



LBCHP Policies and Procedure Manual

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I. Overview

A. Introduction

The Louisiana Breast & Cervical Health Program (LBCHP) works in partnership with health care facilities (“LBCHP Providers”) across Louisiana to reduce the burden of breast and cervical cancer. We provide access to quality breast and cervical cancer screenings at no cost to low-income, uninsured, and underinsured women in Louisiana who qualify.

LBCHP is funded, in part, through a cooperative agreement with the Centers for Disease Control and Prevention, [National Breast and Cervical Cancer Early Detection Program](#) (NBCCEDP) under the [Breast and Cervical Cancer Mortality Prevention Act of 1990](#). Patients diagnosed with cancer through an LBCHP Provider can get insurance coverage through Breast and Cervical Medicaid Program, established by the [Breast and Cervical Cancer Treatment and Prevention Act of 2000](#).

B. Provider Expectations

We value our clinical providers and couldn’t accomplish this work without you. The following outlines the minimum expectations of our partnership:

- ✓ Identify key implementation staff: principal investigator, patient navigator, data entry technician (this role can be fulfilled by the patient navigator).
- ✓ Provide high-quality and timely screening and diagnostic services.
- ✓ Adhere to program and business policies and procedures.
- ✓ Monitor and adhere to program timelines for screening and diagnosis.
- ✓ Actively identify and enroll eligible patients into LBCHP through in-reach and outreach activities (For additional information see Appendix B).
- ✓ Ensure all required data elements are entered into the database, Catalyst120.

In turn, LBCHP is committed to providing the following:

- ✓ Training and re-training for implementation staff.
- ✓ Timely technical assistance and support.
- ✓ Communications and marketing support.
- ✓ Free promotional and educational items to support patient education and outreach efforts.
- ✓ Access to free professional development and training opportunities.

We encourage you to visit the LBCHP website for program information and documents, including this manual. Visit: <https://lbchp.org/providers/> (password: lbchp)

II. Eligibility

Patients must meet the following eligibility criteria to qualify for LBCHP-paid services:

1. Age

Breast Cancer Screening

- ✓ Ages 40-64
- ✓ Patients under 40 may be screened if they are experiencing signs/symptoms or high-risk (See Appendix C: Age and Medical Eligibility for more information)

Cervical Cancer Screening

- ✓ Ages 21-64

2. Uninsured or Underinsured

- Underinsured refers to eligible women who have unaffordable co-pays or deductibles.
- All women, whether they have insurance or not, qualify for patient navigation services if they meet the other eligibility requirements listed in this section.

3. Louisiana Resident

The patient’s primary residence must be in Louisiana. **LBCHP does not require residency documentation.** However, women must be able to provide a Louisiana address.

4. Income

Annual income at or below 250% of the federal poverty level

- Based on income and family size.
- Income guidelines change annually after January 1st.
- LBCHP does not require proof of income, although some providers do. However, if the patient is diagnosed with cancer, the Breast and Cervical Cancer Medicaid program will require proof.

2024 Federal Poverty Level (FPL)						
Household Size	138%		200%		250%	
	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly
1	\$1,732	\$20,783	\$2,510	\$30,120	\$3,138	\$37,650
2	\$2,351	\$28,207	\$3,407	\$40,880	\$4,258	\$51,100
3	\$2,969	\$35,632	\$4,303	\$51,640	\$5,379	\$64,550
4	\$3,588	\$43,056	\$5,200	\$62,400	\$6,500	\$78,000
5	\$4,207	\$50,480	\$6,097	\$73,160	\$7,621	\$91,450
6	\$4,825	\$57,905	\$6,993	\$83,920	\$8,742	\$104,900
7	\$5,444	\$65,329	\$7,890	\$94,680	\$9,863	\$118,350
8	\$6,063	\$72,754	\$8,787	\$105,440	\$10,983	\$131,800

III. LBCHP Services

A. Clinical Services

LBCHP providers will deliver appropriate, high-quality, and timely screening and diagnostic services, or refer women to another LBCHP provider for services not covered by the facility. The following are a list of the services covered by the program (For a detailed list of all procedures and corresponding CPT codes see Appendix D)

Breast Services

- ✓ Mammogram
- ✓ Diagnostic Mammogram
- ✓ Ultrasound
- ✓ Biopsy
- ✓ Consultation Visit

Cervical Services

- ✓ Pelvic Exam
- ✓ Pap and HPV Test
- ✓ Colposcopy
- ✓ Colposcopy with Biopsy
- ✓ Consultation

i. Patients with Symptoms

A patient experiencing symptoms (self-reported or clinician identified), regardless of age, is considered to have a substantial likelihood of having breast disease and is to be referred for a diagnostic mammogram. Breast symptoms include:

- ✓ Breast lump or palpable mass
- ✓ Bloody or serious nipple discharge
- ✓ Breast skin changes (dimpling, retraction, redness)
- ✓ Nipple or areolar scaliness
- ✓ Breast pain unrelated to the menstrual cycle
- ✓ Abnormal mammogram that is suspicious for cancer



Women less than 30 receive a mammogram.
Women over 30 receive a dx Mammogram and ultrasound, if needed.

ii. Screening Recommendations

LBCHP can reimburse for annual breast cancer screenings beginning at age 40, or under age 40 with symptoms or at high-risk (For additional information on age and medical eligibility see Appendix C).

USPSTF 2016 Breast Screening Recommendations

Population	Women aged 40 to 49 years	Women aged 50-74	Women aged >75 years
Recommendations	The decision to start screening should be an individual one.	Screen every 2 years.	No recommendation.

Note: USPSTF has issued a draft recommendation that would change the recommended screening age to 40. If and when the recommendation is accepted/finalized, we will update this chart.

USPSTF 2018 Cervical Screening Recommendations

Population	Women aged 21 to 29 years	Women aged 30 to 65 years	Women younger than 21 years, women older than 65 years
Recommendations	Screen for cervical cancer every 3 years with cytology alone	Screen for cervical cancer every 3 years with cytology alone, every 5 years with hrHPV testing alone, or every 5 years with cotesting	Do not screen for cervical cancer

These recommendations apply to individuals who have a cervix, regardless of their sexual history or HPV vaccination status. These recommendations do not apply to individuals who have been diagnosed with a high-grade precancerous cervical lesion or cervical cancer. These recommendations also do not apply to individuals with in utero exposure to diethylstilbestrol or those who have a compromised immune system (eg, women living with HIV).

iii. Cancer Diagnosis & Treatment

If a woman is screened through LBCHP and is diagnosed with cancer, she becomes eligible to apply for Medicaid through the [Breast & Cervical Cancer \(BCC\)](#) application process. Medicaid covers treatment costs.

To be eligible for BCC Medicaid, the woman must:

- Have a social security number
- Below 250% FPL guidelines
- Be diagnosed through a LBCHP provider

B. Patient Navigation Services

i. Overview

Clients often face significant barriers to accessing and completing cancer screenings and diagnostics. Patient navigation is a strategy aimed at reducing disparities by helping clients overcome those barriers. For purposes of the NBCCEDP, patient navigation is defined as, “Individualized assistance offered to clients to help overcome healthcare system barriers and facilitate timely access to quality screening and diagnostics as well as initiation of treatment services for persons diagnosed with cancer.”

Patient navigation is a patient-centered intervention that ensures that patients receive timely cancer screenings, treatment, and follow-up care by reducing the barriers for patients through providing services such as:

- ✓ Scheduling transportation
- ✓ Rescheduling appointments
- ✓ Communicating with their provider
- ✓ Facilitating the next steps in the patient’s health care ordered by the medical staff

- ✓ Providing emotional support and guidance to patients

Any woman that meets program eligibility and needs navigation support can receive this service. The NBCCEDP and LBCHP requires our providers to navigate all patients with abnormal results.

ii. *Quality Standards*

The following are the quality standards to which providers must adhere to ensure timely care:

- ✓ Abnormal breast screenings must be navigated to ensure a definitive diagnosis within **60 days of the initial screening**.
- ✓ Patients diagnosed with breast cancer must initiate treatment within **60 days of the diagnosis date**.
- ✓ Abnormal pap tests must obtain a **definitive diagnosis within 60 days**.
- ✓ Patients diagnosed with cervical cancer must **begin treatment within 60 days of diagnosis**.
- ✓ Navigators must ensure patients who apply for Breast and Cervical Cancer (BCC) Medicaid are approved and begin treatment.
- ✓ 95% of patients with abnormal findings must receive a definitive diagnosis within 60 days (100% unless documented as refused or loss to follow-up).



