Policy Manual
Screening for Life

Revised 11/15

Policy Manual
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ATTACHMENTS

1 Introduction to Delaware Cancer Programs: "Screening for Life"

1.1 Purpose of this Manual

Screening for Life has produced this manual as a working resource for staff and management of the Delaware Screening for Life Program. The manual serves as an aid in the development, management, and evaluation of the Program and serves as an ongoing reference for program operations.

1.2 How This Manual is Organized

The manual is divided into sections and appendices that detail the structure and purpose of the organization, its different operating functions, and resources.

1.3 Mission

The Screening for Life Program's mission is to improve the well being of Delawareans by reducing the cancer burden.

1.4 Vision

The Screening for Life vision is to support Delaware's comprehensive cancer activities through policies and procedures to inform, educate, empower and mobilize partnerships to link people to services.

1.5 Screening for Life Overview

The Screening for Life Program Director is responsible for the strategic planning and day to day operations of the program. The SFL Director works in collaboration with the Comprehensive Cancer Control Program Director to ensure screening programs are integrated into the overall state cancer plan. The SFL Program is part of the Chronic Disease Bureau of the Health Promotion and Disease Prevention (HPDP) Section of the Delaware Division of Public Health (DPH) (Figure 1.2). DPH is in the Department of Health and Social Services (DHSS).

DHSS is committed to improve the quality of life for Delaware's citizens by promoting health and well being, fostering self-sufficiency, and protecting vulnerable populations. SFL fulfills this mission in the area of breast, cervical,

colorectal, lung and prostate cancer screening in its target population. SFL partners with other DPH programs including Tobacco Prevention & Control, Diabetes and Heart Disease Prevention & Control and State Service Centers (public health clinics) in service delivery, public and professional education, and program evaluation.

On the national level, SFL is a partner of the Division of Cancer Prevention and Control (DCPC) within the National Center for Chronic Disease Prevention and Health Promotion. DCPC established and oversees the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) as well as the Colorectal Cancer Control Program (CRCCP) through its Program Services Branch. NBCCEDP and CRCCP define the majority of coverage and screening guidelines, reimbursement criteria and program operations for breast, cervical and colorectal cancer. SFL communicates frequently with other state screening program partners and shares information and resources.

The Delaware Cancer Consortium Early Detection and Prevention (ED&P) Committee functions as the Medical Advisory Board (MAB) for SFL, and as such provides guidance on the screening and reimbursement for prostate and lung cancer early detection (Figure 1.2). Additionally, the ED&P Committee provide final approval on all SFL screening guidelines for the program. The ED&P also provide consultation on specific cases that require additional medical oversight.

1.6 Program Components

SFL has ten functional components that define and support its mission of early detection of breast, cervical, colorectal, and lung cancer in women and colorectal, lung, and prostate cancer in men. Following is a brief description of the functions:

Management is responsible for strategic planning and integration of all program components in order to maximize available resources to implement all program components.

Screening Services help detect pre-cancerous or cancerous lesions at their earliest stage to reduce morbiditiy and mortality. Procedures covered under SFL include clinical breast exam (CBE), mammogram, pelvic exam, Pap test, HPV test high-sensitivity guaiac fecal occult blood test (gFOBT), high-sensitivity immunochemical fecal occult blood test (iFOBT or FIT), flexible sigmoidoscopy, colonoscopy, digital rectal exam (DRE), prostate serum antigen (PSA) and low dose computed tomography (CT). The SFL network includes primary care providers, gastroenterologists, urologists, surgeons, cardiologists, pathologists,

radiologists, anesthesiologists, imaging facilities, mobile screening unit, laboratories, and endoscopy facilities.

Tracking and Follow-up ensures a person's compliance with the program's recommended screening/rescreening, diagnostic, and treatment protocols. A data system is used to monitor and follow up services so clients receive appropriate and timely diagnostic and/or treatment services following an abnormal test result or a diagnosis of cancer.

Case Management ensures that persons enrolled in the program receive timely and appropriate diagnostic, treatment and rescreening services. Because SFL is not a direct service provider, case management maintains communication with a network of screening, diagnostic, and treatment providers and provides essential support services to successfully support SFL clients.

Quality Assurance and Improvement standards, systems, policies, and procedures ensure the quality of services delivered through the SFL network and allow SFL management to monitor, assess, and identify practical methods for improvement.

Professional Education ensures that Delaware health care professionals are aware of appropriate screening guidelines and have the knowledge and skills to provide high quality breast, cervical, colorectal, lung, and prostate clinical services. Educational activities are designed to increase health care providers' and allied health professionals' knowledge, attitudes, skills, and behaviors so that more men and women receive appropriate and high quality screening and diagnostic services. SFL also partners with other community organizations to provide professional education.

Public Education and Outreach increases awareness among the priority populations of the need for and availability of breast, cervical, colorectal, lung and prostate cancer screening services; addresses barriers that prohibit screening; and motivates Delawareans to seek these services. SFL strategically partners with many community-based organizations to provide presentations to groups, contact with broad-based media, workshops, education sessions at conferences, and participation at health fairs.

Coalitions & Partnerships enable SFL to expand and maximize resources, coordinate program activities, overcome obstacles to the recruitment of priority populations, and promote the delivery of comprehensive breast, cervical, colorectal, lung, and prostate cancer screening services. SFL management

seeks out organizations and individuals whose mission aligns with the programs and formalizes a reciprocal agreement for sharing resources and responsibilities.

Surveillance Activities enable SFL to plan, monitor and evaluate program activities. Using data from state and federal programs, as well as SFL providers, the program engages in the continuous, proactive, timely and systematic collection, analysis, interpretation, and dissemination of health data. Data sources include Delaware Cancer Registry, Behavioral Risk Factor Surveillance System (BRFSS), Delaware's Comprehensive Cancer Incidence and Mortality Report, U.S. Census, Vital Statistics, and Minimum Data Elements reported by SFL providers.

Program Evaluation assesses the quality, effectiveness, and efficiency of the program and gathers useful information to aid in planning and decision-making. SFL establishes program performance goals and, through a systematic documentation of the operations and outcomes, evaluates the key components of the program.

Figure 1.1

Organizational Chart of the Screening for Life Program within the Chronic Disease Bureau

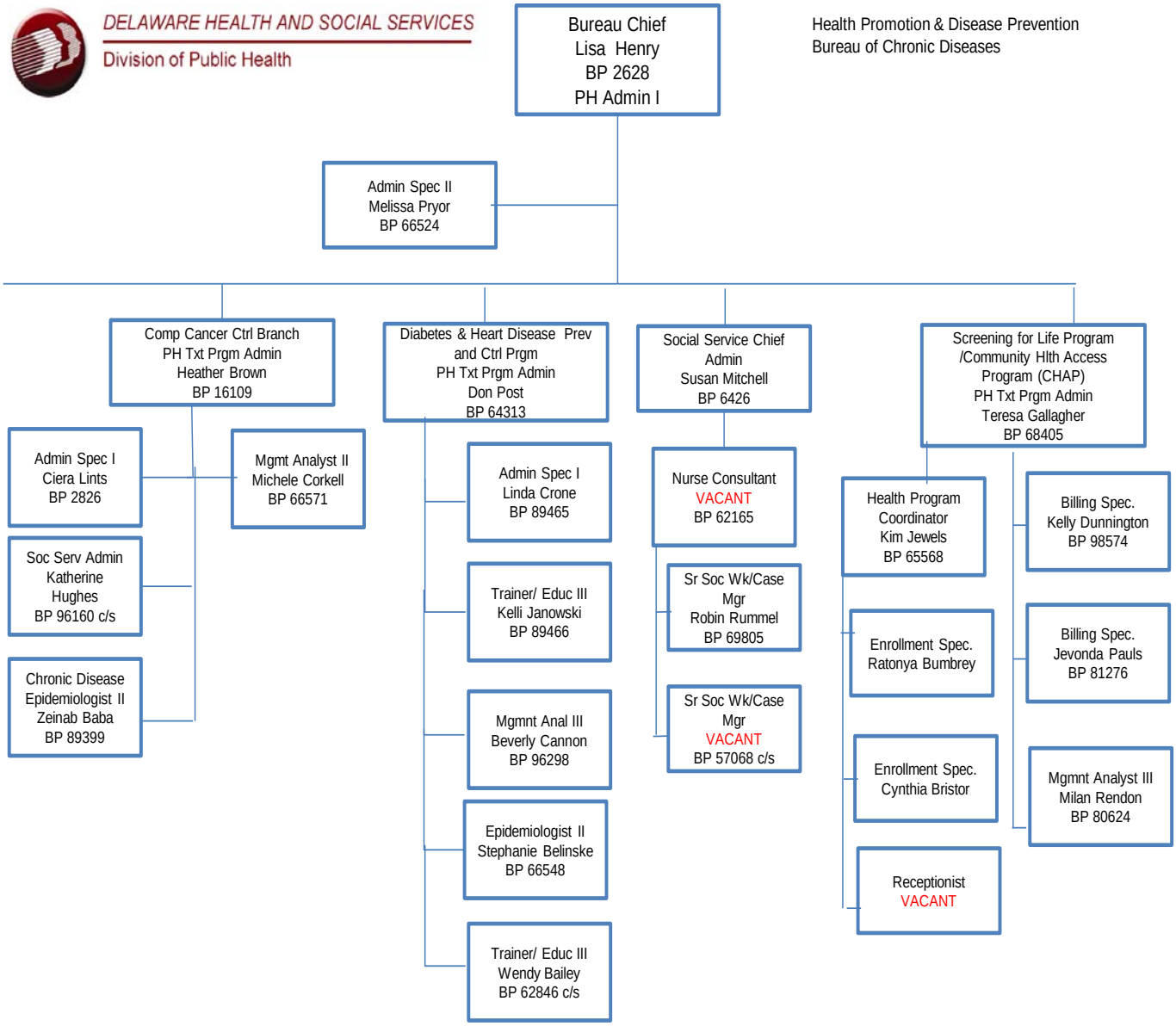
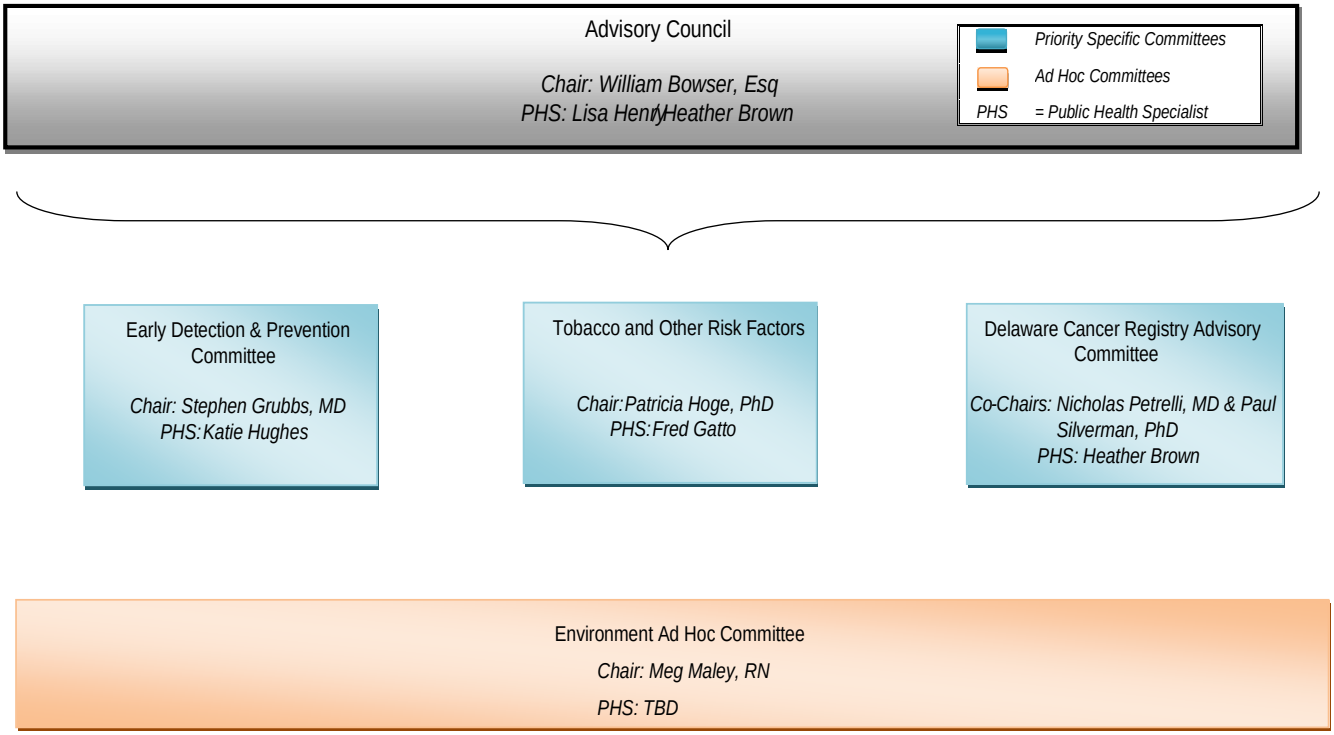


Figure 1.2 Delaware Cancer Consortium



2 Program Infrastructure

2.1 Organizational Philosophy

Screening for Life (SFL) maximizes its effectiveness by identifying existing resources within the community to deliver screening and diagnostic services and provide outreach activities. It successfully partners with a wide variety of service providers and monitors their activities.

2.2 Organizational Functions

The SFL Program Director oversees the SFL Program and reports to the Chronic Disease Bureau Chief. Management and Administrative positions reporting to the Director within the program include Health Program Coordinator, Billing Specialists, and Management Analyst III. The Chief Social Services Administrator works with the program and supervises the Nurse Consultant. The Nurse Consultant supervises the two Sr. Social Workers/Case Managers and the Health Program Coordinator supervises two Enrollment Specialists and the Program receptionist. An Epidemiologist, Information System Support Specialist, Application Programmer, Management Analyst II, Administrative Specialist, and Fiscal Management Analyst also support the program, but do not report directly to the Program Director.

The SFL Program Director is responsible for day-to-day program operations including fiscal management, grant coordination, support to the Delaware Cancer Consortium, and supervision of SFL personnel. SFL staff include:

Chief Social Services Administrator works to ensure quality services are provided. The position also works with the Sr. Social Workers/Case Managers to ensure healthcare providers are delivering timely services. This position serves as a subject matter expert to the Medical Advisory Board. The Nurse Consultant reports to this position.

Nurse Consultant oversees case management, quality assurance, provider network, and provides technical assistance to Federal Qualified Health Centers (FQHCs), and community physicians to identify eligible patients to be screened. This position answers clients' and medical providers' screening-related questions. Two Sr. Social Workers/Case Managers report to this position.

Sr. Social Worker/Case Managers serve as program navigators and work closely with clients to ensure follow up on abnormal results and access into treatment if required. These positions work with clients in need of diagnostic or treatment services and develop individual client plans to meet immediate, short-term and long-term needs. In addition, the Sr. Social Worker/Case Managers follow up with those enrolled in the program who have not been screened.

The Health Program Coordinator oversees the eligibility and enrollment portion of the SFL program. In addition, this position works with FQHCs and other providers to ensure persons in the program have a medical home. Two Enrollment Specialists and the program receptionist report directly to the Health Program Coordinator.

Enrollment Specialists determine eligibility for Delawareans wanting to enroll in the cancer screening program and act as a point of entry the program. The Enrollment Specialist interviews clients by telephone or in person; determines eligibility according to income, age, gender, residency and insurance coverage guidelines; reviews cases for proper referral and action; and enters client data into the data system.

Management Analyst III manages the day to day data and fiscal functions of the SFL Program to ensure program is reaching the appropriate target population as well as adhering to the budget set forth for the program.

Billing Specialist position is responsible for processing provider bills and data forms. This position divides work activities between billing activities and direct client services; ie. talking with clients regarding services provided, answering client questions, and resolving screening obstacles for clients.

Information Systems Support Specialist (Data Manager) works with the contracted computer programmer and the Application Programmer to maintain the SFL database and performs required CDC reporting functions. The incumbent is responsible for analyzing, organizing and managing data as a resource.

Application Programmer is responsible for performing as a lead technical administrator of the SFL database. The position coordinates all system maintenance efforts that may require collaborative efforts with the Information Resource Management department or other IT resources. The incumbent also performs advanced functions in data reporting.

Fiscal Management Analyst manages federal and state cancer budget; prepares fiscal reports, i.e., expenditures, forecasts, grant application budgets; performs quality assurance audits to assure compliance with state policies; calculates cost

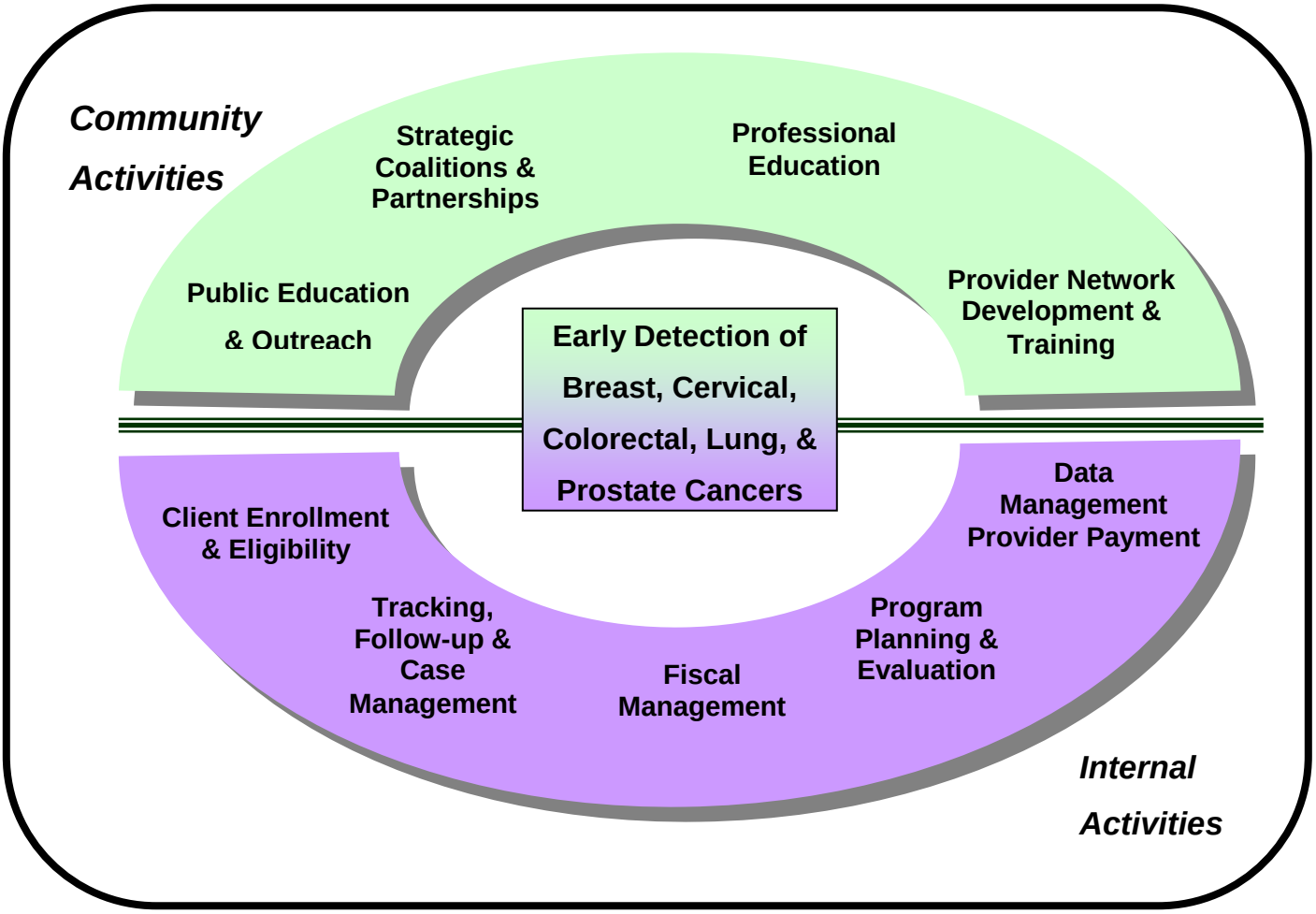
projections for program alternatives and expansions. The position also implements processes and organizational changes to ensure, and increase efficiencies in fiscal tracking.

Administrative Specialist performs routine program operating functions. This position supports the administration of the program and the Program Director. This position will occasionally perform assigned backup duties for the Enrollment Specialists positions as necessary and may serve clients.

Epidemiologist is responsible for monitoring statewide cancer activity and other chronic diseases that link to cancer.

