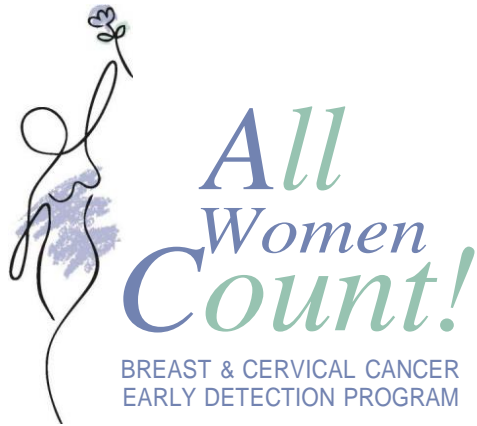


# AWC!

## Screening Site Manual



# **AWC!** Screening Site Manual

# ALL WOMEN COUNT! SCREENING SITE MANUAL

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# IMPORTANCE OF EARLY DETECTION



## INTRODUCTION:

*Cancers of the breast and cervix are significant public health problems in the United States.  
Early detection and treatment can make a world of difference for women!*

### Breast Cancer: Early screening can make a difference.

Cancer survival rates are directly related to the stage of the disease at the time of diagnosis. Women who are not regularly screened for breast cancer are at a greater risk of having the disease and for having later-stage diagnosis. According to 2022 South Dakota BRFSS data, 26% of women ages 40-74 have not had a mammogram in the past two years.

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**Early detection through regular screening is the best tool women have for preventing death from breast cancer.**

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There is strong evidence that regular, high-quality screening for age-appropriate women is a helpful and cost-effective way of identifying breast cancer in the early stages and reducing the number of deaths.

AWC! recommends annual or biennial screening mammography for women aged 40 to 74 years. An annual Clinical Breast Exam is also encouraged for AWC! participants due to higher risks and less access to regular medical care.

See [Appendix A](#) for Breast Cancer Screening Guidelines.

### Cervical Cancer: What we don't know could hurt us.

Cells on the surface of the cervix sometimes appear abnormal but not cancerous.

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**Scientists believe that some abnormal changes in cells on the cervix are the first step in a series of slow changes that can lead to cancer years later.**

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That is, some abnormal changes are precancerous; they may become cancerous with time.

Early Detection: According to 2018 SD BRFSS data, 18% of women ages 21-65 have not had a Pap smear in the past three years, or a Pap and HPV test in the past five years. If all women had pelvic exams and Pap tests regularly, most precancerous conditions would be detected and treated before cancer develops. That way, most invasive cancers would be prevented. Any invasive cancer that does occur would likely be found at an early, curable stage.

Risks: In the case of cervical cancer, risk factors are more clearly defined; history of sexually transmitted infections such as, Human Papilloma Virus (HPV), multiple sexual partners, DES (diethylstilbestrol) exposure in utero, and immunocompromised patients.

See [Appendix B](#) for Cervical Cancer Screening Guidelines.



# STEP BY STEP OVERVIEW



## INTRODUCTION:

### Step by Step Overview

1. **Woman hears of the All Women Count! (AWC!) program** through media, clinic staff, public health, etc.
2. **Woman calls clinic site** for information/appointment. (Women with private health insurance can still be eligible for the AWC! Program).
3. **Woman fills out page 1 of the AWC! Yellow Visit Form.**
  - Woman signs Consent for Release of Information to AWC!
  - Site determines woman's eligibility and accepts completed form
  - Site assigns a unique Encounter Number (ie ABC 12345)
4. **Site performs exam (pelvic, clinical breast) and does related patient testing.** If Pap test and/or HPV testing is done, the clinic then sends Pap/HPV Summary form (green), with Last Name, First Name, DOB, AWC! Encounter Number and Date of Service to the pathology lab.
5. **Site schedules mammogram and initiates Mammogram Summary form** (pink). Site uses same Encounter Number as Pap/HPV Summary and **Visit Form**. Site writes Last Name, First Name, DOB Date of Mammogram, and AWC! Encounter Number. Site routes to mammography facility or sends with the woman to take to her mammogram.
6. **Clinic staff COMPLETE PAGE 2 of the Yellow Visit Form and sends to AWC! program after appointment.** Please ensure all questions are answered on page 1 and 2.
7. **Sites billing office complete HCFA 1500 or UB 92 Billing form** (or bills insurance if applicable) **and sets up electronic billing.** Contact Claim.MD 855-757-6060 x490. **If not able to set up electronic billing mail claims to State of South Dakota DOH/AWC!, 615 East 4th Street, Pierre SD 57501.**  
If Billing AWC! as secondary, please submit on paper with insurance EOB.
8. **Site mails Yellow Visit Form to AWC!**  
615 E. 4th Street, Pierre, SD 57501  
See **Appendix J** for a sample **Visit Form**.
9. **Woman has mammogram.**
10. **Site receives Pap/HPV and mammogram results.**
11. **If results are normal, site notifies patient and recalls her next year.** If abnormal, site facilitates follow-up care and responds to AWC!'s request for follow-up information. Our goal is to complete all follow-up visits within 60 days of the initial screen.



# PROVIDER ROLE



## AWC! PROGRAM

*The following pages dive into a detailed description of the AWC! Program.*

*For a brief, printable overview of the program, see [Appendix C](#).*

### Provider Role

#### What you can do as an AWC! screening site (provider)

*In general, your responsibilities as an AWC! screening site are to:*

- Identify age-appropriate women who need breast and/or cervical cancer screening, determine their eligibility and enroll them in the program.
- Provide screening exams and education.
- Track AWC! patients and ensure that summaries of screening results, as well as [Visit Forms](#), are sent to the AWC! Program.
- Notify women of test results.
- Communicate with women who have abnormal results and help them obtain the necessary follow-up care (diagnostic tests) within 60 days of the initial screen.
- Provide AWC! with brief summaries of follow-up care.
- Send completed HCFA 1500 or UB-92 Universal Billing Form to AWC! for services provided.  
[State of SD / DOH AWC! / 615 East 4th Street / Pierre SD 57501 or through Claim.MD](#)
- Remind women when they are due for future screenings
- Designate one person to be your administrative contact for AWC! to be the authorized signer for the partner agreements, one person to be your care coordination contact, one person to be your billing contact, and one person to be your medical records contact.  
See [Appendix D](#) for a sample flow chart.

#### Services covered by AWC!:

*Screening services covered by AWC! include:*

- Office Visit (which includes clinical breast exam and pelvic exam)
- Pap smear testing
- HPV testing
- Mammograms
- Screening Breast MRI

*Diagnostic services covered by AWC! include:*

- Diagnostic Mammograms
- Breast Ultrasounds
- Breast Biopsies
- Cervical Biopsies

AWC! will only reimburse for services within the **“AWC! Program Payment Schedule of Allowed Services by CPT Code”**. The Current Procedure Terminology (CPT) codes and reimbursement rates are an addendum to the provider agreements and will be in effect unless you receive written notification.

No other CPT codes are accepted by our system and will be disallowed if billed. The clinic determines the appropriate visit code to be billed. The only restrictions are that only one new patient visit is allowed per patient and the new patient charge should be used for patients new to your clinic, not the program.

As required by federal legislation, AWC! reimbursement rates are based on prevailing Medicare Part B rates for the state of South Dakota. Our reimbursement rates change on or about February 1 of each year when Medicare rates change. You will receive an updated rate schedule each year. See [Appendix E](#) for the most current rates.





# ELIGIBILITY AND ENROLLMENT



## AWC! PROGRAM

### Eligibility and Enrollment

To enroll a woman into the AWC! Program, have her complete the AWC! Yellow **Visit Form**. The woman must complete questions 1-28 and sign the consent for release. In addition to the consent a woman will be asked for her address, income, insurance coverage and related information. The clinic will reference the income and insurance status to determine if a woman is eligible. The woman does not need to show verification of income; you may accept self-reported income.

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**REMINDER: Eligibility is not dependent on insurance status.**

---

To order forms for your clinic, see **Appendix G**.

Many AWC! sites find it helpful to pre-screen women for eligibility over the phone before scheduling an appointment. See **Appendix H** for optional pre-screen paperwork.

Once you have determined that the woman is eligible, assign her an AWC! Encounter Number and place the sticker on her Yellow **Visit Form**. AWC! supplies you with Encounter Number labels in sets of four. Each number consists of three letters unique to your individual site followed by three to five numbers unique to the patient for that day of service. (e.g. "ABC123, ABC1234 or ABC12345"). You will use additional labels for her Pap/HPV Summary and/or her Mammogram Summary.

*Please discard any leftover labels with her unique number that was used for that day's visit.  
Those labels cannot be used for any future visit or for any other patient.*

### Is she eligible?

In order to qualify for AWC! the woman must meet all of the following guidelines:

1. **Income: At or below the income guidelines, as shown in the table found in **Appendix I**.**\*
2. **Insurance status: A woman CAN have insurance and still be eligible for the program.**\*\*
3. **Age 30 to 64 for cervical cancer screening.**  
**Age 40 to 64 for breast cancer screening.** Women aged 30-39 with documented risk factors.\*\*\*

\*Use gross income before taxes or other deductions. For self-employed women, including farmers, use net household taxable income after deducting business expenses. AWC! Income Guidelines are revised on or about February 1 of each year.

\*\*All Women Count! is the payer of last resort, except for Indian Health Services, where AWC! pays first. If a woman has another payment source that covers screening, such as private insurance, that source must be billed prior to AWC!, except in cases involving Indian Health Services. AWC! will cover co-payments and deductibles to supplement other payers, ensuring AWC! services remain free to the woman

\*\*\*Women 30-39 are eligible for a diagnostic mammogram if they have documented breast signs or symptoms suspicious for cancer (i.e. palpable lump, bloody discharge, nipple inversion, ulceration, dimpling or inflammation of the skin) and/or a 1st degree relative diagnosed with breast cancer (i.e. biological parent, sibling, child). Prior authorization is needed.



# VISIT FORM



## AWC! PROGRAM

Filling out the **Visit Form** correctly and completely is critical! See **Appendix J** for the **Visit Form**.

### How to Complete the Visit Form

The woman will complete page 1 of the **Visit Form**. Every question must be answered completely.

---

**The following items are common areas of misinterpretation and should be checked for accuracy and completeness before submitting forms**

---

If the items below are incomplete or incorrect, AWC! will call you for completion.

#### Page 1 (woman completes)

- Question 19** - number of people living in the household
- Question 20** - total monthly household income (before taxes)
- Question 25** - Prior Pap smear. This is for the Pap smear she had PRIOR to today's visit (i.e. last year, 3 years ago or 5 years ago). She should not use the date of today's Pap smear.
- Question 26** – If answered no, question 27 should be left blank.

#### Page 2 (healthcare professional completes)

##### Eligibility Determination

This is where the clinic decides the woman is eligible for AWC!. The clinician will assess if the woman is between 30 and 64 years of age and if she meets income guidelines for AWC!. Once eligibility is assessed, please print your name for program use. We would like to know who to contact at the clinic for questions.

##### Patient History

**Screening prior to this visit: Pap Smear:** The date of a woman's last Pap smear is important and must be completed. If the woman's last Pap smear was done outside of the United States, please follow your facility guidelines for this situation and attach those guidelines to our form.

**Risk Factors** – If your clinic doesn't assess risk factors, please mark "not assessed" or mark "yes" or "no" only if a professional risk assessment tool has been used.

##### Breast Data

Mark the finding of the clinic breast exam (CBE) as "normal" or "abnormal". Please note, if "Abnormal: suspicious for cancer" is marked (3rd option), you will need to order a mammogram and a breast ultrasound. If a mammogram is ordered or done during the visit, a Mammogram Summary must accompany the woman to her mammogram.

##### Cervical Data

Please mark if a cervical cancer screening was done this visit. By marking "Yes", you are stating that the woman is having a Pap smear. If cotesting is also ordered, please mark "Yes" AND "HPV done as

cotesting”. If only an HPV test was collected, indicate if it was provider or patient/self-collected.

Colposcopy or other follow-up services – this section should remain blank unless a woman has a current abnormal screening. In those instances, a new Yellow **Visit Form** will be needed for that visit and this section will be used.