Ensuring that all abnormal screenings receive follow-up care within the clinical guidelines (timeframes stated above) is critical to quality patient care and the most desirable patient outcomes.

iii. *Contacting Patients*

The Patient Navigator must make several attempts to contact patients with an abnormal test result or exam to:

1. Schedule follow-up diagnostic services and treatment.
2. Re-schedule appointments for a patient who does not show up for diagnostic or treatment procedures.



of an abnormal screening or diagnostic result, or a missed appointment. Documentation of attempted patient contact must be input into Catalyst120 within **5 business days**

Escalating patient contact attempts before considering them lost to follow-up include:

- ✓ Three (3) attempts to contact by phone.
- ✓ Calls placed on different days to allow for different circumstances (e.g., temporarily away).
- ✓ A letter or postcard mailed to the patient's residence.
- ✓ A certified letter mailed to the patient's residence.

iv. *Lost to Follow-Up*

A patient is considered lost to follow-up when all the ways to contact them have been exhausted:

1. All listed phone numbers for the patient, next of kin/friend/alternate number are disconnected/out of service.
2. Letters have been returned as undeliverable.

3. Certified letter has been returned unsigned.



The patient navigator must allow enough time between contact attempts for the client to reply or respond to the provider. All these efforts should be completed within 60 days and documented in Catalyst.

v. *Refused*

A patient is considered refused when the patient has been contacted and does not come in or call back.

- ✓ 2-3 unreturned phone messages left on their phone or alternate number; or patient verbally refuses.
- ✓ No response to letters sent (that do not get returned to you as undeliverable).
- ✓ Certified letter returned to you that has been signed, but no call or response from her after 7-10 days.



These attempts must be documented in Catalyst120. At this point, LBCHP assumes that the patient knows you are trying to reach them and does not wish to respond. If the patient comes in later, a new cycle can be opened.

vi. *Terminating Patient Navigation*

Depending on screening and diagnostic outcomes, patient navigation services are terminated when a patient:

- ✓ Completes screening and has a normal result.
- ✓ Completes diagnostic testing and has normal results.
- ✓ Initiates cancer treatment or refuses treatment.
- ✓ Patient is lost to follow-up or refused.

vii. *Assistance with Out-of-Pocket Expenses*

Through a partnership with the Cancer Association of Louisiana (CALA), formerly the Cancer Association of Greater New Orleans (CAGNO), LBCHP can provide financial assistance to underinsured patients whose insurance does not cover needed breast and cervical services, or when a patient has unaffordable co-pays or other costs associated with these services. CALA will directly pay LBCHP Providers for the out-of-pocket expenses on the women's behalf. CALA pays Medicare rates unless other costs are approved by LBCHP office.

For unscheduled payments (those following diagnostic tests), CALA staff must make payments to LBCHP facilities within 72 hours, excluding weekends and holidays, after receiving a completed application. Scheduled payments (those to cover up-front costs required to have the procedure) must be made one hour before the woman's appointment for the procedure.

See Appendix E for the CALA application. It can also be found on the website.

IV. Enrollment

Action	Notes	Timeline
1 Determine eligibility for LBCHP	<ul style="list-style-type: none"> All women who meet age, income and residency qualify for navigation if they have barriers to care. Determine insurance status to identify which services each woman qualifies for (clinical, navigation or both). 	Ongoing
2 Collect Smoking Status Information	<ul style="list-style-type: none"> Providers are required to assess patients for smoking and desire to quit status. Patients that indicated they are smokers and would like to quit should be referred to Tobacco Quit Lines. 	One time only
3 Obtain signed “LBCHP Informed Consent/Release of Information”	<ul style="list-style-type: none"> Keep original, provide 2nd copy to patient. 	Ongoing
4 Provide early cancer detection education and clinical services, and navigation services.	<ul style="list-style-type: none"> All women with abnormal screening results must receive navigation. Also, any program-eligible woman can be navigated if she experiences barriers to care. 	<p>See PN section for requirements</p> <p>Abnormal screening to definitive diagnosis: <u>breast</u> and <u>cervical</u> 60 days; Diagnosis to start of treatment: <u>both</u> 60 days</p>
5 Enter clinical and navigation data into the program database, Catalyst	<ul style="list-style-type: none"> Clinical data entered for women whose clinical services are covered by LBCHP, insured and uninsured(Catalyst clinical module) Navigation data is entered in the PN module 	Monthly
6 Provide original consents to LBCHP	Send in batches by mail or upload to Catalyst	Minimum 2 times per fiscal year (July 1 – June 30)

A. Rescreening and Patient Re-Enrollment

LBCHP patients must have their eligibility reviewed annually and must obtain a signed *Informed Consent/Release of Information* annually. A rescreening plan, at minimum, should include the following components:

- ✓ Education about the purpose of rescreening. Emphasis should be placed on the message that screening at regular intervals leads to a decreased risk of dying from breast cancer or developing cervical cancer.
- ✓ Development and implementation of a reminder system to facilitate the return of women who were previously screened.
- ✓ Encourage providers to educate women about the importance of rescreening. Most women report that the primary reason they do not get a mammogram is because their provider did not advise them to do so.

B. Informed Consent

LBCHP requires that an informed consent be obtained from each enrolled patient. Consents are valid for one year from the date signed. Providers may request hard copies of the informed consent or download them from the website. Providers must ensure the following:

- ✓ A copy of the consent is maintained at the screening site and given to the patient.
- ✓ Consents are batch-mailed to the LBCHP central office or uploaded directly into Catalyst120.
- ✓ Consents are signed, dated, and witnessed by a clinical staff member.
- ✓ Consents are completed at the initial screening enrollment visit and updated when there are changes to the patient's address or last name.

V. Data Entry

LBCHP uses a secure, cloud-based public health database called [Catalyst120](#). Provider staff will be granted access to Catalyst120 prior to the orientation training. The following are the general steps for data entry; however a more detailed manual can be found in **Appendix F**.

Step	Action	Instructions
1	Verify that the patient qualifies for LBCHP-paid services	<ul style="list-style-type: none"> • Within eligibility age range (unless symptomatic) • Income at or below 250% of the FPL • Uninsured or underinsured • Louisiana resident <p>See Section “I. Eligibility” for additional details.</p>
2	Search for the patient in Catalyst120	<ul style="list-style-type: none"> • Thoroughly search for the patient in Catalyst120. • If they are not in Catalyst, add them as a new patient. • If they are already in Catalyst, verify their profile information then enter their encounters in a new cycle.
3	Add an Enrollment encounter	<ul style="list-style-type: none"> • Complete for each new cycle. Fill out the Cycle Details section (breast symptoms, prior mam/pap date) as it applies.
4	Add encounters	Add an encounter for each clinical and patient navigation service provided.
5	Complete the Diagnosis page if the patient had any diagnostic procedure.	<ul style="list-style-type: none"> • Fill out the Breast/Cervical Diagnosis sections. • Fill out the Final Imaging Outcome section if a breast diagnostic imaging procedure was performed (ex. additional mammogram view, ultrasound). <p><u>Diagnostic Procedures</u> Breast: Additional mammogram view, ultrasound, film comparison, biopsy or fine needle aspiration. Cervical: Colposcopy, LEEP, CKC, ECC or other cervical biopsy.</p> <p>Note: If the patient has returned for short-term follow-up, the new cycle should indicate that she has breast symptoms.</p>
6	Determine if the cycle is complete	<ul style="list-style-type: none"> • Once the patient has a final diagnosis • Patient has a normal initial screening mammogram or pap/HPV test.

VI. Invoicing & Reimbursement

A. General Billing Policies

The following is general information regarding LBCHP billing:

- LBCHP is considered the payer of last resort, and other sources of payment such as patient insurance must be pursued prior to billing LBCHP.
- The provider agrees to accept LBCHP's allowable fees as full payment from all sources (including third-party coverage).
- All LBCHP covered services are free to the patient once they are enrolled in the program.
- Contracted providers will not collect co-pays or deductibles.

B. Allowable Procedure Codes and Rates

LBCHP only accepts CPT codes listed in NBCCEDP Allowable Procedures and Relevant CPT® Codes. See Appendix D or visit the Provider page on lbchp.org for more information.

The amount paid by a program to an entity for screening and follow-up services may not exceed the amount that would be paid under Part B of title XVIII of the Social Security Act (maximum Medicare rates in the State). Federal law (Public Law 101-354) restricts LBCHP Programs reimbursement rates to the prevailing Medicare (CMS) rate for each allowable service (LBCHP rates are based on the annual CMS Physician Fee Schedule (PFS), the CMS Clinical Laboratory Fee Schedule (CLFS), the CMS Hospital Schedule (OPPS), and the Ambulatory Surgical Center Payment Schedule (ASC).

