ALASKA BREAST CERVICAL

Screening Assistance Program

Provider Manual and Program Information

State of Alaska
Department of Health and Social Services Division of Public Health
Section of Women's, Children's, and Family Health
Last Updated 05/14/2026

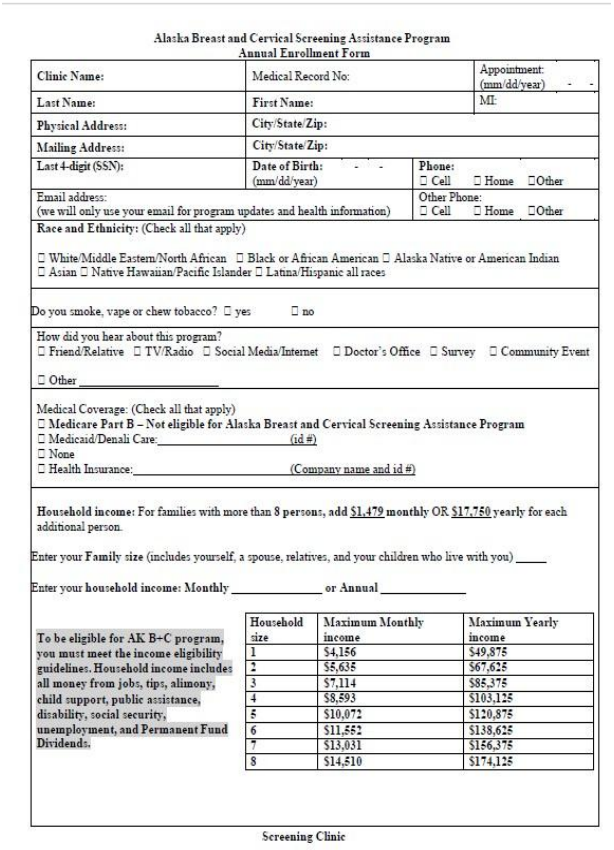
The Basics of & Cervical Screening Assistance Program (AK B & C)

- Pay for breast and cervical cancer screening and diagnostic services
- Pay travel costs for diagnostic follow-up appointments
    - Please see Travel section for details on covered expenses
- Referral to Breast and Cervical Medicaid for precancerous or cancerous diagnosis
- Part of the NBCCEDP—National Breast & Cervical Cancer Early Detection Program—funded by the Centers for Disease Control & Prevention
    - NBCCEDP operates nationwide in U.S. states, territories, and with Tribal organizations
    - NBCCEDP operates in the State of Alaska through the Alaska Breast & Cervical Program
    - NBCCEDP also operates in Alaska through four Alaska Native tribal health systems

What is Required of an AK B & C Provider?

- **Signed provider agreement:**
    - Provider agreements are signed by the clinic or organizations.
    - Individual clinicians within a practice that has a provider agreement in place with Alaska Breast & Cervical Screening Assistance Program (AK B & C) do not need a separate agreement unless they are billing for services under their own tax id number.
        - A memorandum of understanding covers all Public Health Centers.
- **Enrolled clients:**
    - Enrolled clients are Alaskans who have provided complete enrollment information and have been confirmed to be eligible
    - Enrollment can be completed by filling out an enrollment form at the time of the appointment, or by the client calling 907-312-9555 or 1-800-410-6266 and enrolling over the phone.
    - Clients can also enroll online by scanning the QR Code.
- **Data associated with breast and/or cervical cancer screening:**
    - AK B & C requires the chart notes or data forms associated with any visit AK B & C is being billed.
    - If more information is needed, AK B & C will follow up with the provider.
- Providers are required to have a follow-up tracking system for patients with abnormal findings.
- Providers will assess all patients for tobacco use and AK B & C will refer them to the Tobacco Quit Line.
    - 1-800-Quit-Now (1-800-784-8669)

Who is Eligible for A and How to Enroll Patients?