Management Analyst II collaborates with the Management Analyst III in the day to day fiscal and contractual functions of the cancer programs including but not limited to assisting in data analysis for the Screening for Life program. This position assists in progressive quality control measures within the department including the performance of audit and compliance monitoring functions.

2.3 Pictorial Program Overview



3 Client Eligibility and Enrollment

3.1 Eligibility Criteria

Program eligibility is defined by the Federal and State programs that Screening for Life (SFL) supports. For additional information on these programs, see the Introduction and Fiscal Management.

To qualify for services provided by the Delaware Division of Public Health's SFL Program, a client must meet each of the eligibility criteria, income, insurance, residency and age/risk, detailed below. (Appendix A, Eligibility at a Glance)

Income

Delaware Residents are eligible for Screening for Life if they have a household income between 139%-250% of the Federal Poverty Level. The Federal Poverty Level is based on annual household income and household size. A household consists of the individual, their spouse, and all dependent children under 18 years of age.

Delaware Residents with an annual household income between 139% and 250% of the Federal Poverty Level are eligible for Screening for Life if they are deemed ineligible for Medicaid. Please refer to the Federal Poverty Guidelines that match the year in which the client is enrolled. The URL address is: http://aspe.hhs.gov/poverty/

Insurance

A client is eligible for Screening for Life services if the client is medically uninsured or underinsured and meets the following criteria:

Medically uninsured:

- Client has no medical insurance
- Client is not enrolled and is ineligible for Medicaid as primary health coverage.
- Client is not eligible for or a beneficiary of Medicare.

Medically Underinsured

- Client has insurance but breast, cervical, colorectal, lung and/or prostate screening services are not covered

- Client has insurance with a deductible that is equal to or more than 15% of their income.

Gender

Transgender women (male-to-female), *who have taken or are taking hormones* and meet all program eligibility requirements, are eligible to receive breast cancer screening and diagnostic services through the NBCCEDP; therefore, federal funds may be used to screen these transgender women. CDC does not make any recommendation about routine screening among this population

Residency

In order to be eligible for SFL, an applicant must be a Delaware resident.

Definition: Any individual who currently lives in Delaware and intends to continue to live in Delaware permanently or for an indefinite period of time.

Documents that may be submitted as proof of residency include, but are not limited to:

- Valid Delaware State Driver's License
- Delaware State Identification Card (issued by the Department of Motor Vehicle or any other official City or County Agency)
- Recent pay stub
- Utility invoice with current physical address
- Current Lease and/or Rental Agreement
- 3rd Party Statement of Residency
    - If residing with a family member or other party and unable to provide proof of residency, a letter or statement for the individual verifying your physical address

~ *If applicant's mailing address is a P.O. Box, individual must provide proof of physical address.*
~ *Additional documentation may be requested at the discretion of the Enrollment Specialist or Health Promotion Advocate.*

Age/Risk

Eligible services are determined by the client's age/risk of developing cancer.

	Average Risk	Services
Breast	Women 18 to 39 Women 40-64*	Clinical Breast Exam (CBE) - annual Mammogram & CBE - annual
Cervical	Women 21-29* Women 30-64*	Pap Test every 3 years; Pelvic Exam yearly Pap test every 3 years OR Pap test and HPV test every 5 years; Pelvic Exam yearly
Colorectal	Men and Women 50- 64* with no personal or family history of adenoma or colorectal cancer; no history of Inflammatory Bowel Disease, Ulcerative Colitis, or Crohn's Disease; and no history of genetic syndromes such as Familial Adenomatous Polyposis or Hereditary Non-Polyposis Colorectal Cancer	Colonoscopy – every 10 years Flexible Sigmoidoscopy – every 5 years, with gFOBT or iFOBT/FIT every 3 years High-Sensitivity Guaiac Fecal Occult Blood Test (gFOBT) & High-Sensitivity immunochemical Fecal Occult Blood Test (iFOBT or FIT) - annual
Prostate	Men 50 – 64*	Prostate Specific Antigen (PSA) – annual Digital Rectal Exam (DRE) - annual
* Individuals 65 years of age and older who are not eligible for Medicare may be eligible for SFL		

	Increased Risk**	Services
Breast	Women 18-64* with a personal or family history of breast or prostate cancer Women age 18-64* who have had genetic testing that confirms they have the BRACA1 or BRACA2 gene	Mammogram – annual MRI with nurse consultant pre-approval and CBE
Colorectal	Men and Women ages 18-64* with personal history of adenomatous polyps or colorectal cancer Men and Women ages 18-64* with a family history (as defined in colorectal cancer screening guidelines) of colorectal cancer or adenomatous polyps	Colonoscopy – every 10 years* Flexible Sigmoidoscopy – every 5 years* *unless prescribed sooner by healthcare provider
Prostate	African American men 40 and older Men ages 18-64* with symptoms of prostate cancer Men ages 18-64* who have had genetic testing that confirms they have the BRACA1 or BRACA2 gene Men ages 18-64* with a personal or family history of breast or prostate	PSA – annual DRE – annual

	cancer	
* Individuals 65 years of age and older who are not eligible for Medicare may be eligible for SFL ** clients between 18-49 deemed as increased risk due to personal or family history of colorectal cancer will require a manual override in SFL database. All overrides must be approved by nurse consultant, Chief Social Services Administrator or SFL Director.		

	High Risk**	**Services**
Breast	Women 18-64* with symptoms of breast cancer Women 18-64* with a personal or family history of breast or prostate cancer Women age 18-64 who have had genetic testing done that confirms that they have the BRACA1 or BRACA2 gene	Mammogram – annual MRI with nurse consultant pre-approval and CBE
Colorectal	Men and Women ages 18-64* with symptoms of colorectal cancer Men and Women ages 18-64* with a genetic diagnosis of Familial Adenomatous Polyposis or Hereditary Non-Polyposis Colorectal Cancer; or a clinical diagnosis or suspicion of the above. Men and Women ages 18-	Colonoscopy- every 10 years* Flexible sigmoidioscopy – every 5 years* *unless prescribed sooner by provider

	64* with a history of inflammatory bowel disease, ulcerative colitis or Crohn's Disease	
Prostate	African American men 40 and older Men ages 18-64* with symptoms of prostate cancer Men ages 18-64* who have had genetic testing done that confirms that they have the BRACA1 or BRACA2 gene Men ages 18-64* with a personal or family history of breast or prostate cancer	PSA – annual DRE - annual
Lung	Women and Men 55-80 Smoke or smoked a pack a day for 30 or more years or two packs a day for 15 or more years. Currently smoke or quit smoking within the last 15 years. No chest CT in past 12 months	Low dose CT scan – annual for up to three years
* Individuals 65 years of age and older who are not eligible for Medicare may be eligible for SFL ** Clients 18-49 deemed as high risk due to symptoms, other conditions and/or genetic screening will require a review and manual override in SFL database. All overrides must be approved by nurse consultant, Chief Social Services		

Administrator or SFL Director.

Note – An override is defined as manually making an applicant eligible for a service for which they do not meet age or risk criteria as previously stated.

3.2 Eligible Applicants

Most SFL clients are connected with a primary care provider and medical home. This is done at the time of enrollment if the client has not identified a primary care provider. Clients are encouraged to stay connected with their primary care provider in order to increase their overall health status.

3.3 Ineligible Applicants

All faxed and phone applications must be entered into the SFL system. All ineligible client enrollments and re-enrollments will be saved into the database as Inactive-Ineligible.

3.4 Record Keeping

The SFL program has two means of record keeping: an electronic database and a hard copy file system.

Paper documents are kept in the hard copy filing system which is the central location for items such as client screening forms, enrollment forms, claim forms, and miscellaneous correspondence. Files are kept in designated locked file cabinets.

The Electronic database captures all eligibility information, screening data, billing data, and case notes for each client.

3.5 Case Notes

Any pertinent information on an applicants' medical history or needed medical case management service is entered in the client electronic record in the case notes. All follow-up communication with an applicant is entered in case notes. Required notes include billing inquiries, outside referrals, medical updates, and authorization for services.

Case notes have a built-in tickler (reminder) system. All abnormal screenings, self-reporting and diagnostic enrollments require the note to be saved with a reminder. When an issue has been resolved the reminder is removed

3.6 Service Utilization

To ensure service utilization, the SFL program personnel follow up with each client that has enrolled in the program within 45 days of enrollment. The follow-up consists of a reminder card mailed to the client to ensure the client has received an SFL welcome packet and remind the client to obtain a screening. The card also encourages clients to call the office if they have barriers to obtaining the appropriate cancer screenings. If the client has barriers, a program Sr. Social Worker/Case Manager will work to eliminate the barriers by scheduling the client's appointment with the provider, arranging transportation to and from the appointment, providing translation services, and obtaining needed bowel prep in the case of a colorectal cancer screening.

4 Client Services

4.1 Covered Services

What Does Screening For Life Pay For?

Screening for Life (SFL) pays for the following services for eligible SFL clients. (See Appendix B for the specific list of reimbursable CPT codes; refer to Appendix A for Eligibility at a Glance)

4.2 Initial Screening Services

- Office visits which may include:
  - Clinical breast exam (CBE)
  - Breast self-exam (BSE) instruction
  - Pelvic exam
  - Digital Rectal Exam (DRE)
  - Education about important disease risk factors (e.g., breast, cervical, colorectal, lung, and prostate cancer)
  - Education about importance of regular cancer screenings (breast, cervical, colorectal, lung, and prostate)
  - Clinical evaluation for endoscopy procedure
- Pap test
- HPV test - Digene Hybrid Capture 2 (HC2) or Cervista HPV HR, high risk panels
- Mammogram
- MRI if High Risk for breast cancer per NCCN guidelines
- High-Sensitivity Guaiac Fecal Occult Blood Test (gFOBT)
- High-Sensitivity immunochemical Fecal Occult Blood Test (iFOBT or FIT)
- Flexible Sigmoidoscopy
- Colonoscopy – average risk, pre-approval required for increased risk or high risk
  - Pre-colonoscopy blood tests, EKG, chest x-ray, and/or cardiology consultation

- Moderate sedation-Propofol must be pre-approved by the MAB
- Prostate specific antigen (PSA) test
- Low dose CAT scan

4.3 Re-screening Services

Re-screening is the process of returning for a screening test at a predetermined interval. Detection of breast, cervical, colorectal, lung, and prostate cancers at early, more treatable stages through regular breast self-examination, clinical breast examination, screening mammography, pelvic exam, Pap test, HPV test, gFOBT, iFOBT, FIT, DRE, PSA, colonoscopy and low dose CT scan is critically important in attempting to decrease the morbidity and mortality rate of these cancers.

Pre-authorization by Nurse Consultant, Chief Social Services Administrator or SFL Program Director, is required for any variation to the following re-screening protocols.

Breast Cancer Re-screen Protocol: SFL will reimburse for a CBE and mammogram within 10-18 months of the previous negative (normal) breast cancer screening.

Cervical Cancer Re-screen Protocol: SFL will reimburse for a Pap test per the CDC Pap re-screening interval policy. The screening interval for negative (normal) Pap tests is three (3) years and one day after the previous Pap for woman ages 21 to29, and three years and one day after the previous Pap for a pap **or** 5 years plus one day after the previous Pap/HPV tests with Pap and HPV co-testing for women ages 30 to 64. Post-hysterectomy rescreening is allowed when hysterectomy was performed because of cervical neoplasia (precursor to cervical cancer) or invasive cervical cancer per ASCCP guidelines, or if it was not possible to docment the absence of neoplasia or reason for the hysterectomy.

Colorectal Cancer Re-screen Protocol: SFL will reimburse for a negative (normal) fecal occult blood test (gFOBT or FIT) within 11 – 18 months of the previous test, a, a flexible sigmoidoscopy every 5th year +/- 6 months with a gFOBT or FIT every 3 years, and a colonoscopy 10 years +/- 6 months after the previous test.

Prostate Re-screen Protocol: SFL will reimburse for a negative (normal) prostate specific antigen (PSA) test and digital rectal exam one year and one day after the previous test and exam respectively.

Lung Re-screen Protocol: SFL will reimburse for a low dose CT scan one year and one day after the previous scan for up to 3 years of CT scans.

4.4 Diagnostic Services

Diagnostic services are to be completed within 90 days of an abnormal screening. The frequency and type of these services will be left to the discretion of the clinician based on current standards of practice and SFL breast, cervical, colorectal, lung, and prostate algorithms. SFL Case Managers must be informed of all diagnostic services and/or tests. Age overrides for all diagnostic services must be approved by the Nurse Consultant, Chief Social Services Administrator, or SFL Program Director.

Abnormal Breast Screening: Following an abnormal breast screening result, Screening for Life may pay for:

- additional mammogram views
- ultrasound
- surgical consultation for evaluation of abnormal clinical breast examinations
- surgical consultation for 2nd opinion
- ultrasound guided fine-needle aspiration
- biopsy
- excision of cyst, fibroadenoma, or other benign or aberrant breast tissue, duct lesion, or nipple lesion

Abnormal Cervical Screening: Following an abnormal cervical screening result Screening for Life may pay for:

- Digene Hybrind Capture 2 (HC2) HPV test and the Cervista HPV HR at the Digene rate) with ASCUS or LSIL for women ages 25 and older
- gynecologist consultation for evaluation
- gynecologist consultation for 2nd opinion
- colposcopy
- colposcopy-directed biopsy
- ECC
- SFL Case manager pre-authorization required - EMB for AGUS Pap
- SFL Case manager pre-authorization required - LEEP or CKC

Abnormal Colorectal Screening: Following an abnormal colorectal screening result Screening for Life may pay for:

- Consultation for evaluation

- Consultation for 2nd opinion
- Double Contrast Barium Enema (DCBE)
- Colonoscopy (preferred)
- radiologic examination, colon; barium enema, with or w/out KUB
- radiological examination, colon; air contrast with specific high density barium, with or without glucagon
- CT colonography (virtual colonoscopy)
- surgical pathology
- repeat colonoscopy

Abnormal Prostate Exam Screening: Following an abnormal prostate screening result SFL may pay for:

- Urologist consultation for evaluation
- Urologist consultation for 2nd opinion
- repeat PSA
- percent free PSA
- transurethral ultrasound guided biopsy
- transrectal ultrasound guided biopsy

Abnormal Lung Screening: Following an abnormal lung screening result SFL may pay for the following if the abnormality is possibly lung cancer:

- consultation with specialist for evaluation
- follow up low dose CT scan
- PET scan
- Biopsy or surgical excision

4.5 Surveillance

Surveillance is defined as periodic breast, cervical, colorectal or prostate testing on a person who has a prior history of an abnormal screening test. Timing of surveillance testing is based on current guidelines as follows: Breast - NCCN, Cervical - ASCCP, Colorectal and Prostate – SFL. Approval by Nurse Consultant or Chief Social Services Administrator, is required for any variation to the surveillance guidelines. Surveillance recommendations will be made by the SFL program in collaboration with the program's Medical Advisory Board and the client's clinician on a case by case basis.

4.6 Screening for Life Will Not Pay For

- Diagnostic or screening procedures not listed above or specified in Appendix B. SFL Sr. Social Worker/Case Managers will refer SFL clients in need of non-funded services to the appropriate resources for financial assistance.

- Treatment for cancer. SFL Sr. Social Workers/Case Managers will refer clients to the state Medicaid program for breast or cervical cancer treatment or to the Delaware Cancer Treatment Program (DCTP) as indicated. SFL Sr. Social Workers/Case Managers will refer all cancer diagnosed SFL clients to the appropriate hospital based Cancer Care Coordinator/Nurse Navigator for treatment related services.

- Repeat Pap if the processing lab indicates the specimen was "Satisfactory" for diagnosis but did not include endocervical/transformation zone component.

- Primary insurance co-payment or co-insurance amounts owed by the client for covered services.

- CT Colonography (virtual colonoscopy) as a primary screening test

- Computed Tomography Scans (CT or CAT scans) requested for staging or other purposes.

- Surgery or surgical staging, unless specifically required and approved by the Medical Advisory Board to provide a histological diagnosis of cancer.

- Genetic testing for clients who present with a history suggestive of HNPCC or FAP.

- Breast tomosynthesis

- Use of Propofol will not be reimbursed except when it is specifically required and approved by the program's MAB in cases where a client cannot be sedated with standard moderate sedation.

5 Case Management & Follow-up

5.1 Definition of Case Management

According to the CDC, case management is a systematic process of identification and outreach, assessment, planning, service coordination, monitoring, evaluation and advocacy through an approach which is responsive to the specific multiple and changing needs of individual clients and families. It ensures that men and women enrolled in SFL receive timely and appropriate re-screening, diagnostic and treatment services.

5.2 Goal of Case Management

Among the key criteria used to evaluate health care quality and case management are the intervals between screening and diagnosis and between diagnosis and treatment.

The SFL goal between screening and diagnosis is within 90 days. Diagnosis to initiation of treatment is within 60 days for invasive breast, cervical, colorectal or prostate cancer. The goal is for 80% of clients diagnosed with invasive cancer to begin treatment within 60 days and no more than 20% of clients to begin treatment after 60 days. The interval between diagnosis and initiation of treatment for non-invasive cervical intraepithelial neoplasm is within 90 days. The goal is for 80% of clients diagnosed with non-invasive cervical intraepithelial neoplasm to begin treatment within 90 days and not more than 20% after 90 days. The SFL goal is for 100% of clients to receive treatment. Follow-up and closure of all abnormal screenings is necessary unless a patient refuses or is lost to follow-up.

5.3 Case Management Functions

The case management function has two levels, the first level approaches case management from the program and system perspective. The second level is focused on the individual client. The following table describes key activities for both levels.

Key Element	Program/Systems	Individual Client
Assessment	Determine program's need for and ability to implement, oversee and manage a case management system.	Cooperative effort between client, HCP, and case manager to examine the client's need for rescreening, diagnostic, treatment, and essential support services.
Planning	Ensure program resources are available to meet the individual client's needs.	Develop individual client plans to meet immediate, short-term, and long-term needs as identified in the assessment.
Coordination	Establish standardized systems to track various aspects of case management.	Broker, coordinate, and refer services to meet client needs.
Monitoring	Assess and, if necessary, re-design, program's case management systems.	Ongoing reassessment of client needs.
Resource development	Establish formal and informal agreements to maximize availability and access to services.	Promote self-sufficiency and self-determination among clients.
Evaluation	Assess the effectiveness of the overall case management system.	Assess client satisfaction, access and timeliness of referral services, and the quality of individual case management client plans.

5.4 Abnormal Screening Results

The primary provider submits a completed Breast, Cervical, Colorectal or Prostate Screening Form indicating abnormal screening results. (See Appendix C for sample form and completion instructions.)
Three documented attempts to reach the client by the provider or the SFL Sr. Social Worker/Case Manager must utilize at least one of the following combinations:

- first-class or certified letters
- one first class letter and one phone call

If the provider or the SFL Sr. Social Worker/Case Manager is unable to contact the client after multiple attempts by phone and/or mail, the client will be considered “Lost to Follow-up”.

5.5 Follow-up for Abnormal Findings

Providers are responsible for reporting clinical follow-up of abnormal findings and the follow-up outcome to SFL within 60 days. Frequency and follow-up of abnormal findings are determined by the clinician based on current standards of practice and the established SFL guidelines.

Follow-up begins when a provider receives abnormal screening results on a client’s breast, cervical, colorectal or prostate screening test. SFL standards require that a diagnosis is reached within 90 days of an abnormal screening. SFL standards require treatment be initiated within 60 days of diagnosis for invasive breast, cervical, colorectal, or prostate cancer and within 90 days for non-invasive cervical intraepithelial neoplasm.

For each screening cycle, follow-up ends when a client either:

- Receives treatment.
- Refuses treatment with a voiced understanding of the seriousness of the findings.
- Cannot be located despite documented attempts by the provider and SFL follow-up staff.
- Is no longer eligible for the SFL program, client is then referred to a Cancer Screening Nurse Navigator in the community for follow up.

Lost to Follow-up

A SFL client who received an abnormal breast, cervical, colorectal or prostate screening, is declared “Lost to follow-up” when any of the following occur:

- No diagnosis is declared.
- Client has moved out of state.
- Client obtains private insurance.
- Client is deceased.
- No response is received after attempts to inform the client of an abnormal screening via any combination of the following: telephone calls, mail, or certified letters.

5.6 Client Diagnosed with Cancer

The primary provider submits a completed breast, cervical, colorectal or prostate diagnostic form indicating a diagnosis of pre-cancer or cancer. (See Appendix C for sample form and completion instructions.)

The SFL Sr. Social Worker/Case Manager contacts the client for referral to the applicable program for cancer treatment financial assistance. Clients may be referred to Medicaid for breast and cervical cancer or pre-cervical cancer treatment if diagnosed while enrolled in SFL and a legal resident of Delaware. Clients not eligible for Medicaid and those diagnosed with colorectal, lung or prostate cancer will be referred to the Delaware Cancer Treatment Program (DCTP).