C. Submitting Invoices

Invoices are due on the **15th of each month** apart from the final invoice.

- Final invoices are due earlier to accommodate grant/fiscal year closeout.
- Submit invoices to lbchpbusiness@lsuhsc.edu and cc LBCHP Manager.



If an invoice will be delayed, please notify lbchpbusiness@lsuhsc.edu (cc LBCHP Manager) prior to the due date (For additional information see Appendix G).

D. Invoice Components

- ✓ Invoice Template Provided by LBCHP
- ✓ Supporting Documentation
 - Fee for Service/Clinical Service Reimbursement
 - Patient List and LBCHP Fee Sheet
 - Personnel Costs/Salary and Fringe
 - Time and Effort Certification(s)
 - Leger/Accounting Statement
 - Supplies and Other Operating Expenses
 - Leger/Accounting Statement

VII. Marketing Milestones & Targeted Outreach

A. Outreach Plan

Outreach activities are aimed at educating women in the greater community about the importance of breast and cervical cancer screenings, to promote LBCHP services to underserved women and stakeholders, and to identify and recruit women in need of screening. The designated Patient Navigator will work in conjunction with her/his facility team to implement outreach activities whenever possible. These can include:

- ✓ Identifying and developing relationships in the community for promoting breast & cervical screenings.
- ✓ Organizing or participating in events and meetings to promote breast and cervical screenings (ex: giving a presentation to the community or area healthcare providers about the program).
- ✓ Providing small group early cancer detection education and providing educational materials.
- ✓ Connecting with your local Healthy Communities Coalition representative for outreach and events (LBCHP can connect you initially).



For additional Marketing Milestone guidance: https://lbchp.org/wp-content/uploads/2023/09/LBCHP_MarketingMilestones_FY24.pdf

B. Education & Media Campaigns

Providers should work with their facilities' marketing/communications staff to promote LBCHP services. If this is not an option for a provider, the LBCHP communications team can provide support to implement outreach strategies.

C. Ordering Marketing Material

Contact LBCHP Central office to order marketing materials for upcoming events, etc.

D. LBCHP Newsletter

Any announcements, reminders, events, resources can be emailed to LBCHP Assistant Manager to add to the newsletter. If you need to add remove, add, or modify personnel on the listserv, please contact the LBCHP Assistant Manager.



Central Office Directory

(Updated 9.11.23)

Name	Job Title	Phone #	Email	How can we help?
Baudoin, Carleigh	LBHCP Manager	568-5846	cbaud6@lsuhsc.edu	Programming, Administrative Changes, Contracts, Budgets, Professional Development
Stewart, Brooke	LBCHP Assistant Manager	568-5884	bste10@lsuhsc.edu	
Bartley, Tyler	LBCHP Clinical Associate	568-6231	tbartl@lsuhsc.edu	Patient Navigation
Martinez-Torres, Rosamar	LBCHP Intervention Coordinator	568-5856	rmar13@lsuhsc.edu	Marketing Milestones, Community Outreach
Pereira, Malesa	Evaluation Manager	568-5891	mperei@lsuhsc.edu	Catalyst
Daniel, Zina	LBCHP Data Specialist	568-5895	zdanie@lsuhsc.edu	Data Entry
Shanklin, Toya	LBCHP Business Office	568-5844	lbchpbusiness@lsuhsc.edu	Invoicing/billing, Reimbursement, Prior Approvals for Travel
Roberson, Lisa		568-5062		



Strategies to Increase LBCHP Service Delivery

In-Reach Strategies

- ✓ **Educate the facility on LBCHP.** Work with Gynecology, Women’s Health, Primary Care, and Emergency Department physicians and clinics who serve our priority populations to ensure that they have a complete education on LBCHP and the role of the Navigator. Promote LBCHP services at clinician staff meetings – get on the agenda and utilize this time to talk about the program.
- ✓ **Ensure that providers educate on and recommend cancer screenings.** Be sure that providers educate women about the importance of breast and cervical screenings and order the exams. Clients usually comply if clinicians highly recommend them.
- ✓ **Flag women in EHR that are due for screenings.** Work with qualified IT staff to flag system charts for women due for breast and cervical screenings. Make LBCHP is a source of payment if you are a fee-for-service program. Remember we pay the provider and you pay your vendors.
- ✓ **Determine who should consent women and where.** Determine who in your facility is best positioned to obtain consents and at what locations within the facility. Ensure that those consenting patients know the LBCHP guidelines or have the eligibility reference sheet handy.
- ✓ **Establish a referral process for screening or diagnostic services not provided at your facility.** Ensure that women can receive needed breast or cervical services not covered at your facility by referring them to another LBCHP provider site (navigator-to-navigator communication is best), or to a suitable outside provider, taking into consideration the patient’s insurance status (e.g., if on Medicaid, refer to outside provider that accepts Medicaid).
- ✓ **Work with the mammography department** to obtain lists of BIRADS 4 and 5, and BIRAD 0 with a missed appointment, to identify program-eligible women and provide services (i.e., navigate abnormal results to cancer yes/no). Mammography staff can also be very helpful when trying to expedite appointments and follow-ups.
- ✓ **Offer same-day breast and cervical services.** Make walk-in service days available.

- ✓ **Make program flyers available throughout the facility.** Make sure contact information for the navigator is easy to see/visible throughout the facility. Women should be able to contact the Navigator readily.
- ✓ **Make your presence known in all areas where women can be recruited, including the ER.** Conduct breast and cervical education/program promotion in waiting rooms on clinic days. Plan to be in different clinics on designated clinic days. Use this time to educate women about the purpose of cancer screening with emphasis on screening at regular intervals leading to decreased cancer risk.
- ✓ **Utilize LBCHP marketing materials in the facility or during outreach** (i.e., retractable banner sign, tablecloth, window decals, laminated posters, and pins)
- ✓ **Establish a relationship with program participants** so that they understand that you are their one-on-one contact to assist with any barriers they have to completing a screening. Make sure they have your contact number and that you have good contact numbers for them. Provide assurance that you will navigate them until test results are completed and answer any questions they may have.

Outreach Strategies

- ✓ **Let other facilities know that LBCHP is available at your facility** and can assist with referrals of patients from non-LBCHP providers (based on eligibility). Set up collaborative agreements and referral contacts so that they have a way to refer to your facility.
- ✓ **Work with community organizations to get the word out.** Distribute flyers/materials with LBCHP eligibility and how to make appointments. List the navigator as the point of contact.
- ✓ **Provide space on the facility website** for the LBCHP logo & tagline to show LBCHP affiliation. If possible, provide additional space on the website with more detailed information, such as a separate “tab,” “page,” or “feature.” LBCHP’s communications team can assist with writing content.
- ✓ **Share LBCHP-related events or posts** from the Louisiana Cancer Prevention Facebook, Twitter, or Instagram page on your facility’s social media account.
- ✓ **Submit a feature on your LBCHP services for a newsletter** (your facility, organization, coalition, etc.). LBCHP’s communications team can assist with writing content.
- ✓ **Work with LBCHP’s communications team on free media opportunities** (newspaper articles, TV interviews, etc.). LBCHP’s communications team can assist with writing content.
- ✓ **Give a presentation or host a group education event for the community or area healthcare providers** to let them know about LBCHP. LBCHP’s communications team has a presentation you can use to educate the general public about the program.
- ✓ **Connect with your local Healthy Communities Coalition representative** for outreach and events (LBCHP can connect you).