Alaska Breast and Cervical Screening Assistance Program
Annual Enrollment Form

Clinic Name:	Medical Record No:	Appointment: (mm/dd/year) - -
Last Name:	**First Name:**	MI:
Physical Address:	**City/State/Zip:**	
Mailing Address:	**City/State/Zip:**	
Last 4-digit (SSN):	**Date of Birth:** (mm/dd/year) - -	**Phone:** ☐ Cell ☐ Home ☐Other
Email address: (we will only use your email for program updates and health information)		Other Phone: ☐ Cell ☐ Home ☐Other

Race and Ethnicity: (Check all that apply)

☐ White/Middle Eastern/North African ☐ Black or African American ☐ Alaska Native or American Indian
☐ Asian ☐ Native Hawaiian/Pacific Islander ☐ Latina/Hispanic all races

Do you smoke, vape or chew tobacco? ☐ yes ☐ no

How did you hear about this program?
☐ Friend/Relative ☐ TV/Radio ☐ Social Media/Internet ☐ Doctor's Office ☐ Survey ☐ Community Event
☐ Other _____

Medical Coverage: (Check all that apply)
☐ **Medicare Part B – Not eligible for Alaska Breast and Cervical Screening Assistance Program**
☐ Medicaid/Denali Care:_____(id #)
☐ None
☐ Health Insurance:_____(Company name and id #)

Household income: For families with more than 8 persons, add $1,479 monthly OR $17,750 yearly for each additional person.

Enter your **Family size** (includes yourself, a spouse, relatives, and your children who live with you) ____

Enter your **household income: Monthly** _____ **or Annual** _____

To be eligible for AK B+C program, you must meet the income eligibility guidelines. Household income includes all money from jobs, tips, alimony, child support, public assistance, disability, social security, unemployment, and Permanent Fund Dividends.

Household size	Maximum Monthly income	Maximum Yearly income
1	$4,156	$49,875
2	$5,635	$67,625
3	$7,114	$85,375
4	$8,593	$103,125
5	$10,072	$120,875
6	$11,552	$138,625
7	$13,031	$156,375
8	$14,510	$174,125

Screening Clinic

- Women ages 21–64
- Income guidelines update annually so check with us for current guidelines
- Who do not have or cannot afford Medicare part B
- Whose insurance does not cover screening services or who's deductible has not been met
- The Annual Enrollment Form has a reakdown of the federal poverty levels. As long as the client circles an income that is not in the "more than" column they are income eligible. Individual clinics may require proof of income, but the AK B & C does not.
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- Completed forms are valid for one year from the date signed at the bottom. Patients should enroll annually to avoid issues with coverage.

- Completed forms should be faxed or mailed to AK B & C.
- Diagnostic providers can verify client eligibility via our web-based database or by contacting
    - AK B & C provider support at 907-269-4662.
- Alaskans can also enroll by calling AK B & C at: 1-907-312-9555 or 1-800-410-MAMM (6266).

Contact AK B & C when you need additional Enrollment Forms.

What Services are Covered

The AK B & C program reimburses breast and cervical cancer screening and diagnostic services per the approved list of CPT codes that is updated annually. Please contact the provider support specialist at 907-269-4662 for the latest list of approved CPT codes.

Services are reimbursed at the approved Medicare rate.

Of note, office visits where a clinical breast exam and/or cervical screening services are rendered can be covered.

Breast Cancer Screening and Diagnostics

AK B & C reimburses for breast cancer screening and diagnostic services provided to low-income (up to 250% FPL) patients age 40 and older.

Breast Cancer Screening for Women at High-Risk

- All patients should undergo a risk assessment to determine if they are at high risk for breast cancer.
- AK B & C can reimburse for services for annual breast cancer screening among women who are considered at high-risk for breast cancer. “Women at high risk” includes those who have a known genetic mutation such as BRCA 1 or 2, first-degree relatives with premenopausal breast cancer or known genetic mutations, a history of radiation treatment to the chest area before the age of 30 (typically for Hodgkin’s lymphoma), and a lifetime risk of 20% or more for development of breast cancer based on risk assessment models that are largely dependent on family history.
- Providers can choose whichever method they prefer to determine if a woman is at high risk for breast cancer. Women at high risk for breast cancer should be screened with both an annual mammogram and an annual breast MRI.