Was Cervical Cancer Screening done as follow-up to a previous abnormal? If a woman has a history of abnormal Pap smears and you are following her as surveillance, please mark “yes”.

### Rescreen Plan

Enter rescreening date (month and year).

*When the clinician has completed page 2 and has reviewed the answers from the woman on page 1, please mail the form to the address below.*

*(This address is also printed on the Visit Form for your convenience.)*

*All Women Count!*

South Dakota Department of Health  
615 East 4th Street  
Pierre, SD 57501



# MAMMOGRAM SUMMARY



## AWC! PROGRAM

See [Appendix K](#) for the Mammogram Summary Form.

### How to Complete the Mammogram Summary Form

#### Is she old enough for a mammogram?

A clinical breast exam should be done at least once a year for women 30-64. If the woman is between the ages of 40-64, schedule her mammogram and send the Mammogram Summary Form, either with the woman or over to your mammography department.

#### Completed by the Clinic

**Patient Name:** Last Name, First Name, Middle Initial

**DOB:** mm/dd/yy

**AWC! Encounter Number:** This must match the Encounter Number of the **Visit Form**, completed during the woman's office visit.

#### Completed by Mammography Facility

List the facility where the mammogram is going to be done. When indicating the name of the facility, please be as accurate as possible, using the most current name of the facility. If a mobile unit comes to the facility, record the facility name where the mammogram occurred, NOT the name of the mobile mammography provider.

**Date of Mammogram:** This is the date the mammogram was done, not ordered

**Mammogram occurred:** Please tell us if the mammogram was done in house/through a stationary mammogram machine or if it was done by a mobile unit.

#### Radiologist's Assessment (to be complete by Radiologist)

**ACR Assessment Category:** Only one category should be checked

**Recommendations:** This should correspond to the ACR Assessment Category

At the bottom of this form, please supply the Radiologist's name, signature, Radiology Group, and date dictated. This information allows AWC! to contact the appropriate Radiologist if there are questions.

*When the form is completed please mail to address listed below.*

*(This information is also listed on the Mammogram Summary for your convenience.)*

**All Women Count!**

South Dakota Department of Health  
615 East 4th Street  
Pierre, SD 57501



# PAP/HPV SUMMARY



## AWC! PROGRAM

See [Appendix L](#) for the Pap/HPV Summary Form.

### How to Complete the Pap/HPV Summary Form

When the Pap smear is complete, please place this form, along with the lab request, with a note stating to bill the AWC! Program. The lab will then know AWC! is paying for this testing.

#### Completed by the Clinic

- Patient Name:** Last Name, First Name, Middle Initial
- DOB:** mm/dd/yy
- AWC! Encounter Number:** This must match the Encounter Number of the **Visit Form**, completed during the woman's office visit.
- Date Specimen Collected:** This date should be the same as the date of the office visit, not the date the lab received it.

#### Completed by the Pap Lab Facility

##### *Pap Smear Information:*

- Lab Name:** Facility where the Pap and/or HPV testing is being processed. Be as accurate and as current with the name of the facility as possible.
- Specimen Adequacy:** A category must be marked

*Interpretation Results: Only one category should be checked*

##### *Human Papillomavirus:*

- Date of Test:** mm/dd/yy
- HPV Test:** Co-test, HPV Only by Provider, Self-Collection by Patient, or Test Not Done
- HPV Test Results:** Negative, Positive with or without genotyping

*When the form is completed please mail to address listed below*

*(This information is also listed on the Pap/HPV Summary for your convenience.)*

#### *All Women Count!*

South Dakota Department of Health  
615 East 4th Street  
Pierre, SD 57501

### Pelvic Exam and Pap Smear

AWC! will cover a pelvic exam as part of the office visit charges as long as a clinical breast exam is done during the visit. Please pick the appropriate office visit procedure code to cover this charge.



# BILLING



## AWC! PROGRAM

### How to Bill AWC!

#### Provider Agreements

Provider agreements are signed every three years by the clinic administrator of your facility. A provider site may terminate their agreement at any time by sending a note in writing asking the program to terminate their agreement.

AWC! is not an insurance company and should not be regarded as such. Billing, payment and other administrative issues are covered in more detail in the provider agreement. *Please familiarize yourself with the agreement. See **Appendix R** for an example Participating Site Agreement.*

---

**Once your clinic has signed the participating provider agreement with the AWC! Program, you will be listed as a participating provider on the program's website.**

---

### Who Should be Billed

*AWC! services must be free to all eligible program participants. The patient must never be billed for AWC! covered services.* You may bill participants for non-covered services provided during a visit. However, you must notify the woman prior to these additional services, ensuring she understands that she will be responsible for the charges. AWC! is advertised as a free program; patients may be confused if billed for additional services.

---

**If the woman has any type of insurance coverage that might pay for breast and/or cervical cancer services you should collect from those sources FIRST and then bill AWC! on paper with the explanation of benefits from the insurance for any remaining charges.**

---

AWC! is payer of last resort. Even if you think that AWC! services will not be covered by the woman's insurance, you need to wait for a denial from insurance before billing AWC!.

If a woman has an unmet deductible or a copay with her insurance company, you still submit the insurance claim so that our payment can go towards the woman's deductible or copay.

AWC! does require that a copy of the insurance explanation of benefits (EOB) be attached to a paper claim when the claim is submitted to AWC!'s intermediary payment provider.

## Who Bills AWC!

You as a provider should have a Provider Agreement with AWC! in order to bill AWC! for services. If you refer women for certain services (e.g. mammography, radiology, colposcopy, cytology, etc.), those providers must have a Provider Agreement with the AWC! Program as well and should directly bill the program for the services they perform. A transfer of care form is located in [Appendix N](#). This will help communicate to other facilities to submit a claim to AWC! rather than bill the patient.

## How to Bill AWC!

The universal forms (i.e. HCF 1500 and / or UB92) for clinic and hospital invoicing is what is accepted by AWC!. We do ask the billing coming on paper be sent to the program Pierre address.

*This is the same mailing address as on the colored program forms.*

*All Women Count!*  
South Dakota DOH  
615 East 4th Street  
Pierre, SD 57501

To set up electronic billing please work directly with our third payer claim administrator, Claim MD 855-757-6060 x 490. The payer ID will be SDAWC.

## What Amount is Billed to AWC!

AWC! reimburses based on current Medicare B rates. AWC! providers have agreed to accept AWC! rates as full payment for covered services. You may bill AWC! at your usual and customary rate; however, you will be paid the Medicare B rate. Again, the woman cannot be billed for the balance. If the woman has health insurance, please submit the EOB along with the billing for her services.



# PAYMENTS



## AWC! PROGRAM

### Payments

Participating providers will receive checks or auto deposit's from MaxTrac Data on behalf of AWC! Contact for MaxTrac Data is 651-714-0884 x1 [www.maxtracdata.com](http://www.maxtracdata.com).

If a charge is billed and we have not received the results (Mammogram Summary and/or Pap/HPV Summary or a **Visit Form**), we will suspend the charge for 60 days in anticipation of the paperwork. When the paperwork is received, the charge will automatically be paid. If after 60 days the program has not received the necessary paperwork, the charge will be disallowed. If you send the paperwork after the bill denial, please check with the program before resubmitting, as we might be able to make an adjustment.

### Charges will be disallowed immediately for the following circumstances:

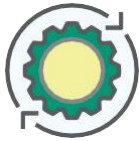
- The patient does not meet age or income eligibility
- Preauthorization was not obtained, when required (women 30-39, screening MRI for high risk women)
- The procedure billed is not listed on the "Payment Schedule or Allowed Services by CPT Code" document.

There may be other occasions when some charges will be disallowed but the reason will be explained to you on your Remittance Advice coming from MaxTrac Data. See **Appendix O** for a list of the most common program denials.

Once AWC! has received all of the required forms and reports, please allow eight weeks for processing and issuance of payments.

*If you have questions about the general billing policy or specific charges,  
please call the program at (800) 738-2301.*





# TRACKING AND OTHER TOOLS



## AWC! PROGRAM

### Tracking and Other Tools

AWC! has designed a “**Tracking Form**” to help you track abnormal test results and to ensure no woman is ever lost to follow-up care.

*See **Appendix P** for the tracking form, and feel free to print and make copies for your clinic.*

In addition to your tracking, AWC! maintains a **centralized database**. The database helps the program to know dates of services and test results.

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**We use this information to communicate with you  
about missing forms, results or billing.**

---

The database also helps manage follow-up after abnormal screening. You may from time to time receive re-quests from the program asking for missing test results or **Visit Forms**. This information may be asked of you, via fax or phone call, if other facilities haven’t sent test results.

AWC! will work with your clinic contact, typically a nurse, making sure all abnormal testing is followed up on in a timely manner. Updating the program on new contacts is critical to keeping the program running smooth.

*See **Appendix Q** to update your facility contacts.*

### Publicity Efforts

To increase awareness of the AWC! Program, the following strategies are utilized: placing newspaper coupons, social media posts, radio advertising, printing posters and rack cards for our providers to use in their facilities and using social media outlets. See **Appendix F** for the AWC! rack card and wallet card.

Your organization’s name will appear on a list of sites that is located on our website: [www.getscreenedsd.org/awc](http://www.getscreenedsd.org/awc) and is used by Patient Navigators to direct women for services in her community.



# TRAINING



## AWC! PROGRAM

### Training

In order to use the AWC! Program at your facility, training is needed to understand the process of assessing eligibility, completing enrollment, providing follow-up and submitting claims correctly and timely.



You can log in and out, maintain your place in the training, and review important program details and progress at your own pace.

**TRAIN: The All Women Count! (AWC!) Program training is now located at TRAIN.** TRAIN is a national learning network that provides quality training opportunities for professionals who protect and improve the public's health. After setting up an account you can go through the AWC! Program training.

The training is set up through modules. Each module focuses on different parts of the program. You can start with the area that relates to your work responsibilities. We do encourage you to go through all of the modules in order to understand how the program works at your facility. So that you can evaluate your understanding of the program, there is a test at the end of each module.

#### The modules include:

1. Eligibility + Enrollment
2. Screening Site
3. Forms + Documentation
4. Screening + Diagnostic Tests
5. Follow-up
6. Treatment
7. Billing
8. Payment
9. Materials

**TRAIN can be a tool used for new staff orientation!**

*It is always available as a refresher or can be used as a quick search to answer questions that come up.*

#### Here is how to access TRAIN:

To start the training, you and your team should follow these steps:

- Go to the **HYPERLINK** <https://www.train.org/sd/course/1120865/details> **SD TRAIN PORTAL**  
Web Address: [train.org/sd/home](https://www.train.org/sd/home)  
Choose: “**Create an Account**”
- Click the “**All Women Count!**” link, and you are on your way!