Age and Medical Eligibility for LBCHP Services

Breast Cancer Screening	
Age and Medical Eligibility	Description
Women at High Risk	<p>All women should undergo a risk assessment to determine if they are at high risk for breast cancer. LBCHP funds can be used for annual breast cancer screening among women who are considered at high-risk for breast cancer.</p> <p>“Women at high risk” include those who have a known genetic mutation such as BRCA 1 or 2, first-degree relatives with premenopausal breast cancer or known genetic mutations, a history of radiation treatment to the chest area before the age of 30 (typically for Hodgkin’s lymphoma), and a lifetime risk of 20% or more for development of breast cancer based on risk assessment models that are largely dependent on family history. These women should be screened with both an annual mammogram and an annual breast MRI.</p>
Women Over 64 Years of Age	<p>Women qualify for LBCHP if they are not eligible for Medicare Part B, or they are Medicare-eligible but cannot pay the premium to enroll in Medicare Part B; and they have no other credible insurance coverage. If a woman is eligible to receive Medicare benefits and is not enrolled, she should be encouraged to enroll. Women enrolled in Medicare Part B are not eligible for clinical services.</p>
Women Under 40 Years of Age	<p>LBCHP funds can be used to evaluate women under the age of 40 who are symptomatic. A woman can be provided a clinical breast examination, diagnostic mammogram, and/or a surgical consultation. Funds can be used to evaluate asymptomatic women under the age of 40, who have been determined to be at high risk (see above high-risk definition) for breast cancer.</p>

<p>Transgender Women & Men</p>	<p>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 diagnostic services through LBCHP. Therefore, federal funds may be used to screen transgender women. While CDC does not make any recommendation about routine screening among this population, grantees and providers should counsel all eligible women, including transgender women, about the benefits and harms of screening and discuss individual risk factors to determine if screening is medically indicated.</p> <p>Transgender men (female-to-male), who have not undergone a bilateral mastectomy and meet all program eligibility requirements, are also eligible to receive breast cancer screening and diagnostic services through the LBCHP. The Center of Excellence for Transgender Health and the World Professional Association for Transgender</p>
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	<p>Health have developed consensus recommendations on preventive care services for the transgender population. Those recommendations include “for transwomen with past or current hormone use, breast-screening mammography in patients over age 50 with additional risk factors (e.g., estrogen and progestin use > 5 years, positive family history, BMI > 35).” Those preventive care recommendations can be found at http://transhealth.ucsf.edu/trans?page=protocol-screening#S2X.</p>
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<p>Cervical Cancer Screening</p>	
<p>Age and Medical Eligibility</p>	<p>Description</p>
<p>Women at High Risk</p>	<p>Women who are at high risk for cervical cancer need to be screened more frequently than average-risk women.</p> <p>Women at high risk include women with HIV infection, who have had organ transplantation, who may be immunocompromised from another health condition, or who had DES exposure in utero. In general women under the age of 30 should undergo annual Pap testing and women age 30 years and older should have co-testing every 3 years or annual Pap testing.</p>

<p>Women Over 64 Years of Age</p>	<p>Cervical cancer screening is not recommended for women older than 65 years of age who have had adequate screening and are not at high risk.</p> <p>Women qualify for LBCHP if they are not eligible for Medicare Part B, or they are Medicare-eligible but cannot pay the premium to enroll in Medicare Part B, and they have no other credible insurance coverage. If a woman is eligible to receive Medicare benefits and is not enrolled, she should be encouraged to enroll. Women enrolled in Medicare Part B are not eligible for clinical services.</p>
<p>Transgender Men</p>	<p>Transgender men (female-to-male) who have not undergone a total hysterectomy (i.e., still have a cervix) and meet all other eligibility requirements are eligible to receive cervical cancer screening and diagnostic services through the NBCCEDP.</p>
<p>Following Hysterectomy or Other Treatment for Cervical Neoplasia or Cancer</p>	<p>LBCHP funds CANNOT be used to reimburse for cervical cancer screening in women who have had total hysterectomies (i.e. those without a cervix) unless the hysterectomy was performed because of cervical neoplasia (precursors to cervical cancer) or invasive cervical cancer.</p> <p>When a woman concludes her cancer treatment, has been released by her treating physician to return to a schedule of routine screening, and meets LBCHP eligibility, she may be enrolled in the program and receive its services.</p>

2023 NBCCEDP Allowable Procedures and Relevant CPT® Codes

Listed below are allowable procedures and the corresponding suggested Current Procedural Terminology (CPT) codes for use in the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) under these general conditions—

- NBCCEDP award recipients are required to be responsible stewards of the NBCCEDP funds and use screening and diagnostic dollars in an efficient and appropriate manner.
- When questions arise regarding the appropriateness to use a specific CPT code, the recipients should discuss with their local medical consultants and CDC to determine appropriateness.
- The CPT codes listed are not all-inclusive and recipients may add other, including temporary, CPT codes for an approved procedure.

CPT is a registered trademark of the American Medical Association.

CPT Code	Office Visits	End Note
99202	New patient; medically appropriate history/exam; straightforward decision making; 15-29 minutes	
99203	New patient; medically appropriate history/exam; low level decision making; 30-44 minutes	
99204	New patient; medically appropriate history/exam; moderate level decision making; 45-59 minutes	1
99205	New patient; medically appropriate history/exam; high level decision making; 60-74 minutes	1
99211	Established patient; evaluation and management, may not require presence of physician; presenting problems are minimal	
99212	Established patient; medically appropriate history/exam; straightforward decision making; 10-19 minutes	
99213	Established patient; medically appropriate history/exam; low level decision making; 20-29 minutes	
99214	Established patient; medically appropriate history/exam; moderate level decision making; 30-39 minutes	
99385	<i>Initial</i> comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunizations and lab procedures; 18 to 39 years of age	2
99386	Same as 99385, but 40 to 64 years of age	2
99387	Same as 99385, but 65 years of age or older	2
99395	<i>Periodic</i> comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunizations and lab procedures; 18 to 39 years of age	2
99396	Same as 99395, but 40 to 64 years of age	2
99397	Same as 99395, but 65 years of age or older	2

CPT Code	Screening and Diagnostic Procedures	End Note
G0279	Diagnostic digital breast tomosynthesis, unilateral or bilateral	4
Various	To include any pre-operative testing procedures medically necessary for the planned surgical procedure (e.g., complete blood count, urinalysis, pregnancy test, pre-operative CXR, etc.)	
10004	Fine needle aspiration biopsy without imaging guidance, each additional lesion	
10005	Fine needle aspiration biopsy including ultrasound guidance, first lesion	
10006	Fine needle aspiration biopsy including ultrasound guidance, each additional lesion	
10007	Fine needle aspiration biopsy including fluoroscopic guidance, first lesion	
10008	Fine needle aspiration biopsy including fluoroscopic guidance, each additional lesion	
10009	Fine needle aspiration biopsy including CT guidance, first lesion	
10010	Fine needle aspiration biopsy including CT guidance, each additional lesion	
10011	Fine needle aspiration biopsy including MRI guidance, first lesion	8
10012	Fine needle aspiration biopsy including MRI guidance, each additional lesion	8
10021	Fine needle aspiration biopsy without imaging guidance, first lesion	
19000	Puncture aspiration of cyst of breast	
19001	Puncture aspiration of cyst of breast, each additional cyst, <i>used with 19000</i>	
19081	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion	6
19082	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion	6
19083	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion	6
19084	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion	6
19085	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion	6
19086	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion	6
19100	Breast biopsy, percutaneous, needle core, not using imaging guidance	
19101	Breast biopsy, open, incisional	
19120	Excision of cyst, fibroadenoma or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion; open; one or more lesions	
19125	Excision of breast lesion identified by preoperative placement of radiological marker; open; single lesion	
19126	Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker	
19281	Placement of breast localization device, percutaneous; mammographic guidance; first lesion	7
19282	Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion	7
19283	Placement of breast localization device, percutaneous; stereotactic guidance; first lesion	7

19284	Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion	7
19285	Placement of breast localization device, percutaneous; ultrasound guidance; first lesion	7

CPT Code	Screening and Diagnostic Procedures	End Note
19286	Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion	7
19287	Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion	7
19288	Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion	7
57452	Colposcopy of the cervix	
57454	Colposcopy of the cervix, with biopsy and endocervical curettage	
57455	Colposcopy of the cervix, with biopsy	
57456	Colposcopy of the cervix, with endocervical curettage	
57460	Colposcopy with loop electrode biopsy(s) of the cervix	
57461	Colposcopy with loop electrode conization of the cervix	
57500	Cervical biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	
57505	Endocervical curettage (not done as part of a dilation and curettage)	
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	
57522	Loop electrode excision procedure	
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)	
76098	Radiological examination, surgical specimen	
76641	Ultrasound, complete examination of breast including axilla, unilateral	
76642	Ultrasound, limited examination of breast including axilla, unilateral	
76942	Ultrasonic guidance for needle placement, imaging supervision and interpretation	
77046	Magnetic resonance imaging (MRI), breast, without contrast, unilateral	5
77047	Magnetic resonance imaging (MRI), breast, without contrast, bilateral	5
77048	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, unilateral	5
77049	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, bilateral	5
77053	Mammary ductogram or galactogram, single duct	
77063	Screening digital breast tomosynthesis, bilateral	3
77065	Diagnostic mammography, unilateral, includes CAD	
77066	Diagnostic mammography, bilateral, includes CAD	
77067	Screening mammography, bilateral, includes CAD	