The SFL Sr. Social Worker/Case Manager will refer SFL clients diagnosed with breast, cervical, colorectal, or prostate cancer to the appropriate hospital-based Cancer Care Coordinator for case management throughout the treatment process.

5.7 Tracking and Reminder System

The SFL program system maintains a client reminder system whereby case managers' input specific data related to follow up for each client. The tracking and reminder system is used to follow up on screening adherence, support timely follow up of all abnormal screenings results, and rescreening. The case manager will communicate directly with providers to monitor for complications after endoscopy.

6 Provider Network Management

Screening for Life (SFL) utilizes a provider network to maximize the services available to clients. The provider network includes clinics, hospitals, private physicians, mammography centers, radiology centers, surgical centers, gastroenterologists, surgeons, and clinical laboratories.

Although providers may offer one or more services to SFL clients, all providers must be equal opportunity/affirmative action employers with services provided on a non-discriminatory basis.

6.1 Provider Recruitment and Retention

The Nurse Consultant in collaboration with the SFL Program Director and the Management Analyst II is responsible for provider recruitment, orientation, and compliance.

The Nurse Consultant determines geographic and services gaps in the provider network and seeks providers in the community to fill the program gaps. All providers sign a contract between their facility/practice and the Delaware Department of Health and Social Services and agree to provide services to SFL clients at the agreed upon reimbursement rate.

Once providers are enrolled in the SFL program, they are provided an orientation of the SFL Program which includes the services covered, client eligibility criteria, data requested, screening and diagnostic guidelines, and miscellaneous topics that will allow the program to be successful in their practice. The Nurse Consultant works with the providers to establish Quality Assurance meetings to ensure providers are adhering to approved SFL guidelines and requirements.

6.2 Provider Billing Responsibilities

All providers agree to comply with SFL billing policies and submit claims to the SFL program office for reimbursement. Providers agree to accept SFL payment as a complete payment at the rates established for services and agree not to bill clients for SFL covered Services. Additionally, providers are required to submit screening and diagnostic data as appropriate for each client at the time they submit a claim for reimbursement.

6.3 Primary Providers

Primary providers are responsible for initial client screening and are required to meet SFL provider qualifications, data collection & reporting guidelines, and client services guidelines. Reimbursement is contingent on provider compliance in all areas.

Provider Qualifications

Ensure that the appropriate provider staff reviews appropriate SFL materials.

Data Collection & Reporting Guidelines

Primary providers are responsible for recording and reporting screening, diagnostic, treatment, and other required data and submitting the data timely to SFL. Appendix C includes sample forms and completion instructions.

Client Services Guidelines

Primary providers are responsible for the following:

- Schedule client for appointment.
- Notify clients within 30 days of the examination, of positive or negative results and any recommended diagnostic testing and/or treatment options.
- Perform health examinations which include a pelvic exam, Pap smear, clinical breast exam, instruction in breast self-exam, mammogram, digital rectal exam, fecal occult blood test, colonoscopy, prostate specific antigen test, and education about the importance of screening examinations and related health information as appropriate for each client
- Refer client for diagnostic services to an SFL provider, to include follow up with client with abnormal screening results or who require additional services.
- Notify clients to return for routine screening and any necessary follow-up visits.
- Maintain confidentiality for all program clients and their records in accordance with state and federal laws, rules, regulations, and SFL guidelines.
- Assist the client, SFL staff, and outreach specialists in securing available treatment.
- Follow applicable quality assurance guidelines.

- Perform all services under the agreement with SFL to the satisfaction of the program and in accordance with all applicable federal, state, local laws, ordinances, rules, and regulations.

6.4 Mammography Service Provider

All mammography service providers are required to meet SFL facility qualification, data collection and reporting guidelines, and client services guidelines. Reimbursement is contingent on provider compliance in all areas.

Facility Qualifications

- Have a current FDA-issued Mammography Quality Standards Act (MQSA) certificate.
- File a copy of the MQSA certificate with the Delaware Division of Public Health and notify the Division of any change in status.
- Staff with a licensed radiologist(s) who reports the mammography results in writing using the BI-RADS lexicon.
- Ensure that the appropriate staff attends at least one orientation and training session related to mammography services.

Data Collection and Reporting Guidelines

- Report mammography results, in writing, to the client, the contracted SFL provider and SFL, using the most current American College of Radiology (ACR) Breast Imaging Reporting and Data System (BI-RADS) lexicon.

Client Services Guidelines

- Perform all services under the agreement with SFL to the satisfaction of the program and in accordance with all applicable federal, state, local laws, ordinances, rules, and regulations.
- Maintain confidentiality for all program clients and their records in accordance with state and federal laws, rules, regulations, and SFL guidelines.

6.5 Laboratory Services Provider

All laboratory services providers are required to meet SFL facility qualifications, data collection and reporting guidelines, and client services guidelines. Reimbursement is contingent on provider compliance in all four areas.

Facility Qualifications

- Have a current CLIA (Clinical Laboratories Improvement Act) certificate.
- File a copy of the CLIA certificate with the Delaware Division of Public Health and notify the Division of any change in status.

- Staff with a pathologist who will report written Pap test results using the 2001 Bethesda System for reporting cervical/vaginal cytological diagnoses.
- Ensure that appropriate staff attends at least one orientation and training session related to laboratory services.

Data Collection and Reporting Guidelines

- Report written Pap test results using the 2001 Bethesda System to the SFL contracted primary provider and the SFL program.
- Report any test results and other required information, in writing, to the SFL contracted primary provider, SFL program and, if appropriate, to the client.

Client Services Guidelines

- Perform all services under the agreement with SFL to the satisfaction of the program and in accordance with all applicable federal, state, local laws, ordinances, rules, and regulations.
- Maintain confidentiality for all program clients and their records in accordance with state and federal laws, rules, regulations, and SFL guidelines.

6.6 Lung Cancer Screening Providers

Facility Qualifications

- Provider will have the personnel and equipment that meet specifications for completing low dose computed tomography (LDCT) scans.
- Provider will have a formal agreement with a qualified radiologist to read LDCT scans.
- Provider will have a formal agreement with a health system that has a multidisciplinary lung cancer screening team (MDT). The MDT must consist of:
  a. Pulmonologist
  b. Thoracic Surgeon with privileges at the health system
  c. An American College of Radiology accredited Radiologist
  d. A MDT Team Lead
- Provider will work with the lung cancer screening nurse navigator to assist the client and SFL staff in securing and coordinating available treatment and diagnostic services not otherwise reimbursable by SFL (excluding imaging facilities).

Data Collection and Reporting Guidelines

- Report any test results and other required information, in writing, to the MDT (as noted above), Lung Cancer Nurse Navigator and, if appropriate, to the client.

Client Service Guidelines

- Provider will obtain a signed medical release form for each lung cancer screening client.
- Provider will work with the lung cancer screening nurse navigator to schedule clients for appointments and notify them of examination results (positive or negative), any recommended treatment options, and next recommended screenings (excluding imaging facilities).
- Maintain confidentiality for all program clients and their records in accordance with state and federal laws, rules, regulations, and SFL guidelines.
- Provider will perform all services to the satisfaction of the SFL program and in accordance with federal, state and local laws, ordinances, rules, and regulations.

6.7 All Other Providers

All other providers are required to meet the generally accepted practice standards within their field of service.

Provider Qualifications

- Ensure that the appropriate provider reviews appropriate SFL materials.
- Maintain adequate staffing to perform contracted services.

Data Collection and Reporting Guidelines

- Providers are responsible for recording and reporting screening, diagnostic, treatment, and other required data and submitting the data timely to SFL. Appendix C includes sample forms and completion instructions.

Client Services Guidelines

- Perform all services under the agreement with SFL to the satisfaction of the program and in accordance with all applicable federal, state, local laws, ordinances, rules, and regulations.
- Maintain confidentiality for all program clients and their records in accordance with state and federal laws, rules, regulations, and SFL guidelines.

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7 Provider Payment and Reporting

7.1 Provider Reimbursement Requirements

The guidelines for provider reimbursement are in accordance with the Breast and Cervical Cancer Mortality Prevention Act of 1990, Public Law 101-354 as well as the National Breast and Cervical Cancer Early Detection and Prevention and Colorectal Cancer Programs, and the Delaware Cancer Consortium Early Detection and Prevention Committee guidelines. Providers in the Screening for Life Program (SFL) must meet the conditions and requirements that are outlined below:

1. SFL is the payer of last resort.
2. SFL reimbursements are considered payment in full.
3. Service providers and their subcontractors **may not charge** the client for any screening/diagnostic services reimbursable by SFL.
4. SFL clients may not be charged any administrative fees.
5. When non-SFL covered services are performed, the provider **must provide documentation** that the client received notification of the cost to them and their liability for payment.
6. Payment may be denied for failure to provide complete patient data or screening/diagnostic services.

7.2 Provider Reporting and Billing Forms

SFL requires providers to collect and submit client data and billing information within 60 (sixty) days of the date of service. SFL will provide the following SFL required data reporting forms to providers. (See Appendix C for Sample Forms and Completion Instructions.)

Enrollment Form –

- May be completed in the provider office or by SFL staff if the patient has contacted the program directly.
- Establishes client eligibility.

- Assesses potential barriers to service.
- Defines client status at time of enrollment.
- Gathers patient referral information to improve outreach efforts.

Client Screening Form –

- Required for all breast, cervical, colorectal and prostate screening services.
- Provides the results and complications (if any) of the screening.
- Alerts program to additional client needs.
- Defines timing for follow-up activities.

Client Diagnostic Forms -

- Required for all breast, cervical, colorectal and prostate diagnostic services.
- Assists in successful follow-up of clients with abnormal screening results.
- Provides treatment data.
- Provides additional data for evaluating program effectiveness and services.

Additional notes –

- Mammography results are reported using the American College of Radiology, Breast Imaging Reporting and Data System (BIRADS).
- PAP smear results are reported using the 2001 Bethesda System.

In addition to the required SFL data forms, providers must use either the CMS-1500 or the UB-04/CMS-1450 to bill for services.

7.3 Primary Provider Initial Screening Reimbursement

When a provider enrolls a client in their office and performs an initial breast, cervical, colorectal or prostate cancer screening, the provider must complete and submit all required forms as defined below, when applicable to client services provided (See Appendix C for Sample Forms and Completion Instructions):

Forms Required: Initial Screening/Enrollment in Provider's Office

1. Enrollment Form, Appendix C.I
2. Breast Screening Form, Appendix C.II
3. Cervical Screening Form, Appendix C.III
4. Colorectal Screening Form, Appendix C.IV
5. Prostate Screening and Diagnostic Form, Appendix C, V
6. Provider Invoice using either CMS-1500 or UB-04/CMS-1450 form as appropriate

When SFL enrolls the client and refers them to a provider, the same forms are required from the provider with the exception of the Enrollment Form (Appendix C.I)

7.4 Diagnostic Services Reimbursement

Providers performing diagnostic services for an abnormal cancer screening, the following forms, as applicable, are required for reimbursement (See Appendix C for Sample Forms and Completion Instructions):

Forms Required: Breast, Cervical, Colorectal or Prostate Diagnostic Forms

1. Breast Diagnostic Form, Appendix C.VI
2. Cervical Diagnostic Form, Appendix C.VII
3. Colorectal Diagnostic Form, Appendix C.VIII
4. Prostate Screening and Diagnostic Form, Appendix C.IX
5. Provider Invoice using either CMS-1500 or UB-04/CMS-1540 form as applicable

7.5 Secondary Providers

Secondary Providers include facilities that include but are not limited to imaging facilities, laboratory facilities, and other facilities for which a patient is referred for a service. Secondary providers are required to submit written test results/reports to the referring SFL provider and the SFL program prior to SFL issuing reimbursement for services

7.6 SFL Reporting and Payment Processing

SFL Case Managers and Billing Specialists work closely to ensure that all claims have appropriate screening and/or diagnostic data in order to provide reimbursement to the provider. Pending claims are reviewed on a biweekly basis and providers are contacted and reminded to submit patient data in order for the claims to be paid.

7.7 Complications

In addition to reporting screening and diagnostic data for SFL clients, providers will report any medical complications experienced by SFL clients who have received endoscopy (sigmoidoscopy or colonoscopy) or Double Contrast Barium Enema (DCBE) either during, or within 30 days after the procedure. Additionally, **all** complications that result in an emergency room visit, hospitalization, or death should be reported to SFL. **All** complications that result in death should be reported immediately to the CDC.

The SFL program staff will report will report all complications to the CDC program consultant during routine calls.

8 Fiscal Management

8.1 Authority

Delaware laws authorize spending State monies for cancer detection. The National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and the Colorectal Cancer Control Program (CRCCP) as well as the Delaware Cancer Consortium Early Detection and Prevention Committee recommendations are used as guidelines for State spending. SFL is authorized to spend monies for:

- Screening women for breast, cervical, colorectal, and lung cancer
- Screening men for colorectal, lung and prostate cancer
- Case management/Patient Navigation
- Developing and disseminating public information and education programs
- Improving the education, training, and skills of health professionals
- Monitoring the quality and interpretation of screening procedures
- Designing and monitoring surveillance systems
- Evaluating activities.
- Tracking and ensuring follow-up

8.2 Program Funding: NBCCEDP

Screening for Life (SFL) is partially funded under the Breast and Cervical Cancer Mortality Prevention Act of 1990, Public Law 101-354, which authorized the Centers for Disease Control and Prevention (CDC) to develop and implement a national program to ensure that every eligible woman receives regular screening tests for breast and cervical cancer and prompt follow-up when necessary. The screening tests are performed in accordance with current recommendations for quality assurance.

The NBCCEDP Cooperative Agreement provided through the CDC, supports Delaware's educational and access to care issues surrounding breast and cervical cancer. Funds are used for screening, follow-up services and re-screening for women who are uninsured or underinsured and meet income and age criteria. Educational programs are implemented for service providers and the target population.

8.3 Program Funding: CRCCP

The SFL program is partially funded by the CDC's Colorectal Cancer Control Program (CRCCP). The purpose of the CRCCP program is to increase colorectal cancer screening rates among persons 50-75 years of age who are at average risk for developing colorectal cancer.

8.4 Program Funding: State Funding

Through the Delaware Cancer Consortium, Cancer Council Recommendations, the SFL receives funds for breast, cervical, colorectal, lung, and prostate screenings. Funding levels change each year based on the funding available at the state level. State funds will reimburse for breast, cervical, lung, and prostate services for Delawareans. Additionally, state funds will reimburse for Delawareans who are considered high risk for developing colorectal cancer as well as for procedures and services for average risk and increased individuals which are not covered under the CDC Colorectal Cancer Control Program. Services include but are not limited to, diagnostic services for clients who had an initial positive screening test performed outside of the program and surveillance colonoscopies for those with conditions such as Inflammatory Bowel Disease.

8.5 Table of Funding Source

Funding appropriation codes are established for each fiscal year and built into the SFL data system. Reimbursements for services provided are drawn from the appropriate funding sources when paying claims.

8.6 CPT Codes and Reimbursement

The SFL program utilizes approved CPT Codes to process provider claims. The CPT Codes list (Appendix B) is provided to each SFL provider prior to July 1 each year. The CPT Codes list provides the approved reimbursable procedure codes as well as the rate at which SFL will reimburse the service. SFL reimburses in accordance with Medicare reimbursement rates.

8.7 SFL Contracts

The SFL program has contracts with over 200 providers to assist with the delivery of services to men and women in Delaware. Provider contracts are managed by internal program staff.

8.8 Treatment

Women diagnosed with breast or cervical cancers through the Screening for Life program may be eligible for treatment benefits through implementation of the federal Breast & Cervical Cancer Prevention and Treatment Act of 2000 (passed in Delaware in July 2001). Delaware approved Medicaid coverage to women who meet Medicaid eligibility requirements, were screened under the NBCCEDP and were diagnosed with breast or cervical pre-cancer or cancer. Women who are found not eligible for the Medicaid Breast and Cervical Cancer Treatment Program are referred to the Health Insurance Marketplace and the Delaware Cancer Treatment Program (DCTP).

Men and women diagnosed with colorectal, lung and/or prostate cancer are referred to the Delaware Cancer Treatment Program (DCTP) for coverage of their cancer treatment.

SFL Sr. Social Workers/Case Managers and hospital based Cancer Care Coordinators assist those diagnosed with cancer in completing the application forms for the Medicaid program, or DCTP. Cancer Care Coordinators provide ongoing case management to those with cancer as they progress through the treatment phase. Additionally, SFL Case Managers and Cancer Care Coordinators work together to determine the appropriate time to re-enroll the client in the SFL program for future cancer screenings.

9 Data Management & Surveillance

9.1 NBCCEDP - Minimum Data Elements

To ensure provision of consistent and complete information nationally, the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) has defined the essential pieces of client information each participating program must collect. These pieces are called Minimum Data Elements (MDEs). MDEs are collected for the screening location, patient demographic information, screening results, diagnostic procedures, tracking and follow up, and treatment information. The MDEs are reported by the providers, entered into the program database, aggregated, and converted into a standardized format for submission to the Centers for Disease Control and Prevention (CDC).

9.2 MDE Data Reporting

Provider reporting includes the following information:

- Client background (demographic) and contact information
- Informed consent to participate in the Program
- Eligibility information (including income, age, and insurance status)
- Client breast and cervical medical/risk factor and screening history information
- Date and results of breast and/or cervical screening visits (encounters)
- Date and results of diagnostic tests performed
- Diagnosis and treatment information (including staging and tumor size, treatment type, date when treatment was initiated, treatment facility, and enrollment in Medicaid for treatment under the BCCPTA)
- Client follow-up and tracking data
- CPT codes for screening and diagnostic procedures performed.

9.3 CRCCP – Clinical Data Elements

To ensure provision of consistent and complete information nationally, the Colorectal Cancer Control Program (CRCCP) has defined the essential pieces of client information each participating program must collect. These pieces are called Clinical Data Elements (CCDEs). CCDEs are collected for the screening location, patient demographic information, screening results, diagnostic procedures, tracking and follow up, and treatment information. The CCDEs are reported by the providers, entered into the program database, aggregated, and converted into a standardized format for submission to the CDC.

9.4 CCDE Data Reporting

Provider reporting includes the following information:

- Client background (demographic) and contact information
- Screening History
- Risk Assessment
- Screening Adherence
- Screening and Diagnostic Tests Performed including Pathology
- Diagnosis and treatment information (including staging and tumor size, treatment type, date when treatment was initiated)
- Client follow-up and tracking data
- CPT codes for screening and diagnostic procedures performed.

CCDE data includes screening and diagnostic data and should be reported on all clients whose screening and diagnostic tests were paid solely or in part by CRCCP funds.

9.5 Data Quality Indicators

A compilation of the enrollment, screening and/or diagnostic information entered into the SFL database system is used to monitor completeness of the data collected and the timeliness and adequacy of the service delivered to clients who participate in the program. The data manager submits the MDEs and CCDEs to the CDC semi-annually. Prior to the MDE and CCDE submissions, the data manager may contact

enrollment, data entry, and/or case management to discuss the data reports and request follow up and/or corrections of data if necessary.

CDC sets benchmarks for comparison of program data across all states and territories. Individual program performance is also compared across reporting

periods. The major Data Quality Indicators for the National Breast and Cervical Cancer Program (NBCCDEP) and the criteria established by the CDC for the NBCCEDP are in the following tables:

Demographic Data

	Variable	Attribute	Notes
1.	**County of Screening**	Percentage missing	< 5%
2.	**County/Zip of Residence**	Percentage missing	< 5%
3.	**Birth Year**	Percentage missing	< 5%
4.	**Race/Ethnicity**	Percentage missing/unknown	missing/unknown should be < 5%
		Percentage multiracial	
5.	**Hispanic Origin**	Percentage unknown	
		Percentage missing	unknown and missing combined should be < 5%

Pap Test Data

	Variable	Attribute	Notes
6.a.	**Previous Pap Test**	Percentage unknown	first funded screening only
		Percentage missing	< 5% - first funded screening only

		Percentage never or rarely	‡ 20% - first funded screening
6.b.	**Result of Screening Pap: missing, pending, and non-program funded**	Percentage missing	
		Percentage pending results	missing and pending combined should be < 1%
		Percentage with screening Pap as: Result unknown, presumed from a non-program funded source	should be low - programs need to result and date of non-program funded Pap tests
6.c.	**Result of Screening Pap: using the Bethesda System?**	Number of screening Pap results	
		Percentage negative results	percent negative results and percent inflammatory or reactive changes should be the largest percentages
		Percentage inflammatory or reactive changes	
		Percentage ASC-US	< 8%
		Percentage low grade SIL	< 5%
		Percentage ASC-H, high grade SIL, squamous cancer, and abnormal glandular cells	< 3%
		Percentage other results	percentage should be small
		Percentage unsatisfactory Paps	< 3% - high % may indicate lab/provider deficiencies

6.d.	**Year of screening Pap**	Percentage missing	< 1%
6.e.	**Percentage ‡ 40 years of age**	Percentage of all screenings paid with NBCCEDP Funds	
		Percentage of women with screenings paid with NBCCEDP Funds	first screening only
6.f.	**Number and percentage of Pap tests with the following results and Diagnostic Workup Planned for cervical dysplasia or cancer**	Percentage of negative Pap tests diagnostic workup planned	This percentage should be women with an abnormal pelvic suspicious for cervical dysplasia then the program should assess results are receiving workup.
		Percentage of inflammatory/reactive changes Pap tests with diagnostic workup planned	This percentage should be extremely small and limited to women with an abnormal pelvic exam result indicating suspicious for cervical dysplasia or cancer.
		Percentage of ASC-US Pap tests diagnostic workup planned	
		Percentage of low grade SIL Pap diagnostic workup planned	
		Percentage of ASC-H, high squamous cancer Pap tests with workup planned	This percentage should be 100%. A ASC-H, high grade SIL, or have some type of diagnostic workup, such as colposcopy.
		Percentage of abnormal tests with diagnostic workup planned	This percentage should be 100%. A abnormal glandular cells should diagnostic workup.