## Breast Cancer Screening Guidelines for Women

	U.S. Preventive Services Task Force <sup>1</sup> 2024	American Cancer Society <sup>2</sup> 2015	American College of Obstetricians and Gynecologists <sup>3,4</sup> 2017, 2025	American College of Radiology <sup>6,7</sup> 2021, 2023	American College of Physicians <sup>8</sup> 2019
Women aged 40 to 49 with average risk	<b>Biennial</b> screening mammography is recommended starting at age 40.	Women aged <b>40 to 44</b> years should have the choice to start <b>annual</b> breast cancer screening with mammograms.  Women aged <b>45 to 49</b> years should get mammograms <b>every year</b> .	Recommend screening with mammography <b>every 1-2 years</b> . <b>May offer CBE annually</b>	<b>Annual</b> screening with digital mammography or 3D tomosynthesis (DBT)	Discuss benefits and harms with women in good health and order screening with mammography <b>every two years if a woman requests it</b> .
Women aged 50 to 74 with average risk	<b>Biennial</b> screening mammography is recommended.	Women aged <b>50 to 54</b> years should get mammograms <b>every year</b> . Women aged <b>55 years and older</b> should switch to mammograms <b>every 2 years</b> or have the choice to continue yearly screening.	Recommend screening with mammography <b>every 1 or 2 years</b> based on an informed, shared decision-making process. <b>Biennial screening</b> mammography, particularly after age <b>55 years</b> , is a reasonable option	<b>Annual</b> screening with digital mammography or 3D tomosynthesis (DBT)	Physicians should encourage mammography screening <b>every two years</b> in average-risk women.
Women aged 75 or older with average risk	<b>Current evidence is insufficient</b> to assess the balance of benefits and harms of screening mammography in women aged 75 years or older.	<b>Screening should continue</b> as long as a woman is in good health and is expected to live 10 more years or longer.	The decision to discontinue screening mammography should be based on a <b>shared decision making process</b> informed by the woman's health status and longevity	<b>Screening should continue</b> past age 74 without an upper age limit, unless severe comorbidities limit life expectancy or ability to accept treatment	In average-risk women aged <b>75 years or older</b> or in women with a <b>life expectancy of 10 years or less</b> , clinicians should <b>discontinue screening</b> for breast cancer.
Women with dense breasts	<b>Current evidence is insufficient</b> to assess the balance of benefits and harms of supplemental screening for breast cancer using breast ultrasonography or magnetic resonance imaging (MRI) in women identified to have dense breasts on an otherwise negative screening mammogram.	There is <b>not enough evidence</b> to make a recommendation for or against yearly MRI screening.	Does <b>not recommend</b> routine use of alternative or adjunctive tests to screening mammography in women with dense breasts who are asymptomatic and have no additional risk factors.	For women with dense breasts who desire supplemental screening, <b>breast MRI is recommended</b> . CEM could be considered as a potential supplemental screening method	<b>Evidence is insufficient</b> on benefits and harms of primary or adjunctive screening strategies in women who are found to have dense breasts on screening mammography
Women at higher-than-average risk	Women with a parent, sibling, or child with breast cancer are at higher risk for breast cancer and thus may benefit more than average-risk women from beginning screening in their 40s.	Women who are at high risk for breast cancer based on certain factors (such as having a parent, sibling, or child with a BRCA 1 or BRCA2 gene mutation) should get an MRI and a mammogram every year.	Screening should include twice-yearly CBEs, annual mammography, annual breast MRI, and breast self-exams. For women who received thoracic irradiation between ages 10 and 30 years, screening should include annual mammography, annual MRI, and screening clinical breast exams every 6 to 12 months beginning 8 to 10 years after radiation treatment or at age 25 years. CBE recommended.	Women with certain risk factors should have annual mammography starting at age 30 and annual MRI starting age 25 to 30. Mutation carriers can delay mammographic screening until age 40 if annual breast MRI is performed as recommended. Women exposed to significant chest RT by age 30 should have annual mammography starting at age 25 or 8 years after RT, whichever is later, and annual breast MRI beginning age 25-30.	Not addressed.
Additional issues relevant for all women	Current evidence is insufficient to assess the benefits and harms of digital breast tomosynthesis (DBT) as a primary screening method for breast cancer.	Women should be familiar with the known benefits, limitations, and potential harms associated with breast cancer screening. They should also be familiar with how their breast normally look and feel and report any changes to a health care provider right away.	Breast self-examination is not recommended in average-risk women because there is a risk of harm from false-positive test results and a lack of evidence of benefit. CBE may be offered to asymptomatic, average-risk women every 1-3 years for women aged 25-39.	All women should undergo risk assessment by age 25 to allow for planning of appropriate supplemental screening.	<b>Breast self-examination is not recommended</b> in average-risk women. In average-risk women of all ages, clinicians should not use clinical breast examination to screen for breast cancer due to lack of evidence of benefit.



## References

- <sup>1</sup>U.S. Preventive Services Task Force. (2024, April 30). [Screening for breast cancer: U.S. Preventive Services Task Force recommendation statement](#). *JAMA*, 2024;331(22):1918-1930 <https://doi.org/10.1001/jama.2024.5310>
- <sup>2</sup>Oeffinger KC, Fontham ET, Etzioni R, Herzig A, Michaelson JS, Shih YC, Walter LC, Church TR, Flowers CR, LaMonte SJ, Wolf AM, DeSantis C, Lortet-Tieulent J, Andrews K, Manassaram-Baptiste D, Saslow D, Smith RA, Brawley OW, Wender R; American Cancer Society. (2017, October 20). [Breast cancer screening for women at average risk: 2015 guideline update from the American Cancer Society](#). *JAMA*, 2015;314(15):1599–1614.
- <sup>3</sup>American College of Obstetricians-Gynecologists. (2017, July). [Practice bulletin no. 179 summary: Breast cancer risk assessment and screening in average-risk women](#). *Obstetrics & Gynecology*, 2017; 130(1):241-243.
- <sup>4</sup>American College of Obstetricians-Gynecologists. (2025). [Age to initiate routine breast cancer screening: ACOG clinical practice update](#). *Obstetrics & Gynecology*, 2025; 145(1):e40-e44.
- <sup>6</sup> Monticciolo DL, Newell MS, Moy L, Lee CS, Destounis SV. (2023, May 5). [Breast cancer screening for women at-higher-than-average risk: updated recommendations from the ACR](#). *Journal of the American College of Radiology*, Sep;20(9):902-914.
- <sup>7</sup>Monticciolo DL, Malak SF, Friedewald SM, Eby PR, Newell MS, Moy L, Destounis S, Leung JWT, Hendrick E, Smetherman D. (2021, June 19). [Breast cancer screening recommendations inclusive of all women at average risk: update from the ACR and Society of Breast Imaging](#). *Journal of the American College of Radiology*, 2021;18(9):1280 – 1288.
- <sup>8</sup>Qaseem A, Lin JS, Mustafa RA, Horwitch CA, Wilt TJ; for the Clinical Guidelines Committee of the American College of Physicians. (2019, April 9). [Screening for breast cancer in average-risk women: A guidance statement from the American College of Physicians](#). *Annals of Intern Medicine*, 2019;170(8):547-560. doi:[10.7326/M18-2147](https://doi.org/10.7326/M18-2147)
- <sup>9</sup>Wilson S. (2024, June 13). AAFP backs updated USPSTF breast cancer screening guidance. *American Academy of Family Physicians*, <https://www.aafp.org/news/health-of-the-public/2024-breast-cancer-screening-update.html>
- <sup>10</sup>American Academy of Family Physicians. (2025, March 28). *Breast cancer, breast self exam (BSE)*. <https://www.aafp.org/family-physician/patient-care/clinical-recommendations/all-clinical-recommendations/breast-cancer-self-bse.html>

## Cervical Cancer Screening Guidelines for Average-Risk Women

	American College of Obstetricians and Gynecologists (ACOG), American Society for Colposcopy and Cervical Pathology (ASCCP), Society of Gynecologic Oncology (SGO), and the U.S. Preventive Services Task Force (USPSTF) <sup>1,2,3</sup> 2018, 2021	American Cancer Society (ACS) 2020 <sup>4</sup>
<b>When to start screening</b>	<b>Age 21.</b> Women aged <21 years should not be screened regardless of the age of sexual initiation or other risk factors.	<b>Age 25</b>
<b>Statement about annual screening</b>	Women of any age should not be screened annually by any screening method.	Individuals should not be screened more frequently than at the recommended interval for the test used and should not be screened annually at any age by any method. Annual testing may be recommended as surveillance after abnormal screening results.
<b>Cytology</b> (conventional or liquid-based)	<b>Every 3 years.</b>	<b>Every 3 years</b> If access to primary HPV testing is limited or not available. Will not be included in future guidelines.
<b>Primary hrHPV testing</b> (as an alternative to cotesting or cytology alone)	For women aged 30–65 years, screening by HPV testing alone is <b>not recommended</b> in most clinical settings.	<b>Every 5 Years</b>
<b>HPV co-test</b> (cytology + HPV test administered together)	<b>Every 5 years</b> for women aged 30-65 years.	<b>Every 5 years</b> If primary HPV testing is not available, individuals aged 25-65 should be screened with cotesting.
>65 years of age	Discontinue screening if adequate negative prior screening	Discontinue screening if adequate negative prior screening
<b>Screening among those immunized with HPV vaccine</b>	Women at any age with a history of HPV vaccination should be screened according to the age specific recommendations for the general population.	Follow age-specific screening recommendations (same as unvaccinated individuals)

HPV = human papillomavirus; CIN = cervical intraepithelial neoplasia; AIS=adenocarcinoma *in situ*; hrHPV = high-risk HPV.



## References

- <sup>1</sup>USPSTF. (2018, August 21). Cervical cancer. *U.S. Preventive Service Task Force*. Available at <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening>
- <sup>2</sup>USPSTF. (2018, August 21). Screening for cervical cancer: US Preventive Services Task Force recommendation statement. *JAMA*. 2018;320(7):674–686. doi:10.1001/jama.2018.10897
- <sup>3</sup>ACOG. (2021, April). Updated cervical cancer screening guidelines. *American College of Obstetricians and Gynecologist*. <https://www.acog.org/en/clinical/clinical-guidance/practice-advisory/articles/2021/04/updated-cervical-cancer-screening-guidelines>
- <sup>4</sup>Fontham ETH, Wolf AMD, Church TR, Etzioni R, Flowers CR, Herzig A, Guerra CE, Oeffinger KC, Shih YCT, Walter LC, Kim JJ, Andre ws KS, DeSantis CE, Fedewa SA, Manassaram-Baptiste D, Saslow D, Wender RC, Smith RA. (2020, July 30). Cervical cancer screening for individuals at average risk: 2020 guideline update from the American Cancer Society. *CA Cancer J Clin*. 2020; 70: 321-346. <https://doi.org/10.3322/caac.21628>
- <sup>5</sup>USPSTF. (2024, December 10). Cervical cancer: screening - draft. *U.S. Preventive Service Task Force*.



# APPENDIX C



## AWC! BREAST AND CERVICAL CANCER PROGRAM

### Eligibility Determination and Billing

#### 1. Eligibility Determination

- Eligibility is determined at the clinic site. To answer questions about eligibility, use the Eligibility Guidelines and the Income Guidelines for Screening Eligibility.
- Call AWC! 1-800-738-2301 if there are special circumstances.
- Each clinic keeps a supply of the forms (**Visit Form**, **Mammogram Summary**, **Pap/HPV Summary**).

*Call 1-800-738-2301 or complete the supply order form.*

#### 2. Eligibility Form *(complete every time woman has an AWC! service)*

##### **Visit Form**

- The woman needs to complete page one of the **Visit Form**
- The woman gives the **Visit Form** back to clinic staff in charge of AWC! Forms – they review the form for completeness. Checking each given answer, age, income and woman's signature. Clinic then completes **ALL** of page two
- The woman proceeds to have the clinical breast exam, pelvic exam (included in office visit charges) and, perhaps a Pap/HPV test.

*The completed form is mailed to: AWC!, 615 E 4th Pierre, SD 57501 within one week of visit date.*

#### 3. Clinic Test Report

##### **Mammogram Summary Form**

- If a woman is age eligible for a mammogram, between 40-64, an appointment is set up with the radiology/mammogram facility following the woman's clinic visit. The **Mammogram Summary Form** is mailed to the radiology facility with the patient's name, date of birth, date of service and the same encounter number as the **Visit Form**. Another option is to have the woman take the form with her to her mammogram appointment. After the woman has had her mammogram, the radiology facility mails the completed **Mammogram Summary Form** to Pierre.

*Note: If the form is not given to the mammogram facility, they have no way of knowing to bill AWC! and problems could arise.*

##### **Pap/HPV Summary Form**

- The **Pap/HPV Summary Form** is sent to the lab with the specimen. If a requisition form is sent to the Lab, it must state, "**Bill - All Women Count!**" The form needs to have the woman's name, date of birth, date of service and same encounter number as the **Visit Form**. The lab mails the completed form to Pierre.

*Note: Pap tests are covered every three years or every five years with HPV cotesting.*

##### **Red SCREENING MRI Summary Form**

- If a woman is **HIGH RISK** for breast cancer a **screening** MRI may be ordered. The woman must have one or more of these conditions to qualify for the MRI, BRCA mutation, a first degree relative who is a BRCA carrier, a lifetime risk of 20-25% or greater as defined by risk assessment models, radiation treatment to the chest between the ages 10-30, or personal or family history of genetic syndromes.

The provider requesting the MRI must complete the request form (Appendix M). The **MRI Summary Form** is sent to the facility AFTER authorization from AWC! is given. The clinic or radiology facility completes the **MRI Summary Form** with the patient's name, date of birth, date of service and the same encounter as the **Visit Form**.

