (4), and (6), refer all BCN patients with breast and cervical abnormalities for case management services by calling the DHEC Care Line at 1-800-868-0404 within two (2) working days of the abnormal report or examination or failure to reach the patient to schedule follow-up.

(7) 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 screening/follow-up services and related patient education and counseling; and, to ensure that professional credentials are current.

2. Ensure availability of a physician, resident, certified nurse practitioner, physician's assistant, clinical nurse faculty and/or clinical specialist who is proficient in breast and cervical examination techniques.

3. Assist uninsured patients screened through the BCN in completing an application for Medicaid coverage of treatment for the cervical conditions of CIN II and III and invasive cervical and 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 who are to perform BCN examinations participate in professional continuing education and training to update skills in breast and cervical cancer screening and prevention practices as offered by BCN.

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, nurse practitioners and physician's assistants 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 screening and follow-up services.
2. Maintain a clinical record on each patient which contains documentation of breast and cervical 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, appointment/reappointments, and annual rescreening notification.
3. Maintain a copy of each BCN reporting/billing form in the patients' record.
4. Participate in clinical record audits and/or comprehensive program reviews to meet quality assurance requirements of DHEC.
5. Contractor is to only utilize laboratories currently under contract with BCN. See the list of Laboratories Receiving Specimens from BCN Contractors.
6. 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. Submit to DHEC for each patient served a BCN reporting/billing form with a copy of the radiology and laboratory reports attached within 45 days of the date of service. **Pathology reports for Pap smears (if provided) must be attached to the reporting/billing form when *initially* submitted to DHEC.** If radiology reports have not been received within 45 days of the date of screening services, the blue BCN form should still be submitted without said report. Contractor must submit the radiology report with the blue BCN form marked as "REPORT ONLY" when the radiology report is finally received.
   b. **Contractor must attach a HCFA1500 or UB92 to the BCN reporting/billing form any time a breast cyst aspiration procedure is performed.**
   b. Submit to DHEC 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.
7. 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 below.
8. The Contractor will return service verification reports, with appropriate information, to DHEC by the date indicated on said reports.

9. Complete the Match Documentation Report provided by DHEC, a sample copy of which is included in these guidelines. 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 Lists 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. (eg: 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 2.4/BCA, Clinical Breast and Cervical Cancer Screening Services.

III. COMPENSATION - METHOD OF PAYMENT:

A. The Contractor will determine the patient's financial eligibility based on family income at or below 200% of poverty as per the most recent Income Eligibility Guidelines. These guidelines will be updated each BCN fiscal year to reflect current federal poverty guidelines and a copy of the same provided to the Contractor by DHEC.

B. 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 Part 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 breast and cervical follow-up services, payable under BCN, will be made directly by BCN only to providers under contract with BCN. See Allowable Breast & Cervical 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.**

C. The Contractor will submit requests for payment only on patients who have been issued prior authorization services by BCN.

D. The Contractor shall submit completed BCN billing/reporting forms within **45 days** of the date of service. **The prior authorization code issued by DHEC BCN must be provided on the top, right-hand corner of all billing/reporting forms submitted**

E. 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.

F. 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.*

G. All requests for payment of services provided between 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.**

INCOME ELIGIBILITY GUIDELINES

FOR THE PERIOD OF 6/30/05 – 6/29/06

FAMILY SIZE	SCALE ≤200% PATIENT PAYS 0% Annual Income
1	$19,140 or less
2	$25,660 or less
3	$32,180 or less
4	$38,700 or less
5	$45,220 or less
6	$51,740 or less
7	$58,260 or less
8	$64,780 or less
NOTE: Add $6,520 for each additional family member.	

The family size and income should be reviewed with the patient annually and documented on the BCN enrollment form.