		Percentage of other Pap tests with diagnostic workup	
		Percentage of unsatisfactory Pap diagnostic workup planned	This percentage should be Pap tests should be repeated.
7.	**Completeness of follow-up for screenings performed prior to the diagnostic cut-off date with Pap test results of negative, inflammatory or reactive changes, ASC-US, and LSIL and Diagnostic Workup Planned**	Total number of screenings performed prior to the diagnostic cut-off date with Pap test results of negative, inflammatory or reactive changes, ASC-US, and LSIL and Diagnostic Workup Planned	This total includes Pap test results of negative, inflammatory or reactive changes, ASC-US, and low grade SIL and Diagnostic Workup Planned.
7.a.		Percentage with complete follow-up	Complete is defined by having a final diagnosis recorded. ‡ 90%
7.b.		Percentage lost to follow-up	An indication in the Status of Final Follow-up.
7.c.		Percentage refused	An indication in the Status of Final Diagnosis of Refused.
7.d.		Percentage that were irreconcilable	An indication in the Status of Final Diagnosis of Irreconcilable.
7.e.		Percentage with incomplete no final diagnosis and no procedures performed	The final diagnosis is blank and no are recorded as being done.
7.f.		Percentage with incomplete a diagnostic procedure recorded, diagnosis recorded	The final diagnosis is blank, but there is a diagnostic procedure recorded.
7.g.		Percentage with incomplete a final diagnosis recorded, but no procedures recorded	There are no diagnostic procedures recorded, but a final diagnosis is recorded.

9.	**Final diagnosis for screenings performed prior to the diagnostic cut-off date with Pap test results of negative, inflammatory or reactive changes, ASC-US, and LSIL and Diagnostic Workup Planned**	Of screening cycles with a final diagnosis recorded, percentage of reaction/inflammation	† 70%
10.a.	**ASC-US Pap Tests with Positive HPV Test Results**	Percentage followed-up with colposcopy	ASCCP recommends colposcopy; may vary for pregnant, women
10.b.	**LSIL Pap Tests**	Percentage followed-up with colposcopy	ASCCP recommends colposcopy; may vary for pregnant, women
11.	**Completeness of follow-up for screenings performed prior to the diagnostic cut-off date with abnormal Pap screening results**	Total number of screenings performed prior to the diagnostic cut-off date with an abnormal Pap result	This total includes Pap test results of ASC-H, high grade SIL, squamous cell cancer, result unknown, presumed abnormal, Pap from a non-program funded source, and abnormal glandular cells.
11.a.		Percentage with complete follow-up	Complete is defined by having a final diagnosis recorded. (Core ‡ 90%
11.b.		Percentage lost to follow-up	An indication in the Status of Final Diagnosis of Lost to Follow-up.
11.c.		Percentage refused	An indication in the Status of Final Diagnosis of Refused.
11.d.		Percentage that were irreconcilable	An indication in the Status of Final Diagnosis of Irreconcilable.
11.e.		Percentage with incomplete no final diagnosis and no procedures performed	The final diagnosis is blank and no diagnostic procedures are recorded as being done.

11.f.		Percentage with incomplete a diagnostic procedure recorded, diagnosis recorded	The final diagnosis is blank, but there is a diagnostic procedure recorded.
11.g.		Percentage with incomplete a final diagnosis recorded, but no procedures recorded	There are no diagnostic procedures diagnosis is recorded. With diagnostic procedure should always be done.
13.	**Final diagnosis for screenings performed prior to the diagnostic cut-off date with abnormal Pap screening results**	Of screening cycles with a final diagnosis recorded, percentage of normal/benign reactive/inflammation	
14.	**Status of Registry Linkage**	Number of invasive cervical carcinomas	
14.a.		Percentage of all invasive cervical carcinomas with a linkage attempted	‡ 90% for the first time period. All cancer cases should be linked with the registry. The registry will provide guidance on linkage schedules and availability of data.
14.b.		Percentage of all invasive cervical carcinomas with a successful registry match	
14.c.		Percentage of invasive cervical carcinomas with a linkage attempted and a successful registry match	
15.a.	**Completeness of Registry Information for Linked Records**	Percentage of records with invalid or missing values for registry date of diagnosis	Registry date of diagnosis is considered invalid if the year is before 1991 or if the date is past the submission cutoff date.
15.b.		Percentage of records with invalid or missing values for registry histologic type	Valid values for registry histologic type include: 8000-9975.
15.c.		Percentage of records with invalid or missing values for registry behavior	Valid values for registry behavior include: 0-3.

15.d.		Percentage of records with invalid, missing, or unknown values for registry summary	Valid values for registry summary stage include: 0-5, 7, and 8.
15.e.		Percentage of records with invalid, missing, or unknown values for registry cs-derived AJCC stage group	Valid values for registry cs-derived AJCC stage group include: 00-02, 10-24, 30-43, 50-63, 70-74, 88, and 90.
15.f.		Percentage of records with invalid, missing, or unknown values for registry cs tumor size	Valid values for registry cs tumor size include: 001-995.
15.g.		Percentage of records with invalid, missing, or unknown values for registry cs extension	Valid values for registry cs extension include 00, 01, 10-14, 20-22, 25, 30, 31, 35-42, 44, 45, 50, 55, 60, 62, 63, 65, 66,
15.h.		Percentage of records with invalid, missing, or unknown values for registry cs lymph nodes	Valid values for registry cs lymph nodes include: 00, 10, 20, 30, and 80.
15.i.		Percentage of records with invalid, missing, or unknown values for registry cs mets at diagnosis	Valid values for registry cs mets at diagnosis include: 00, 10, 40, 50, 60, 70, and 80.
15.j.		Percentage of records with invalid or missing values for registry primary site	Valid values for registry primary site include: C530, C531, C538, and C539. The 'C' must be included as part of the variable response.
16.a.	**Date of Final Diagnosis for screenings performed prior to the diagnostic cut-off date with abnormal Pap screening results**	Percentage missing	< 1%
16.b.		Percentage of records included for median and mean calculations (subset of item 11.)	Exclusions due to final diagnosis refused, or irreconcilable, diagnostic to screening date, or invalid dates

16.c.		Median (mean) days between screening and final diagnosis	
		Minimum and maximum days between screening and final diagnosis	
16.d.		Percentage with time between screening and final diagnosis over 90 days	† 25% (Core Indicator) -- Interval starts with referral date when appropriate
17.	**Status of treatment for screenings performed prior to the diagnostic cut-off date with a final diagnosis of HSIL, CIN2, CIN3/CIS, or invasive cervical carcinoma**	Number of screenings performed prior to the diagnostic cut-off date with HSIL, CIN2, CIN3/CIS, or invasive cervical carcinoma	Adolescent and young women (age less than 30) with a final diagnosis of CIN2 and a status of treatment of 'not needed' are excluded.
		Percentage missing	
		Percentage treatment pending	pending - used to check for delays in diagnostic workup
		Percentage treatment started	‡ 90% - should be the largest percentage (Core Indicator)
		Percentage lost to follow-up	Percentage should be small or may indicate a tracking problem
		Percentage refused	
		Percentage treatment not needed	Percentage should be small
18.a.	**Date of Treatment status for screenings performed prior to the diagnostic cut-off date**	Percentage missing	< 1%

18.b.	**Screenings with a final diagnosis of HSIL, CIN2 or CIN3/CIS**	Percentage of records included for median and mean calculations (subset of item 17.)	Exclusions due to status of refused, or not needed, treatment diagnostic date, or invalid dates
18.c.		Median (mean) days between final diagnosis and treatment	
		Minimum and maximum days between final diagnosis and treatment	
18.d.		Percentage with time between final diagnosis and treatment over 90 days	† 20% (Core Indicator)
18.e.	**Screenings with a final diagnosis of invasive cervical carcinoma**	Percentage of records included for median and mean calculations (subset of item 17.)	Exclusions due to status of treatment of lost to follow-up, refused, or not needed, treatment date preceding the diagnostic date, or invalid dates
18.f.		Median (mean) days between final diagnosis and treatment	
		Minimum and maximum days between final diagnosis and treatment	
18.g.		Percentage with time between final diagnosis and treatment over 60 days	† 20% (Core Indicator)
19.a.	**Previous mammogram**	Percentage unknown	first screening only
		Percentage missing	< 5% - first screening only
19.b.	**Mammogram Results: missing, pending, and non-program funded**	Percentage missing	

		Percentage pending results	missing and pending combined should be < 1%
		Percentage with screening mammogram results coded as: Result unknown, presumed abnormal, Mam from a non-program funded source	should be low - programs need to capture the screening results and dates of non-program funded mammograms

Mammogram Data

	Variable	Attribute	Notes
19.c.	**Mammogram Results: using the ACR Lexicon?**	Number of initial mammogram	
		Percentage negative	percent negative and percent benign should be the largest percentages
		Percentage benign	
		Percentage probably benign/short interval follow-up	
		Percentage suspicious abnormality or highly suggestive of malignancy	< 4% - there is no bolding/shading for this benchmark
		Percentage assessment incomplete (further imaging studies or film comparisons required)	< 19% - there is no bolding/shading for this benchmark
		Percentage unsatisfactory mammograms	< 1% - a high percentage may indicate lab/provider deficiencies
19.d.	**Year of Mammogram**	Percentage missing	< 1%

19.e.	**Percentage ‡ 50 years of age**	Percentage of NBCCEDP funded mammograms provided to women ‡ 50 years of age	At least 75% of mammograms should be for women ‡ 50 years of age. (Core Indicator)
		Percentage of women ‡ 50 years of age receiving NBCCEDP funded mammograms	
20.	**Completeness of follow-up for screenings performed prior to the diagnostic cut-off date with abnormal initial screening results or Diagnostic Workup is Planned**	Total number of screenings performed prior to the cut-off date with an abnormal screening result or diagnostic workup is planned	This total includes Mammogram results of suspicious of abnormality, highly suggestive of malignancy, assessment is incomplete, and "result unknown, presumed abnormal, Mam from a non-program funded source", abnormal CBE results, or diagnostic workup planned for breast cancer.
20.a.		Percentage with complete follow-up	Complete is defined by having a final diagnosis recorded. (Core ‡ 90%
20.b.		Percentage lost to follow-up	An indication in the Status of Final Diagnosis of Lost to Follow-up
20.c.		Percentage refused	An indication in the Status of Final Diagnosis of Refused
20.d.		Percentage that were irreconcilable	An indication in the Status of Final Irreconcilable.
20.e.		Percentage with incomplete follow-up due to no final diagnosis and no procedures recorded	The final diagnosis is blank and no diagnostic procedures are recorded as being done.
20.f.		Percentage with incomplete follow-up due to a diagnostic procedure recorded, diagnosis recorded	The final diagnosis is blank, but there is a diagnostic procedure recorded.

20.g.		Percentage with incomplete follow-up due to a final diagnosis recorded, but no procedure recorded	There are no diagnostic procedures recorded, but a final diagnosis is recorded.
	Variable	**Attribute**	**Notes**
21.	**Final Diagnosis for screenings performed prior to the diagnostic cut-off date with abnormal initial screening results or Diagnostic Workup is Planned**	Of screening cycles with a final diagnosis recorded, percentage of LCIS, CIS (other), or invasive breast cancer	> 2%
22.	**Status of Registry Linkage**	Number of invasive and in-situ breast cancers	
22.a.		Percentage of all invasive and in-situ breast cancers with a linkage attempted	‡ 90% for the first time period. All linked with the registry. The on linkage schedules and availability of data.
22.b.		Percentage of all invasive and in-situ breast cancers with a successful registry match	
22.c.		Percentage of invasive and in-situ breast cancers with a linkage attempted and a successful registry match	
23.a.	**Completeness of Registry Information for Linked Records**	Percentage of records with invalid or missing values for registry date of diagnosis	Registry date of diagnosis is considered invalid if the year is before 1991 or if the date is past the submission cutoff date.
23.b.		Percentage of records with values for registry histologic type	Valid values for registry histologic type include: 8000-9975.
23.c.		Percentage of records with values for registry behavior	Valid values for registry behavior include: 0-3.
23.d.		Percentage of records with	Valid values for registry summary

		or unknown values for registry summary stage	and 8.
23.e.		Percentage of records with or unknown values for registry AJCC stage group	Valid values for registry cs-derived AJCC stage group include: 00-02, 10-24, 30-43, 50-63, 70-74, 88, and 90.
23.f.		Percentage of records with or unknown values for registry cs tumor size	Valid values for registry cs tumor size include: 001-998.
23.g.		Percentage of records with invalid, missing, or unknown values for registry cs extension	Valid values for registry cs extension 10-14, 17-20, 30, 38-41, 51, 52, 57- and 95.
23.h.		Percentage of records with invalid, missing, or unknown values for registry cs nodes	Valid values for registry cs lymph nodes include: 00, 05, 13, 15, 25, 26, 28-30, 50-52, 60-63, and 71-82.
23.i.		Percentage of records with invalid, missing, or unknown values for registry cs diagnosis	Valid values for registry cs mets at diagnosis include: 00, 05, 07, 10, 40, 42, 44, 50, and 60.
23.j.		Percentage of records with invalid or missing values for registry primary site	Valid values for registry primary site C508, and C509. The 'C' must be variable response.
25.a.	**Date of Final Diagnosis for screenings performed prior to the diagnostic cut-off date with abnormal initial screening results or Diagnostic Workup is Planned**	Percentage missing	< 1%
25.b.		Percentage of records included for median and mean calculations (subset of item 20.)	Exclusions due to a final diagnosis status of lost to follow-up, refused, or irreconcilable, diagnostic date preceding screening date, or invalid dates
25.c.		Median (mean) days between screening and final diagnosis	

		Minimum and maximum days between screening and final diagnosis	
25.d.		Percentage with time between final diagnosis over 60 days	† 25% (Core Indicator) -- Interval when appropriate
26.	**Status of treatment for screenings performed prior to the diagnostic cut-off date with a final diagnosis of breast cancer**	Number of screenings performed prior to the diagnostic cut-off date with a	
		Percentage missing	
		Percentage treatment pending	pending - used to check for delays in diagnostic workup
		Percentage treatment started	‡ 90% - should be the largest percentage (Core Indicator)
		Percentage lost to follow-up	percentage should be small or may problem
		Percentage refused	
		Percentage treatment not needed	percentage should be small
27.a.	**Date of treatment status for screenings performed prior to the diagnostic cut-off date with a final diagnosis of breast cancer**	Percentage missing	< 1%

27.b.		Percentage of records included and mean calculations (subset of item 26.)	exclusions due to status of treatment refused, or not needed, treatment diagnostic date, or invalid dates
27.c.		Median (mean) days between final diagnosis and treatment	
		Minimum and maximum days between final diagnosis and treatment	
27.d.		Percentage with time between and treatment over 60 days	† 20% (Core Indicator)

The Data Quality Indicators for the Colorectal Cancer Control Program (CRCCP) and the criteria established by the CDC for the CRCCP are in the following tables:

COLORECTAL DATA		
CRITERIA	**INDICATOR**	**% FOR COMPLIANCE**
Adherence to Screening	% of clients scheduled for screening colonoscopy who complete the test	TBD
	% of clients provided with a fecal test kit who complete the test	TBD
Screening Priority Population	% of new clients screened who are at average risk for CRC	≥75%
	% of average risk new clients screened who are aged 50 years and older	≥95%
	% of clients enrolled for routine screening or surveillance (clients may be enrolled for	≥75%

COLORECTAL DATA		
CRITERIA	**INDICATOR**	**% FOR COMPLIANCE**
	diagnostic colonoscopy as a follow-up to a positive screening test performed outside the program, but limited to <25%)	
Completeness of Clinical Follow-up	% of abnormal test results with diagnostic follow-up completed	≥90%
	% of diagnosed cancers with treatment initiated	≥90%
Timeliness of Clinical Follow-up	% of positive tests (FOBT/FIT, signoidoscopy, or DCBE) followed up with a colonoscopy within 90 days.	≥80%
	% of cancers diagnosed with treatment initiated within 60 days	≥80%

9.6 Program Reimbursement Data (PRD)

PRD reports client-level billing codes and amounts for each office visit and clinical service provided through the program to estimate clinical costs incurred. SFL provides program reimbursement data to the CDC as requested.

9.7 Cost Assessment Tool (CAT)

The CAT collects programmatic level cost data related start-up activities and program implementation for screening provision and screening promotion activities. SFL provides CAT data for both the NBCCEDP and the CRCCP as requested by the CDC.

9.8 Data Management

Data compiled from the Screening and Diagnostic Forms are used to track the Program's performance and compliance with including:

- Screening and re-screening of program-eligible clients.
- Assuring that the clinical services and other tests follow approved screening and diagnostic medical guidelines.

- Documenting the timeliness of a client's referral for diagnostic evaluation and the completion of the diagnostic workup to a final diagnosis (or the client is documented as refusing treatment or lost to follow-up) within **90 days** of the date of the abnormal screening test.

- Documenting that follow-up or monitoring occurs to ensure that the planned service actually took place.

- Documenting that within **60 days** of the final diagnosis, where cancer is the diagnosis, treatment is initiated (or the client is documented as refusing treatment or lost to follow-up).

- Assuring contact with the client within **five (5) days** of receiving abnormal screening results and documenting the contact in the record.

- Assuring a client's needs and services delivered are re-evaluated monthly and documentation made in the record, until the end of the screening cycle.

- Assuring all client documentation (i.e., MDE data forms, CCDE data forms) is routed in a timely fashion to the State office as required.

9.9 File Retention Policy

Documents used to determine eligibility including name, address, DOB, income for individuals that are uninsured/underinsured to provide breast, cervical, colorectal, or prostate screening. Files may also contain completed forms for screening and/or diagnostic services, test results, bills and related reimbursement records, and correspondence.

- Retain at agency for one (1) year after expiration date; after a successful audit, transfer to the State Records Center to be retained for nine (9) years; destroy.

10 Quality Assurance and Quality Improvement

Quality assurance is the activity of providing the evidence, or proof, needed to establish confidence among all concerned that the quality is being maintained effectively (CDC, QA Educational Packet, 1998). Quality can be viewed from three different perspectives; the consumer, the payer, and the provider. Although all three may have different views in which they focus, all have a common need for high quality breast, cervical, colorectal, lung, and prostate cancer screening services.

10. 1 Chart Reviews and Site Visits

Contracted agencies in collaboration with the SFL Nurse Consultant monitor the quality of all screening/diagnostic procedure(s) for cancer screenings. Chart reviews determine if SFL screening, diagnosis, and treatment protocols are being followed and if complete information is being recorded.

Chart Reviews

- Utilizing the Quality Assurance Client Chart Review Form, the Nurse Consultant will annually review a minimum of 5 to 10% of the achieved caseload (new and rescreen clients) from the previous year;
- Providers are encouraged to review annually a minimum of 5% of their own SFL client charts (new and rescreen clients);
- Providers are encouraged to review annually 5 to 10% of the sub-contracted agencies caseload attainment from the previous year.
- Providers may develop their own SFL client chart review tool; however, all elements included in the Client Chart Review Form must be incorporated.
- All enrollment, screening and diagnostic forms, documentation and correspondence with (i.e. progress notes) must be kept in a hard copy individual client file.

Site Visits

- For site visits involving chart audits, the Nurse Consultant will utilize the Quality Assurance Site Visit Form.