**\*Diagnostic MRIs for symptomatic women are not covered.**

#### 4. Encounter Numbers

- Each AWC! site has their own set of encounter numbers. These numbers identify both the clinic and the individual woman's visit. The same encounter number needs to be placed on both sides of the **Visit Form** and once on the **Pap/HPV Summary** and **Mammogram Summary** for each individual visit.
- Rule for encounter numbers – one set of numbers per woman per visit. Do not save unused encounter numbers. You are given extra numbers and you won't use all of them; please toss any remaining numbers. Numbers should NEVER be used more than one time.
- You can order more encounter numbers by calling 1-800-738-2301 or complete the supply order form. See **Appendix G**

#### 5. Mailing the forms

*All the forms - **Visit Form**, **Pap/HPV Summary**, **Mammogram Summary** and the **MRI Summary** mail to:*

*All Women Count!*  
South Dakota Department of Health  
615 East 4th Street  
Pierre, SD 57501

#### 6. Billing for Services

AWC! will pay for services listed on the "Payment Schedule of Allowed Services by CPT Code" list (if there are questions, call the AWC! Program at 800-738-2301 or email [SDAllWomenCount@state.sd.us](mailto:SDAllWomenCount@state.sd.us)) Bills with insurance payments must come on paper with insurance explanation of benefits attached. Electronic Filing is available

The Payer ID is "sdawc". Please contact your clearinghouse and ask them to update your AWC! claims with the new Payer ID. If the clearinghouse needs assistance, contact Linda at Claim.MD, 757-6060 ext 490 or [linda@claim.md](mailto:linda@claim.md)

Completing the **HCFA 1500** or **UB 92**

**HCFA:** **Box 1a** on the **HCFA** needs the AWC! encounter id connected to the date of service.

**Box 11** delete

**UB92:** **Field 60** needs the AWC! encounter id connected to the date of service.

**Field 64** delete

*\*\*Electronic Billing is available by contacting Claim.MD 855-757-6060 x 490*

*The facility billing office mails billing on (**HCFA 1500** or **UB 92**) to:*

*All Women Count!*  
South Dakota Department of Health  
615 East 4th Street  
Pierre, SD 57501



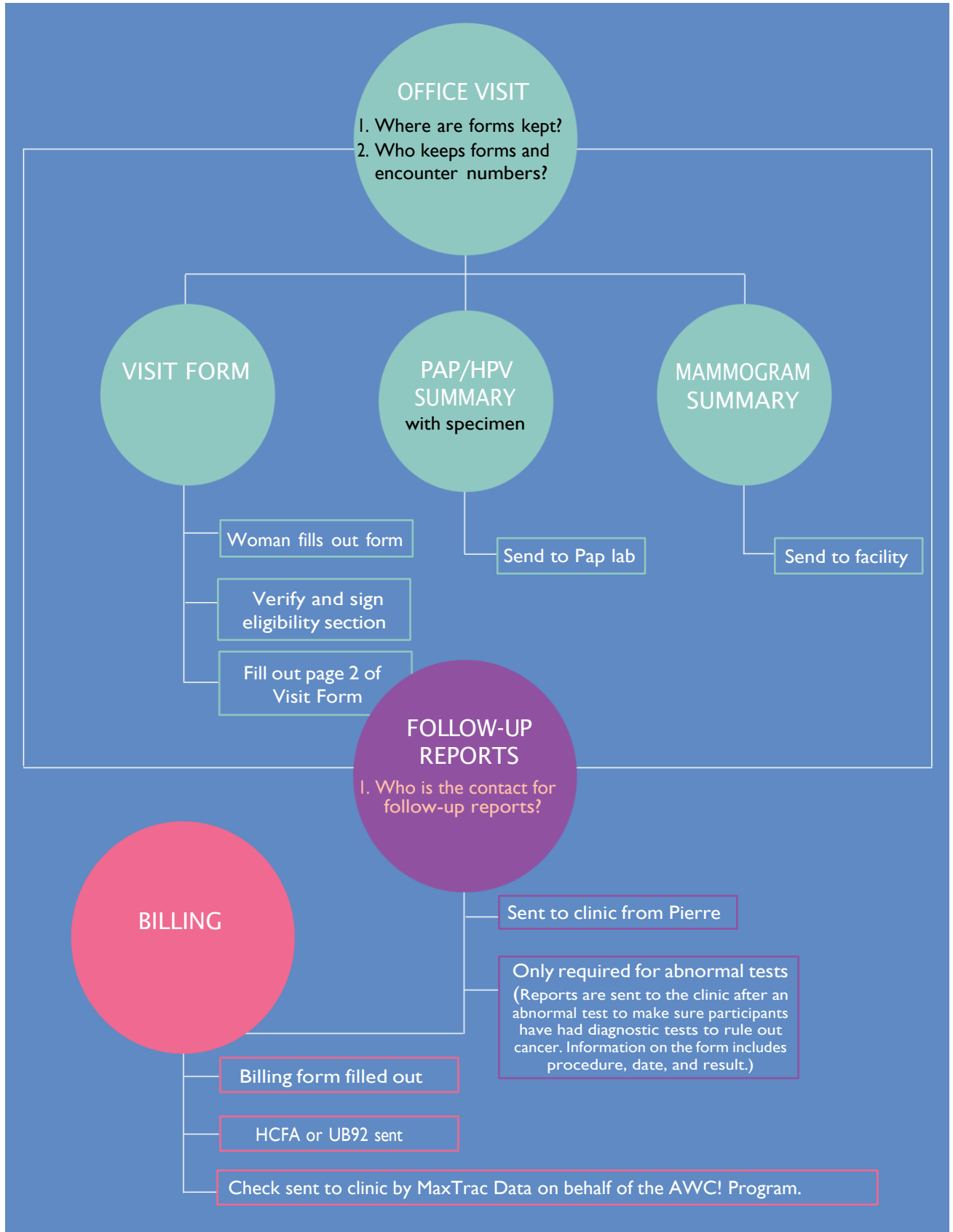


# APPENDIX D



## WORKFLOW FORM

Use this form to guide your staff through the AWC! form process



**ALL WOMEN COUNT! PROGRAM**  
**PAYMENT SCHEDULE OF ALLOWED SERVICES BY CPT CODE**  
**EFFECTIVE February 1, 2025**

CPT CODE	SERVICE DESCRIPTION	Medicare B rates
00400	Anesthesia for procedures on the anterior trunk and perineum	Per ABU
00940	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified	Per ABU
10004	Fine needle aspiration biopsy without imaging guidance, each additional lesion	\$49.16
10005	Fine needle aspiration biopsy including ultrasound guidance, first lesion	\$125.86
10006	Fine needle aspiration biopsy including ultrasound guidance, each additional lesion	\$56.22
10007	Fine needle aspiration biopsy including fluoroscopic guidance, first lesion	\$289.43
10008	Fine needle aspiration biopsy including fluoroscopic guidance, each additional lesion	\$134.27
10021	Fine needle aspiration without imaging guidance	\$94.69
19000	Puncture Aspiration of Cyst of Breast	\$91.73
19001	Aspiration, each additional Cyst used in conjunction with 19000	\$24.43
19081	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion DO NOT use in conjunction with 19281-19286	\$464.37
19082	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion DO NOT use in conjunction with 19281-19286	\$355.20
19083	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion DO NOT use in conjunction with 19281-19286	\$459.79
19084	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion DO NOT use in conjunction with 19281-19286	\$348.41
19100	Biopsy of Breast; Needle Core	\$135.88
19101	Biopsy of Breast; Incisional	\$294.21
19120	Excision of Cyst, Fibroadenoma, or Other Benign or Malignant Tumor Aberrant Breast Tissue, Duct Lesion or Nipple Lesion (except 19140)	\$481.24
19125	Excision of Breast Lesion Identified by Preoperative Placement of Radiological Marker; Single Lesion	\$529.05
19126	Excision, Each Additional Lesion	\$140.22
19281	Placement of breast localization device, percutaneous; mammographic guidance; first lesion DO NOT use in conjunction with 19081-19084	\$228.53
19282	Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion DO NOT use in conjunction with 19081-19084	\$161.10
19283	Placement of breast localization device, percutaneous; stereotactic guidance; first lesion DO NOT use in conjunction with 19081-19084	\$243.13
19284	Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion DO NOT use in conjunction with 19081-19084	\$175.91
19285	Placement of breast localization device, percutaneous; ultrasound guidance; first lesion DO NOT use in conjunction with 19081-19084	\$339.67
19286	Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion DO NOT use in conjunction with 19081-19084	\$276.58
38505	Needle biopsy of axillary lymph node	\$163.39

57452	Colposcopy without Biopsy	\$118.12
57454	Colposcopy with Directed Cervical Biopsy	\$156.20
57455	Colposcopy with biopsy(s) of the cervix	\$150.41
57456	Colposcopy with endocervical curettage	\$141.38
57460	Colposcopy with loop electrode biopsy(s) of the cervix	\$289.09
57461	Colposcopy with loop electrode conization of the cervix	\$322.87
57500	Biopsy, single or multiple, or local excision of lesion, with or without fulguration	\$142.21
57505	Endocervical curettage (not done as part of a dilation and curettage).	\$144.47
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage; with or without repair; cold knife or laser.	\$329.73
57522	Loop electrode excision	\$282.16
76098-YN	Radiological Examination, Surgical Specimen	\$41.13
76098-TC	Radiological Examination, Surgical Specimen	\$26.97
76098-26	Radiological Examination, Surgical Specimen	\$14.16
76641-YN	Ultrasound, complete, examination of breast including axilla, unilateral	\$97.98
76641-TC	Ultrasound, complete examination of breast including axilla, unilateral	\$65.14
76641-26	Ultrasound, complete examination of breast including axilla, unilateral	\$32.84
76642-YN	Ultrasound, limited examination of breast including axilla, unilateral	\$81.16
76642-TC	Ultrasound, limited examination of breast including axilla, unilateral	\$50.58
76642-26	Ultrasound, limited examination of breast including axilla, unilateral	\$30.58
76942-YN	Ultrasound Guidance Needle Biopsy	\$56.45
76942-TC	Ultrasound Guidance Needle Biopsy	\$27.94
76942-26	Ultrasound Guidance Needle Biopsy	\$28.51
77048- YN	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, unilateral CALL PROGRAM BEFORE ORDERING / PREAUTHORIZATION PROCESS INVOLVED Used for screening high risk women only.	\$327.58
77048- TC	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, unilateral CALL PROGRAM BEFORE ORDERING / PREAUTHORIZATION PROCESS INVOLVED Used for screening high risk women only.	\$233.59
77048- 26	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, unilateral CALL PROGRAM BEFORE ORDERING / PREAUTHORIZATION PROCESS INVOLVED Used for screening high risk women only.	\$93.99
77049-YN	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, bilateral CALL PROGRAM BEFORE ORDERING / PREAUTHORIZATION PROCESS INVOLVED Used for screening high risk women only.	\$333.53
77049-TC	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, bilateral CALL PROGRAM BEFORE ORDERING / PREAUTHORIZATION PROCESS INVOLVED Used for screening high risk women only.	\$230.68
77049-26	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, bilateral CALL PROGRAM BEFORE ORDERING / PREAUTHORIZATION PROCESS INVOLVED Used for screening high risk women only.	\$102.85