CPT Code	Pathology	End Note
Various	Pre-operative testing; CBC, urinalysis, pregnancy test, etc. These procedures should be medically necessary for the planned surgical procedure.	
87426	COVID-19 infectious agent detection by nuclei acid DNA or RNA; amplified probe technique	
87635	COVID-19 infectious agent antigen detection by immunoassay technique; qualitative or semiquantitative	
88365	In situ hybridization (eg,FISH), per specimen; initial single probe stain procedure	
88364	In situ hybridization (eg,FISH), per specimen; each additional single probe stain procedure	
88366	In situ hybridization (eg,FISH), per specimen; each multiplex probe stain procedure	
88367	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, initial single probe stain procedure	
88373	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each additional probe stain procedure	
88374	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each multiplex stain procedure	
88368	Morphometric analysis, in situ hybridization, manual, per specimen, initial single probe stain procedure	
88369	Morphometric analysis, in situ hybridization, manual, per specimen, each additional probe stain procedure	
88377	Morphometric analysis, in situ hybridization, manual, per specimen, each multiplex stain procedure	
87624	Human Papillomavirus, high-risk types	9
87625	Human Papillomavirus, genotyping	9
88141	Cytopathology, cervical or vaginal, any reporting system, <i>requiring interpretation by physician</i>	
88142	Cytopathology (liquid-based Pap test) cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	
88143	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening and rescreening under physician supervision	
88164	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening under physician supervision	
88165	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening and rescreening under physician supervision	
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), first evaluation episode	
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), first evaluation episode	
88173	Cytopathology, evaluation of fine needle aspirate; interpretation and report	
88173	Cytopathology, evaluation of fine needle aspirate; interpretation and report	
88174	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	
88175	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system and manual rescreening, under physician supervision	
88177	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), each separate additional evaluation episode	
88177	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), each separate additional evaluation episode	
88305	Surgical pathology, gross and microscopic examination	
88305	Surgical pathology, gross and microscopic examination	
88305	Surgical pathology, gross and microscopic examination	

88307	Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	
88307	Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	

CPT Code	Pathology	End Note
88307	Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	
88331	Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen	
88332	Pathology consultation during surgery, each additional tissue block, with frozen section(s)	
88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	
88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	
88360	Morphometric analysis, tumor immunohistochemistry, per specimen; manual	
88361	Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology	
99070	Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)	

CPT Code	Anesthesia	End Note
00400	Anesthesia for procedures on the integumentary system, anterior trunk, not otherwise specified	
99156	Moderate anesthesia, 10-22 minutes for individuals 5 years or older	
99157	Moderate anesthesia for each additional 15 minutes	10

CPT Code	Procedures Specifically Not Allowed	End Note
Any	Treatment of breast carcinoma in situ, breast cancer, cervical intraepithelial neoplasia and cervical cancer.	
77061	Breast tomosynthesis, unilateral	11
77062	Breast tomosynthesis, bilateral	11
87623	Human papillomavirus, low-risk types	

End Note	Description
1	All consultations should be billed through the standard "new patient" office visit CPT codes 99201–99205. Consultations billed as 99204 or 99205 must meet the criteria for these codes. These codes (99204–99205) are typically <u>not</u> appropriate for NBCCEDP screening visits. However, they may be used when provider spends extra time to do a detailed risk assessment.
2	The 9938X codes shall be reimbursed at or below the 99203 rate, and 9939X codes shall be reimbursed at or below the 99213 rate. The type and duration of office visits should be appropriate to the level of care needed to accomplish screening and diagnostic follow-up within the NBCCEDP. While some programs may need to use 993XX-series codes, Preventive Medicine Evaluation visits are not covered by Medicare and not appropriate for the NBCCEDP.
3	List separately in addition to code for primary procedure 77067.
4	List separately in addition to 77065 or 77066.
5	Breast MRI can be reimbursed by the NBCCEDP in conjunction with a mammogram when a client has a BRCA gene mutation, a first-degree relative who is a BRCA carrier, or a lifetime risk of 20% or greater as

End Note	Description
	defined by risk assessment models, such as BRCA ^{PRO} , that depend largely on family history. Breast MRI also can be used to assess areas of concern on a mammogram, or to evaluate a client with a history of breast cancer after completing treatment. Breast MRI should never be done alone as a breast cancer screening tool. Breast MRI cannot be reimbursed for by the NBCCEDP to assess the extent of disease in a woman who has just been newly diagnosed with breast cancer in order to determine treatment plan.
6	Codes 19081–19086 are to be used for breast biopsies that include image guidance, placement of a localization device, and imaging of specimen. They should not be used in conjunction with 19281–19288.
7	Codes 19281–19288 are for image guidance placement of a localization device without image-guided biopsy. These codes should not be used in conjunction with 19081–19086.
8	For CPT 10011 use the reimbursement rate for CPT code 10009. For CPT 10012 use the reimbursement rate for CPT code 10010.
9	HPV DNA testing is not a reimbursable test for women under 30 years of age.
10	Example: If procedure is 50 minutes, code 99156 + (99157 x 2). No separate charge allowed if procedure <10 minutes.
11	These procedures have not been approved for coverage by Medicare.



Today's Date _____

824 Elmwood Park Boulevard; Suite 154
New Orleans, LA 70123-3347
Office (504) 733-5539 Fax (504) 733-0252
www.cagno.org

LBCHP-qualifying patient out-of-pocket expenses for diagnostic testing or cervical cancer screening

Name _____ Date of Birth: _____

Street Address _____ Apartment _____

City _____, LOUISIANA Zip _____ Parish _____

Mailing Address _____

Telephone Number _____ SSN# _____

RACE _____ SEX _____ Email address, if applicable _____

TOTAL HOUSEHOLD INCOME per Month (please include patient, spouse and minor child) \$ _____

Employment Status: Employed [] Unemployed [] Retired [] Disabled []

Marital Status: Single [] Children [] if so, # of children under the age of 26yrs. still living in household _____

Couple [] Children [] if so, # of children under the age of 26yrs. still living in household _____

PATIENT REQUEST ASSISTANCE WITH THE FOLLOWING:

Contact Information for Payment

Amount _____
Department _____
Name _____
Phone Number _____

SIGNATURE of Referring Professional & Title (required) Referring Professional's Telephone # and Ext Referring Professional's FAX Number(s)

PRINTED NAME of Referring Professional Referring Professional's Email Address

SIGNATURE of Patient (required) If not the patient, name and relationship to patient of person supplying the information

Catalyst120 User Guide

Last Updated: May 2023

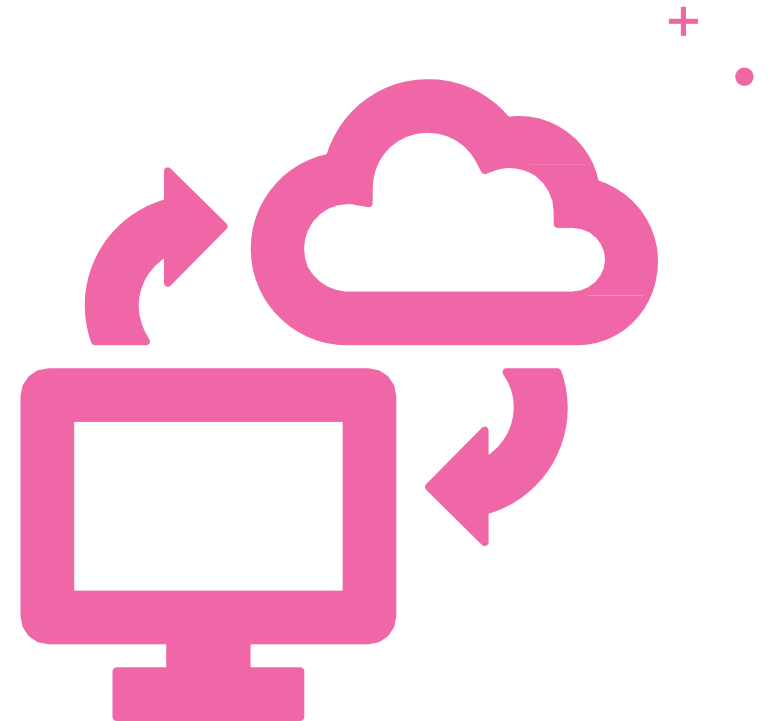


[LBCHP.org](https://www.lbchp.org)

A division of Louisiana Cancer Prevention & Control Programs (LCP)
LSU Health New Orleans | School of Public Health