- Site visits will be conducted a minimum of once a year at randomly selected provider locations.
- Providers are encouraged to perform site visits at all sub-contracted agencies.
- All findings from the client chart review and site visit will be informally shared with the provider following each visit.
- Within two weeks of the visit, a formal letter noting observations will be mailed to the agency Administrator or Provider.
- Providers must address findings with a written action plan within 30 days.
- SFL staff will identify and follow up on any technical assistance needs identified in the chart review/site visit.
- The SFL program staff will assist as necessary in meeting all expectations of this agreement.

Satisfaction Surveys

- Providers are requested to complete a satisfaction survey annually.
- Each client should receive a program satisfaction survey, from the SFL program office upon completion of services.
- A compilation of results from both the client and the provider surveys must be completed annually.

10.2 Medical Advisory Board

The Medical Advisory Board (MAB) is a valuable resource to the SFL program. Members of the MAB are called upon to review cases, answer questions and determine policy for the program. The MAB is composed of health care professionals with an interest in breast, cervical, colorectal, lung, and prostate cancer screening and diagnostic services for clients. The committee serves a critical role in advising the Program, reviewing and approving professional guidelines and quality standards developed by nationally recognized professional organizations and the CDC.

The MAB is the Early Detection and Prevention Committee of the Delaware Cancer Consortium.

Attachments

Screening for Life Program Eligibility

A client must meet **all four** criteria: **Income, Residency, Insurance and Age**.

Income Guidelines: Within 139 % to 250% of Federal Poverty Guidelines

Residency Guidelines Must be a Delaware Resident

Insurance Guidelines:

- Uninsured
  - No medical insurance or private HMO
  - Not eligible for Medicare or Medicaid
  - Not eligible or is exempt from the Marketplace

OR

- Underinsured
  - Deductible is ≥ 15 % of their gross income
  - insurance does not cover breast, cervical, colorectal and prostate screenings

We **DO NOT** reimburse for co-pays or co-insurances.

We **DO** provide screening reimbursement for persons who have a high deductible comparative to their income. If a person's deductible is equal to or more than 15% of their income, then they may be eligible for SFL if they meet all the other eligibility requirements.

Age/Gender Guidelines:

Women

Age	Covered Services
• 18-39	▪ Office visit, clinical breast exam, pelvic exam, Pap test*, self-breast exam education, breast and cervical cancer education at any participating SFL provider
• 40-49	▪ All services above and screening mammogram at any participating SFL provider
• 50-64	▪ All services above, and digital rectal exam, fecal occult blood test, colonoscopy and colorectal cancer education at any participating SFL provider. Possibly eligible for low dose CT
• 65 & older if Medicare ineligible	▪ All services above

* See Pap Test Frequency Guidelines for test intervals and additional information pertaining to abnormal test results.

Men

Age	Covered Services
• 40-50 African-American men	• Office visit, digital rectal exam, PSA test, prostate cancer education at any participating SFL provider
• 50-64 all men	• Office visit, digital rectal exam, PSA test, fecal occult blood test, colonoscopy, prostate and colorectal cancer education at any participating SFL provider. Possibly eligible for low dose CT
• 65 & older if Medicare ineligible	• All services above

Health Care Connection

screening for life

Client ID Number:_____ Today's Date: _____

Please complete and sign this application for the *Screening for Life* (SFL) and *Health Care Connection* (HCC).

- SFL offers breast, prostate, cervical, colorectal and lung cancer screenings.
- HCC is a referral service that helps you find a doctor who will see you at a lower cost.

For additional information about SFL and HCC, please call **2-1-1** (toll free).

THIS IS NOT INSURANCE

Client Information

How did you hear about the *Screening for Life Program* (SFL) and/or *Health Care Connection* (HCC)?

☐ Newspaper ☐ TV ☐ Internet ☐ Radio ☐ Billboard ☐ Direct mail to residence ☐ Clinic, health center, doctor's office ☐ Hospital
☐ Other, please specify _____

Last Name: _____ First Name: _____ M:_____
Maiden Name: _____ Please list any other names that you may have used: _____
Home Address:_____ Apt. No.: _____ PO Box No.: _____
City:_____ State: _____ Zip Code: _____ County: _____
Mailing Address (if different from above): _____
Daytime Phone: _____ Other Phone:_____ Email Address: _____

1. What is the highest level of education you have completed?
☐ Less than high school ☐ Some high school ☐ High school graduate ☐ More than high school

Last Name	First Name	M	How is this person related to you?	Date of Birth	Sex M=Male F=Female	Social Security	Race*	Hispanic or Latin origin? Y=Yes N=No	Served in Armed Forces? Y=Yes N=No	U.S. citizen? Y=Yes N=No	Legal alien? Y=Yes N=No	Is the person insured? Y=Yes N=No
			Self									

*Races: White (W); Black/African American (B/AA); Asian (A); Native Hawaiian (NH) or other Pacific Islander (PI); American Indian (AI) or Alaskan Native (AN); unknown (u); 2 or more races—indicate which races: _____

Client Eligibility

2. What kind of healthcare coverage do you have? (check all that apply)
☐ Medicare (please circle coverage type below)
Part A Part B SLMB QMB
☐ Medicaid
☐ Tricare, VA benefits
☐ Private insurance (HMO, PPO, etc.)
☐ Other (specify) _____
☐ None (skip to question #5)

3. This year does your healthcare coverage pay for:
☐ Pap smears ☐ Mammograms
☐ Colorectal exams ☐ Prostate screenings
☐ Lung cancer screening

4. Have you met your deductible?
☐ Yes (specify amount of deductible) $ _____
☐ No (specify amount of deductible) $ _____
☐ Does not apply

5. Have there been any changes in your healthcare coverage in the past 6 months?
☐ Yes ☐ No
Please specify: _____

6. How long has it been since you had healthcare coverage?
☐ Within the past 6 months (0 to 6 months ago)
☐ Within the past year (6 to 12 months ago)
☐ Within the past 2 years (1 to 2 years ago)
☐ Within the past 5 years (2 to 5 years ago)
☐ 5 or more years ago
☐ Don't know/Not sure ☐ Never

7. What is the main reason you are without healthcare coverage?
☐ Lost job or changed employers
☐ Spouse or parent lost job or changed employers
☐ Became divorced or separated
☐ Became ineligible because of age or because left school
☐ Employer doesn't offer or stopped offering coverage
☐ Cut back to part-time or became temporary employee
☐ Benefits from former employer ran out (COBRA)
☐ Couldn't afford to pay premium
☐ Insurance company refused coverage
☐ Lost Medicaid or Medical Assistance Eligibility
☐ Spouse or parent paid
☐ Other, please specify: _____
☐ Don't know/Not sure

8. What is your income before deductions (gross income)? _____
☐ Weekly ☐ Biweekly ☐ Monthly ☐ Annually

9. Are you (please check all that apply):
☐ Employed for wages
☐ Receiving alimony
☐ Receiving workers' compensation
☐ Unable to work
☐ Receiving SSI/SSD
☐ Homemaker
☐ Out of work more than one year
☐ Out of work less than one year
☐ Receiving Temporary Assistance for Needy Families (TANF)
☐ Student
☐ Retired
☐ Receiving child support
☐ Receiving unemployment
☐ Self-employed
☐ Receiving pension

Access and Use

10. Was there a time during the last 6 months when you needed to see a doctor, but could not because of any of the following reasons? Please read and check all that apply.

☐ Cost ☐ Inconvenient hours ☐ Transportation
☐ Language barrier ☐ Provider supply ☐ None

11. Do you have a primary care doctor or healthcare provider? (A primary care doctor is a doctor who will see you for a checkup and sick visit.)

☐ Yes ☐ No Name of your doctor_____
City _____ State _____

12. If you are sick and need medical advice where do you go?

☐ Doctor's office ☐ Clinic or health center ☐ Hospital
☐ Outpatient department ☐ Hospital emergency department
☐ Urgent care center ☐ Some other kind of place
☐ Don't know/Not sure

13. What type of assistance, if any, do you need in making or keeping medical appointments?

☐ Childcare/Eldercare ☐ Transportation
☐ Language ☐ None
☐ Other, please describe _____

Health Information

14. In the past 6 months, have you had any health problems?

☐ Yes Date___/___/___ Health problem _____
☐ No

15. Have you or any member of your immediate family had cancer? (Immediate family includes parents, children, brothers, sisters, grandparents, aunts, uncles, nieces and nephews.)

☐ Yes ☐ No (Skip to question 16)

If yes please check all that apply.

	You	Age at Diagnosis	Siblings/ Children	Age at Diagnosis	Mother's Side	Age at Diagnosis	Father's Side	Age at Diagnosis
For Example: Colorectal Cancer	Name	36 yrs.	Brother	36 yrs.	Aunt Cousin	58 yrs. 44 yrs.	Grandmother	65 yrs.
Breast Cancer								
Cervical Cancer								
Ovarian Cancer								
Colorectal Cancer								
Prostate Cancer								
Other*								

16. Currently, do you smoke cigarettes, cigars, pipes or use other tobacco products? (If yes, skip to question 18.)

☐ Yes ☐ No

17. Have you smoked cigarettes within the last 15 years? (If no, skip to question 22.)

☐ Yes ☐ No

18. Do you smoke cigarettes? (If no, skip to question 22.)

☐ Yes ☐ No

19. On average how many packs of cigarettes do/did you smoke per day? _____

20. How long have you been smoking cigarettes, or how long did you smoke cigarettes?_____

21. Have you had a CT scan of your lungs within the last 12 months?

☐ Yes ☐ No

22. Do you live in a house with a basement below ground level?

☐ Yes ☐ No

23. Has a doctor, nurse or other healthcare professional ever told you that you have diabetes?

☐ Yes ☐ Yes, but only when I was pregnant
☐ No, but told I have pre-diabetes
☐ No, but told I was borderline or had a touch of sugar
☐ No ☐ Don't know/Not sure

24. Has a doctor, nurse or other healthcare professional ever told you that you have high blood pressure?

☐ Yes ☐ Yes, but only when I was pregnant
☐ No, but told I was pre-hypertensive or borderline high
☐ No ☐ Don't know/Not sure

25. Has a doctor, nurse or other healthcare professional ever told you that your blood cholesterol is high?

☐ Yes
☐ No, but told I was borderline high
☐ No
☐ Don't know/Not sure

26. Women only: Are you pregnant?

☐ Yes ☐ No

27. Women only: Do you plan to become pregnant in the next year?

☐ Yes ☐ No

28. Do you have a disability?

☐ Yes ☐ No

Agreement and Authorization to Release Information

☐ I have provided and will continue to provide true and accurate information.

☐ I give my consent for you to access the state information system to determine my eligibility for medical assistance benefits, and I authorize you to give my medical and other information to others for the purpose of survey, study or research as long as personal identifying information about me is not made public.

Client Signature: _____ Date _____

For office use only:

Medicaid Inquiry date: _____

Medicaid Application Status

☐ Medicaid Pending
☐ Enrolled Full Medicaid ☐ Enrolled Limited Medicaid Only
☐ Recently denied, Denial date: _____

☐ Not completed because non-citizen status
☐ Not completed because over income for Medicaid
☐ Not completed because, other: _____

DELAWARE SCREENING FOR LIFE PROGRAM
BREAST SCREENING FORM

screening for life

Today's Date:____/____/_____(mm/dd/yyyy) **Client ID #:**_____ **Screening Form #:** _____

Last Name:_____First Name:_____MI:_____Date of Birth:_____/____/_____

Provider:_____Site # __ __ __ Initials of Person Completing Form: _____

CLINICAL BREAST EXAM (CBE)

1. Breast symptoms reported by patient? ☐ Yes ☐ No

2. CBE performed this visit? ☐ Yes, Date:____/____/_____Site #:_____ ☐ No, not needed ☐ No, needed, not done

3. CBE results (if performed):

☐ L	☐ R	Normal
☐ L	☐ R	Benign (e.g., fibrocystic, diffuse lumpiness, nodularity)
☐ L*	☐ R*	**Discrete palpable mass (cystic or solid)**
☐ L*	☐ R*	**Bloody or serous nipple discharge**
☐ L*	☐ R*	**Nipple or areolar scaliness**
☐ L*	☐ R*	**Skin dimpling or retraction**
☐ L	☐ R	Other (specify): _____

MAMMOGRAM

4. Previous mammogram? ☐ Yes, Date:____/____/_____ ☐ No ☐ Unknown

5. Mammogram performed during this screening cycle?

☐ Yes, Date:____/____/_____Site #:_____ ☐ No, not needed ☐ No, needed, not done

6. Reason for mammogram:

- ☐ Routine
- ☐ Performed to evaluate symptoms, positive CBE result, or previous abnormal mammogram result
- ☐ Patient referred in to SFL for diagnostic evaluation
- ☐ Not done -- patient received CBE only, or proceeded directly for other imaging or diagnostic work-up

7. Mammogram results:

☐ L	☐ R	Negative (BI-RADS 1)
☐ L	☐ R	Benign finding (BI-RADS 2)
☐ L	☐ R	Probably benign -- initial short-interval follow-up suggested (BI-RADS 3)
☐ L*	☐ R*	**Suspicious abnormality -- biopsy should be considered (BI-RADS 4)**
☐ L*	☐ R*	**Highly suggestive of malignancy -- appropriate action should be taken (BI-RADS 5)**
☐ L*	☐ R*	**Assessment is incomplete -- need additional imaging evaluation (BI-RADS 0)**
☐ L	☐ R	Unsatisfactory -- mammogram was technically unsatisfactory and could not be interpreted by radiologist
☐ L	☐ R	Results pending
☐ L*	☐ R*	**Results unknown, presumed abnormal**
☐ L	☐ R	Film comparison required (BI-RADS 0)

DIAGNOSTIC WORK-UP

8. For any abnormal CBE or mammogram, is diagnostic work-up planned? ☐* **Yes** ☐ No ☐ Undetermined

9. Comments: _____

***All screening results with an asterisk (*) require diagnostic work-up. Call SFL Case Manager at 302-744-1040 to notify.**

DELAWARE SCREENING FOR LIFE PROGRAM
BREAST SCREENING FORM
COMPLETION INSTRUCTIONS

FIELD NAME	INSTRUCTIONS
Today's Date:	Print the date of the initial visit for this screening cycle. Use the mm/dd/yyyy order. This date is critical for tracking of clients and results.
Client ID Number:	Print the client's SFL ID number.
Screening Form Number:	For SFL use only. Do not fill.
Last Name:	Print the client's last name. If hyphenated, list all.
First Name:	Print the client's legal first name. If client prefers to use a nickname, print nickname in parentheses ( ) following legal first name.
MI:	Print the client's middle initial.
Date of Birth:	Print the client's date of birth in mm/dd/yyyy order.
Provider:	Print the name of the SFL provider and the site number.
Initials of Person Completing Form:	Print initials of person completing form.
1. Breast symptoms reported by client?	Check if client is reporting any breast symptoms. Symptoms may include the following: fibrocystic condition, diffuse lumpiness, nodularity, a palpable mass, bloody or serous nipple discharge, nipple or areolar scaliness, skin dimpling or retraction, or nipple inversion.
2. CBE performed this visit?	Check appropriate box. If yes, indicate date and provider site number.
3. CBE results (if performed):	If CBE performed, enter the results separately for the left and right breasts in the appropriate boxes. If the box is followed by an asterisk (*), diagnostic work-up is required. Please complete the SFL Breast Diagnostic Form and call SFL Case Manager at 302-744-1040 to notify.
4. Previous mammogram?	If client has had a mammogram prior to today's visit, check yes and indicate the date the mammogram was performed. If client has not had a prior mammogram, check no. If unknown, check unknown.
5. Mammogram performed this visit?	Check appropriate box. If yes, indicate date and provider site number.
6. Reason for mammogram:	If mammogram performed, check appropriate box.
7. Mammogram results:	If mammogram performed, enter the results separately for the left and right breasts in the appropriate boxes. If the box is followed by an asterisk (*), diagnostic work-up is required. Please complete the SFL Breast Diagnostic Form and call SFL Case Manager at 302-744-1040 to notify.
8. For any abnormal CBE or mammogram, is diagnostic work-up planned?	Check appropriate box. If yes, diagnostic work-up is required. Please complete the SFL Breast Diagnostic Form and call SFL Case Manager at 302-744-1040 to notify.
9. Comments:	Print any pertinent clinical history or information regarding diagnostic tests or referrals.

DELAWARE SCREENING FOR LIFE PROGRAM
BREAST DIAGNOSTIC FORM

screening for life

Today's Date:____/____/_____(mm/dd/yyyy) **Client ID #:**_____ **Screening Form #:** _____

Last Name:_____First Name:_____MI:_____Date of Birth:_____/____/_____

Provider:_____Site # __ __ __ Initials of Person Completing Form: _____

DIAGNOSTIC PROCEDURES

1. All diagnostic procedures performed:
(Check all that apply)

☐ **Repeat breast exam/surgical consult.** ☐ Negative ☐ Susp. for malign. ☐ Indeterminate
Date:____/____/_____Site #: _____

	A	B	C		A	B	C	
☐ **(A) Additional mammographic views** Date:__/__/____Site #:____	☐	☐	☐	L	☐	☐	☐	R Negative (BI-RADS 1)
	☐	☐	☐	L	☐	☐	☐	R Benign finding (BI-RADS 2)
	☐	☐	☐	L	☐	☐	☐	R Probably benign – short interval follow-up indicated (BI-RADS 3)
☐ **(B) Film comparison** Date:__/__/____Site #:____	☐	☐	☐	L	☐	☐	☐	R Suspicious abnormality – biopsy should be considered (BI-RADS 4)
	☐	☐	☐	L	☐	☐	☐	R Highly suggestive of malign. – action should be taken (BI-RADS 5)
	☐	☐	☐	L	☐	☐	☐	R Imaging result was technically unsat. and final assess. could not be made
☐ **(C) Final imaging results** Date:__/__/____Site #:____	☐	☐	☐	L	☐	☐	☐	R Not done for this breast
	☐	☐	☐	L	☐	☐	☐	R Additional imaging pending

☐ **Ultrasound** ☐ Negative ☐ Cystic ☐ Solid ☐ Indeterminate
Date:____/____/_____Site #: _____

☐ **Fine needle/cyst aspiration** ☐ Negative ☐ Susp. for malign. ☐ Positive for malign. ☐ Indeterminate
Date:____/____/_____Site #: _____

☐ **Biopsy/lumpectomy** ☐ Benign ☐ Benign w/ atypia ☐ Malignant ☐ Indeterminate
Date:____/____/_____Site #: _____

☐ **Other (specify):** _____

☐ **Needed but not performed (specify):** _____

☐ **Refused (specify):** _____

FINAL DIAGNOSIS

2. Status of final diagnosis:
☐ Work-up complete ☐ Work-up pending ☐ Lost to follow-up ☐ Work-up refused

3. Final diagnosis: Date:____/____/_____

☐ Breast cancer not diagnosed
☐ Lobular carcinoma in situ (LCIS) – (Stage 0)
☐ Ductal carcinoma in situ (DCIS) – (Stage 0)
☐ Carcinoma in situ, Other
☐ * **Invasive breast cancer**

AJCC Stage:	☐ I	☐ II	☐ III	☐ IV	☐ Unknown/Unstaged
SEER Summary Stage:	☐ Local	☐ Regional	☐ Distant	☐ Unknown/Unstaged	
Tumor size:	☐ 0 to 1 cm	☐ > 1 to 2 cm	☐ > 2 to 5 cm	☐ > 5 cm	☐ Unknown

☐ Other (specify): _____

CANCER TREATMENT PLANNED

4. For breast cancer, is treatment planned? ☐ Yes ☐ No ☐ Undetermined
If yes, check all that apply:
☐ Chemotherapy ☐ Lumpectomy ☐ Mastectomy ☐ Radiation
☐ Other (specify): _____

5. Status of treatment: Date:____/____/_____
☐ Pending (explain): _____
☐ Started ☐ Refused ☐ Not needed ☐ Lost to follow-up (specify): ☐ Deceased ☐ Insurance ☐ Moved ☐ Other

***Treatment required. Call SFL Case Manager at 302-744-1040 to notify.**

DELAWARE SCREENING FOR LIFE PROGRAM
BREAST DIAGNOSTIC FORM
COMPLETION INSTRUCTIONS

FIELD NAME	INSTRUCTIONS
Today's Date:	Print the date of the initial visit for this screening cycle. Use the mm/dd/yyyy order. This date is critical for tracking of clients and results.
Client ID Number:	Print the client's SFL ID number.
Screening Form Number:	For SFL use only. Do not fill.
Last Name:	Print the client's last name. If hyphenated, list all.
First Name:	Print the client's legal first name. If client prefers to use a nickname, print nickname in parentheses ( ) following legal first name.
MI:	Print the client's middle initial.
Date of Birth:	Print the client's date of birth in mm/dd/yyyy order.
Provider:	Print the name of the SFL provider and the site number.
Initials of Person Completing Form:	Print initials of person completing form.
1. Procedures performed this visit:	Check appropriate box(es). If performed, enter date in mm/dd/yyyy order. Enter test results in the corresponding box(es).
2. Status of final diagnosis:	Check appropriate box.
3. Final diagnosis:	Print date final diagnosis reached. Check appropriate box. If Invasive breast cancer, specify AJCC Stage, SEER Summary Stage, and Tumor size. If the box is followed by an asterisk (*), treatment is required. Please call SFL Case Manager at 302-744-1040 to notify.
4. For any breast cancer, is treatment planned?	Check appropriate box. If yes, check all treatments that are planned.
5. Status of treatment:	If treatment is pending, leave date blank. If treatment has been started, enter treatment start date. If refused, not needed, or lost to follow-up, enter the date of administrative closeout. Check appropriate box. If pending, explain. If lost to follow-up, specify.