77063-YN	Screening Breast Tomosynthesis Bilateral (List Separately in addition to code for primary procedure G0202 or 77057)	\$50.18
77063-TC	Screening Breast Tomosynthesis Bilateral (List Separately in addition to code for primary procedure G0202 or 77057)	\$23.29
77063-26	Screening Breast Tomosynthesis Bilateral (List Separately in addition to code for primary procedure G0202 or 77057)	\$26.89
77065-YN	Diagnostic Mammogram, including CAD when performed, Unilateral	\$120.75
77065-TC	Diagnostic Mammogram, including CAD when performed, Unilateral (Technical/Facility Only)	\$84.67
77065-26	Diagnostic Mammogram, including CAD when performed, Unilateral (Professional Only)	\$36.08
77066-YN	Diagnostic Mammogram, including CAD when performed, Bilateral	\$152.45
77066-TC	Diagnostic Mammogram, including CAD when performed, Bilateral (Technical/Facility Only)	\$107.96
77066-26	Diagnostic Mammogram, including CAD when performed, Bilateral (Professional Only)	\$44.49
77067-YN	Screening Mammogram, including CAD when performed, Bilateral	\$123.53
77067-TC	Screening Mammogram, including CAD when performed, Bilateral (Technical/Facility Only)	\$89.40
77067-26	Screening Mammogram, including CAD when performed, Bilateral (Professional Only)	\$34.13
G0279-YN	Diagnostic Breast Tomosynthesis (List Separately in addition to code for primary procedure 77065 or 77066)	\$42.10
G0279-TC	Diagnostic Breast Tomosynthesis (List Separately in addition to code for primary procedure 77065 or 77066)	\$15.20
G0279-26	Diagnostic Breast Tomosynthesis (List Separately in addition to code for primary procedure 77065 or 77066)	\$26.89
87624	Human Papillomavirus, High Risk Types	\$35.09
87625	Human Papillomavirus, Genotyping High Risk 16 and 18 only: reimbursable if used for screening in conjunction with Pap testing or for follow-up of an abnormal Pap result or surveillance as per ASCCP guidelines.	\$40.55
<b>87626</b>	<b>Human Papillomavirus, reported high-risk types separately and pooled (DO NOT use in conjunction with 87624 or 87625)</b>	<b>\$70.20</b>
88141	PAP- Cytopathology Smear, Cervical or Vaginal Requiring Interpretation by a Physician	\$24.06
88142	PAP -Cytopathology, cervical or vaginal collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	\$20.26
88143	PAP- Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening and rescreening under physician supervision	\$23.04
88164	PAP- Cytopathology Smear, Cervical or Vaginal, TBS, Technician	\$18.19
88165	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening and rescreening under physician supervision	\$42.22
88172-YN	Evaluation of Fine Needle Aspiration with or without Preparation of Smears - Immediate Cytohistologic Study	\$54.27
88172-TC	Evaluation of Fine Needle Aspiration (Technical/Facility Only)	\$21.15
88172-26	Evaluation of Fine Needle Aspiration (Professional Only)	\$33.12
88173-YN	Interpretation and Report of Fine Needle Aspiration	\$165.06
88173-TC	Interpretation and Report of Fine Needle Aspiration (Technical/Facility Only)	\$100.12
88173-26	Interpretation and Report of Fine Needle (professional only)	\$64.94
88174	PAP- Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	\$25.37
88175	PAP- Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system and manual rescreening, under physician supervision.	\$26.61

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88305-YN	Surgical Pathology/Biopsy Lab	\$69.15
88305-TC	Surgical Pathology/Biopsy Lab (Technical/Facility Only)	\$34.41
88305-26	Surgical Pathology/Biopsy Lab (Professional Only)	\$34.73
88307-YN	Surgical Pathology, gross and microscopic examination requiring microscopic evaluation of surgical margins	\$276.78
88307-TC	Surgical Pathology, gross and microscopic examination requiring microscopic evaluation of surgical margins (Technical/Facility Only)	\$200.72
88307-26	Surgical Pathology, gross and microscopic examination requiring microscopic evaluation of surgical margins (Professional Only)	\$76.06
88331-YN	Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen.	\$97.09
88331-TC	Pathology consultation, (Technical/Facility Only)	\$39.26
88331-26	Pathology consultation, (Professional Only)	\$57.82
88332-YN	Pathology consultation during surgery, each additional tissue block with frozen section(s)	\$52.65
88332-TC	Pathology consultation during surgery, each additional tissue block with frozen section(s) (Technical/Facility Only)	\$24.06
88332-26	Pathology consultation during surgery, each additional tissue block with frozen section(s) (Professional Only)	\$28.59
88341-YN	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	\$93.28
88341-TC	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure (Technical/Facility Only)	\$66.96
88341-26	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure (Professional Only)	\$26.32
88342-YN	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	\$108.61
88342-TC	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	\$76.14
88342-26	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	\$32.47
88360-YN	Morphometric analysis, tumor immunohistochemistry, per specimen; manual	\$115.08
88360-TC	Morphometric analysis, tumor immunohistochemistry, per specimen; manual	\$76.46
88360-26	Morphometric analysis, tumor immunohistochemistry, per specimen; manual	\$38.62
88361-YN	Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology	\$111.84
88361-TC	Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology	\$71.61
88361-26	Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology	\$40.23
99156	Conscious sedation anesthesia 10-20 minutes for individuals 5 years or older	\$67.96
99157	Conscious sedation anesthesia for each additional 15 minutes	\$52.71
99202	OFFICE VISIT- New Patient; expanded history, exam, straightforward decision-making; 15-29 minutes	\$68.47
99203	OFFICE VISIT- New Patient; detailed history, exam, straightforward decision-making; 30-44 minutes	\$105.81

99204	Office / Outpatient Visit/ decision making moderate complexity 45-59 minutes New SURGICAL CONSULT ONLY	\$158.55
99205	Office / Outpatient Visit / decision making high complexity 60-74 minutes New SURGICAL CONSULT ONLY	\$208.95
99211	OFFICE VISIT- Established Patient; evaluation and management, may not require presence of physician; presenting problems are minimal	\$22.44
99212	OFFICE VISIT- Established Patient; history, exam, straightforward decision making 10-19 minutes	\$53.99
99213	OFFICE VISIT- Established Patient; expanded history, exam, straightforward decision- making; 20- 29 minutes	\$86.95
99214	OFFICE VISIT- Established Patient; detailed history, exam, moderately complex decision making; 30-39 minutes	\$122.18
99385	OFFICE VISIT-New Patient; initial comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction; ordering appropriate immunization, lab procedures, etc.; 30-39 years	\$86.95
99386	OFFICE VISIT- Same as 99385, but 40-64 years of age	\$86.95
99395	OFFICE VISIT- Periodic comprehensive preventive medicine evaluation and management; history, examination, counseling/guidance; risk factor reduction; ordering appropriate immunization, lab procedures, etc.; 30-39 years	\$86.95
99396	OFFICE VISIT- Same as 99395, but 40-64 years of age	\$86.95
99397	OFFICE VISIT- Same as 99395, but 65+ years of age (ONLY IF NO MEDICARE B)	\$86.95



## APPENDIX F



### PROMOTIONAL MATERIALS

<p>FACILITY:</p> <p>_____</p> <p>_____</p> <p>LAST PAP/HPV TEST:</p> <p>_____</p> <p>_____</p> <p>LAST MAMMOGRAM:</p> <p>_____</p> <p>_____</p> <p>OTHER TESTS:</p> <p>_____</p> <p>_____</p> <p>_____</p>	 <p><b>www.getscreenedsd.org</b> SDAllWomenCount@state.sd.us 800-738-2301</p>	 <p>South Dakota's Breast &amp; Cervical Cancer Screening Program</p> <p><b>www.getscreenedsd.org</b></p>
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#### Breast and Cervical Cancer Screening Services

##### Covered: Ages 30 - 64

- Office visits
- Clinical Breast Exam (CBE)
- Screening Mammogram (age 40-64)  
*(30-39 with pre-authorization)*
- Screening MRI for High-Risk Women  
*(with pre-authorization)*
- Pap Test & HPV Testing
- Diagnostic Mammogram (age 40-64)  
*(30-39 with pre-authorization)*
- Breast Ultrasound
- Breast Biopsy
- Colposcopy
- LEEP
- CONE
- Contact us for a complete list

##### Not Covered

- Diagnostic Breast MRI
- BRCA Testing
- X-Ray
- HIV Testing
- STD Testing/Screening
- Wet Mount
- Vaginal Culture
- Vaginal or Vulva Biopsy
- Pelvic/Trans-vaginal Ultrasound
- Pregnancy Test
- Other Lab Work
- Cervical Cryotherapy
- Fecal Occult Blood Test
- Colonoscopy

If diagnosed with breast cancer, cervical cancer, or cervical dysplasia you may be covered by a special South Dakota Medicaid treatment program which pays for cancer treatment. If you have questions or concerns about coverage please call us:

**800-738-2301**

*The All Women Count! Program is federally funded through the Centers for Disease Control & Prevention.*

**Check your eligibility annually** at your doctor's office or by calling 800-738-2301

*AWC! is NOT private insurance. Please keep this card in your wallet and show it to your provider.*

# FREE MAMMOGRAM — AND — OFFICE VISIT\*

WHEN YOU ENROLL IN THE  
ALL WOMEN COUNT! PROGRAM

\*OFFER GOOD FOR INCOME-ELIGIBLE  
WOMEN AGES 40-64. *WOMEN AGES 30-39 ARE  
ELIGIBLE WITH PREAPPROVAL.*  
CALL 1-800-738-2301

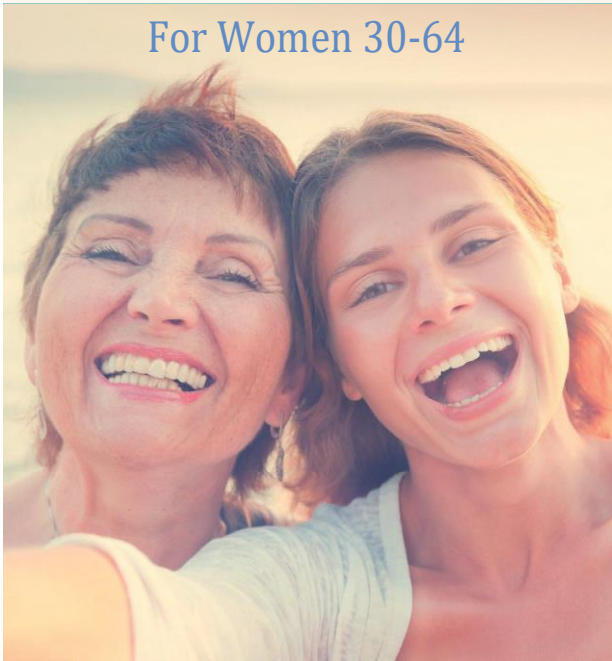
GETSCREENEDSD.ORG





# AWC!

For Women 30-64



All Women Count! covers the cost of breast and cervical cancer screenings for eligible women

Ask clinic staff about the All Women Count! Program today

## Breast & Cervical Cancer Screening & Diagnostic Services

### Covered: Ages 30-64

- Office Visit
- Clinical Breast Exam (CBE)
- Screening Mammograms (ages 40-64)
- Breast Screening MRI for High Risk Women
- Pap Test
- Primary HPV Testing
- Pap Test with HPV Cotesting
- Cervical Biopsies
- Breast Biopsies
- Diagnostic Mammograms
- Diagnostic Breast Ultrasounds

### Guidelines For Participation

#### AGE

30-64 for Cervical Cancer Screening  
40-64 for Breast Cancer Screening

#### INCOME

FAMILY SIZE	ANNUAL HOUSEHOLD INCOME
1	\$39,125
2	\$52,875
3	\$66,625
4	\$80,375
5+	Call AWC! for information (1-800-738-2301)

2025 Income Guidelines  
Income Guidelines Change Annually

Call your clinic today to schedule an appointment

Appointment Date/Time \_\_\_\_\_

Clinic/Location \_\_\_\_\_



SOUTH DAKOTA  
DEPARTMENT OF HEALTH



1,000 of this brochure have been printed on Recycled Paper by the South Dakota Dept. of Health at a cost of \$0.13 each, supported by Cooperative Agreement Number DP006293, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.



## APPENDIX G



### AWC! CLINICAL FORMS AND SUPPLIES ORDER FORM

#### Your Clinic Should Always Have Plenty of AWC! Forms Available

If you notice you are running low, we've made ordering forms from us easy. Simply use the link below to email us your complete order:

<https://www.getscreenedsd.org/awc-provider-resources>

Please reorder **Before** you run out! Allow 2 weeks for forms, 2-3 weeks for encounter labels.

**Email** [SDAllWomenCount@State.SD.US](mailto:SDAllWomenCount@State.SD.US), **Call** 1-800-738-2301, **Fax** (605) 773-8104, or **Mail** this form to:

*All Women Count!*

South Dakota Department of Health

615 East 4th Street

Pierre, SD 57501



## AWC! Clinical Forms Request

Send requests to [SDAllWomenCount@state.sd.us](mailto:SDAllWomenCount@state.sd.us) or fax to 605-773-8104

Please allow 2 weeks for your request to be filled.