Breast Cancer Surveillance for Women with History of Breast Cancer

- Women who have a known history of breast cancer may be evaluated through the AK B & C for surveillance if they meet program eligibility requirements.
- Follow-up of these women will be based on their providers assessment and depends on their stage of disease and treatment course.
- AK B & C funds cannot be used to reimburse for any form of treatment.

Breast Cancer Screening for Women 65 Years of Age and Older

- If a woman is eligible to receive Medicare benefits and is not enrolled in Medicare, she should be encouraged to enroll.

- Women enrolled in Medicare Part B are not eligible for the AK B & C.
- Women who are not eligible to receive Medicare Part B and Medicare-eligible women who cannot pay the premium to enroll in Medicare Part B are eligible for AK B & C.

What Services are Covered *(continued)*

Breast Cancer Screening for Women Under 40 Years of Age

- AK B & C can reimburse for services to evaluate women under the age of 40 who are symptomatic. A woman can be provided a clinical breast examination, diagnostic mammogram, and/or a surgical consultation.
- AK B & C can reimburse for services to evaluate asymptomatic women under the age of 40, who have been determined to be at high risk (see above high-risk definition) for breast cancer.

Breast Cancer Screening for Transgender Women

- Transgender women (male-to-female), who have taken or are taking hormones and meet all program eligibility requirements, are eligible to receive breast cancer screening and diagnostic services through AK B & C.
- While CDC does not make any recommendation about routine screening among this population, providers should counsel all eligible women, including transgender women, about the benefits and harms of screening and discuss individual risk factors to determine if screening is medically indicated.
- The Center of Excellence for Transgender Health and the World Professional Association for Transgender Health have developed consensus recommendations on preventive care services for the transgender population. Those recommendations include "for transwomen with past or current hormone use, breast-screening mammography in patients over age 50 with additional risk factors (e.g., estrogen and progestin use for 5-10 years, positive family history, BMI > 35)."
- Those preventive care recommendations can be found at http://transhealth.ucsf.edu/trans?page=guidelines-breast-cancer-women.

Breast Cancer Screening for Transgender Men

- Transgender men (female-to-male), who have not undergone a bilateral mastectomy and meet all program eligibility requirements, are also eligible to receive breast cancer screening and diagnostic services

through AK B & C.

- Guidance on breast cancer screening for transgender men from the Center of Excellence for Transgender Health can be found at http://transhealth.ucsf.edu/trans?page=guidelines-breast-cancer-men.

What Services are Covered *(continued)*

Breast Cancer Screening for Males

Men are not eligible to receive breast cancer screening and/or diagnostic services
through AK B & C.

Mammography Modality

- AK B & C will reimburse for film, digital, and 3-D mammography up to the Medicare reimbursement rate.
- All women should be counseled on the benefits and risks of mammography.
- If a woman has the option of having a 3-D mammography, she should be counseled on the benefits and risks of 3-D mammograms versus 2-D mammograms to make an informed decision.

Magnetic Resonance Imaging (MRI)

- AK B & C will reimburse for screening breast MRI performed in conjunction with a mammogram when a client is assessed at being high-risk; Client has a BRCA mutation, a first-degree relative who is a BRCA carrier, or a lifetime risk of 20-25% or greater as defined by risk assessment models.
- Breast MRI can also be reimbursed when used to better assess areas of concern on a mammogram or for evaluation of a client with a past history of breast cancer after completing treatment.
- Breast MRI should never be done alone as a breast cancer screening tool.
- Breast MRI cannot be reimbursed for by AK B & C to assess the extent of disease for staging in women who were recently diagnosed with breast cancer and preparing for treatment.
- Providers should discuss risk factors with all clients to determine if she is at high risk for breast cancer.
- To be most effective, it is critical that breast MRI is done at facilities with dedicated breast MRI equipment and that can perform MRI-guided breast biopsies.

Managing Women with Abnormal Breast Cancer Screening Results

- The management of women whose mammogram and/or CBE are abnormal relies on a body of scientific literature that is constantly growing and changing.
- To arrive at a definitive diagnosis for a woman with an abnormal breast cancer screening test, AK B & C funds may reimburse for ultrasound, mammography-directed biopsy, fine needle aspiration, core biopsy, breast MRI, etc., as well as associated pathology in consideration of the standards established by such organizations as the National Comprehensive Cancer Network (http://www.nccn.org/) and the American College of Radiology (http://www.acr.org/).