FEE FOR SERVICE SCHEDULE

2.4/BCA

CONTRACTUAL SERVICES 06/30/2005 through 06/29/2006	CPT CODES	ALLOWABLE CHARGES*
SCREENING		
•Initial Visit (CBE, Pap & Pelvic)	99203	90.58
•Annual Rescreening Visit (CBE, Pap & Pelvic)	99203	90.58
REPEAT TESTS OR EXAMS/COUNSELING		
•Revisit (Visits Between Annual Screenings)	99213	49.32
BREAST CYST ASPIRATION**		
•Fine Needle Aspiration – Without Imaging Guidance	10021	122.79
•Fine Needle Aspiration – With Imaging Guidance	10022	135.77
•Puncture Aspiration of Cyst of Breast	19000	100.41
•Puncture Aspiration of Cyst of Breast (each additional cyst)	19001	25.02

*2005 Medicare Allowable Rate - Par Fee Schedule Uniform Throughout S.C. Effective 06/30/05 through 06/29/06.

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 contained in your contract.)

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
- Coastal Pathology, Charleston, SC
- Cyto-Lab, Inc., Georgetown, SC
- Diagnostic Pathology Partnership, Myrtle Beach, SC
- Newberry Pathology Associates, Newberry, SC
- Pathology Associates of Lexington, West Columbia, SC
- Pathology One, Hilton Head Island, SC
- Pee Dee Pathology Associates, PA, Florence, SC
- Piedmont Pathology Associates., LLP, Anderson, SC
- Professional Pathology Services, PC, Columbia, SC
- Professional Pathology Associates, Aiken, SC
- Southeastern Clinical Labs, PA, Seneca, SC
- Spartanburg Pathology Consultants, Spartanburg, SC
- Sumter Pathology, Sumter, SC

LABORATORIES RECEIVING SPECIMENS FROM LOCAL BCN CONTRACTORS

Anderson Area Medical Center, 800 North Fant St., Anderson, SC 29621

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

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

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

Piedmont Medical Center, 222 S. Herlong Ave., Rock Hill, SC 29732
York Pathology, PO Box 4016, Rock Hill, SC 29732

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

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

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

Upstate Carolina Medical Center, 1530 North Limestone St., Gaffney, SC 29340

ALLOWABLE LABORATORY SERVICES

SERVICE DESCRIPTIONS 06/30/2005 through 06/29/06	CPT CODES
! Papillomavirus, human, amplified probe technique	87621*
! Pap smear requiring interpretation by a physician	88141**
! Pap smear, thin layer preparation	88142 & 88175
! Pap smear	88150 88152 88164
! Evaluation of fine needle aspiration	88172
! Fine needle aspirate, interpretation and report	88173
! Cervical biopsy	88305
! Endocervical curettage	88305
! Breast biopsy	88305

DHEC BCN will only pay for the CPT codes 88141 & 87621 as follows:

*High Risk HPV DNA Testing is to be used only for management of ASC-US Pap tests, or in special circumstances for LGSIL or more serious results, if HPV status is unknown thereby limiting diagnostic and/or treatment options.

**Physician interpretation is not to be ordered on Pap smears with negative results. Physician interpretation may only be provided on abnormal Pap smear results including AS-CUS or above.

SAMPLE MATCH DOCUMENTATION REPORT

Please return this survey by: Date

The following questions refer to what your ***usual and customary charge*** (not a sliding fee scale amount nor the reimbursement amount) would be for the following specified procedures and patient encounters, ***if you were not seeing a BCN patient***. Please provide the ***usual and customary charges that have been effective since January 1, 2001***.

OFFICE VISITS:

1. ***A comprehensive*** office visit is defined as a visit where a 'head-to-toe' physical is performed including a clinical breast exam (CBE) and Pap test. ***A regular*** office visit is defined as a visit where only a CBE, ***pelvic exam*** and a Pap smear is performed. ***If you provide other combinations of services, please advise of these as well.***

   a. What is the typical type of office visit performed for BCN patients? (Please check appropriate line.)
      Comprehensive _____
      Regular _____
      Other (please specify) _____

   b. Usual charge for a ***comprehensive*** office visit for a client (that includes a CBE and Pap smear)? $_____.____

   c. Usual charge for a ***regular*** office visit for a client (that includes ***only*** a CBE, pelvic exam and Pap smear)? $_____.____

   d. What about a brief office visit for repeat Pap smear, repeat CBE or counseling on abnormal test results. $_____.____

   e. Usual charge for ***other combinations of services? (Please specify)***_____
      _____ $_____.____

SAMPLE ONLY

CERVICAL DIAGNOSTIC PROCEDURES:

2. Usual charge for a ***colposcopy without biopsy*** procedure (CPT code: 57452)? $_____.___

3. Usual charge for a ***colposcopy with biopsy or endocervical curettage (ECC)*** procedure (CPT code: 57454)? $_____.___

4. Usual charge for a ***biopsy, single or multiple, or local excision of lesion, with or without fulguration*** procedure (CPT Code: 57500) $_____.___

5. Usual charge for a ***endocervical curettage(not done as part of a dilation and curettage)*** procedure (CPT code: 57505)? $_____.___

6. Usual charge when a ***repeat Pap smear*** is done along with:

   a. ***colposcopy without biopsy*** $_____.___

   b. ***colposcopy with biopsy or ECC*** $_____.___

   c. ***ECC*** $_____.___

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 BREAST & CERVICAL FOLLOW-UP SERVICES

SERVICE DESCRIPTIONS 06/30/2005 through 06/29/06	CPT CODES
! Unilateral diagnostic ,mammogram (includes additional views or magnification)	76090
! Bilateral diagnostic mammogram (includes additional views or magnification)	76091
! Screening mammogram (two views each breast)	76092
! Stereotactic localization for breast biopsy, each lesion, radiological supervision & interpretation	76095
! Preoperative placement of needle localization wire, breast, radiological supervision & interpretation	76096
! Radiological examination, surgical specimen	76098
! Diagnostic ultrasound	76645*
! Ultrasonic guidance for needle biopsy, radiological supervision and interpretation	76942
! Biopsy of breast; needle core	19100
! Incisional biopsy of breast; needle core	19101
! Percutaneous needle core biopsy using image guidance	19102
! Percutaneous needle core biopsy, automated vacuum asst. or rotating biopsy device, using image guidance	19103
! Nipple exploration with or without excision of solitary lact duct or papilloma lact duct	19110
! Biopsy of breast - excisional, for one or more lesions	19120
! Excision of breast lesion identified preoperative placement of radiological marker; single lesion	19125
! Excision of each additional lesion separately identified by a radiological marker	19126
! 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
! Biopsy or excision of lymph node(s); superficial (separate procedure)	38500
! Biopsy or excision of deep cervical node(s)	38510
! Biopsy or excision of deep axillary node(s)	38525
! Colposcopy of the cervix without biopsy	57452
! Colposcopy of the cervix with biopsy of the cervix and endocervical curettage	57454
! Colposcopy of the cervix with biopsy(s) of the cervix	57455
! Colposcopy of the cervix with endocervical curettage	54756

***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 & CERVICAL SCREENING 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:

- Office Visit(s) for Breast & Cervical Screening, including: Clinical Breast Exam (CBE), Pelvic Exam, Pap Test and Referral for Mammogram
- Screening/Diagnostic Mammogram, Breast Ultrasound and/or Breast Cyst Aspiration[1]
- Lab Charges for Pap Test
- HPV Test performed following Pap Tests with Results of ASC-US or for LGSIL or more serious results, if this test has not been done and is needed to help with diagnosis and/or treatment.
- Counseling Visit(s) for Abnormal Findings from CBE, Mammogram, Pap Smear/HPV Results, Ultrasound, Additional Mammogram Views or Biopsy by Radiologist,

[1] Breast ultrasound is covered if performed by a radiology facility under contract with BCN. Breast cyst aspiration is covered if included in screening provider's contract or performed by a radiology facility under contract with BCN.

CHARGES NOT PAID BY BCN:

- All Other Charges for Lab Tests, X-rays or Procedures Not Listed Above

IF I NEED TO BE REFERRED FOR FOLLOW-UP OF BREAST OR CERVICAL TESTS, I UNDERSTAND THAT I WILL NEED TO ASK THE FOLLOW-UP DOCTOR TO TELL ME IF THE TESTS OR PROCEDURES THAT ARE NEEDED ARE COVERED BY BCN.

I understand that it will be my responsibility to meet with the billing office/financial counselor at the doctor's office or hospital to arrange a payment plan for the charges that BCN cannot pay.

I also understand that if I choose to go to a non-BCN provider for follow-up of abnormal test results that none of the services they provide will be covered by BCN.

_____ _____
Signature Date

_____
Witness

Date 04/2005 Place Original in Patient Chart and 1 Copy to Patient