### Quantity

\_\_\_\_\_ English Visit Form (Yellow)

\_\_\_\_\_ Spanish Visit Form (Yellow)

\_\_\_\_\_ Karen Visit Form (Yellow)

\_\_\_\_\_ Nepali Visit Form (Yellow)

\_\_\_\_\_ PAP/HPV Summary Form (Green)

\_\_\_\_\_ Mammogram Summary (Pink)

\_\_\_\_\_ Encounter Labels: Clinic's 3 letter code \_\_\_\_\_ Last number used \_\_\_\_\_

Mail to (include contact name):

---

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If you would like to order All Women Count! Program rack cards, posters, or other materials free of charge, visit <https://apps.sd.gov/ph18publications/secure/PubOrder.aspx>.



# APPENDIX H



## AWC! ELIGIBILITY PRE-SCREEN

1. **\*Resident: Do you have a South Dakota Address?**

- ☐ **YES:** Proceed to #2
- ☐ **NO:** STOP HERE - Call (800) 738-2301

2. **Age: Are you between the ages of 30 and 64?**

- ☐ **Under 30** not eligible. STOP HERE.  
(Refer to Family Planning Clinic for Pap test and clinical breast exam.)
- ☐ **30 to 64** may be eligible for Pap smear exam. Proceed to #3.
- ☐ **40 to 64** may be eligible for screening mammogram, in addition to a clinical breast exam and Pap smear. Proceed to #3.

3. **Do you have Medicare B or Medicaid?**

- ☐ **YES:** STOP HERE - Not eligible
- ☐ **NO:** Proceed to #4

4. **Do you have health insurance?**

- ☐ **NO:** Proceed to #5
- ☐ **YES:** Proceed to #5

5. **What is your household income?**

**Household income:** \_\_\_\_\_

Use pre-tax amount (For self-employed or farmers: use household net taxable income after business expenses are deducted)

**Family size:** \_\_\_\_\_

**\*\*\*Clinic Use Below:**

Compare with AWC! Income Guidelines. **Appendix I**, if below income cutoff, she is eligible.

If she meets all of these criteria, tell her that she is eligible and refer her to a provider or schedule her for an appointment.

Eligibility is not dependent on insurance status. If a woman has insurance, the insurance company must be billed prior to AWC!. EOB must accompany all bills sent to AWC!.

**Age 30-39, requesting a mammogram:** AWC! pays for mammograms on women ages 30- 39 **only** if they have a **documented** abnormal breast finding or if they have a biological first degree relative previously diagnosed with breast cancer. Must have preauthorization from AWC! (800-738-2301). Please be prepared to do additional follow-up if the mammogram comes back with a negative or benign result. Regardless if the mammogram is negative, a second diagnostic test needs done. An example is a breast ultrasound that can be done the same day. Another example is to recall the woman for a repeat clinical breast exam. The repeated office visit would be paid for by AWC!; however, a new **Visit Form** would need to be completed.

**\*Non-resident of South Dakota must be authorized - (800) 738-2301**

# APPENDIX I

## 2025 Cancer Screening Programs

### South Dakota Department of Health



All Women Count!

#### INCOME GUIDELINES FOR SCREENING ELIGIBILITY

Family Size	Annual Income	Monthly Income	Weekly Income
1	\$39,125	\$3,261	\$753
2	\$52,875	\$4,407	\$1,017
3	\$66,625	\$5,553	\$1,282
4	\$80,375	\$6,698	\$1,546
5	\$94,125	\$7,844	\$1,811
6	\$107,875	\$8,990	\$2,075
7	\$121,625	\$10,136	\$2,339
8	\$135,375	\$11,282	\$2,604
9	\$149,125	\$12,428	\$2,868
10	\$162,875	\$13,573	\$3,133
11	\$176,625	\$14,719	\$3,397
12	\$190,375	\$15,865	\$3,662
13	\$204,125	\$17,011	\$3,926
14	\$217,875	\$18,157	\$4,190
15	\$231,625	\$19,303	\$4,455

- Household combined income before taxes should be at or below levels listed for family size.
- Single income before taxes should be at or below levels listed for family size.
- Reminder: Use the purple Visit Form, pink Mammogram Summary and blue PAP/HPV Summary
- For further clarification, call the South Dakota Department of Health, All Women Count! Program at 1-800-738-2301.

February 1, 2025





# APPENDIX J



## VISIT FORM

AWC! Office Use Only  
☐ Enrollment  
☐ Re-Enrollment/Return Visit

**ALL WOMEN COUNT!  
VISIT FORM  
WOMEN AGES 30-64  
(800) 738-2301  
SDAllWomenCount@state.sd.us**

Encounter Number \_\_\_\_\_ English  




Read, complete and sign consent at bottom of form.

1) Last Name	2) First Name	3) MI	4) Maiden Name/Other Name
5) Date of Birth (MM/DD/YYYY)	6) Age	7) Mailing Address	8) Email Address
9) City	10) State	11) Zip Code	12) County
13) Cell Phone Number	14) Can the program send you text alerts? <input type="checkbox"/> Yes <input type="checkbox"/> No		
15) Race(s) - (check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Unknown			
16) Are you of Hispanic/Latina/Latino origin? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
17) Needs Interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No		18) Primary Language	
19) Number Living in Household (including yourself)		20) Total Gross Monthly Household Income (before taxes)? \$ _____ <small>By signing on bottom of form, I confirm that the reported income above is true and accurate.</small>	
21) Do you have private health insurance coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Health insurance does not prevent eligibility.</small>		22) Do you have Medicare B or Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If yes, STOP. Not eligible for AWC!)</small>	
23) How did you hear about the program? <input type="checkbox"/> Friend/Family <input type="checkbox"/> GetScreenedSD.org <input type="checkbox"/> Social Media <input type="checkbox"/> 211 Helpline <input type="checkbox"/> AWC! Reminder Letter/Text <input type="checkbox"/> Clinic/Hospital <input type="checkbox"/> Community Event <input type="checkbox"/> AWC! Rack Card/Poster			
24) Prior to today's visit, have you ever had a Pap smear? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		25) Date of LAST Pap smear _____ / _____ / _____	
26) Have you had a Hysterectomy? <input type="checkbox"/> Yes <input type="checkbox"/> No		27) If Yes, reason for Hysterectomy? <input type="checkbox"/> Cervical Cancer <input type="checkbox"/> Non-Cancer <input type="checkbox"/> Pre Cancer <input type="checkbox"/> Unknown	
28) Are you a smoker/tobacco user? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Former			

**Informed Consent and Release of Medical Information**  
By agreeing to take part in the All Women Count! Program, I give my permission to any and all of my medical providers, clinics, and/or hospitals to provide all information concerning my breast or cervical screening and any related diagnosis or treatment to the Program. Any information provided to the Program will remain confidential, which means that the information will be available only to me and to the employees of the South Dakota Department of Health working with this Program. The information will only be used to meet the purposes of the Program, and any published reports which result from the Program will not identify me by name or social security number. This consent is valid for one (1) year unless otherwise specified by me, the program participant, or my legal representative. By signing below, I affirm that the information and reported income listed above is true and accurate. I agree to have program staff contact me if my screening results are abnormal to help receive follow-up care.

Program Participant Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Page 1 of 2 July 2025



Please return form immediately to:  
All Women Count!  
615 E. 4th St.  
Pierre, SD 57501-1700  
(800) 738-2301

Encounter Number \_\_\_\_\_

**ELIGIBILITY DETERMINATION, PATIENT HISTORY & TODAY'S SERVICES - CLINIC USE ONLY**

Name \_\_\_\_\_ Today's Visit Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**ELIGIBILITY DETERMINATION**

1) Age between 30-64	<input type="checkbox"/> Yes (Eligible)	<input type="checkbox"/> No (Not Eligible)
2) Eligible by Income (refer to question 19)	<input type="checkbox"/> Yes (Eligible)	<input type="checkbox"/> No (Not Eligible)

Name of person verifying eligibility (Please Print) \_\_\_\_\_


**PATIENT HISTORY**

Previous Pap Smear/HPV Test ☐ Yes - Chart Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ ☐ No prior exam/test ☐ Don't know if done

3) High Risk for Cervical Cancer?  
\* Defined as prior DES exposure and immunocompromised patients.  
☐ Yes ☐ No ☐ Not Assessed / Unknown

4) High Risk for Breast Cancer?  
\* Defined as a woman with BRCA mutation, a first-degree relative who is a BRCA carrier, a lifetime risk of 20-25% or greater as defined by risk assessment models, radiation treatment to the chest between ages 10-30, or personal or family history of genetic syndromes.  
☐ Yes ☐ No ☐ Not Assessed / Unknown

**BREAST DATA**

Clinical Breast exam done this visit?  
☐ Yes Findings for this exam:   
☐ Normal/benign: no diagnostic evaluation to rule breast cancer required.  
☐ Abnormal: not suspicious for cancer (i.e. fibrocystic disease).  
☐ Abnormal: suspicious for cancer, diagnostic evaluation required (two diagnostic tests required)  
☐ No  
☐ Patient refused

Mammogram ordered or done this visit?  
☐ Yes, ordered  
☐ Yes, completed  
☐ Not Indicated  
☐ Patient refused

MRI for High Risk Screening (Refer to questions 4 above)  
☐ MRI High Risk Women Only  
\*Pre-authorization required

Diagnostic Breast Services  
☐ Breast Ultrasound  
☐ Breast Biopsy  
☐ Fine Needle Aspiration  
\*Pre-authorization required

**CERVICAL DATA**

Pap Smear done this visit?  
☐ Yes  
☐ No  
☐ Patient refused  
☐ No, Patient has had a hysterectomy for benign disease

HPV Test done this visit?  
☐ Co-Test  
☐ Reflex  
☐ HPV Only  
☐ Self Collect

Colposcopy done this visit?  
☐ No  
☐ Yes, with Biopsy and ECC  
☐ Yes, with Biopsy only  
☐ Yes, with ECC only  
☐ Yes, no pathology sent  
☐ Endometrial Biopsy\*  
\*Pre-authorization required

Was Cervical Cancer Screening done as follow up to a previous abnormal? ☐ Yes ☐ No

**RESCREEN PLAN:** Date you would rescreen patient if test(s) done or ordered today are normal:  
Mammogram \_\_\_\_\_ Cervical Cancer Screen date \_\_\_\_\_

Notes: \_\_\_\_\_

Page 2 of 2 July 2025





# APPENDIX K



## MAMMOGRAM SUMMARY FORM

Patient name (Last, First, MI) \_\_\_\_\_ DOB \_\_\_\_\_



**ALL WOMEN COUNT!**  
**Breast and Cervical Cancer**  
**Control Program**  
**MAMMOGRAM SUMMARY**  
**(800) 738-2301**

Encounter Number

--

**A. TO BE COMPLETED BY MAMMOGRAPHY FACILITY**

Facility where mammogram done: \_\_\_\_\_ Radiology #: \_\_\_\_\_

Mammogram date \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year

Mammogram occurred: ☐ Stationary/In House ☐ Mobile Unit

**B. RADIOLOGIST'S ASSESSMENT (To be completed by Radiologist)**

<u>ACR ASSESSMENT CATEGORY</u>		<u>RECOMMENDATION</u>
<input type="checkbox"/> 0	Assessment is incomplete- need additional imaging evaluation	<input type="checkbox"/> ③ Magnification views ③ Additional projections ③ Spot compression ④ Ultrasound examination ⑤ Comparison with previous films
<input type="checkbox"/> 1	Negative	① Mammogram in ____ year(s)
<input type="checkbox"/> 2	Benign finding	① Mammogram in ____ year(s)
<input type="checkbox"/> 3	Probably benign finding- short interval follow-up suggested	② Mammogram in ____ month(s)
<input type="checkbox"/> 4	Suspicious Abnormality- biopsy should be considered	⑥ Surgical consult/biopsy
<input type="checkbox"/> 5	Highly suggestive of malignancy- appropriate action should be taken	⑥ Surgical consult/biopsy

COMMENTS:

Radiologist name (please print) \_\_\_\_\_

Radiologist signature \_\_\_\_\_ Date dictated \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year

Radiologist Group (please print) \_\_\_\_\_

Please return form immediately to:  
All Women Count!  
615 E. 4th St.  
Pierre, SD 57501-1700