Delaware Screening for Life Program
Cervical Screening Form

screening for life

Today's Date: ____/____/_____ (mm/dd/yyyy) **Client ID #:** _____ **Screening Form #:** _____

Last Name: _____ First Name: _____ MI: _____ Date of Birth: ____/____/_____

Provider: _____ Site #: _____ Initials of Person Completing Form: _____

Screening

1. **A. Has patient had a Pap test within the last five years?** ☐ Yes, Date: ____/____/_____ ☐ No ☐ Unknown
   B. Has patient had an HPV test within the last five years? ☐ Yes, Date: ____/____/_____ ☐ No ☐ Unknown
2. **Pelvic exam performed this visit?** ☐ Yes, Date: ____/____/_____ Site #: _____ ☐ No
3. **Is the cervix present:** ☐ Yes ☐ No If no, was cervix removed due to cervical cancer or dysplasia? ☐ Yes ☐ No
4. **Pap test performed this visit?** (Pap test reimbursable only if cervix is intact) ☐ Yes, Date: ____/____/_____ Site #: _____ ☐ No
5. **Reason for Pap test:**
   - ☐ Routine
   - ☐ Patient under surveillance for a previous abnormal test
   - ☐ Patient referred in to SFL for diagnostic evaluation
   - ☐ Not done — patient proceeded directly for diagnostic work-up or HPV test due to previous abnormal Pap test
6. **Pap lab work (facility performed/site number):** _____ / _____
7. **Pap test specimen type:** ☐ Conventional smear ☐ Liquid-based ☐ Other
8. **Specimen adequacy of Pap test:** ☐ Satisfactory ☐ Unsatisfactory ☐ Unknown
9. **Pap test results (if performed):**
   - ☐ Negative for intraepithelial lesion or malignancy
   - ☐ Atypical Squamous cells of undetermined significance (ASC-US)
   - ☐ Low-grade SIL (including HPV changes)
   - ☐ *** Atypical Squamous cells cannot exclude HSIL (ASC-H)**
   - ☐ *** High-grade SIL (with features suspicious for invasion)**
   - ☐ *** Squamous Cell carcinoma**
   - ☐ *** Abnormal Glandular Cells (including atypical, Endocervical Adenocarcinoma in situ, and Adenocarcinoma)**
   - ☐ Result Pending
   - ☐ *** Result unknown, presumed abnormal**
   - ☐ Other (specify): _____

HPV Test

HPV testing is a reimbursable procedure for clients aged 30–64 when co-testing greater than 5 years ago, or Pap only 3 years ago, or per ASCCP Guidelines.

10. **HPV test performed this visit?** ☐ Yes, Date: ____/____/_____ Site #: _____ ☐ No
11. **HPV test results:** ☐ Positive ☐ Negative ☐ Not performed

Diagnostic Work-Up

12. **For any abnormal Pap and/or HPV test, is diagnostic work-up planned?** ☐ * Yes ☐ No ☐ Undetermined
13. **Comments:** _____

_____

***All screening results with an asterisk (*) require diagnostic work-up. Call SFL Case Manager at 302-744-1040 to notify.**

Delaware Screening for Life Program
Cervical Screening Form
Completion Instructions

screening for life

Field Name	Instructions
Today's Date:	Print the date of the initial visit for this screening cycle. Use the mm/dd/yyyy order. This date is critical for tracking of clients and results.
Client ID Number:	Print the client's SFL ID number.
Screeing Form Number:	For SFL use only. Do not fill.
Last Name:	Print the client's last name. If hyphenated, list all.
First Name:	Print the client's legal first name. If client prefers to use a nickname, print nickname in parentheses ( ) following legal first name.
MI:	Print the client's middle initial.
Date of Birth:	Print the client's date of birth in mm/dd/yyyy order.
Provider:	Print the name of the SFL provider and the site number.
Initials of Person Completing Form:	Print initials of person completing form.
1. Has patient had a Pap test within the last five years?	Print the date of most recent Pap test if within the last five years. Check appropriate box if no or unknown.
2. Pelvic exam performed this visit?	Check appropriate box.
3. Is the cervix persent?	Check appropriate box. If no, check appropriate box.
4. Pap test performed this visit?	If a Pap test was performed during this visit, enter the date and site number. Pap tests are reimbursable only if cervix is intact. The screening interval for the use of liquid-based tests is once every 3 years if the result is normal, or co-testing with HPV every 5 years for women aged 30–64. Reimbursement for the liquid-based test is not provided more frequently than once every 3 years. If a woman receives an abnormal screening test result, ASCCP policies for follow-up abnormal cervical cancer screening rests and reimbursement of diagnostic procedures should be followed.
5. Reason for Pap test:	Check appropriate box.
6. Pap lab work (site performed/ facility number):	Print the SFL lab provider name and site number.
7. Pap test specimen type:	If Pap test was performed, indicate type of specimen.
8. Specimen adequacy of Pap test:	If Pap test was performed, indicate whether specimen was satisfactory or unsatisfactory.
9. Pap test results (if performed):	If Pap test was performed, indicate the results of the test. If the box is followed by an asterisk (*), diagnostic work-up is required. Please complete the SFL Cervical Diagnostic form and call SFL at 302-744-1040 to notify.
10. HPV test performed this visit?	Check appropriate box. If yes, indicate date and provider site number.
11. HPV test results:	Check appropriate box.
12. For any abnormal Pap test, is diagnostic work-up planned:	Check appropriate box. If yes, diagnostic work-up is required. Please complete the SFL Cervical Diagnostic Form and call SFL Case Manager at 302-744-1040 to notify.
13. Comments:	Print any pertinent clinical history or informaton regarding diagnostic tests or referrals.

Delaware Screening for Life Program
Cervical Diagnostic Form

screening for life

Today's Date: ____/____/_____ (mm/dd/yyyy) **Client ID #:** _____ **Screening Form #:** _____

Last Name: _____ First Name: _____ MI: _____ Date of Birth: ____/____/_____

Provider: _____ Site #: _____ Initials of Person Completing Form: _____

Diagnostic Procedures

1. All diagnostic procedures performed:

(Check all that apply)

- ☐ Colposcopy without biopsy — Date: ____/____/_____ Site #: _____ ☐ Normal ☐ Abnormal
- ☐ Colposcopy with biopsy — Date: ____/____/_____ Site #: _____ ☐ Normal ☐ Abnormal
- ☐ Colposcopy with ECC — Date: ____/____/_____ Site #: _____ ☐ Normal ☐ Abnormal
- ☐ Endocervical curettage *alone* (ECC) — Date: ____/____/_____ Site #: _____
- ☐ Endometrial biopsy (reimbursable for AGC Pap test only) — Date: ____/____/_____ Site #: _____

Prior to diagnostic LEEP or CKC biopsy, pre-authorization is required.

- ☐ Loop Electrosurgical Excision Procedure (LEEP) — Date: ____/____/_____ Site #: _____
- ☐ Cold Knife Cone (CKC) — Date: ____/____/_____ Site #: _____
- ☐ Other (specify): _____
- ☐ Needed but not performed (specify): _____
- ☐ Refused (specify): _____

Final Diagnosis

2. Status of final diagnosis:

☐ Work-up complete ☐ Work-up pending ☐ Lost to follow-up ☐ Work-up refused

3. Final diagnosis: Date: ____/____/_____

- ☐ Normal/Benign reaction/inflammation
- ☐ HPV/Condylomata/Atypia
- ☐ CINI/mild dysplasia (biopsy diagnosis)
- ☐ CINI/moderate dysplasia (biopsy diagnosis)
- ☐ ***CINIII/severe dysplasia (biopsy diagnosis)**
- ☐ ***Carcinoma in situ (Stage 0) or Adenocarcinoma in situ of the cervix (AIS) (biopsy diagnosis)**
- ☐ Low grade SIL (biopsy diagnosis)
- ☐ High grade SIL (biopsy diagnosis)
- ☐ *** Invasive cervical carcinoma (biopsy diagnosis)**
  - AJCC Stage: ☐ I ☐ II ☐ III ☐ IV ☐ Unknown/Unstaged
  - SEER Summary Stage: ☐ Local ☐ Regional ☐ Distant ☐ Unknown/Unstaged
- ☐ Other (specify): _____

Cancer Treatment Planned

4. For any cervical cancer, is treatment planned? ☐ Yes ☐ No ☐ Undetermined

If yes, check all that apply:

☐ Systemic Chemotherapy ☐ CKC/Laser Therapy ☐ Hysterectomy ☐ Radiation ☐ Cryotherapy ☐ LEEP

☐ Other (specify): _____

5. Status of treatment: Date: ____/____/_____

☐ Pending (explain):

☐ Started ☐ Refused ☐ Not needed ☐ Lost to follow-up (specify): ☐ Deceased ☐ Insurance ☐ Moved ☐ Other

***Treatment required. Call SFL Case Manager at 302-744-1040 to notify.**

Delaware Screening for Life Program
Cervical Diagnostic Form
Completion Instructions

screening for life

Field Name	Instructions
Today's Date:	Print the date of the initial visit for this screening cycle. Use the mm/dd/yyyy order. This date is critical for tracking of clients and results.
Client ID Number:	Print the client's SFL ID number.
Screening Form Number:	For SFL use only. Do not fill.
Last Name:	Print the client's last name. If hyphenated, list all.
First Name:	Print the client's legal first name. If client prefers to use a nickname, print nickname in parentheses ( ) following legal first name.
MI:	Print the client's middle initial.
Date of Birth:	Print the client's date of birth in mm/dd/yyyy order.
Provider:	Print the name of the SFL Provider and the site number.
Initials of Person Completing this Form:	Print initials of person completing form.
1. Procedures performed this visit:	Check appropriate box(es). If performed, enter date in mm/dd/yyyy order. Enter test results in the corresponding box(es). Before performing a diagnostic LEEP or CKC biopsy, please call SFL Case Manager at 302-744-1040 for required pre-authorization.
2. Status of final diagnosis:	Check appropriate box.
3. Final diagnosis:	Print date final diagnosis reached. Check appropriate box. If invasive cervical carcinoma, specify AJCC Stage and SEER Summary Stage. If the box is followed by an asterisk (*), treatment is required. Please call SFL Case Manager at 302-744-1040 to notify.
4. For any cervical cancer, is treatment planned?	Check appropriate box. If yes, check all treatments that are planned.
5. Status of treatment:	If treatment is pending, leave date blank. If treatment has been started, enter treatment start date. If refused, not needed, or lost to follow-up, enter the date of administrative closeout. Check appropriate box. If pending, explain. If lost to follow-up, specify.

DELAWARE SCREENING FOR LIFE PROGRAM
COLORECTAL SCREENING FORM

Today's Date: ___/___/____ (mm/dd/yyyy) Client ID#: __ __ __ __ __ __ Screening Form #: _____

Last Name: _____ First Name: _____ MI: ___ Date of Birth: ___/___/____

Provider: _____ Site #: __ __ __ Initials of Person Completing Form: __ __ __

ASSESSMENT

1. Previous Colorectal Screening? ☐ Yes ☐ No ☐ Unknown Date:_____
2. Personal History of CRC or precancerous polyps? ☐ Yes ☐ No ☐ Unknown Date:_____
3. Family history of CRC or adenoma polyps? ☐ Yes ☐ No ☐ Unknown
   Who (relationship):_____ Age at diagnosis: _____
4. Currently experiencing CRC symptoms? ☐ Yes ☐ No
5. Family history of genetic syndromes (FAP or HPNCC)? ☐ Yes ☐ No
6. Personal history of IBD, Ulcerative Colitus, or Crohn's Disease? ☐ Yes ☐ No

SCHEDULING

7. Consultation Date: __/__/_____ (MM/DD/YYYY)
8. Initial test appt. date, or date fecal kit distributed: __/__/_____ (MM/DD/YYYY)
9. Screening Adherence: ☐ Test Performed ☐ Test Pending ☐ FOBT/FIT kit Not Returned ☐ Appointment Not Kept
10. Indication for test: ☐ Screening ☐ Surveillance ☐ Diagnostic ☐ Unknown

SCREENING/DIAGNOSTIC

11. Procedure performed: Date:__/___/_____ Site #:__ __ __
    - ☐ Take Home high-sensitivity guaiac FOBT (gFOBT)
    - ☐ Take Home high-sensitivity FIT or immunochemical FOBT (iFOBT)
    - ☐ Colonoscopy
    - ☐ Flexible sigmoidoscopy
    - ☐ Double Contrast Barium Enema
    - ☐ Other (specify):_____
12. Was a biopsy/polypectomy performed during the endoscopy? ☐ Yes ☐ No
13. Was the bowel preparation considered adequate by the clinician? ☐ Yes ☐ No
14. Was the cecum reached during colonoscopy? ☐ Yes ☐ No
15. No Procedure performed:
    ☐ Needed but not performed (specify):_____ ☐ Refused (specify): _____

RESULTS/FOLLOW-UP - *ALL SCREENING RESULTS WITH AN ASTERISK (*) REQUIRE DIAGNOSTIC WORK-UP. CALL SFL CASE MANAGER AT 302-744-1040 TO NOTIFY.

16. Screening Results:
    - ☐ Normal
    - ☐ Other finding, not cancer/polyp
    - ☐ Polyps/suspicious for cancer*
    - ☐ Inadequate/Incomplete, no findings*
    - ☐ FOBT/FIT/Other Negative
    - ☐ FOBT/FIT/Other Positive*
17. Test Outcome: ☐ Complete ☐ Incomplete/Inadequate*
18. Next follow-up procedure within this cycle:
    - ☐ None (cycle complete)
    - ☐ Flexible Sigmoidoscopy
    - ☐ Colonoscopy
    - ☐ DCBE
    - ☐ Surgery to complete diagnosis*
    - ☐ Other (please Specify)_____
19. Next Follow-up: __/__/_____

DELAWARE SCREENING FOR LIFE PROGRAM
COLORECTAL SCREENING FORM

SCREENING FORM INSTRUCTIONS	
FIELD NAME	**INSTRUCTIONS**
Today's Date (mm/dd/yyyy):	Print the date of the initial visit for this screening cycle.
Client ID Number:	Print the client's SFL ID number.
Screening Form Number:	For SFL use only.
Last Name:	Print the client's last name. If hyphenated, list all
First Name:	Print the client's legal first name.
MI:	Print the client's middle initial.
Date of Birth (mm/dd/yyyy):	Print the client's date of birth in mm/dd/yyyy order.
Provider and Site Number:	Print the name of the SFL Provider and site Number.
Initials of Person Completing Form:	Print initials of person completing form.
Assessment:	Check appropriate boxes for each question. Currently experiencing CRC symptoms include but are not limited to: Rectal bleeding, lower abdominal pain, bloody stools or marked changes in bowel habits such as diarrhea or constipation, and significant unexplained weight loss. FAP – Familial Adenomatous Polyposis HPNCC – Hereditary Non-Polyposis Colorectal Cancer IBD – Inflammatory Bowel Disease
Scheduling:	Screening Adherence – please check appropriate box. FOBT/FIT kit not returned applies to if the kit was not returned within 60 days. Appointment not kept refers to if patient did not keep appointment and has not contacted the office for an appointment in 60 days. Indication for test – please indicate if the test provided or scheduled during this visit is for screening, surveillance, diagnostic, or unknown.
Screening/Diagnostic:	Procedures performed – please check the appropriate box for the correct test performed during this visit, if applicable. Also include the date of the test and the provider site number where the test was performed. No procedures performed – Please specify the reasons why procedures were not performed.
Results/Follow up: For all results/follow up section responses – if the box is followed by an asterisk (*), please call SFL Case Manager at 302-744-1040 to notify.	Screening Results – please check appropriate box to indicate the screening results. Test Outcome – Please indicate if the test was complete or incomplete. Next follow up test – Please indicate if based on the previous test results, if the patient will need a follow up test OR if the testing cycle is complete. Next Follow-up – Please indicate the date of the next follow up test for this cycle.

DELAWARE SCREENING FOR LIFE PROGRAM
COLORECTAL DIAGNOSTIC FORM

Today's Date: ___/___/____ (mm/dd/yyyy) Client ID#: __ __ __ __ __ __ Screening Form #: _____

Last Name: _____ First Name: _____ MI: ____ Date of Birth: ___/___/_____

Provider: _____ Site #: __ __ __ Initials of Person Completing Form: __ __ __

ENDOSCOPY PATHOLOGY

1. Histology of most severe polyp/lesion:

☐ Normal or other non-polyp histology ☐ Non-adenomatous polyp ☐ Hyperplastic polyp

☐ Adenoma polyp (specify type): ☐ NOS (no high grade dysplasia noted) ☐ Tubular ☐ Mixed tubular villous

☐ Villous ☐ Serrated ☐ With high grade dysplasia (includes in situ carcinoma)*

☐ Adenocarcinoma, Invasive* ☐ Cancer, other*

2. Total number of adenomatous polyps/lesions? Specify number:_____

3. Size of largest adenomatous polyp/lesion? ☐ <1 cm ☐ ≥ 1 cm

SURGERIES

4. Date surgery performed: __/__/_____ (MM/DD/YYYY)
5. Histology from surgical resection:

☐ Surgery recommended but not performed ☐ Normal or other non-polyp histology ☐ Non-adenomatous polyp

☐ Hyperplasic polyp ☐ Adenoma polyp (specify type): ☐ NOS (no high grade dysplasia noted) ☐ Tubular

☐ Mixed tubular villous ☐ Villous ☐ Serrated ☐ With high grade dysplasia (includes in situ carcinoma)*

☐ Adenocarcinoma, Invasive* ☐ Carcinoma, other*

FINAL DIAGNOSIS

6. Status of Final Diagnosis: ☐ Complete ☐ Refused diagnostic follow up ☐ Lost to follow up before final Diagnosis*

7. Final Diagnosis: ☐ Normal/negative ☐ Hyperplastic polyps

☐ Adenomatous polyp, no high grade dysplasia ☐ Adenomatous polyp with high grade dysplasia*

☐ Cancer*

8. Date of Final Diagnosis: ___/___/____ (mm/dd/yyyy)
9. Recommended next test:

☐ Take home FOBT ☐ Take home FIT ☐ Sigmoidoscopy

☐ Colonoscopy ☐DCBE ☐ None

10. Indication for next test: ☐ Screening ☐ Surveillance after a positive colonoscopy and/or surgery
    Number of months before next test: _____ (months)
11. Complications of endoscopy or DCBE requiring observation or treatment?(please explain/see back of form for possible reportable complications): _____

TREATMENT

12. Was this a: ☐ New CRC primary ☐ Recurrent Cancer ☐ Non-CRC primary
13. Treatment status: ☐ Started and/or complete ☐ Not indicated due to polypectomy ☐ Not recommended

☐ Refused ☐ Lost to follow up*

14. Treatment start date: __/__/_____ (MM/DD/YYYY)

***Treatment required, call SFL Case Manager at 302-744-1040 to notify.**

DELAWARE SCREENING FOR LIFE PROGRAM
COLORECTAL DIAGNOSTIC FORM

DIAGNOSTIC FORM INSTRUCTIONS

FIELD NAME	INSTRUCTIONS
Today's Date (mm/dd/yyyy):	Print the date of the initial visit for this screening cycle.
Client ID Number:	Print the client's SFL ID number.
Screening Form Number:	For SFL use only.
Last Name:	Print the client's last name. If hyphenated, list all.
First Name:	Print the client's legal first name.
MI:	Print the client's middle initial.
Date of Birth (mm/dd/yyyy):	Print the client's date of birth in mm/dd/yyyy order.
Provider and Site Number:	Print the name of the SFL Provider and site Number.
Initials of Person Completing Form:	Print initials of person completing form.
Endoscopy Pathology: If box is followed by an asterisk (*), please call SFL Case Manager at 302-744-1040 to notify.	Please check appropriate boxes for each question. Adenoma polyp – please check appropriate box for type of Adenoma polyp. If answer to question 1 is any type of adenoma, adenocarcinoma, invasive or Cancer, other please complete questions 2 and 3.
Surgeries: If box is followed by an asterisk (*), please call SFL Case Manager at 302-744-1040 to notify.	Please check appropriate box for histology from surgical resection if performed. Adenoma polyp – please check appropriate box for type of Adenoma polyp.
Final Diagnosis: If box is followed by an asterisk (*), please call SFL Case Manager at 302-744-1040 to notify.	Please check appropriate boxes for each question. Lost to follow up is defined as no response from client for 60 days. Date of final diagnosis should include close out date if client is considered "refused" or "lost to follow up". Please indicate if the recommended next test and if the test will be for screening or for surveillance as well as when the next test should occur (please provide months rather than years from date of current test). Complications – please indicate the type of complications that required observation or treatment as a result of an endoscopy or DCBE. Complications include: 1. Bleeding requiring transfusion 2. Bleeding not requiring transfusion 3. Cardiopulmonary events (hypotension, hypoxia, arrhythmia, etc.) 4. Complications related to anesthesia 5. Bowel perforation 6. Post-polypectomy syndrome/excessive abdominal pain 7. Death 8. Other
Treatment: If box is followed by an asterisk (*), please call SFL Case Management at 302-744-1040 to notify.	Please check appropriate boxes for each question. Lost to follow up is defined as no response from client for 60 days. Treatment start date should include close out date if client is considered "refused" or "lost to follow up" and if treatment is considered "not indicated" or "not recommended".

