

320-C - BREAST AND CERVICAL CANCER TREATMENT PROGRAM

EFFECTIVE DATES: 01/01/02, 03/01/19, 10/01/22

APPROVAL DATES: 07/01/04, 06/01/07, 09/01/11, 12/06/18, 03/07/22

I. PURPOSE

This Policy establishes requirements for the coverage of Breast and Cervical Cancer Treatment for eligible individuals who qualified and are enrolled with the Breast and Cervical Cancer Treatment Program (BCCTP) pursuant to A.A.C. Title 9, Chapter 22, Article 20.

II. DEFINITIONS

Definitions are located on the AHCCCS website at: [AHCCCS Contract and Policy Dictionary](#).

III. POLICY

The Breast and Cervical Cancer Treatment Program (BCCTP) is an established eligibility category under AHCCCS. The Native American Breast and Cervical Cancer Treatment technical amendment that was signed into law on January 15, 2002, made it possible for American Indian women to qualify for the BCCTP coverage group even if they are eligible for health services from an Indian Health Service (IHS) or a 638 Tribal Facility. Pursuant to A.A.C. R9-22, Article 20, a woman who is made eligible for AHCCCS under the BCCTP receives the full range of AHCCCS covered services. A woman who is eligible under the BCCTP is provided choice of enrollment with a Contractor, and If a choice is not made a Contractor is assigned.

The Requirements for the BCCTP specify that a woman shall be screened and diagnosed as needing treatment for breast and/or cervical cancer. The following Arizona programs of the Arizona – National Breast and Cervical Cancer Early Detection Program (AZ-NBCCEDP), funded by the Centers for Disease Control and Prevention (CDC), provide screening services; however, AHCCCS coverage is provided to all qualifying individuals, regardless of where they were screened as long as the screening is provided by a provider or entity that is recognized by the Well Woman Health Check Program (WWHP) pursuant to ARS36-2901.05:

1. The WWHP.
2. The Hopi Women's Health Program.
3. The Navajo Nation Breast and Cervical Cancer Prevention Program.

A. ELIGIBILITY AND TREATMENT SERVICES

To be eligible for the BCCTP a woman shall meet the eligibility criteria as delineated in A.A.C. Title 9 Article 20.

Eligibility redetermination for the BCCTP occurs at least once a year. As specified in A.A.C. R9-22-2008, a woman is not required to be screened for breast and cervical cancer through AZ-NBCCEDP at redetermination.

1. Breast Cancer – Eligibility for the BCCTP shall conclude 12 months after the last provider visit for specific treatment of the cancer, or at the end of hormonal therapy for breast cancer, whichever is later, as specified in A.A.C. R9-22-303. Treatment includes any of the following:
 - a. Lumpectomy or surgical removal of the breast cancer,
 - b. Chemotherapy,
 - c. Radiation therapy, or
 - d. A treatment that, as determined by the AHCCCS Chief Medical Officer/Medical Director or designee, is considered the standard of care as supported by a Peer-Reviewed Study.
2. Pre-cancerous cervical lesion(s) - Eligibility for the BCCTP for a pre-cancerous cervical lesion, including moderate or severe cervical dysplasia or carcinoma in situ, shall conclude four months after the last provider visit for specific treatment for the pre-cancerous lesion(s). Treatment includes any of the following:
 - a. Conization,
 - b. Loop Electrosurgical Excision Procedure (LEEP),
 - c. Cryotherapy, or
 - d. A treatment that, as determined by the AHCCCS Chief Medical Officer/Medical Director or designee, is considered the standard of care as supported by a Peer-Reviewed Study.
3. Cervical Cancer – Eligibility for the BCCTP for cervical cancer shall conclude 12 months after the last provider visit for specific treatment of the cancer. Treatment includes any of the following:
 - a. Surgery,
 - b. Chemotherapy,
 - c. Radiation therapy, or
 - d. A treatment that, as determined by the AHCCCS Medical Director or designee, is considered the standard of care as supported by a Peer-Reviewed Study.
4. Metastasized Cancer - Eligibility and treatment under the BCCTP continues if a metastasized cancer is found in another part of the woman’s body and the metastasized cancer is a known or presumed complication of the breast or cervical cancer.

5. Re-occurrence of the Cancer - Eligibility is re-established after eligibility under this program ends if the woman is screened, and:
 - a. Additional breast or cervical cancer is found, or
 - b. There is re-occurrence of pre-cancerous lesion(s).

B. RESPONSIBILITIES

The AZ-NBCCEDP and its staff:

1. Direct any woman whose screening shows a diagnosis of breast cancer, cervical cancer, or pre-cancerous cervical lesion(s) to apply to AHCCCS for treatment. However, AHCCCS eligibility for the BCCTP cannot be determined until a positive diagnosis is confirmed.
2. Assist the woman with a Title XIX application.

A woman may apply for eligibility by completing an application for AHCCCS health insurance provided by National Breast and Cervical Cancer Early Detection Program staff. The National Breast and Cervical Cancer Early Detection Program mails, emails or faxes the application directly to AHCCCS/Division of Member and Provider Services (DMPS) after receiving a positive diagnosis.

MAIL TO	FAX TO	EMAIL TO
AHCCCS DMPS 150 N. 18 th Avenue MD 3800 Phoenix, AZ 85007	602-258-4619	bcctp@azahcccs.gov

3. Provide AHCCCS with a copy of the laboratory pathology report, showing the diagnosis and date of diagnosis.
4. Responsibilities for Reporting.

This Program is unique that continued eligibility is primarily determined by active treatment and that this Program involves not only AHCCCS, but also Arizona Department of Health Services (ADHS) and the CDC. The requirements for this Program have created the need for special reporting by Contractors or the Fee-For-Service (FFS) programs as follows:

- a. AHCCCS DMPS shall be notified when active treatment has ended,
- b. ADHS shall be notified of:
 - i. Date the treatment began,
 - ii. Tumor size,
 - iii. Tumor stage, and
 - iv. Date treatment ended.

- c. The Process for Reporting Clinical Information and Status of Treatment:
 - i. AHCCCS/DMPS sends forms to the appropriate Contractor identifying which individuals in the BCCTP require updated treatment information. The Contractor shall complete the forms and submit them to DMPS within 30 calendar days from date of receipt,
 - ii. For FFS members, including American Indian Health Program members, AHCCCS/DMPS sends forms to AHCCCS/Division of Fee-for-Service Management (DFSM) Clinical Administration area or the IHS/638 BCCTP clinic. AHCCCS/DFSM Clinical Administration or the IHS/638 BCCTP clinic shall complete the form and submit them to AHCCCS/DMPS as specified in A.A.C. R9-22-2008, and
 - iii. DMPS will acquire the information needed from the forms and then send the forms to ADHS.