Jan 2019



# APPENDIX L



## PAP/HPV SUMMARY FORM

Patient name (Last, First, MI) _____		DOB _____
 <b>SOUTH DAKOTA DEPARTMENT OF HEALTH</b>	 <b>ALL WOMEN COUNT! Breast and Cervical Cancer Control Program PAP/HPV SUMMARY (800) 738-2301</b>	Encounter Number <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>
Date Specimen collected: _____/_____/_____		
Lab name: _____		Specimen #: _____
<b>A. PAP SMEAR INFORMATION</b> (To be completed by cytotechnologist or pathologist)		
SPECIMEN TYPE: <input type="checkbox"/> Conventional Pap smear <input type="checkbox"/> Liquid based ( <i>ThinPrep</i> ) <sup>®</sup>		
SPECIMEN ADEQUACY <input type="checkbox"/> Satisfactory for evaluation <input type="checkbox"/> Unsatisfactory ( <i>If unsatisfactory, not covered</i> )		
INTERPRETATION RESULTS <input type="checkbox"/> Negative for intraepithelial lesion or malignancy <input type="checkbox"/> Infection/Inflammation/Reactive Changes (Beth 1991) <input type="checkbox"/> Atypical squamous cell of undetermined significance (ASC-US) <input type="checkbox"/> Low Grade SIL (including HPV changes) <input type="checkbox"/> Atypical squamous cells cannot exclude HSIL (ASC-H) (Beth 2001) <input type="checkbox"/> High Grade SIL <input type="checkbox"/> Squamous Cell Carcinoma <input type="checkbox"/> Atypical Glandular Cells (Beth 2014) <input type="checkbox"/> Adenocarcinoma in Situ (AIS) (Beth 2014) <input type="checkbox"/> Adenocarcinoma (Beth 2014) <input type="checkbox"/> Other <input type="checkbox"/> Endometrial cells (in women > 40 yr old)		
<b>B. HUMAN PAPILLOMAVIRUS</b>		
HPV Test: <input type="checkbox"/> Co-Test <input type="checkbox"/> Reflex <input type="checkbox"/> Test Not Done <input type="checkbox"/> Self-Collection <input type="checkbox"/> HPV Only		
HPV Test Result: <input type="checkbox"/> Positive with genotyping not done <input type="checkbox"/> Negative <input type="checkbox"/> Positive with positive genotyping (types 16 or 18) <input type="checkbox"/> Positive with negative genotyping (positive HPV, but not types 16 or 18)		
COMMENTS:		
Pathologist name _____		Date Reported _____/_____/_____ <div style="text-align: center; font-size: small;">month   day   year</div>
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"><b>Please return form immediately to:</b> All Women Count! 615 E. 4th St. Pierre, SD 57501-1700</div>		
July 2025		





# APPENDIX M



## Preauthorization for Screening MRI

### ALL WOMEN COUNT! PROGRAM PREAUTHORIZATION FOR A SCREENING MRI

CDC definition of Breast cancer screening: Checking a woman's breasts for cancer before there are signs or symptoms of the disease. [https://www.cdc.gov/cancer/breast/basic\\_info/screening.htm](https://www.cdc.gov/cancer/breast/basic_info/screening.htm)

#### Part 1.

Name of Woman (Patient):

Date of birth: Age:

Date of Preauthorization call from clinic:

Clinic name:

Name of person calling program for authorization:

Call back phone number:

**Fax number:**

Please address the following questions to help assess eligibility for a screening breast MRI through the All Women Count! Program.

Is she age and income eligible for the program? Yes No

➔ If no, then not eligible for a MRI - STOP HERE

Does she have any breast symptoms? Yes No

➔ If yes, then not eligible for a MRI -STOP HERE

Was a clinical breast exam (CBE) done with clinical findings that warrants diagnostic follow-up? Yes No

➔ If yes, then not eligible for a MRI -STOP HERE

Has she had a recent mammogram with abnormal findings indicating need for diagnostic follow-up? Yes No

➔ If yes, then not eligible for a MRI -STOP HERE-

If not stopped in Part 1. - Please address the following questions.

#### Part 2.

1. Is the **yellow visit** form completed and in the mail to the program? The AWC! visit form must be completed and sent to the Pierre address on the form.

2. Name of the health care provider ordering the **screening** breast MRI \_\_\_\_\_

3. Name of the facility doing the **screening** breast MRI \_\_\_\_\_

Must be a participating provider site with the AWC! Program; see [www.getscreenedsd.org/awc](http://www.getscreenedsd.org/awc)

NOTE: A **screening** mammogram should not be delayed waiting on approval of the screening MRI. Date of last mammogram \_\_\_\_\_ screening or diagnostic? (circle)

If a screening mammogram was done in the past 6 months for comparison with the MRI it may not need to be done again before the MRI.

Return this completed assessment pages 1 and 2 to 605-773-8104 attention Dawn.

If there are any questions, please contact the AWC! Program Coordinator.

Dawn Nordquist, MSN, APRN Email: [SDAllWomenCount@state.sd.us](mailto:SDAllWomenCount@state.sd.us)

Phone: **605-773-4379** or Fax: 605-773-8104



Complete page 1 first. **This page does not apply if unable to complete page 1.**

### Determination of High Risk

*High risk defines a woman with BRCA mutation, a first degree relative who is a BRCA carrier, a lifetime risk of 20-25% or greater as defined by risk assessment models, radiation treatment to the chest between the ages 10-30, or personal history of genetic syndromes connected to breast cancer risk.*

Name of provider ordering the MRI \_\_\_\_\_

Justification for high-risk screening MRI: Does not have to meet all 3 sections for authorization.

1. History

Personal history of BRCA1 or BRCA2 gene mutation Yes No

a. Age with positive mutation \_\_\_\_\_

Or first degree relative with a BRCA1/2 mutation Yes No

b. Age of first degree relative \_\_\_\_\_

c. BRCA positive in which first degree biological family member. (circle)  
Mother / Father / Sister / Brother / Daughter / Son

2. Provider completed 'some type of assessment'

Yes No

a. Assessment date: \_\_\_\_\_

b. Risk Assessment model name: \_\_\_\_\_

(some examples of family history focused models: BRCAPRO Model, Gail Model, Tyrer Cuzick)

c. Lifetime risk %: \_\_\_\_\_

i. Lifetime risk of 20-25%?

d. Has she ever been seen by a genetic counselor? Yes No

3. Radiation treatment between ages 10-30

Yes No

a. At what age? \_\_\_\_\_

b. Where? \_\_\_\_\_

c. Why was it done? \_\_\_\_\_

→ Please provide documents that apply:

- ☐ documentation / notes related to any question above answered as yes
- ☐ mammogram report / most recent
- ☐ clinical breast exam findings if done with a visit within the past 6 months

The AWC! Program Medical Advisor may review your request. *Protected Patient Identifying information is removed.* We will do our best to follow-up in a timely manner with the status of the request for authorization.

**Return completed pages and documents that apply to:**

**SDAllWomenCount@state.sd.us or FAX 605-773-8104 Attention Dawn**

**Please call with any questions (605-773-4379).**

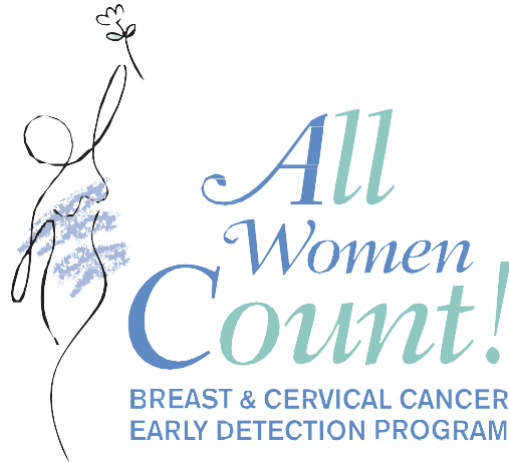


## APPENDIX N



### TRANSFER OF CARE FORM

*Use this form when informing another facility that the patient is a participant in AWC!.  
The woman will be receiving program covered services and should not receive a bill.*



#### Billing Information Form

Please bill the AWC! program for the services provided to this patient:

Name \_\_\_\_\_

Mammogram \_\_\_\_\_

Breast Diagnostic Services \_\_\_\_\_

Pap Smear \_\_\_\_\_

Cervical Diagnostic Services \_\_\_\_\_

*Please send bill on the universal billing form to:*

*All Women Count!*  
South Dakota Department of Health  
615 East 4th Street  
Pierre, SD 57501



# APPENDIX O



## FREQUENTLY USED AWC! DENIAL REASONS

If You See Other Reasons Please Call AWC!. (1-800-738-2301)

### 01 Charges exceed our fee schedule or maximum allowable amount

*Means:* Amount of payment is more than the Medicare B rate and the remainder must be written off.

### 02 Charges previously processed, refer to your prior explanation of benefits statement

*Means:* The claim was sent to AWC! more than one time.

**REMINDER:** Please wait for a claim to pay or deny before resubmitting

### 08 Charges paid or payable by other carrier

*Means:* Woman has either Medicaid, Medicare or Private Health Insurance.

**REMINDER:** If a woman has Medicaid or Medicare B they are not eligible for AWC!

### 15 This service, supply or appliance is not covered

*Means:* The diagnosis on the bill is not related to breast or cervical cancer screening or the procedure code billed does not appear on our CPT code listing sent to you in January of each year.

### 16 Services prior to the effective date of coverage

*Means:* The date of services was before her enrollment date on the women's enrollment form.

### 17 Services after termination of coverage

*Means:* The woman has left the program and bills are dated after that date.

### 18 This person is not covered

*Means:* The woman has Medicaid or Medicare B, does not meet age or income guidelines or she has not completed an enrollment form or returned the **Visit Form** for the current year.

### 24 Information necessary to process this charge was requested and not received

*Means:* A request for reports/summaries was sent to the lab, clinic, or mammography facility and they were not sent to AWC!.

### 324 Doesn't meet Cervical Cancer Screening

*Means:* The Pap smear was ordered and done too early or the woman had a hysterectomy without cervical cancer or cervical dysplasia present.

### 336 Items must be written off

*Means:* AWC! cannot pay for these services and the woman cannot be billed.



## APPENDIX P



### TRACKING LOGS

#### Instructions

1. **Enter each AWC! patient in the “All Women Count! Program Log” after her visit.** If she has an abnormal breast exam or a Pap smear on that day, also enter her in the “Abnormal Pap/Colposcopy” log or the “Abnormal Breast Screening” log.
2. **Enter Pap and mammogram results in this log immediately upon receipt in your clinic.**
  - 2a. **If results are normal, this is where the process ends.** AWC! will notify the patient when she is due to return for routine screening.
  - 2b. **If results are abnormal, enter her in the appropriate Abnormal log.** Continue to track until her diagnostic workup and treatment are completed, and you have sent follow-up information to the AWC! Clinical Care Coordinator.

*NOTE: Please do not send copies to AWC! - they are for your use only.*

## AWC! Program Log

[illegible]

## AWC! Abnormal Breast Screening Log

[illegible]

## AWC! Abnormal Pap/Colposcopy Log

[illegible]





## APPENDIX Q



### FACILITY CONTACTS FORM

#### **Demographic Sheet-** Please help AWC! Keep our files up to date

Please submit for each individual site.

Facility Name: \_\_\_\_\_

3 Letter Encounter ID given to by AWC! For program internal use \_\_\_\_\_ (ex. ABC)

Address (physical): \_\_\_\_\_

Address: (Mailing) if different \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Office Fax Number: \_\_\_\_\_

TAX ID: \_\_\_\_\_

#### **Screening Services – What Facilities Process/Complete Testing**

- ☐ Clinical Breast Exam
- ☐ Pap smears      Lab Name: \_\_\_\_\_
- ☐ HPV      Lab Name: \_\_\_\_\_
- ☐ Mammogram      Facility Name: \_\_\_\_\_

#### **Diagnostic Services – Where do you send women for Biopsies, Who Processes**

- ☐ Cervical Biopsy      Lab Name: \_\_\_\_\_
- ☐ Breast Ultrasound      Facility Name: \_\_\_\_\_
- ☐ Breast Biopsy      Lab Name: \_\_\_\_\_

\*Billing Contact is the person that would send all claims to AWC!

