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**THE WOMEN'S HEALTH CONNECTION PROGRAM
PROVIDER CORRESPONDENCE FFY 05-04**

October 6, 2006

RE: Billing Guidelines

Dear Women's Health Connection Program Provider:

The purpose of this correspondence is to summarize the Women's Health Connection Program's expectations and policies as they relate to billing.

All claims for services provided to eligible clients of the Women's Health Connection Program must be received within 60 days of the date the service was provided. Claims will only be paid if the appropriate medical reports and/or exam forms are on file with the program. Claims received later than 60 days from the date of service will not be paid once the program has depleted its funding for the current fiscal year. The current fiscal year runs from June 30, 2006, through June 29, 2007.

Please disregard any previous information you may have received indicating that claims should be submitted within 90 days. The 60-day policy will ensure better budget management for the program.

GUIDANCE FOR PRIMARY CARE PROVIDERS

Each primary care provider is responsible for providing the Program with the original copy of the Presumptive Eligibility Enrollment Form or the Annual Screening Visit Form within two weeks of performing the service. Without this documentation, the program is unable to confirm that a screening service was performed for a client and will be unable to pay other claims that come through as a result of a referral to an imaging facility or specialist provider. Similarly, separate claims for Pap tests from lab facilities also cannot be paid until the Program has documentation that a screening service was performed by a contracted primary care provider.

To assist with timely processing of payments, it is helpful if the primary care provider also sends the Pap report and the mammogram or ultrasound report as soon as these items are received by

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the primary care provider. This is not a requirement, but it ensures that the program has complete information about the services provided to eligible clients.

Mammograms and Other Referrals

Please ensure that referrals for mammograms are made in accordance with the Program's policies. In addition, any referrals from a contracted primary care provider should be made on a carbon form titled "Women's Health Connection Mammography Reporting Form."

The program does not pay for a screening mammogram for women who are between the ages of 40 and 49. Do not use the Women's Health Connection Program's mammography form for women in this age group unless the clinical breast exam is positive suspicious for breast cancer. A suspicion condition includes a "Discrete palp mass-Suspicious for Cancer," "Bloody/serous nipple discharge," "Nipple/areolar scaliness," or "Skin dimpling/retraction." If the screening exam indicates one of these conditions or is suspicious for malignancy, please refer the client for imaging studies to rule out a cancerous or precancerous condition. Further, in accordance with the Program's policies, clients with this screening result also must be referred to a specialist provider, and the exam form must immediately be faxed to the Program's Case Management Unit at (702) 486-0403. **If none of the aforementioned conditions are met, it is not appropriate to use the Program's mammography form to send a client who is between the ages of 40 and 49 for any mammography or ultrasound service.**

The program pays for screening mammograms for women 50 years of age and older. However, a Clinical Breast Exam must be performed on the client prior to referring her for a screening mammogram. The results of the CBE must be recorded on the appropriate form and sent to the Program within two weeks of the exam being performed. Further, this referral also must be made on the "Women's Health Connection Mammography Reporting Form."

GUIDANCE FOR IMAGING FACILITIES, LABS, AND SPECIALIST PROVIDERS

Claims for payment for mammograms, ultrasounds, biopsies, Pap tests, office visits for consultations, and other related services should be submitted with the appropriate reports. However, payment for these services is contingent upon the program receiving the appropriate screening exam information from the referring primary care provider. **This policy replaces any existing policy in this regard.**

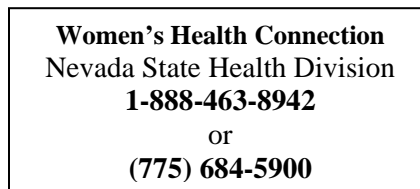
Before billing the Women's Health Connection Program for a service, you must ensure that the client has a proper referral from a contracted primary care provider. For imaging services, this referral must be made on the "Women's Health Connection Mammography Reporting Form." However, if the client is between the ages of 40 and 49 and does not have a positive suspicious clinical breast exam as outlined in the preceding guidance for primary care providers, the program will be unable to pay for the imaging service. **If you suspect that the primary care provider has made an inappropriate referral, please contact the referring provider and discuss your concerns.** Do not contact the Women's Health Connection Program because it is

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likely we will not have the most up to date information concerning the client, and we will not be able to authorize the service.

All other services, except those for Pap tests, should be documented to the program by filling out a “Follow Up Visit” form, a “Cervical Diagnostic Form,” or a “Breast Diagnostic Form.” These forms are primarily used by the program’s specialist providers, but they may also be used by primary care providers.

Appropriate Pap test referrals should be made on a form that has the Program’s pink lab sticker, which looks like this:



CLOSING COMMENTS

A copy of this correspondence is available on the program’s website at <http://health2k.state.nv.us/whc>. In addition, scanned copies of the forms referenced in this correspondence also are available for viewing on the website.

The Women’s Health Connection Program is a payer of last resort for women in Nevada who do not have health insurance. Program staff strive to process the paperwork in a timely manner, and adherence to the program’s policies will ensure that all claims get paid.

Questions about these billing guidelines may be directed to Karen Allen, Program Coordinator, at (775) 684-5936, or to me at (775) 684-5926. Either of us may be reached at the toll free number of 1-888-463-8942. Thank you for your cooperation.

Respectfully,

Marla L. McDade Williams
Program Manager
Women’s Health Connection Program