

North Carolina Breast & Cervical Cancer Control Program (NC BCCCP)

Title: NC BCCCP DIAGNOSTIC CAPITATION POLICY	Category/Number: N/A
Approved By: <u><i>Kimberly McDonald</i></u> NC BCCCP Medical Advisor <u><i>Heather Dolinger</i></u> NC BCCCP Program Director	Section: NC BCCCP Training Manual- Appendices Program: NC BCCCP
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Purpose:

The NC Breast and Cervical Cancer Control Program (NC BCCCP) instituted a capitation on diagnostic services. The amount of financial resources needed for additional diagnostic workups for NC BCCCP patients has been assessed. Careful consideration is given to reports submitted by local NC BCCCP providers. The result is an annual statewide diagnostic capitation for all patients.

Policy:

Diagnostic Capitation: When follow-up services are required, NC BCCCP funds are to be used to pay for or provide the diagnostic services listed on the most current NC BCCCP Services Fee Schedule up to a maximum of \$2,000 per BCCCP enrollee per fiscal year.

Definitions:

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

Example:	99202 Office Visit (Breast Exam)	\$ 66.33
	77067 Screening Mammogram	\$ 116.72
	77063 Screening Digital Breast Tomosynthesis	\$ 48.21

77066 Diagnostic Mammogram (Bilateral) (or Ultrasound-less expensive)	\$ 144.16
99203 Surgical Consultation	\$ 103.42
19081 Stereotactic breast bx with needle placement	\$ 441.20
99203 Office Visit with biopsy	\$ 103.42
88307 Surgical Pathology	\$ <u>260.81</u>
	\$1,284.27

This example would cover a patient who had an abnormal CBE or mammogram with only one lesion for biopsy. There is a possibility of more than one lesion requiring additional biopsy (resulting in additional costs).

An additional cost for the same patient receiving cervical cytology with an abnormal finding and needing a colposcopy, biopsy, and surgical consultation would increase the cost by:

Example:	88142 Cytopathology (liquid-based Pap Test)	\$ 20.26
	87624 HPV Test	\$ 35.09
	57454 Colposcopy with Biopsy and Endocervical Curettage (one biopsy)	\$ 154.15
	88305 Surgical Pathology	\$ 66.03
	99203 Surgical Consultation/Office visit w/ Colpo	\$ <u>103.42</u>
		\$ <u>378.95</u>

Total for combined services: **\$1,663.22**

It is reasonable to expect that additional charges of \$317.05 could be assessed that would reach a patient's \$2,000 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 multiple lesions.

The \$2,000 Diagnostic Cap leaves the ***remaining non-covered services the responsibility of the patient or provider.***

It should be noted that if there is a pre-cancerous or cancerous diagnosis, the patient may be eligible to apply for Breast & Cervical Cancer Medicaid (BCCM) which will retroactively cover these diagnostic services (billed from private or local provider), if the dates of diagnostic services were after the first day of the month in which the patient was diagnosed (or the start date of her BCCM coverage). Providers may or may not be billing BCCM for these diagnostic services.

Responsibilities: Local BCCCP Providers **Legal Authority:** NBCCEDP

References: 2025 NC BCCCP Services Fee Schedule