\*\*Nursing (Care) Contact is a nurse or staff person familiar with professional standards

\*\*\*Administrative Contact is the person AWC! would contact for agreement signatures

\*\*\*\*Medical Records is the person AWC! Would contact for any all results not submitted to the program.

Address, Phone and Fax Numbers Needed for each person, if different than facility.

<b>Billing Contact*</b>	<b>Nursing (Care) Contact**</b>
Name	Name
Address	Address
Phone	Phone
Fax	Fax
Email	Email

<b>Administrative Contact***</b>	<b>Medical Records****</b>
Name	Name
Address	Address
Phone	Phone
Fax	Fax
Email	Email



## APPENDIX R



### Partner Site Agreement

#### **All Women Count! Breast and Cervical Cancer Screening Program Participating Site Agreement**

This Participating Site Agreement is entered into by and between the South Dakota Department of Health, the All Women Count! Breast and Cervical Cancer Program, hereinafter referred to as AWC! and Dummy Vendor, hereinafter, referred to as Participating Site. This Agreement replaces any previous Agreement between the parties and is intended to incorporate requirements of the Health Insurance Portability and Accountability Act, 45 C.F.R. Parts 160 and 164 (HIPAA). Participating Site is an independent contractor and is responsible for maintaining professional liability insurance coverage and all other obligations related to Participating Site's independent service provision status.

"Participating Site", as used in this agreement, shall mean the independent contractor listed above, for the purpose of providing services authorized by AWC! whose staff are licensed: (1) as a physician by either the State of South Dakota Board of Medical and Osteopathic Examiners or the state in which the physician practices; or (2) by the State of South Dakota or the state in which they practice providing services including, but not limited to, medical, laboratory, radiological, hospitalization, pharmacy, and/or related health services.

- A. Participating Site agrees to provide AWC! authorized breast and cervical cancer screening services to eligible participants; women who qualify for financial assistance, by age and income. Eligibility is not dependent upon health insurance status, see Section A.2. Participating Site also agrees, as related requirements, to:
1. Provide its Tax Identification Number, for reimbursement purposes, to the South Dakota Department of Health's Cancer Screening Programs (pg. 6).
  2. Participating Site also agrees to enroll all eligible women in AWC! that meets the age and income guidelines, regardless of their insurance status (insured, uninsured, or underinsured). These guidelines can be found on the "AWC! Visit Form" or the "All Women Count! Income Guidelines for Screening Eligibility."
  3. Perform services authorized by AWC! being limited to those services listed on the "All Women Count! Program Payment Schedule of Allowed Services" by CPT (Current Procedural Terminology) Code. This list is updated annually to correspond with federal grant requirements or changes in Medicare B reimbursement rates. Participating Site will be notified in writing of those changes by AWC!.
  4. Submit charges to any applicable insurance program or other third-party reimbursement entity *prior* to submitting charges for payment to AWC! A copy of insurance or other third-party reimbursement or denial, such as an Explanation of Benefits (EOB), must accompany any claim submitted for payment to AWC!.
  5. Submit an itemized claim to the third-party administrator employed by AWC! after providing authorized services to a participant. Each itemized claim must be submitted on a properly executed standardized method form, include all data elements required by AWC!, such as Current Procedural Terminology (CPT) codes, and meet all applicable HIPAA requirements. *Any claims submitted by Participating Site older than 12 months from the date of service, will be denied by AWC! and Participating Site will not hold the participant and the participant's responsible party harmless for those claims.*

**NOTE:** Only authorized CPT codes on the “All Women Count! Program Payment Schedule of Allowed Services by CPT (Current Procedural Terminology) Code”, should be placed on any bill sent to AWC!.

- a. All AWC! claims, electronic or paper, should include the visit’s Encounter Label.
- b. Participating Site shall submit electronic claims by using their clearinghouse and/or connecting through Claim.MD.
- c. Paper claims and paper claims with insurance EOBs attached must be mailed to AWC! at:

SDDOH  
All Women Count!  
615 E 4<sup>th</sup>  
Pierre, SD 57501

It is recommended that Participating Sites complete the online training module designed specifically for Participating Sites to understand and manage the AWC! Program for their site.

6. It is recommended that Participating Sites complete the online training module to understand and manage the AWC! Program for their site. The modules can be found on the Train platform. Visit <https://www.train.org/sd/home> to set up an account.
7. Send all original, signed and completed Visit Forms to AWC! within **one** week of women’s screening visit or by request of AWC!. Original, signed and completed Visit Forms must be mailed to AWC! at:

SDDOH  
All Women Count!  
615 E 4<sup>th</sup> St  
Pierre SD 57501

8. Any reasonably requested reports (i.e., Pap/HPV Summary or Mammogram Summary) may be mailed or faxed to AWC! at:

SDDOH  
All Women Count!  
615 E 4<sup>th</sup> St  
Pierre SD 57501  
Fax: 605-773-8104

9. Notify AWC! of any material staffing, billing, or facility changes (i.e., facility name changes, contact staff for program reports, contact staff for bills and facility changes for services) with respect to Participating Site.
10. Accept payment for authorized services, as described in Section A.3, to participants as payment in full. AWC!’s third party administrator, as authorized by AWC!, makes payment directly to Participating Site.
11. Submit banking information to All Women Count! for ACH payments. Please include a W-9 along with the Account Name, Account Number, Routing Number and Account Type. In

addition, please submit an email address for the person(s) who should receive remittance advices and deposit information.

12. To not hold AWC! liable or responsible for any of the costs or expenses incurred in providing services to participants, except as authorized by AWC! in Section A.3, submitted as required by Sections A.4 – A.5, and to the extent funding is available as set forth in Section B.2.

13. Maintain the following insurance:

- a. Commercial General Liability Insurance: Participating Site shall maintain occurrence based commercial general liability insurance or equivalent form with a limit of not less than \$1,000,000 each occurrence. If such insurance contains a general aggregate limit it shall apply separately to this contract or be no less than two times the occurrence limit.
- b. Professional Liability Insurance: Participating Site shall procure and maintain professional liability insurance with a limit of not less than one million dollars.
- c. Workers' Compensation Insurance: Participating Site shall procure and maintain workers' compensation and employers' liability insurance as required by South Dakota law.
- d. Certificates of Insurance: Before beginning work under this Agreement, Participating Site shall furnish AWC! with properly executed Certificates of Insurance which shall clearly evidence all insurance required in this Agreement. In the event of a substantial change in insurance, issuance of a new policy, cancellation or nonrenewal of the policy, Participating Site agrees to provide immediate notice to AWC! and provide a new certificate of insurance showing continuous coverage in the amounts required. Participating Site shall furnish copies of insurance policies if requested by AWC!
- e. The parties agree that any insurance required to be carried under this Agreement may be provided through a program of self-insurance or via one or more third-party insurance carriers.

14. Indemnify the State of South Dakota, its officers, agents, and employees, from and against all claims or proceedings for actions, suits, damages, liabilities, other losses or equitable relief that may arise at least in part as a result of an act or omission in performing services under this Agreement. Participating Site shall defend the State of South Dakota, its officers, agents, and employees against any claim, including any claim, action, suit, or other proceeding related to the claim. Participating Site's obligation to indemnify includes the payment of attorney fees and other costs of defense. In defending the State of South Dakota, its officers, agents, and employees, Participating Site shall engage other professionals, subject to the written approval of the State which shall not be unreasonably withheld. Notwithstanding the foregoing, the State of South Dakota may, in its sole discretion and at the expense of Participating Site, engage attorneys and other professionals to defend the State of South Dakota, its officers, agents, and employees, or to assist Participating Site in the defense. This section does not require Participating Site to be responsible for or defend against claims or proceedings for damages, liabilities, losses or equitable relief arising solely from errors or omissions of the State of South Dakota, its officers, agents or employees.

15. Participating Site is a "covered entity" as defined in the Health Insurance Portability and Accountability Act, 45 CFR §160.103, and will abide by the rules and regulations set forth in 45 CFR Parts 160 and 164 (HIPAA), as amended by the Health Information Technology for Economic and Clinical Health (HITECH) Act §§ 13400-13424, 42 U.S.C. §§ 17921-17954 (2009).
16. To not use subcontractors to perform the services described herein without the express prior written consent of AWC!. Participating Site will include provisions in its subcontracts requiring its subcontractors to comply with the applicable provisions of this Agreement, to indemnify the State of South Dakota, and to provide insurance coverage in a manner consistent with this Agreement. Participating Site will cause its subcontractors, agents, and employees to comply with applicable federal, tribal, state, and local laws, regulations, ordinances, guidelines, permits and other standards and will adopt such review and inspection procedures as are necessary to assure such compliance.

**B. AWC! agrees to:**

1. Pay Participating Site, through the third-party payment intermediary for AWC!, as described in Sections A.3 through A.5, for authorized services provided to participants.
2. Pay its Section B costs or expenses given the availability of funding. Participating Site understands that this Agreement depends upon the continued availability of appropriated funds and expenditure authority from the Legislature for this purpose. If for any reason the Legislature fails to appropriate funds or grant expenditure authority, or funds become unavailable by operation of law or federal funds reductions, this Agreement can be paused or terminated by AWC! upon five (5) business days written notice. Participating Site agrees that pause or termination for any of these reasons is not a default by AWC! or the State of South Dakota nor does it give rise to a claim against AWC! or the State of South Dakota or any officer, agent or employee of AWC! or the State of South Dakota during the pause or termination period, and Participating Site waives any claim against the same during the pause or termination period.

**C. Other Provisions:**

1. Term: The term of this Agreement begins June 30, 2025, and ends September 30, 2028, unless terminated earlier by either party upon thirty (30) days prior written notice.
2. Amendment: This Agreement may not be assigned without the express prior written consent of the State of South Dakota. This Agreement may not be amended except in writing, which writing shall be expressly identified as a part hereof and be signed by an authorized representative of each of the parties hereto.
3. Disputes: This Agreement shall be governed by and construed in accordance with the laws of the State of South Dakota, without regard to any conflicts of law principles, decisional law, or statutory provision which would require or permit the application of another jurisdiction's substantive law. Venue for any lawsuit pertaining to or affecting this Agreement shall be in the Circuit Court, Sixth Judicial Circuit, Hughes County, South Dakota
4. Severability: In the event that any court of competent jurisdiction shall hold any provision of this Agreement unenforceable or invalid, such holding shall not invalidate or render unenforceable any other provision hereof.

5. Super cession: All other prior discussions, communications and representations concerning the subject matter of this Agreement are superseded by the terms of this Agreement, and except as specifically provided herein, this Agreement constitutes the entire agreement with respect to the subject matter hereof.
6. Notice: Any notice or other communication required under this Agreement shall be in writing and sent to the address set forth below or via email. Notices shall be given by and to the Cancer Programs Director on behalf of AWC! and to the Participating Site Contact Person designated below, on behalf of Participating Site, or such authorized designee as either party may designate in writing. Notices or communications to or between the parties shall be deemed to have been delivered when sent via mail or email.

The parties signify their agreement by signing below.

**Participating Site:**

**South Dakota Department of Health, dba All Women Count! Program (AWC!)**

\_\_\_\_\_  
Date \_\_\_\_\_

Signature of authorized representative  
Test

\_\_\_\_\_  
Date \_\_\_\_\_

Beth Dokken, Director  
Division of Family and Community Health South  
Dakota Department of Health  
615 East 4<sup>th</sup> Street  
Pierre, SD 57501

\_\_\_\_\_  
Printed name of authorized representative  
Test

\_\_\_\_\_  
Email Address  
Test

\_\_\_\_\_  
Federal Tax ID Number  
Test

Contact Person:  
Sarah Quail  
Cancer Programs Director  
Division of Family and Community Health South  
Dakota Department of Health  
615 East Fourth Street  
Pierre, SD 57501  
Email: Sarah.Quail@state.sd.us  
Phone: 605-367-8375

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Street and Post Office Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Contact Person Name/Email

**ACH Payment Information**

\_\_\_\_\_  
Account Name

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Routing Number

\_\_\_\_\_  
Account Type:

\_\_\_\_\_  
Remittance Email Address

\_\_\_\_\_  
Banking Deposit Email Address