SCREENING CYCLE CONCEPTS

Beginning of a Screening Cycle

- A screening cycle begins with a Pap test, mammogram or CBE and can end with **normal screening results**.
- If a woman has an **abnormal screening result**, the cycle is not complete until the diagnostic work-up, final diagnosis and treatment information is completed.
- **Planned delays** before completing a test begins a new screening cycle.

Ending of a Screening Cycle

A screening cycle can end when:

- A normal screening result is reported.
- An abnormal screening result is reported, diagnostic work-up is completed and a diagnosis is determined.
- The health care provider designates short term follow-up.
- The participant refuses diagnostic tests.
- The participant is lost to follow-up.

Short Term Follow-Up

- When a clinician recommends a repeat Pap test in three months due to a questionable pelvic exam, the repeat Pap test will begin a new screening cycle.
- A woman with a mammogram result of probably benign, short-term follow-up, the repeat mammogram, screening or diagnostic, will begin a new screening cycle.

Information Regarding Breast and Cervical Cancer Data Screens

Participant Enrollment Screen (PA30)

- Enter a PA30 record once the participant has attended a confirmed appointment with a medical provider and the first screening service has been provided.
- The next screening date should always be one year and a day from the date of the current screening.
- Once the current screening cycle has ended, a new PA30 will be added to start a new screening cycle.
- A new screening cycle will begin for a short term follow-up.
- A PA30 record is not to be entered until it is confirmed that the participant has attended her appointment with a medical provider and the first screening service has been provided.

Service Entry Screen (SV01)

- This screen records the BCCP services that have been provided by a medical provider.
- Data will be recorded for the Medical Provider's Report sheet and the payment information will be recorded.
- CPT codes will have a maximum amount claimable by IBCCP. CPT code reimbursement rates are not always the same as the total cost of the procedure or the amount billed.
- Please refer to the Allowable CPT Codes IBCCP handout.
- The payor code field refers to the Primary Payor who is paying for the service.
- A payor code of "S" – State and "O" – Other will be the only codes available for the Expanded Eligible participants (Category "XP").