Delaware Screening for Life Program
Prostate Screening & Diagnostic Form

screening for life

Today's Date: ____/____/_____ (mm/dd/yyyy) **Client ID #:** _____ **Screening Form #:** _____

Last Name: _____ First Name: _____ MI: _____ Date of Birth: ____/____/_____

Provider: _____ Site #: _____ Initials of Person Completing Form: _____

Screening

1. **Does the patient have symptoms?** ☐ Yes ☐ No

2. **All screening procedure(s) performed:**
(Check all that apply)
   - ☐ Digital rectal exam (DRE) Date: ____/____/____ Site #: _____ ☐ Normal ☐ Abnormal*
   - ☐ Prostate Specific Antigen (PSA) Date: ____/____/____ Site #: _____ Value: _____ ☐ Normal ☐ Elevated*
   - ☐ Other (specify): _____

3. **For any abnormal PSA or DRE, is diagnostic work-up planned?** ☐ No (explain): _____ ☐ Yes

4. **All diagnostic procedure(s) performed:**
(Check all that apply)
   - ☐ Urological consultation only Date: ____/____/_____ Site #: _____
   - ☐ Transrectal ultrasound Date: ____/____/_____ Site #: _____ ☐ Normal ☐ Abnormal*
   - ☐ Biopsy Date: ____/____/_____ Site #: _____ ☐ Normal ☐ Positive*
   - ☐ Other (specify): _____

Final Diagnosis

5. **Final diagnosis based on transrectal ultrasound or biopsy:** Date: ____/____/_____
   - ☐ Negative
   - ☐ Positive
     - ☐ Benign Prostatic Hyperplasia (BPH)
     - ☐ ** **Prostatic Carcinoma**
       - ☐ Adenocarcinoma
       - ☐ Squamous cell carcinoma
       - ☐ Transitional cell carcinoma

       Staging of Carcinoma: ☐ I ☐ II ☐ III ☐ IV ☐ Unknown/Unstaged

       SEER Summary Stage: ☐ Local ☐ Regional ☐ Distant ☐ Unknown/Unstaged
   - ☐ Other (specify): _____

6. **No diagnosis**
   - ☐ Refused
   - ☐ Lost to follow-up (specify): ☐ Deceased ☐ Insurance ☐ Moved ☐ Other
   - ☐ Other (specify): _____

Cancer Treatment Planned

7. **For any prostate cancer, is treatment planned?** ☐ Yes ☐ No ☐ Undetermined
If yes, check all that apply:
☐ Further consultation ☐ Chemotherapy ☐ Radiation ☐ Prostatectomy ☐ Other (specify): _____

8. **Status of treatment:** Date: ____/____/_____
   - ☐ Pending (explain): _____
   - ☐ Started ☐ Refused ☐ Not needed ☐ Lost to follow-up (specify): ☐ Deceased ☐ Insurance ☐ Moved ☐ Other

*All screening results with an asterisk require a diagnostic work-up.

** Treatment required. Call SFL Case Manager at 302-744-1040 to notify.

Delaware Screening for Life Program
Prostate Screening & Diagnostic Form
Completion Instructions

screening for life

Field Name	Instructions
Today's Date:	Print the date of the initial visit for this screening cycle. Use the mm/dd/yyyy order. This date is critical for tracking of clients and results.
Client ID Number:	Print the client's SFL ID number.
Screening Form Number:	For SFL use only. Do not fill.
Last Name:	Print the client's last name. If hyphenated, list all.
First Name:	Print the client's legal first name. If client prefers to use a nickname, print nickname in parentheses ( ) following legal first name.
MI:	Print the client's middle initial.
Date of Birth:	Print the client's date of birth in mm/dd/yyyy order.
Provider:	Print the name of the SFL provider and site number.
Initials of Person Completing Form:	Print initials of person completing form.
1. Does the patient have symptoms?	If the patient has any symptoms of possible prostate cancer, check yes.
2. Screening procedure(s) performed this visit:	Check appropriate box(es). If performed, enter date in mm/dd/yyyy order. Enter test results in the corresponding box(es) and call SFL Case Manager at 302-774-1040 to notify if abnormal or elevated.
3. For any abnormal PSA or DRE, is diagnostic work-up planned?	If no, please explain.
4. Diagnostic procedure(s) performed this visit:	Check appropriate box(es). If performed, enter date in mm/dd/yyyy order. Enter test results in the corresponding box(es) and call SFL Case Manager at 302-774-1040 to notify if abnormal or elevated.
5. Final diagnosis based on ultrasound or biopsy.	Print the date (mm/dd/yyyy order) fi nal diagnosis was determined. Check appropriate diagnosis box. If carcinoma, specify stage and SEER Summary stage. If the box is followed by an asterisk (*), treatment is required. Please call SFL Case Manager at 302-744-1040 to notify.
6. No diagnosis:	If final diagnosis has not been determined, check appropriate box.
7. For any cancer-positive prostate screening, is treatment planned?	If final diagnosis is positive for cancer, specify which treatment(s) planned.
8. Status of treatment:	If treatment is pending, leave date blank. If treatment has been started, enter treatment start date. If refused, not needed, or lost to follow-up, enter the date of administrative closeout. Check appropriate box. If pending, explain. If lost to follow-up, specify.

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Breast Cancer Screening and Diagnostic Approved CPT Codes		
Modifier		
TC	Technical Component	
26	Professional Component	
SG	Facility Fee (SFL modifier code)	
51	Multiple Procedures (This applies to physician charges)	
59	Distinct Procedural Service (This applies to physician charges)	
CPT	**CPT Code - Service Description**	**SFL Reimbursement**
	Office Visits	
99201	New patient; problem focused history, exam, straightforward medical decision-making (10 minutes face to face)	$ 45.09
99202	New patient; expanded problem focused history, exam, straightforward medical decision-making (20 minutes face to face)	$ 76.91
99203	New patient; detailed history, exam, medical decision-making of complexity (30 minutes face to face)	$ 111.75
99204	New patient: comprehensive history, exam, moderate complexity decision-making; 45 minutes	$ 169.80
99205	New patient: comprehensive history, exam, highcomplexity decision-making; 60 minutes	$ 213.30
99211	Established patient; evaluation and management, may not require presence of physician, presenting problems are minimal (5 minutes face to face)	$ 20.54
99212	Established patient; problem focused history, exam, straightforward decision-making (10 minutes face to face); Requires 2 of 3 components	$ 45.09
99213	Established patient; expanded problem focused history, exam, straightforward medical decision-making (15 minutes face to face)	$ 74.65
99214	Established Patient; detailed history, exam, moderately complex decision-making; 25 minutes	$ 110.86
99385	Initial comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 18 - 39	$ 133.73

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99386	Initial comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 40-64	$	154.44
99387	Initial comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 65 and over	$	167.35
99395	Periodic comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 18-39	$	120.08
99396	Periodic comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 40-64	$	128.32
99397	Periodic comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 65 and over	$	138.00
CPT	**Screening and Diagnostic services**		
00400	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; not other specified Base units - 3 (Additional time may be billed in 15 minute increments = 1 unit)	$	22.97
10021	Fine needle aspiration; without imaging guidance	$	155.40
10021-SG		$	100.30
10022	Fine needle aspiration; with imaging guidance	$	147.61
10022-SG		$	93.80
19000	Puncture aspiration of cyst of breast (surgical procedure only)	$	117.96
19000-SG		$	81.54
19001	Puncture aspiration; each additional cyst, used with 19000	$	28.19
19081	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion	$	693.62
19081-SG		$	582.01

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19082	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion	$	569.08
19083	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion	$	678.25
19083-SG		$	582.01
19084	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion	$	547.75
19085	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion	$	1,072.49
19085-SG		$	582.01
19086	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion	$	856.63
19100	Biopsy of breast; percutaneous, needle core, not using imaging guidance (surgical procedure only)	$	158.57
19100-SG		$	269.45
19101	Biopsy of breast; open, incisional	$	356.74
19101-SG		$	1,198.49
19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion or nipple or areolar lesion, open, 1 or more lesions	$	516.82
19120-SG		$	1,198.49
19125	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion	$	574.58
19125-SG		$	1,198.49
19126	Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker	$	171.83
19126-SG		$	1,198.49
19281	Placement of breast localization device, percutaneous; mammographic guidance; first lesion	$	249.66

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19282	Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion	$	175.01
19283	Placement of breast localization device, percutaneous; stereotactic guidance; first lesion	$	284.68
19284	Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion	$	210.77
19285	Placement of breast localization device, percutaneous; ultrasound guidance; first lesion	$	465.09
19286	Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion	$	395.52
19287	Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion	$	909.60
19288	Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion	$	730.79
36415	Collection of venous blood by venipuncture	$	3.00
71020	Radiological examination, chest, 2 views, frontal and lateral	$	28.64
71020-TC		$	17.34
71020-26		$	11.30
76098	Radiological examination, surgical specimen	$	16.89
76098-TC		$	8.50
76098-26		$	8.39
76641	Ultrasound, complete examination of breast including axilla, unilateral	$	112.42
76641-TC		$	74.11
76641-26		$	38.30
76642	Ultrasound, limited examination of breast including axilla, unilateral	$	92.54
76642-TC		$	56.79
76642-26		$	35.76
76942	Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), imaging supervision and interpretation	$	62.31
76942-TC		$	28.03

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76942-26		$	34.27
77051	Computer-aided detection with further physician review for interpretation; diagnostic mammography	$	9.21
77051-TC		$	5.92
77051-26		$	3.30
77052	Computer-aided detection with further physician review for interpretation; screening mammography	$	9.21
77052-TC		$	5.92
77052-26		$	3.30
77053	Mammary ductogram or galactogram, single duct	$	59.90
77053-TC		$	41.31
77053-26		$	18.59
77058	Magnetic Resonance Imaging, breast, with and/or without contrast, unilateral	$	558.70
77058-TC		$	473.73
77058-26		$	84.97
77059	Magnetic Resonance Imaging, breast, with and/or without contrast, bilateral	$	552.80
77059-TC		$	467.83
77059-26		$	84.97
77055	Mammography; unilateral	$	92.51
77055-TC		$	56.05
77055-26		$	36.46
77056	Mammography; bilateral	$	118.96
77056-TC		$	73.74
77056-26		$	45.21
77057	Screening mammogram, bilateral (2-view film study of each breast)	$	84.77
77057-TC		$	48.31
77057-26		$	36.46
80048	Basic metabolic panel (Calcium total)	$	11.51
80053	Comprehensive metabolic panel	$	14.37
81001	Urinalysis, automated with microscopy for bilirubin, glucose, hemoglobin, ketone, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents	$	4.30
85025	Complete CBC automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	$	10.58
85027	Complete CBC automated (Hgb, Hct, RBC WBC and platelet count)	$	8.81
85610	Prothrombin time	$	5.35
85730	Thromboplastine time, partial (PTT); plasma or whole blood	$	8.17
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistological study to determine adequacy for diagnosis, first evaluation episode, each site	$	58.18
88172-TC		$	20.29
88172-26		$	37.89

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88173	Cytopathology, evaluation of fine needle aspirate; interpretation and report	$	155.41
88173-TC		$	81.87
88173-26		$	73.54
88305	Surgical pathology, gross and microscopic examination; breast, biopsy, without microscopic assesment of surgical margins; Level IV	$	74.73
88305-TC		$	35.04
88305-26		$	39.69
88307	Surgical pathology, gross and microscopic examination; Breast, excision of lesion, requiring microscopic evaluation of surgical margins; Level V	$	314.54
88307-TC		$	227.11
88307-26		$	87.43
93000	Electrocardiogram, routine ECG with at least 12 leads: with interpretation and report	$	17.62
93005	Electrocardiogram, routine ECG with at least 12 leads: with tracing only, without interpretation and report	$	8.87
93010	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only	$	8.75
99070	Supplies and materials, provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided) - breast procedures.	40 % of charges	
G0202	Screening mammogram,producing direct digital image, bilateral, all views	$	138.59
G0202-TC		$	102.50
G0202-26		$	36.09
G0204	Diagnostic/ mammograph, producing direct digital image, all views	$	168.72
G0204-TC		$	123.51
G0204-26		$	45.21
G0206	Diagnostic/ mammograph, producing direct digital image, all views	$	133.06
G0206-TC		$	96.97
G0206-26		$	36.09
J1100	Dexamethasone sodium phosphate (1 mg) injection	$	0.15
J1200	Diphenhydramine hcl injection up to (50 mg)	$	0.60
J2175	Meperidine hydrochloride per (100 mg)	$	5.00
J2250	Midazolam hydrochloride injection per (1 mg)	$	0.13
J2405	Ondansetron hydrochloride injection per (1 mg)	$	0.08
J3010	Fentanyl citrate injection (0.1 mg)	$	0.57
J7120	Ringers Lactate Infusion up to (1000 cc)	$	1.30
Notes:			
Effective 1/1/15:	CPT Code 99214 is added to this fee schedule. CPT Code 76645 was replaced by 76641 and 76642 with all modifiers.		

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Cervical Cancer Screening and Diagnostic Approved CPT Codes		
Modifier		
TC	Technical Component	
26	Professional Component	
SG	Facility Fee (SFL modifier code)	
51	Multiple Procedures (This applies to physician charges)	
59	Distinct Procedural Service (This applies to physician charges)	
CPT	**CPT Code - Service Description**	**SFL Reimbursement Rate**
	Office Visits	
99201	New patient; problem focused history, exam, straightforward medical decision-making (10 minutes face to face)	$ 45.09
99202	New patient; expanded problem focused history, exam, straightforward medical decision-making (20 minutes face to face)	$ 76.91
99203	New patient; detailed history, exam, straight forward high complexity medical decision-making (30 minutes face to face)	$ 111.75
99204	New patient: comprehensive history, exam, moderate complexity decision-making; 45 minutes	$ 169.80
99205	New patient: comprehensive history, exam, highcomplexity decision-making; 60 minutes	$ 213.30
99211	Established patient; evaluation and management, may not require presence of physician, presenting problems are minimal (5 minutes face to face)	$ 20.54
99212	Established patient; problem focused history, exam, straightforward decision-making (10 minutes face to face); Requires 2 of 3 components	$ 45.09
99213	Established patient; expanded problem focused history, exam, straightforward medical decision-making (15 minutes face to face)	$ 74.65
99214	Established Patient; detailed history, exam, moderately complex decision-making; 25 minutes	$ 110.86

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99385	Initial comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 18 - 39	$	133.73
99386	Initial comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 40-64	$	154.44
99387	Initial comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 65 and over	$	167.35
99395	Periodic comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 18-39	$	120.08
99396	Periodic comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 40-64	$	128.32
99397	Periodic comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 65 and over	$	138.00
CPT	**Screening and Diagnostic services**		
00940	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified. Base units - 6 (Additional time may be billed in 15 minute increments = 1 unit)	$	22.97
57452	Colposcopy of the cervix including upper/adjacent vagina	$	113.65
57452-SG		$	50.15
57454	Colposcopy of the cervix including upper/adjacent vagina with biopsy of the cervix and endocervical curettage	$	159.33
57454-SG		$	62.06
57455	Colposcopy of the cervix including upper/adjacent vagina with biopsy(s) of the cervix	$	149.18
57455-SG		$	65.30
57456	Colposcopy of the cervix including upper/adjacent vagina with endocervical curettage	$	140.38
57456-SG		$	62.77
57460	Colposcopy of the cervix including upper/adjacent vagina with loop electrode biopsy(s) of the cervix *	$	293.65
57460-SG		$	173.53
57461	Colposcopy with loop electrode conization of the cervix *	$	332.50
57461-SG		$	186.52

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57500	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulgurations (separate procedure)	$	133.30
57500-SG		$	81.89
57505	Endocervical curettage (not done as part of a dilation and curettage)	$	106.02
57505-SG		$	55.56
57520	Conization of cervix with or without fulguration, with or without dilation and curettage, with or without repair; Cold Knife Cone, or laser *	$	319.42
57520-SG		$	1,020.76
57522	Conization of cervix, with or without fulguration with or without dilation and curettage, with or without repair; cold knife cone or laser; Loop Electrode Excision *	$	273.79
57522-SG		$	1,020.76
58100	Endometrial sampling biopsy with or without endocervical sampling (biopsy) without cervical dilation any method (seperate procedure)	$	113.22
58100-SG		$	49.42
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy	$	50.17
87624	Human Papillomavirus, high-risk types	$	47.76
88141	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician; (any reporting system)	$	33.30
88142	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	$	27.57
88143	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening and re-screening under physician supervision	$	27.57
88164	Cytopathology, slides, cervical or vaginal (the Bestheda System); manual screening under physicians supervision	$	14.38
88165	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening and rescreening under physician supervision	$	14.38
88174	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system under physician's supervision.	$	29.08
88175	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system and manual rescreening or review cervical biopsy under physicians supervision.	$	36.05
88305	Surgical pathology, gross and microscopic examination, not requiring microscopic evaluation of surgical margins, Level IV	$	74.73
88305-TC		$	35.04
88305-26		$	39.69
88307	Cervix-surgical pathology, gross and microscopic examination, cervix conization, Level V	$	314.54
88307-TC		$	227.11
88307-26		$	87.43
88331	Pathology consultation during surgery; first tissue block, with frozen section(s) single specimen	$	105.76
88331-TC		$	40.20
88331-26		$	65.56

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88332	Pathology consultation during surgery; each additional tissue block with frozen section(s)	$ 46.45
88332-TC		$ 14.03
88332-26		$ 32.43
88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional antibody strain procedure (List separately in addition to code for primary procedure)	$ 69.42
88341-TC		$ 47.20
88341-26		$ 22.22
88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	$ 92.83
88342-TC		$ 55.68
88342-26		$ 37.14
93000	Electrocardiogram, routine ECG with at least 12 leads: with interpretation and report	$ 17.62
93005	ECG with tracing only without interpretation or report	$ 8.87
93010	ECG interpretation and report only	$ 8.75
99070	Supplies and materials, provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided) - cervical procedures.	40% of charges
REMEMBER:		

Effective 1/1/15: CPT Code 67621 was replaced by 87624.

* Prior to the diagnostic LEEP or cone biopsy, you must request a pre-authorization form. Contact Judy Aldrich, SFL Medical Case Manager, at (302) 744-1040. Complete form and fax to SFL at (302) 739-2546. Medical Case Manager will verify procedure and return within 3 business days.