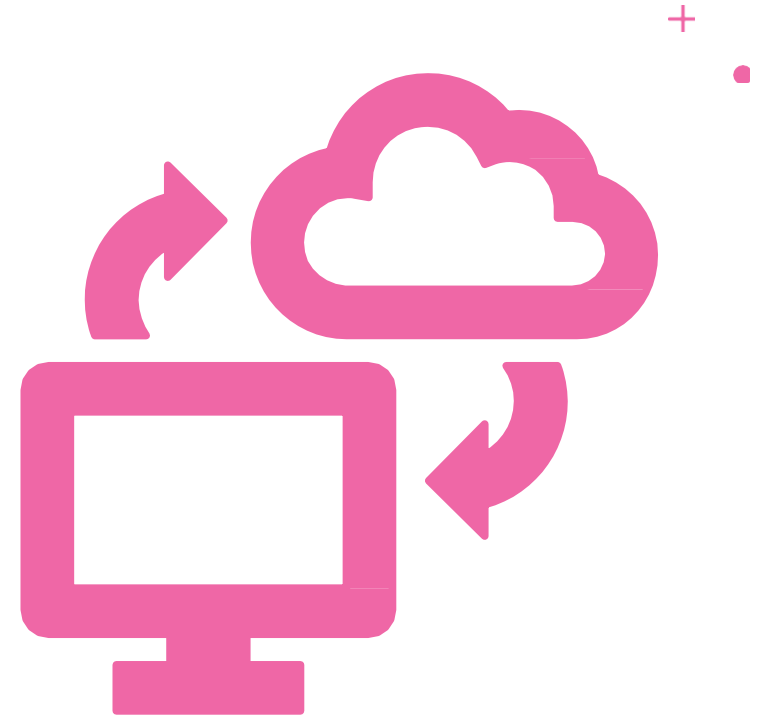
Welcome to Catalyst120

- Catalyst120 is a secure cloud-based public health data management software product.
- All LBCHP providers enter their clinical and patient navigation data into Catalyst120.
- Data entered in Catalyst120 is reported to the Centers for Disease Control and Prevention (CDC) bi-annually.
- Data is also used to guide program improvement and the delivery of technical assistance and support to providers.



Before You Get Started

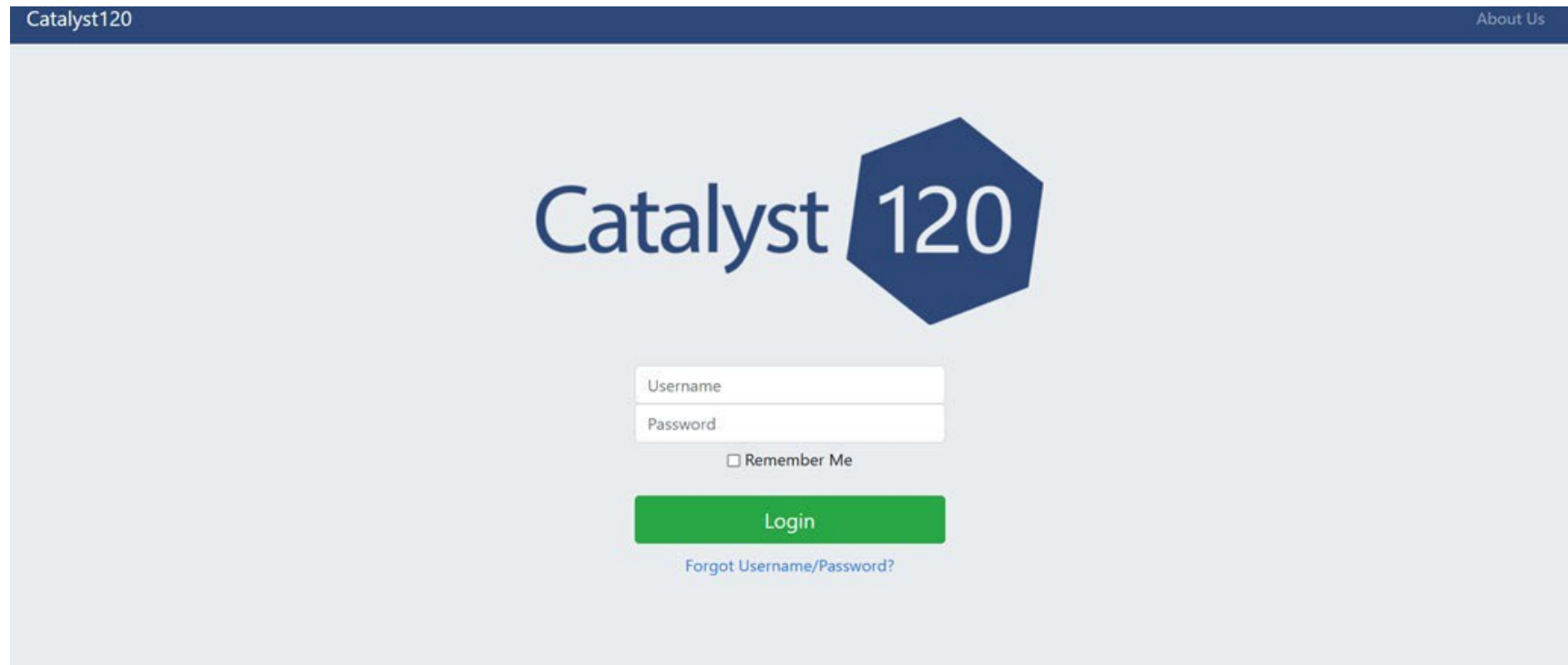
- Chrome, and Internet Explorer are the preferred browsers for Catalyst120, but many others work as well.
- Catalyst120 times out after 15 minutes of inactivity. Save frequently.



Step 1

Log-in to Catalyst120 (<https://secure.catalyst120.com/>)

- Enter your username and password. If you forget your username or password, contact the LBCHP data manager.
- If this is your first-time logging-in, you will be prompted to change your password.



Catalyst120 About Us

Catalyst 120

Username

Password

Remember Me

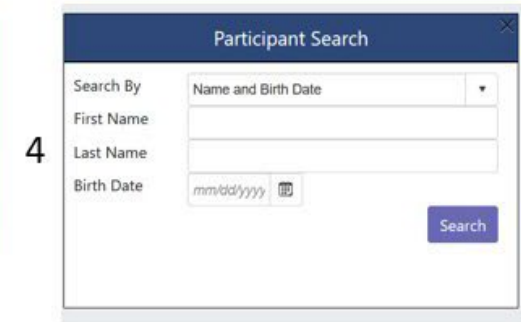
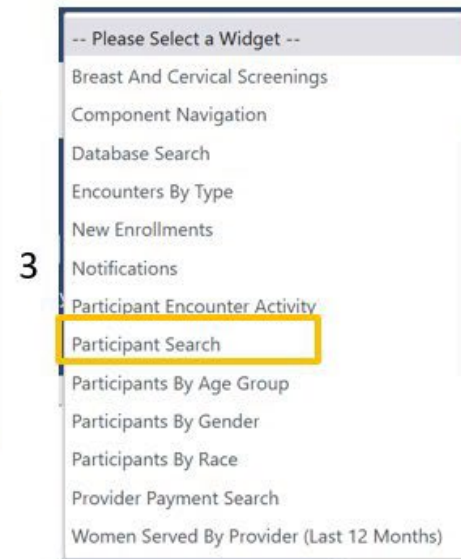
Login

[Forgot Username/Password?](#)

Step 2

Add Participant Search Widget

- **Set-up your participant search widget**
- From Home, select one of the plus signs in the boxes.
- You can customize your home screen how you see fit.



Step 3

Conduct Participant Search

- Search for the patient whose data you want to enter.
- It should have already been determined that they qualify for LBHCP services. Only enter patients into Catalyst that meet all LBHCP requirements.
- Thoroughly look for them in the system by searching for their first name, last name (maiden and married), date of birth (DOB), and social security number (SSN).

Participant Search

Search By: Name and Birth Date

First Name: Paulette

Last Name: Moore

Birth Date: 01/01/1980

Search

Search Results

Participant ID	Chart Number	Last Name	First Name	Maiden Name	Other Name	Birth Date
125568		Moore	Paulette			4/28/1966

Participant Search

Search By: SSN

SSN: 333333333

Search

Search Results

Participant ID	Chart Number	Last Name	First Name	Maiden Name	Other Name	Birth Date
No results matched the search criteria.						



There is a patient in Catalyst120 named “Paulette Moore” however, they have a different DOB and the SSN isn’t in the system. We will consider this patient a “New Participant”.

Step 3 (Continued)

Existing Participants

- If after conducting your Participant Search and you find that the patient is already added, go to their Profile page.
- Click on LBCHP in the menu. Select “Add New Cycle”.
- Review Profile information for the participant to make sure everything is up-to-date.
- **Skip to Step 6**

Click
“LBCHP”



Profile
Demographics
Notes
LBCHP
▼ Cycle 3
Assessment
Diagnosis
Registry
PN Summary
▶ Encounters
▼ Cycle 2
Assessment
Diagnosis
Registry
PN Summary
▶ Encounters
▼ Cycle 1
Assessment
Diagnosis
Registry
PN Summary



Clicking ▶ will nest or un-nest menu items.

