

<p>New Mexico Department of Health Breast and Cervical Cancer Early Detection Program</p> <p>POLICY – Reimbursement for Cervical Cancer Post-Treatment Surveillance</p>	
<p>Policy Title: Reimbursement for Cervical Cancer Post Treatment Surveillance</p>	
<p>Effective Date: 2024</p>	

<p>I. POLICY REFERENCE</p> <p>To maintain adherence with National Breast Cancer and Cervical Cancer Early Detection Program (NBCCEDP) guidance, The NM Breast and Cervical Cancer Early Detection (BCC) Program maintains its reimbursement policy for coverage of cervical cancer post-treatment surveillance interventions as listed in the National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology, Cervical Cancer Version 1.2024 pages CERV-11, CERV-B, and MS-14.</p>
<p>II. PURPOSE OF POLICY</p> <p>To define the process and situations when the BCC Program contracted providers may be reimbursed for cervical cancer post-treatment surveillance</p>
<p><input type="checkbox"/> For clients previously diagnosed with cervical cancer who have completed treatment and meet BCC Program eligibility, there is coverage for preservice Prior Authorized post treatment surveillance to include but not limited to:</p> <ul style="list-style-type: none"> • Imaging studies as indicated in patients with symptoms or exam findings that are suspicious for recurrence (CT scan, MRI, and subsequent PET / PET-CT) • Laboratory assessments as indicated based on symptoms or exam findings suspicious for recurrence (CBC, BUN, Creatinine) • Stage dependent imaging for follow-up <p><input type="checkbox"/> The following post treatment surveillance interventions do not require Prior Authorization:</p> <ul style="list-style-type: none"> • Interval History and Physical Exam <ul style="list-style-type: none"> -every 3-6 months for 2 years -every 6-12 months for 3-5 years -then annually based on patient’s risk of disease recurrence • Cervical / Vaginal cytology screening annually as indicated for the detection of lower genital tract neoplasia

- Patient education regarding symptoms of potential recurrence, lifestyle, obesity, exercise, sexual health, hormone therapy, smoking cessation, nutritional counseling and potential long term and late effects of treatment.

Reference (1) CERV-11, CERV-B, MS-14

III. APPLICABILITY

The New Mexico BCC Program will reimburse for a breast MRI that has been **prior authorized** when it is performed by a Program Provider with a Provider Agreement that includes the following Physicians' Current Procedural Terminology (CPT) codes:

- Reference the FY24 NM BCC Program CPT Codes: 2023 Medicare Reimbursement Rates July 2022 - June 2023 for applicable covered codes
- nmhealth.org/publication/view/help/8749/

IV. DEFINITIONS

Surveillance: In medicine, closely watching a patient's condition but not treating it unless there are changes in test results. Surveillance is also used to find early signs that a disease has come back. It may also be used for a person who has an increased risk of a disease, such as cancer. During surveillance, certain exams and tests are done on a regular schedule. In public health, surveillance may also refer to the ongoing collection of information about a disease, such as cancer, in a certain group of people. The information collected may include where the disease occurs in a population and whether it affects people of a certain gender, age, or ethnic group.

V. PROCESS

The following process for prior authorization and reimbursement for Cervical Cancer Post-Treatment Surveillance must be followed for reimbursement under the BCC Program:

1. The provider or representative of practice will request **pre-service** prior authorization from the assigned BCC Program Nurse Coordinator for Cervical Cancer Post Treatment Surveillance. The program will not reimburse for any procedure unless a pre-service prior authorization has been authorized.
2. The provider or representative of practice performs the Cervical Cancer Post Treatment Surveillance as authorized or refers the patient to a BCC provider who is authorized to perform the MRI procedure.
3. The provider or representative of practice
 - a. Completes a HCFA with appropriate codes listed.
 - b. Attaches copies of the medical report, procedure notes, a copy of the prior authorization, and the BCC Screening & Eligibility Form

- c. Submits completed claim packet to the Albuquerque Program Office within 60 days of procedure date.
4. BCC Program staff will process claim submission in accordance with established reimbursement process for diagnostic breast work-up.

VI. REFERENCES

1. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) Cervical Cancer Version 1.2024 — September 20, 2023. [cervical.pdf \(nccn.org\)](#)
2. [Definition of surveillance - NCI Dictionary of Cancer Terms - NCI](#)