The Cervical Question and Why it’s Important

As you may have noticed, Screening for Life (SFL) and Health Care Connections (HCC) have recently updated enrollment applications. We have added question 28, which asks women if they still have their cervix. If they answer “no,” there is a follow-up question that asks if it was removed due to cervical cancer or dysplasia, a pre-cancerous condition. It is critical that this question is answered correctly.

SFL cervical cancer screening guidelines are based on the American Society for Colposcopy and Cervical Pathology (ASCCP) guidelines. According to the ASCCP guidelines, if a client does not have a cervix and they have no history of cervical intraepithelial neoplasia (CIN) 2 or higher, they should not be screened for vaginal cancer. Therefore, if a client marks on their application that they do not have a cervix and it is not related to CIN 2 or higher or cervical cancer, their SFL ID card will show that they are not eligible for a pap test.

If the client indicates they do have a cervix on the enrollment application, the SFL identification card will show Pap and HPV eligibility, if applicable, with the date that screening service is due. Therefore, it is crucial that this question be answered accurately for each client to assure they receive the care and screenings needed.

Providers with questions are encouraged to call a SFL Case Manager at 302-744-1040, option 3.

Tomosynthesis/3-D Imaging Reimbursement Update

Effective November 3, 2016, SFL was approved to reimburse for 3D mammography (tomosynthesis). CPT codes 77063 and G0279 are now allowable and are covered services for program participants. As per instructions from the Centers for Medicare and Medicaid Services (CMS) guidance for Medicare reimbursement:

- **77063** should be listed as a separate code in addition to the primary mammogram code, **77057**. Do not report this code with 77055 or 77056.
- **G0279** should be listed as a separate code in addition to the “G” code for the primary mammogram code, **G0204** or **G0206**. Reimbursement will be at the Medicare rate. **The codes 77061 and 77062 are not permitted, as they are not approved by Medicare.**
Meet Our New Staff Member

We are pleased to welcome Melissa Keiper, MSN, MBA-HCM, RN, who has joined the SFL program as Nurse Consultant. She brings to the program a variety of experience that will help support our providers in offering the best possible care to clients. Melissa will be meeting with providers on a routine basis, providing information regarding the program and best practices. We are very excited that she has joined the SFL team!

Melissa can be reached at:
Melissa.Keiper@state.de.us
Office: 302-744-1040 Ext. 1034
Fax: 302-739-2545

Proof of Residency (POR) for Program Eligibility

One of the requirements for SFL and HCC eligibility is residency; the applicant must be a Delaware resident. The definition of residency is 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 (POR) include, but are not limited to:

- Valid Delaware State Driver’s License or Delaware State Identification Card (issued by the Delaware DMV or any other official city or county agency)
- Utility (electric, gas, water) invoice with current physical address
- Current lease and/or rental agreement
- Third party statement of residency

Any questions regarding proof of residency, or any of the enrollment eligibility requirements, can be directed to Screening for Life and Health Care Connection enrollment staff at 302-744-1040, Option 1.

SFL Billing Corner

Visit the SFL program website to review the policy manual, newsletters, SFL provider listing, updated reimbursable CPT codes, and more. Explore this website often as new information is added frequently.

http://dhss.delaware.gov/dhss/dph/dpc/sfl.html