Cycles				
Cycle	Created Date	Created By		
+ Add New Cycle				
Cycle 3	08/04/2022	Huong Dang	×	
Cycle 2	08/26/2021	Kelly Beck	×	
Cycle 1	08/23/2021	Huong Dang	×	
+ Add New Cycle				



Skip to Step 6

Step 4

Add a New Participant

- After you have verified that the participant is not in Catalyst120, you can proceed with adding them as a New Participant.
- Select the plus sign at the bottom right of your home page.

The screenshot displays the Catalyst120 web application interface. The main content area features a 'Welcome to Catalyst120' message and a 'Participant Search' sidebar. A grid of six empty participant cards is visible, each with a blue plus sign in the center. A 'New Participant' modal form is open on the right, containing the following fields:

- First Name: Paulette
- Last Name: Moore
- Maiden Name: (empty)
- Birth Date: 01/01/1980
- SSN: 333333333

A green 'Continue' button is located at the bottom right of the modal. A yellow box highlights a plus sign in the bottom right corner of the main page, with a pink arrow pointing from it to the 'New Participant' modal.

BCC Quality Indicators

Number of Mams	0
Number of Pap Tests	0
Number of Women Screened	n

Step 4 (continued)

Complete Participant Profile

- You must complete all applicable fields in the Participant Profile.
- You can upload the patient consent on this page.
- Avoid selecting “Unknown”. Race and Ethnicity should not be unknown.
- At the bottom of the profile, under Program Databases, select “LBCHP” and “Patient Navigation”. Make sure Participant Status is set to “Active”.
- Make sure you hit “Save” at the bottom of the profile.

The screenshot displays a web form for completing a participant profile. It is divided into three main sections: Participant Information, Contact Information, and Program Databases. The Participant Information section includes fields for First Name (Paulette), Middle Name, Last Name (Moore), Maiden Name, Other Name, SSN (33333333), Birth Date (01/01/1980), Current Age, Gender (Female), Last Four of SSN, and Retype SSN (33333333). The Contact Information section includes Address (123 Main Street), City (New Orleans), State (Louisiana), Zip Code (70115), County (Orleans), Home Phone, Cell Phone, Work Phone, and Preferred Contact Time. The Program Databases section includes checkboxes for LBCHP, Patient Navigation, Colorectal Cancer Control, and WISEWOMAN, and a dropdown menu for Participant Status (Active). A yellow box highlights the LBCHP, Patient Navigation, and Participant Status fields. A green Save button and a red Delete button are located at the bottom right of the form.



Tip: Click the magnifying glass next to Zip Code to auto-populate County



After you complete Step 4, a Participant ID will be assigned, and you can begin entering patient navigation and clinical information.

Step 5

Complete Demographics Page

- You must complete all fields in on the Demographics Page.
- Avoid selecting “Unknown”. Race and Ethnicity should not be unknown.

Paulette Moore (ID: 1041540 - DOB: 1/1/1980) Demographics

Race

Race or Ethnicity White Black Asian
 Pacific Islander American Indian or Alaskan Unknown

Hispanic/Latina /Latino Primary Language

Needs Interpreter Country of Birth

Education & Marital Status

Education Level Marital Status

Demographics Details

Created By Created Date

Updated By Updated Date

Step 6

Complete Assessment

- First, complete the Insurance Assessment by clicking “Add Assessment”.
- Make sure this information is filled out completely and accurately.
- Information entered in Income/Employment will determine eligibility.

Assessment Details

Date: 03/20/2023

Income/Employment

Yearly Income: \$30,000.00 | Income Dependents: 2

Working Full Time: Yes | Working For Pay: Yes

Insurance

Coverage: Medicare/Medicaid

Insurance Provider: None

Office Copay: | Specialist Copay: |

Deductible: | HMO: |

Insurance Status: | Insurance Status Reason: |

Note: |

Eligibility

Income Eligible: Yes

Eligible For Medicaid: No

Federal Poverty Level: 152.13%

Referred to Health Insurance Marketplace: No

Save Cancel



Review eligibility criteria. This patient is eligible for LBCHP-paid clinical services and PN support.

Step 6 (continued)

Complete Assessment

- Finish completing the Assessment. It is important that this section is completed fully and accurately.
- Upload consent form on this page.
- Make sure you complete the Qualifications section.
- Check all applicable barriers.

Select "Yes" →
Select Name →

Patient Navigation

Patient Navigation Used
 Yes No

Assessment Navigator

Consent Form

Consent Date Termination Date

Upload File

Previous Cancer Screenings

Type Of Cancer	Date	Location	Delete
Cervical Cancer	01/2020	UMC	✖
Breast Cancer	03/2022	UMC	✖

[Add Previous Cancer Screening](#)

Cancer History

Do you have a family history of cancer?
 Yes No Unknown

[Add Cancer History](#)

Qualifications

Insurance Status Income Level (LBCHP Eligible)

Language/Cultural

Support System

Lack of Emotional Support Lack of Child Care or Elder Care
 Substance Use and Abuse, Mental Illness Lack of Other Social or Practical Support

Result

Patient Navigation Needed
 Yes No

Assigned Navigator

Select Assigned Navigator



Always select "Yes" under Patient Navigation Needed. Patient Navigation is an LBCHP requirement.

Step 7

Add an Enrollment Encounter

- An Enrollment must be added for each cycle.
- Complete all fields in the enrollment page.

Paulette Moore (ID: 1041540 - DOB: 1/1/1980) LBCHP Cycle 1

Add Encounter

Encounter Type: Enrollment
Encounter Date: 03/01/2023

Next



Select "Save and New". This will prompt you to add another encounter.

Encounter Type: Enrollment
Encounter Date: 03/01/2023
Provider: CrescentCare
Personnel:
Encounter Label:
Encounter ID:
Created By:
Created Date:
Updated By:
Updated Date:

Enrollment

Where did you find out about LBCHP services? Outreach Event (i.e. Health Fair, Community Forum)
Do you Smoke? Yes
Do you want to quit? Yes
Referred to quit program? Yes

Eligibility

FPL Range: 138%-250%
Patient Navigation Paid By Program: Yes
Insurance Status?

Cycle Details

Has Breast Symptoms? 3 - Unknown
Had Prior Mam? 1 - Yes
Prior Mam Date: 12/01/2022
Had Prior Pap? 1 - Yes
Prior Pap Date: 05/01/2016
High Risk For Cervical Cancer: 2 - No
High Risk For Breast Cancer: 2 - No

Cancel Delete Save **Save and New**

Step 8

Add Clinical Encounters

- Add your first encounter. Select Encounter Type from the dropdown list. Enter Encounter Date.
- We are using Cervical Cancer as an example below, starting with the Pap.
- Ensure all information is complete.

Paulette Moore (ID: 1041540 - DOB: 1/1/1980) | LBCHP | Cycle 1

Add Encounter

Encounter Type: | Encounter Date:

[Next](#)

Left sidebar menu: Profile, Demographics, Notes, LBCHP, Cycle 1, Assessment, Diagnosis, Registry, PN Summary, Encounters (highlighted), Patient Navigation.

Encounter Label: | Encounter ID:

Created By: | Created Date:

Updated By: | Updated Date:

Procedure Details

Date of Results: | Recommended Follow-up:

Insurance Status: | Paid By Program:

Pap Test Details

Why Initial Pap?: | Diagnostic Referral Date:

Specimen Adequacy: | Specimen Type:

Results: | Other Results:

Cycle Details

Workup Planned:

Payment Requests

+ Add Payment Request

Edit	Payee	Code	Claim Number	Payment Source	Created Date	Status
No Payment Requests to display						

+ Add Payment Request

Buttons: Cancel, Delete, Save, Save and New



Reminder! Unknown should not be selected. If you have any questions, please contact LBCHP.

Step 8 (continued)

Add Clinical Encounters

- Now, we will enter the HPV Test.
- Select “Save”. We are done entering encounters for this Cycle because no follow-up is needed.

Paulette Moore (ID: 1041540 - DOB: 1/1/1980) LBCHP Cycle 1

Add Encounter

Encounter Type: HPV Test
Encounter Date: mm/dd/yyyy

Next



You can add new encounters at any point by clicking on the Encounters heading in the left menu.

