

## NC BCCCP DIAGNOSTIC CAP

Effective July 1, 2007

The NC Breast and Cervical Cancer Control Program has instituted a capitation on diagnostic services. For the past year, NC has worked closely with the CDC and other National Breast and Cervical Cancer Early Detection Programs to gain insight on operations and service delivery. The information gained has helped our state begin to improve our work and make things more efficient across the state. Based on 15 years of services, we have assessed the amount of financial resources needed for additional diagnostic workups on BCCCP patients. Careful consideration has also been given to the reports by local BCCCP providers. The result is a statewide Diagnostic capitation for all patients per year. Effective immediately, (July 1, 2007) the Diagnostic capitation will be in place for women receiving BCCCP services in North Carolina.

The following summarizes the Diagnostic capitation for services:

Diagnostic Capitation: \$2,000 per one (1) occurrence of illness per fiscal year

The funding decision for the diagnostic capitation for BCCCP was based on consideration of an abnormal breast finding, which diagnostically would be the most expensive.

Example:	Clinical Breast Exam	41.56
	Screening Mammogram	77.04
	Diagnostic Mammogram (Bilateral) (or Ultrasound-less expensive)	107.97
	Surgical Consultation	102.72
	Sterotactic, localization guidance for Breast bx or needle placement/lesion	123.40
	Needle Core Bx, percutaneous	529.56
	Surgical Pathology	<u>279.21</u>
		\$1261.46

This example would cover a woman who had an abnormal CBE or mammogram with only one lesion for biopsy. It would be possible that there could be more than one lesion requiring additional lesion biopsies needed with additional costs.

NC Breast & Cervical Cancer Control Program  
Diagnostic CAP Policy- Revised 03/11/13,  
Cancer Prevention and Control Branch, CDI Section

An additional cost for the same woman receiving a Pap test with an abnormal finding and needing a colposcopy, biopsy and surgical consultation would increase the cost by:

Example:	Pap Test	27.85
	Colposcopy with Biopsy and Endocervical Curettage (one BX)	147.55
	Surgical Pathology	279.21
	Surgical Consultation	<u>102.72</u>
		\$557.33

Total for combined services: \$1818.79

It is certainly reasonable to assume that an additional \$181 could be included in these charges somewhere to reach a \$2000 diagnostic capitation.

A diagnosis of breast and cervical cancer in the same year would be unlikely, though possible. The possibility of needing more than one biopsy is present if there are additional lesions.

\$2,000 Diagnostic Cap with remaining non-covered services being the responsibility of the patient or provider

It should be noted that if there is a pre-cancerous or cancerous diagnosis, BCCM will retroactively cover these diagnostics services (billed from private or local provider), if the dates of diagnostic services was after the first day of the month in which the woman was diagnosed (or the start date of her BCCM coverage). This is an ongoing training issue to remind local providers of the above. Providers may or may not be billing BCCM for these diagnostics