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What Services are Covered *(continued)*

Cervical Cancer Screening and Diagnostics

Screening Pap Tests

- Providers may use either conventional or liquid-based cytology.

Cervical Cancer Screening for Women 21 to 64 Years of Age

- AK B & C can reimburse for Pap testing alone every 3 years for women aged 21 to 29 years and for Pap testing alone every 3 years, co-testing with the combination of Pap testing with human papillomavirus (HPV) testing every 5 years, or primary HPV testing every 5 years for women aged 30 to 64 years.
- AK B & C can reimburse for annual cervical cancer screening among women who are considered high-risk (e.g., in-utero DES exposure, immunocompromised such as HIV infection, or history of cervical cancer).
- AK B & C cannot reimburse for cervical cancer screening in women under the age of 21.

Cervical Cancer Screening for Women Over 64 Years of Age

- Cervical cancer screening is not recommended for women older than 65 years of age who have had adequate screening and are not high risk.
- If a woman over 64 needs to be screened and is eligible to receive Medicare benefits but is not enrolled, she should be encouraged to enroll.
- Women enrolled in Medicare Part B are not eligible for AK B & C.
- Women who are not eligible to receive Medicare Part B and Medicare-eligible women who cannot pay the premium to enroll in Medicare Part B are eligible to receive clinical services through AK B & C.

Cervical Cancer Screening for Women at High Risk

- Women who are at high risk for cervical cancer need to be screened more frequently than average-risk women. This includes women with HIV infection, who have had an organ transplantation, who may be

immunocompromised from another health condition, or who had DES exposure in utero.

- In general women under the age of 30 should undergo annual Pap testing and women age 30 years and older should have co-testing every 3 years or annual Pap testing.

Cervical Cancer Screening for Transgender Men

- Transgender men (female-to-male) who have not undergone a total hysterectomy (i.e., still have a cervix) and meet all other eligibility requirements are eligible to receive cervical cancer screening and diagnostic services through AK B & C.

(continued)

Cervical Cancer Screening Following Hysterectomy or Other Treatment for Cervical Neoplasia or Cancer

- AK B & C CANNOT be used to reimburse for cervical cancer screening in women who have had total hysterectomies (i.e., those without a cervix), unless the hysterectomy was performed because of cervical neoplasia (precursors to cervical cancer) or invasive cervical cancer.
- When a woman concludes her cancer treatment, has been released by her treating physician to return to a schedule of routine screening, and continues to meet AK B & C eligibility requirements, she may return to the program and receive all its services.
- For women with a history of cervical neoplasia or in situ disease, AK B & C funds can be used to reimburse for routine cervical cancer surveillance for 20 years post treatment.
- For women with a history of invasive cervical cancer, AK B & C funds can be used to reimburse for cervical cancer surveillance indefinitely, as long as they are in good health.
- For women whom the reason for the hysterectomy or final diagnosis of no neoplasia or invasive cancer cannot be documented, AK B & C funds can be used to reimburse for cervical cancer surveillance. For these women, cervical cancer screening should continue until there is a 10-year history of negative screening results, including the documentation that the Pap tests were technically satisfactory.
- If it is unknown if the cervix was removed at the time of the hysterectomy, a physical examination can be done to determine if the cervix is present. AK B & C funds can be used to reimburse for an initial examination (i.e., office visit for a pelvic examination) to determine if a woman has a cervix.

Managing Women with Abnormal Cervical Cancer Screening Results

- The management of women whose cervical cancer screening tests yield abnormal results relies on a body of scientific literature that is constantly growing and changing.
- To arrive at a definitive diagnosis for a woman with an abnormal cervical cancer screening test, AK B & C may reimburse for colposcopy, colposcopy-directed biopsy, endocervical curettage, and, in unusual cases, diagnostic excisional procedures (such as LEEP and cold-knife excisions), as well as associated pathology in consideration of the standards established by such organizations as the American Society for Colposcopy and Cervical Pathology (http://www.asccp.org/asccp-guidelines), the American College of Obstetricians and Gynecologists

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Commented [JB3R2]: also thinking about language sensitive por example (transgender)

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(https://www.acog.org/Clinical-Guidance-and-Publications/Search-Clinical-Guidance), and the Society of Gynecologic Oncologist (https://www.sgo.org/clinical-practice/guidelines/).

