Summary of Changes
Breast and Cervical Cancer Services (BCCS)
Policy and Procedure Manual FY2016

The following is a summary of the **significant** changes to the Breast and Cervical Cancer Services (BCCS) Policy and Procedure Manual for FY2016. Revisions include modifications to the text to achieve greater clarity and consistency and updates to names, dates, and web links referenced throughout the document. Changes such as spelling, punctuation, updating phone numbers, website links, etc. have occurred throughout the Policy and Procedure Manual; however, they are not included in the summary below.

HEADING	PAGE	SUMMARY OF CHANGE
Introduction – General Information		
BCCS Contractor Responsibilities	ii	Added language: Although BCCS allows provision of diagnostic services, contractors must ensure that program focus and services are primarily for cancer *screening*, consistent with funding intent.
Section I, Chapter 3 – Client Rights		
Research (Human Subject Clearance)	7	Added language: Contractors considering clinical or sociological research using BCCS clients as subjects, the use of BCCS client records, or any data collection from BCCS clients, must obtain prior approval from their own internal Institutional Review Board or the Texas Department of State Health Services Institutional Review Board (IRB).
Section II, Chapter 1 – Eligibility Determination		
General Eligibility	15	Added language: BCCS is the payer of last resort, and shall only be used if no other funding sources are available.
	16	Policy clarification: Contractor eligibility policy must ensure that: • Clients do not have access to insurance or screening and diagnostic resources; • Client insurance status is assessed before each clinical service; • BCCS eligibility is determined prior to enrollment and annually thereafter; • Clients age 65 and over do not meet eligibility unless client is ineligible or unable to pay premiums for Medicare Part B.
	17	Added language: Applicants seeking Medicaid for Breast and Cervical Cancer (MBCC) may not self-declare income.

	21	NEW: Texas Women's Health Program (TWHP) "Your Texas Benefits" card is acceptable documentation for adjunctive eligibility determination.
Section II, Chapter 4 – Breast Cancer Screening Services		
Screening Magnetic Resonance Imaging (MRI)	28	NEW: Breast MRI may now be reimbursed for clients with Li-Fraumeni, Cowden, or Bannayan-Riley-Ruvalcaba syndromes, or women with first-degree relatives with one of these syndromes.
Screening Magnetic Resonance Imaging (MRI) continued.	31	NEW: 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 diagnostics. [See chapter for guidance.]
Section II, Chapter 5 – Cervical Clinical Guidelines		
Eligibility	35	NEW: Transgender men (female-to-male) who have a cervix may also receive BCCS cervical cancer screening services if other eligible criteria is met.
	38	Added language: BCCS funded diagnostic services must be delivered according to ASCCP guidelines.
Section II, Chapter 6 – Cervical Dysplasia Management & Treatment		
Eligibility	55	Added language: Contractors must assess clients with severe dysplasia/CIN III/CIS for MBCC eligibility before using CD funds to pay for treatment services
Section II, Chapter 7 – Medicaid for Breast and Cervical Cancer (MBCC)		
Verification of Citizenship and Identity	66	NEW: If an applicant states that she does not meet citizenship requirements, an MBCC applications may not be submitted.
	67	Clarifying language: The earliest date presumptive eligibility may begin is the day after the client received a biopsy-confirmed qualifying diagnosis.
	67	Added language: If contractors submit applications to DSHS which are known to be ineligible for MBCC, DSHS may withhold or recover payment.
	69	Added language: BCCS does not assist with or collect documents for MBCC applications following submission to HHSC.

Section II, Chapter 8 – Patient Navigation Services		
Requirements for Patient Navigation Compliance	72	NEW: All references to "case management," including within the chapter title, have been changed to "patient navigation."
		Added language: Contractors must develop and maintain a resource directory containing information on services that could support women with unmet needs who are eligible for BCCS, which may include Marketplace (www.Healthcare.gov) referral materials.
Section III, Chapter 2 - Reporting		
Financial Reconciliation Report (FRR)	82	Added instructions: FRR submission requirements and due dates.

HEADING	PAGE	SUMMARY OF CHANGE
Section IV - Appendices		
Appendix A1-4	N/A	Eligibility screening forms have been updated.
Appendix B	N/A	All procedure reimbursement rates have been updated.
		"Case management" is now referred to as "Patient Navigation." Please review billing guidelines.
		Added CPT codes: 99211, CD211, CD505
Appendix G	N/A	MRI pre-authorization form has been updated.