Paulette Moore (ID: 1041540 - DOB: 1/1/1980) LBCHP Cycle 1 HPV Test

Encounter Details

Encounter Type: HPV Test
Encounter Date: 03/01/2023
Provider: CrescentCare
Personnel:
Encounter Label: Blank
Encounter ID: 3946412
Created By: Carleigh Baudoin
Created Date: 3/20/2023 3:51:52 PM
Updated By:
Updated Date:

Procedure Details

Date of Results: 03/08/2023
Recommended Follow-up: Pap in 5 years
Insurance Status: Not Insured
Paid By Program: Yes

HPV Details

HPV Indication: 1 - Co-Test/Screening
Results: Negative (HPV)

Payment Requests

+ Add Payment Request

Edit	Payee	Code	Claim Number	Payment Source	Created Date	Status
No Payment Requests to display						

+ Add Payment Request

Cancel **Delete** **Save** **Save and New**

Step 9

Add Patient Navigation Encounters

- You must have at least 2 patient navigation (PN) encounters per cycle.
- Use the notes section to describe the PN encounter.
 - In this example, we said “Called patient to schedule appointment”.
 - The 2nd PN encounter could say “Called patient to discuss results”.

Add Encounter

Encounter Type: Encounter Date:

Next



Patients that require diagnostic tests will likely need more than 2 patient navigation encounters.

Paulette Moore (ID: 1041540 - DOB: 1/1/1980) LBCHP Cycle 1 PN Contact

Encounter Details

Encounter Type: Encounter Date:

Provider: Personnel:

Encounter Label: Encounter ID:

Created By: Created Date:

Updated By: Updated Date:

Contact Navigator:

Contact Description

Start Time: End Time: Length Of Contact:

Contact Type: Phone In Person Fax/Email

Contact: Patient Patient with Advocate Other

Notes

Called patient to discuss results.

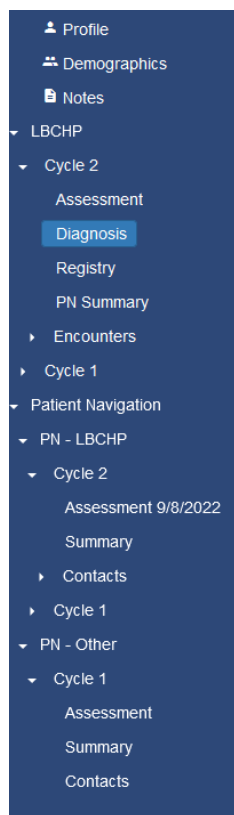
Financial/Insurance/Payment

Step 10

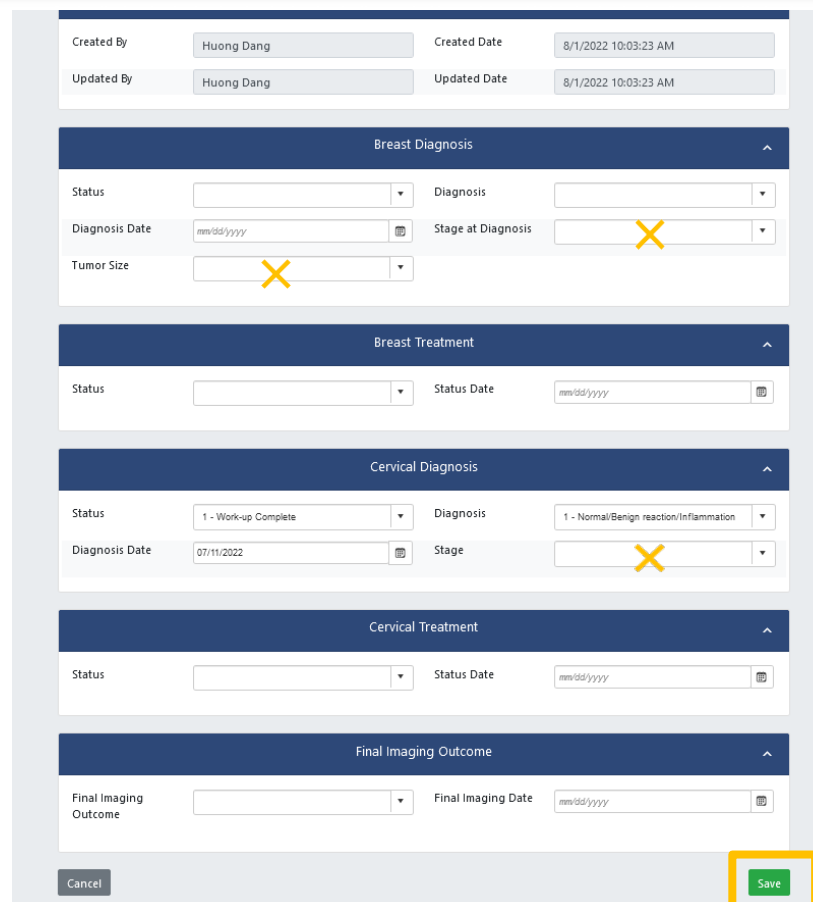
Complete the Diagnosis Page

- If a patient has any diagnostic procedure, you'll need to fill out the Diagnosis page. If no diagnostic procedures were done, you can skip this step.
- Click Diagnosis under the current Cycle.
- Diagnostic Date and Final Imaging Date=Date procedure was done.
- Treatment sections are only to be filled out if cancer was diagnosed. Do not put "Treatment Not Needed", just leave blank.

Click
"Diagnosis"



A vertical navigation menu with a dark blue background and white text. The menu items are: Profile, Demographics, Notes, LBCHP, Cycle 2, Assessment, **Diagnosis** (highlighted with a blue bar), Registry, PN Summary, Encounters, Cycle 1, Patient Navigation, PN - LBCHP, Cycle 2, Assessment 9/8/2022, Summary, Contacts, Cycle 1, PN - Other, Cycle 1, Assessment, Summary, and Contacts.



A screenshot of a web form for completing a diagnosis. The form is divided into sections: Breast Diagnosis, Breast Treatment, Cervical Diagnosis, Cervical Treatment, and Final Imaging Outcome. Each section has a status dropdown, a date field, and a diagnosis/stage dropdown. Yellow 'X' marks are placed over the 'Stage at Diagnosis' and 'Tumor Size' dropdowns in the Breast Diagnosis section, and the 'Stage' dropdown in the Cervical Diagnosis section. A 'Save' button is highlighted with a yellow box at the bottom right.



For breast cancer, leave "Stage at Diagnosis" and "Tumor Size" blank.
For cervical cancer, leave "Stage" blank.

For breast screening, only complete Final Imaging Outcome for diagnostic imaging.

Monthly Invoice Submission

Invoices are **due by the 15th of each month** except for the final invoice. Final invoices are due earlier to accommodate grant and fiscal year closeout activities.

Initial and Final Invoice Submission

- Depending upon when the contract is executed, the initial invoice may be cumulative. Meaning, you may be submitting invoices for multiple months with your first submission.
- Submit the **Subrecipient Certification form** with your initial and final invoice submissions. This form is included as an attachment in the email containing your contract documents from LBCHP Business.
- **Note:** The final date of the LBCHP grant year is June 29th, so the Billing Period for the final invoice is 6/1/XX-6/29/XX.

Supporting Documentation

Fee for Service (FFS)/Clinical Service Reimbursement

✓ Patient List

- Submit a Patient List for any encounters/procedures for which you are requesting reimbursement. You can use the “Patient List for Invoicing” report located in the “Reports” tab in Catalyst120.
- Ensure the patient list is accurate and only includes procedures/encounters that occurred in the billing month. All encounters/procedures included on the Patient List must be fully documented in Catalyst120.
- If requesting reimbursement for a procedure that was not previously billed in a prior billing month, please indicate that clearly on the patient list.

✓ LBCHP Fee Sheet

- Submit an LBCHP Fee Sheet to accompany the Patient List using the template provided.
- Patient List and LBCHP Fee Sheet must align. For example, if there are 26 screening mammograms on the Patient List, there must be 26 screening mammograms on the LBCHP Fee Sheet.

Personnel/Salary and Fringe

- ✓ **Time and Effort Certification:** Attach a Time and Effort Certification for each staff member funded under the contract. The percent effort must align with what is included in the approved budget.
- ✓ **Ledger/Accounting Statement:** Please include a ledger/accounting statement that clearly shows all personnel expenses.

Supplies/Other Operating Costs/Travel

- ✓ **Ledger/Accounting Statement:** Please include a ledger/accounting statement that clearly shows all expenses for which reimbursement is requested.
- ✓ **For travel reimbursement,** must follow [PM 13](#) (state travel guidelines)

Please submit Monthly Invoices to lbchpbusiness@lsuhsc.edu and cc the LBCHP Manager, Carleigh Baudoin (cbaud6@lsuhsc.edu).