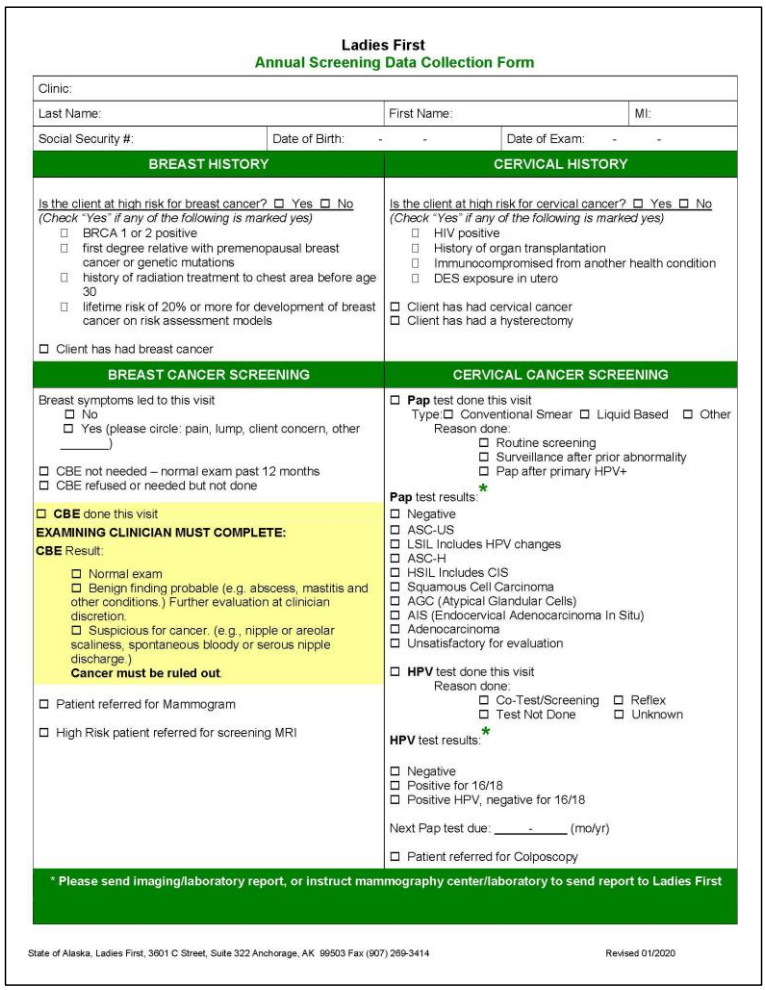
Reimbursement of HPV DNA Testing

- HPV DNA testing is reimbursable when used for screening or follow-up of abnormal Pap results.
- HPV genotyping is reimbursable when used for follow-up of abnormal cervical cancer screening results as per ASCCP algorithms.
- Providers should specify the high-risk HPV DNA panel only. Low-risk HPV DNA panel is not reimbursable.

Collecting Data

The Annual Screening & Data Collection Form is used for reporting on a patient's annual exam. This form includes CBE, pelvic exam, and Pap test information.

- The History section is one way AK B & C collects information about a client's clinical history.
- The clinical breast exam result should be reported. Note that a result of "benign finding probable" may be worked up at the clinician's discretion.