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Colorectal Cancer Screening and Diagnostic Approved CPT Codes		
Modifier		
TC	Technical Component	
26	Professional Component	
SG	Facility Fee (SFL modifier code)	
51	Multiple Procedures (This applies to physician charges.)	
53	Discontinued Procedure	
59	Distinct Procedural Service (This applies to physician charges)	
CPT	**CPT Code - Service Description**	**SFL Reimbursement Rate**
	Office Visits	
99201	New patient; problem focused history, exam, straightforward medical decision-making (10 minutes face to face)	$ 45.09
99202	New patient; expanded problem focused history, exam, straightforward medical decision-making (20 minutes face to face)	$ 76.91
99203	New patient; detailed history, exam, medical decision-making of complexity (30 minutes face to face)	$ 111.75
99204	New patient; comprehensive history, exam, moderate complexity medical decision-making (45 minutes face to face)	$ 169.80
99205	New patient; comprehensive history, exam, high complexity medical decision-making (60 minutes face to face)	$ 213.30
99211	Established patient; evaluation and management, may not require presence of physician, presenting problems are minimal (5 minutes face to face)	$ 20.54
99212	Established patient; problem focused history, exam, straightforward decision-making (10 minutes face to face); Requires 2 of 3 components	$ 45.09
99213	Established patient; expanded problem focused history, exam, straightforward medical decision-making (15 minutes face to face)	$ 74.65
99385	Initial comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 18 - 39	$ 133.73
99386	Initial comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 40-64	$ 154.44
99387	Initial comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 65 and over	$ 167.35
99395	Periodic comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 18-39	$ 120.08
99396	Periodic comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 40-64	$ 128.32

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99397	Periodic comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 65 and over	$ 138.00
CPT	**Screening and Diagnostic services**	
0143-SG	**For hospital use only - Lower GI Endoscopy ***	$ 789.55
0146-SG	**For hospital use only - Level I Sigmoidoscopy ***	$ 493.50
0147-SG	**For hospital use only - Level II Sigmoidoscopy ***	$ 827.10
0158-SG	**For hospital use only - Colorectal Cancer Screening- Colonoscopy ***	$ 654.78
0159-SG	**For hospital use only - Colorectal Cancer Screening - Flexible Sigmoidoscopy ***	$ 468.73
00810	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum Base units - 5 (Additional time may be billed in 15 minute increments = 1 unit)	$ 22.97
00840	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy, not otherwise specified Base units - 6 (Additional time may be billed in 15 minute increments = 1 unit)	$ 22.97
36415	Collection of venous blood by venipuncture	$ 3.00
45330	Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	$ 143.76
45330-SG		$ 101.01
45331	Flexible sigmoidoscopy with biopsy single or multiple.	$ 170.58
45331-SG		$ 272.96
45333	Sigmoidoscopy, diagnostic flexible; with removal of tumor(s), polyp(s), other lesion(s), by hot biopsy forceps or bipolar cautery	$ 311.18
45333-SG		$ 272.96
45334	Sigmoidoscopy, diagnostic flexible; with control of bleeding (e.g. injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	$ 171.41
45334-SG		$ 457.48
45335	Sigmoidoscopy, diagnostic flexible; diagnostic, with directed submucosal injection(s) any substance	$ 288.07
45335-SG		$ 272.96
45338	Sigmoidoscopy, diagnostic flexible; with removal of tumor(s), polyp(s), other lesion(s), by snare technique	$ 333.78
45338-SG		$ 457.48
45339	Sigmoidoscopy, diagnostic flexible; with ablation of tumor(s), polyp(s), other lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery, or snare technique	$ 354.75
45339-SG		$ 457.48
45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression	$ 406.24
45378-SG		$ 436.72
45380	Colonoscopy flexible, proximal to splenic flexure, diagnostic with biopsy single or multiple	$ 484.07
45380-SG		$ 436.72
45381	Colonoscopy, flexible, proximal to splenic flexure, diagnostic with directed submucosal injection (s), any substance	$ 486.37
45381-SG		$ 436.72
45382	Colonoscopy, flexible, proximal to splenic flexure, diagnostic with control of bleeding (eg injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	$ 628.76
45382-SG		$ 436.72

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45383	Colonoscopy, flexible, proximal to splenic flexure, diagnostic, colonoscopy, with ablation of tumor(s) polyp(s) or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	$	583.01
45383-SG		$	436.72
45384	Colonoscopy, flexible, proximal to splenic flexure, diagnostic with removal of tumor(s), polyp(s), or other lesion(s) by hot forceps or bipolar cautery	$	485.15
45384-SG		$	436.72
45385	Colonoscopy flexible, proximal to splenic flexure, diagnostic with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	$	546.39
45385-SG		$	436.72
45380-51	Modifier 51 is for the physician fee only. - Any combination of CPT codes 45380, 45381, 45382, 45383, 45384, and 45385 can be billed as **multiple procedures** on the same day. First highest procedure is reimbursed at 100%, with second and subsequent procedures reimbursed at 50%. Modifier 59 is for the physician fee only. - First highest procedure is reimbursed at 100%, with second and subsequent procedures reimbursed at 50%. Also, modifier 53 (physician) or 73,74 (Facility) for an incomplete colonoscopy.	$	218.36
45380-59		$	218.36
45381-51		$	218.36
45381-59		$	218.36
45382-51		$	218.36
45382-59		$	218.36
45382-51		$	218.36
45383-59		$	218.36
45384-51		$	218.36
45384-59		$	218.36
45385-51		$	218.36
45385-59		$	218.36
71020	Radiological examination, chest, 2 views, frontal and lateral	$	28.64
71020-TC		$	17.34
71020-26		$	11.30
74270	Radiological examination, colon; barium enema, with or w/out KUB barium enema	$	154.45
74270-TC		$	118.35
74270-26		$	36.10
74280	Radiological examination, colon; air contrast with specific high density barium, with or without glucagons	$	207.37
74280-TC		$	155.58
74280-26		$	51.78
80048	Basic metabolic panel	$	11.51
80053	Comprehensive metabolic panel	$	14.37
81001	Urinalysis, automated with microscopy for bilirubin, glucose, hemoglobin, ketone, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents	$	4.30
82270	Blood, occult, by perioxidase activity (eg. Guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (ie, patient was provided 3 cards or single triple card for consecutive collection)	$	4.43
82274	Blood, occult, by Fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations	$	21.65
85025	Complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	$	10.58
85027	Complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	$	8.81
85610	Prothromben time	$	5.35
85730	Thromboplastin time, partial (PTT); plasma or whole blood	$	8.17
88300	Level I - surgical pathology, gross examination only	$	15.83
88300-TC		$	11.08
88300-26		$	4.76
88302	Level II - Surgical pathology, gross and microscopic examination	$	33.13
88302-TC		$	25.82
88302-26		$	7.30
88304		$	47.07

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88304-TC	Level III- surgical pathology, gross and microscopic examination	$	35.04
88304-26		$	12.03
88305	Level IV - Surgical pathology, gross and microscopic examination,biopsy	$	74.73
88305-TC		$	35.04
88305-26		$	39.69
88307	Level - V - Surgical pathology, gross and microscopic examination requiring microscopic evaluation of surgical margins, segmental resection, other than for tumor	$	314.54
88307-TC		$	227.11
88307-26		$	87.43
88309	Level VI - Surgical pathology, gross and microscopic examination, colon, segmental resection for tumor or total resection	$	477.08
88309-TC		$	322.59
88309-26		$	154.49
93000	Electrocardiogram, routine ECG with at least 12 leads: with interpretation and report	$	17.62
93005	Electrocardiogram, routine ECG with at least 12 leads: with tracing only, without interpretation and report	$	8.87
93010	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only	$	8.75
93040	Rhythm ECG, one to three leads, with interpretation and report	$	13.21
93041	Rhythm ECG, one to three leads, tracing only without interpretation and report	$	5.92
93042	Rhythm ECG, one to three leads, interpretation and report only	$	7.29
99070	Supplies and materials, provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided) - colorectal procedures.	40% of charges	
G0104	Colorectal cancer screening flexible sigmoidoscopy	$	143.76
G0104-SG		$	101.01
G0105	Colorectal cancer screening colonoscopy on individual at high risk	$	394.30
G0105-SG		$	362.17
G0121	Colorectal cancer screening: colonoscopy on average risk individual not meeting criteria for high risk	$	394.30
G0121-53		$	143.76
G0121-SG		$	362.17
G0328	Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous	$	21.65
J1100	Dexamethasone sodium phosphate (1 mg) injection	$	0.15
J1200	Diphenhydramine hcl injection up to (50 mg)	$	0.60
J2175	Meperidine hydrochloride per (100 mg)	$	5.00
J2250	Midazolam hydrochloride injection per (1 mg)	$	0.13
J2405	Ondansetron hydrochloride injection per (1 mg)	$	0.08
J3010	Fentanyl citrate injection (0.1 mg)	$	0.57
J7120	Ringers Lactate Infusion up to (1000 cc)	$	1.30
Notes:			
*	Hospital billing for outpatient facility fees using codes 0143, 0146, 0147, 0158, and 0169 are not able to also bill under SFL reimbursable SG codes for comparable procedures		

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Prostate Cancer Screening and Diagnostic Approved CPT Codes		
Modifier		
TC	Technical Component	
26	Professional Component	
SG	Facility Fee (SFL modifier code)	
51	Multiple Procedures (This applies to physician charges)	
59	Distinct Procedural Service (This applies to physician charges)	
CPT	**CPT Code - Service Description**	**SFL Reimbursement Rate**
	Office Visits	
99201	New patient; problem focused history, exam, straightforward medical decision-making (10 minutes face to face)	$ 45.09
99202	New patient; expanded problem focused history, exam, straightforward medical decision-making (20 minutes face to face)	$ 76.91
99203	New patient; detailed history, exam, medical decision-making of complexity (30 minutes face to face)	$ 111.75
99204	New patient; comprehensive history, exam, moderate complexity medical decision-making (45 minutes face to face)	$ 169.80
99205	New patient; comprehensive history, exam, high complexity medical decision-making (60 minutes face to face)	$ 213.30
99211	Established patient; evaluation and management, may not require presence of physician, presenting problems are minimal (5 minutes face to face)	$ 20.54
99212	Established patient; problem focused history, exam, straightforward decision-making (10 minutes face to face); Requires 2 of 3 components	$ 45.09
99213	Established patient; expanded problem focused history, exam, straightforward medical decision-making (15 minutes face to face)	$ 74.65
99385	Initial comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 18 - 39	$ 133.73
99386	Initial comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 40-64	$ 154.44
99387	Initial comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 65 and over	$ 167.35
99395	Periodic comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 18-39	$ 120.08

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99396	Periodic comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 40-64	$	128.32
99397	Periodic comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 65 and over	$	138.00
CPT	**Screening and Diagnostic services**		
00902	Anesthesia for; anorectal procedure Base units - 5 (Additional time may be billed in 15 minute increments = 1 unit)	$	22.97
00910	Anesthesia for transurethral procedures (including urethrocystoscopy); not otherwise specified Base units - 3 (Additional time may be billed in 15 minute increments = 1 unit)	$	22.97
52000	Cystourethroscopy (separate procedure)	$	212.77
55700	Biopsy, prostate; needle or punch, single or multiple, any approach	$	226.60
55700-SG		$	808.50
36415	Collection of venous blood by venipuncture	$	3.00
64450	Injection, anesthetic agent, other peripheral nerve or branch	$	83.67
64450-SG		$	52.67
71020	Radiological examination, chest, 2 views, frontal and lateral	$	28.64
71020-TC		$	17.34
71020-26		$	11.30
76098	Radiological examination, surgical specimen	$	16.89
76098-TC		$	8.50
76098-26		$	8.39
76872	Ultrasound, transrectal	$	96.91
76872-TC		$	62.32
76872-26		$	34.59
80048	Basic metabolic panel	$	11.51
80053	Comprehensive metabolic panel	$	14.37
81001	Urinalysis, automated with microscopy for bilirubin, glucose, hemoglobin, ketone, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents	$	4.30
G0103	Prostate specific antigen test (PSA)	$	25.03
84152	Prostate specific antigen (PSA); complexed (direct measurement)	$	25.03
84153	Prostate specific antigen (PSA); complexed (direct measurement) Total	$	25.03
84154	Prostate specific antigen (PSA); complexed (direct measurement) Free	$	25.03
85025	Complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	$	10.58
85027	Complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	$	8.81

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85610	Prothromben time	$	5.35
85730	Thromboplastin time, partial (PTT); plasma or whole blood	$	8.17
88300	Level I - surgical pathology, gross examination only	$	15.83
88300-TC		$	11.08
88300-26		$	4.76
88305	Level IV - Surgical pathology, gross and microscopic examination, prostate needle biopsy, TUR	$	74.73
88305-TC		$	35.04
88305-26		$	39.69
88307	Level - V - Surgical pathology, gross and microscopic examination prostate, except radical resection.	$	314.54
88307-TC		$	227.11
88307-26		$	87.43
88309	Level VI - Surgical pathology, prostate, radical resection	$	477.08
88309-TC		$	322.59
88309-26		$	154.49
88342	Pathology, Immunocytochemistry including tissue immunoperoxidase, each antibody	$	92.83
88342-TC		$	55.68
88342-26		$	37.14
93000	Electrocardiogram, routine ECG with at least 12 leads: with interpretation and report	$	17.62
93005	Electrocardiogram, routine ECG with at least 12 leads: with tracing only, without interpretation and report	$	8.87
93010	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only	$	8.75
99070	Supplies and materials, provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided) - prostate procedures.	40 % of charges	
J1100	Dexamethasone sodium phosphate (1 mg) injection	$	0.15
J1200	Diphenhydramine hcl injection up to (50 mg)	$	0.60
J2175	Meperidine hydrochloride per (100 mg)	$	5.00
J2250	Midazolam hydrochloride injection per (1 mg)	$	0.13
J2405	Ondansetron hydrochloride injection per (1 mg)	$	0.08
J3010	Fentanyl citrate injection (0.1 mg)	$	0.57
J7120	Ringers Lactate Infusion up to (1000 cc)	$	1.30

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Lung Cancer Screening and Diagnostic Approved CPT Codes		
Modifier		
TC	Technical Component	
26	Professional Component	
SG	Facility Fee (SFL modifier code)	
51	Multiple Procedures (This applies to physician charges)	
59	Distinct Procedural Service (This applies to physician charges)	
CPT	**CPT Code - Service Description**	**SFL Reimbursement Rate**
	Office Visits	
31628	Bx w/transbronchial lung bx, single lobe	$ 388.74
31629	Bx w/transbronchial needle asp bx, trachea, main stem and/or lobar bronchis(i).	$ 616.45
31632	Bx w/transbronchial lung bx, each addtl lobe	$ 74.26
31633	Bc w/transbronchial needle asp bx, each addtl lobe	$ 91.83
32096	Thoracotomy, with diag bx of lung infiltrates, unilateral	$ 858.01
32097	Thoracotomy, with diag bx of lung nodules or masses, unilateral	$ 857.99
32607	Thoracoscopy, w/diag bx of lung infiltrates, unilateral	$ 329.58
32608	Thoracoscopy, w/diag bx of lung nodules or masses, unilateral	$ 404.49
32200	Incision, cyst, Pneumonostomy, w/open drainage of abscess or cyst	$ 1,221.67
32140	Incision, w/cyst removal, includes pleural procedure when performed	$ 1,063.64
32405	Bx, lung or mediastinum, percutaneous needle	$ 470.89
71010	Radiologic examination, chest, single view, frontal	$ 23.14
71010-TC		$ 13.66
71010-26		$ 9.48
71015	Radiologic examination, stereo frontal	$ 28.28
71015-TC		$ 16.98
71015-26		$ 11.30
71020	Radiologic examination, chest, 2 views, frontal and lateral	$ 28.64
71020-TC		$ 17.34
71020-26		$ 11.30
71021	Radiologic examination, chest, 2 views, frontal and lateral, with apical lordotic procedure	$ 34.87
71021-TC		$ 20.66
71021-26		$ 14.21
71022	Radiologic examination, chest, 2 views, frontal and lateral, with oblique projections	$ 42.96
71022-TC		$ 25.82
71022-26		$ 17.13
71023	Radiologic examination, chest, 2 views, frontal and lateral, with fluoroscopy	$ 65.43
71023-TC		$ 45.36
71023-26		$ 20.07

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71030	Radiologic examination, chest, complete, minimum of 4 views	$ 42.59
71030-TC		$ 26.56
71030-26		$ 16.03
71034	Radiologic examination, chest, complete, minimum of 4 views, with fluoroscopy	$ 86.76
71034-TC		$ 62.69
71034-26		$ 24.07
71035	Radiologic examination, chest, special views	$ 33.46
71035-TC		$ 23.98
71035-26		$ 9.48
71250	Computed tomography thorax, w/o contrast	$ 176.73
71250-TC		$ 123.88
71250-26		$ 52.85
71260	Computed tomography thorax, with contrast	$ 235.95
71260-TC		$ 171.43
71260-26		$ 64.52
71270	Computed tomography thorax, w/o contrast, followed by contrast material and further sections	$ 283.06
71270-TC		$ 211.61
71270-26		$ 71.44
71550	MRI chest	$ 370.76
71550-TC		$ 295.31
71550-26		$ 75.44
71551	MRI chest, with contrast material	$ 472.02
71551-TC		$ 381.94
71551-26		$ 90.08
71552	MRI chest, w/o contrast material	$ 598.16
71552-TC		$ 479.99
71552-26		$ 118.16
78811	Position emission tomography (PET) imaging, limited area (chest)	$ 1,407.77
78811-TC		$ 1,325.98
78811-26		$ 81.79
78814	Position emission tomography (PET) with concurrently acquired CT for attenuation correction and anatomical localization imaging	$ 1,442.47
78814-TC		$ 1,325.98
78814-26		$ 116.49
76380	Computed tomography, limited or localized follow-up study	$ 111.88
76380-TC		$ 61.21
76380-26		$ 50.67
76604	Ultrasound, chest, real time with image documentation	$ 91.49
76604-TC		$ 63.05
76604-26		$ 28.44
99201	New patient; problem focused history, exam, straightforward medical decision-making (10 minutes face to face)	$ 45.09

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99202	New patient; expanded problem focused history, exam, straightforward medical decision-making (20 minutes face to face)	$	76.91
99203	New patient; detailed history, exam, medical decision-making of complexity (30 minutes face to face)	$	111.75
99204	New patient: comprehensive history, exam, moderate complexity decision-making; 45 minutes	$	169.80
99205	New patient: comprehensive history, exam, highcomplexity decision-making; 60 minutes	$	213.30
99211	Established patient; evaluation and management, may not require presence of physician, presenting problems are minimal (5 minutes face to face)	$	20.54
99212	Established patient; problem focused history, exam, straightforward decision-making (10 minutes face to face); Requires 2 of 3 components	$	45.09
99213	Established patient; expanded problem focused history, exam, straightforward medical decision-making (15 minutes face to face)	$	74.65
99214	Established Patient; detailed history, exam, moderately complex decision-making; 25 minutes	$	110.86
99385	Initial comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 18 - 39	$	133.73
99386	Initial comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 40-64	$	154.44
99387	Initial comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 65 and over	$	167.35
99395	Periodic comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 18-39	$	120.08
99396	Periodic comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 40-64	$	128.32
99397	Periodic comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 65 and over	$	138.00

Modifer full descriptions

26	**Professional Component**: Certain procedures are a combination of a physician component and a technical component. When the physician component is reported separately, the service may be identified by adding the modifier 26 to the usual procedure number.
51	**Multiple Procedure:** When multiple procedures, other than E/M services, physical medicine and rehabilitation services or provision of supplies (e.g. vaccines), are perfromed at the same session by the same provider, the primary procedure or service may be reported as listed. The additional procedure(s) or service(s) may be identified by appending the modifier 51 to the additional procedure or service code(s)
53	**Discontinued Procedure**: Under certain circumstances, the physician may elect to terminate a surgical or diagnostic procedure. Due to extenuating circumstances or those that threaten the well being of the patient, it may be necessary to indicate that a surgical or diagnostic procedure was started but discontinued. This circumstance may be reported by adding the modifier 53 to the code reported by the physician for the discontinued procedure. Modifier 53 is used for “unusual (discontinued) circumstances”. Under certain circumstances, the physician may elect to terminate a surgical or diagnostic procedure due to extenuating circumstances that may threaten the well being of the patient. In many instances, attachments, medical records, etc are not required to be sent in if an explanation for the discontinuation is in the narrative field of the claim. For example, submit “discontinued due to elevated blood pressure”. When additional information to support the use of the 53 modifier cannot be contained in the narrative of the claim, additional documentation may be submitted. **Note**: This modifier is not used to report the elective cancellation of a procedure prior to the patient’s anesthesia induction and/or surgical preparation in the operating suite. For outpatient hospital/ambulatory surgery center (ASC) reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74 (see modifiers approved for ASC hospital outpatient use).
59	**Distinct Procedural Service**: Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day. Modifier 59 is used to identify procedures or services, other than E/M services, that are not normally reported together but are appropriate under the circumstances. Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision or excision, separate lesion, or separate injury (or area in injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual. However, when another already established modifier is appropriate it should be used rather than modifier 59. Modifier 59 should only be used if there is no other more descriptive modifier available and the use of modifier 59 best explains the circumstances. **Note**: Modifier 59 should not be appended to an E/M service. To report a separate and distinct E/M service with a non-E/M service performed on the same date, see modifier 25.
SG	Facility Fee (SFL modifier code)
TC	Technical component: Under certain circumstances a charge may be made for the technical component alone. Under those circumstances the technical component charge is identified by adding modifier TC to the usual procedure code number.