Ladies First
Annual Screening Data Collection Form

Clinic:

Last Name: | First Name: | MI:

Social Security #: | Date of Birth: - - | Date of Exam: - -

BREAST HISTORY

Is the client at high risk for breast cancer? ☐ Yes ☐ No
(Check "Yes" if any of the following is marked yes)
- ☐ BRCA 1 or 2 positive
- ☐ first degree relative with premenopausal breast cancer or genetic mutations
- ☐ history of radiation treatment to chest area before age 30
- ☐ lifetime risk of 20% or more for development of breast cancer on risk assessment models

☐ Client has had breast cancer

CERVICAL HISTORY

Is the client at high risk for cervical cancer? ☐ Yes ☐ No
(Check "Yes" if any of the following is marked yes)
- ☐ HIV positive
- ☐ History of organ transplantation
- ☐ Immunocompromised from another health condition
- ☐ DES exposure in utero

☐ Client has had cervical cancer
☐ Client has had a hysterectomy

BREAST CANCER SCREENING

Breast symptoms led to this visit
- ☐ No
- ☐ Yes (please circle: pain, lump, client concern, other _____)

☐ CBE not needed – normal exam past 12 months
☐ CBE refused or needed but not done

☐ **CBE** done this visit
EXAMINING CLINICIAN MUST COMPLETE:
CBE Result:
- ☐ Normal exam
- ☐ Benign finding probable (e.g. abscess, mastitis and other conditions.) Further evaluation at clinician discretion.
- ☐ Suspicious for cancer. (e.g., nipple or areolar scaliness, spontaneous bloody or serous nipple discharge.)
  Cancer must be ruled out

☐ Patient referred for Mammogram

☐ High Risk patient referred for screening MRI

CERVICAL CANCER SCREENING

☐ **Pap** test done this visit
Type: ☐ Conventional Smear ☐ Liquid Based ☐ Other
Reason done:
- ☐ Routine screening
- ☐ Surveillance after prior abnormality
- ☐ Pap after primary HPV+

Pap test results: *
- ☐ Negative
- ☐ ASC-US
- ☐ LSIL Includes HPV changes
- ☐ ASC-H
- ☐ HSIL Includes CIS
- ☐ Squamous Cell Carcinoma
- ☐ AGC (Atypical Glandular Cells)
- ☐ AIS (Endocervical Adenocarcinoma In Situ)
- ☐ Adenocarcinoma
- ☐ Unsatisfactory for evaluation

☐ **HPV** test done this visit
Reason done:
- ☐ Co-Test/Screening ☐ Reflex
- ☐ Test Not Done ☐ Unknown

HPV test results: *
- ☐ Negative
- ☐ Positive for 16/18
- ☐ Positive HPV, negative for 16/18

Next Pap test due: _____ - _____ (mo/yr)

☐ Patient referred for Colposcopy

*** Please send imaging/laboratory report, or instruct mammography center/laboratory to send report to Ladies First**

State of Alaska, Ladies First, 3601 C Street, Suite 322 Anchorage, AK 99503 Fax (907) 269-3414 Revised 01/2020

There are three ways to report Pap, HPV, and mammogram results:

1. Directly

from the lab or imaging center

- OR -

2. Forward the results once you receive them

- OR -

3. Report them using this form

Ordering Labs

- Labs must have a Memorandum of Agreement (MOA) with AK B & C.
- Conventional or liquid are both covered.
- Indicate AK B & C as the payer and request a copy of the result to be sent to AK B & C. AK B & C is the payer of last resort. Please list all insurance or Medicaid coverage so the lab can invoice all payers.

Travel

AK B & C can pay for travel expenses when a patient needs diagnostic service(s) that are not available in their community. This includes services that are not available because there is not an AK B & C Diagnostic Provider in the area where the client resides.

- The Screening Provider should determine who the client should be referred to using the AK B & C Diagnostic Provider list. The Screening Provider can call AK B & C to request travel and lodging be authorized to facilitate an appointment to a Diagnostic Provider when additional follow-up is needed.
- AK B & C will verify patient eligibility and obtain documentation of abnormal result prior to travel being approved.
- AK B & C can pay directly for travel expenses such as airfare and/or ground transportation as well as hotel expenses. After eligibility and appointment have been confirmed, AK B & C administrative staff will contact the patient directly to make travel arrangements. Travel will be scheduled for the least amount of time required to cover the AK B & C covered medical appointment.
- Ak B & C would typically like a minimum of 2 weeks notice, prior to appointments, to get travel set-up.

AK B&C does *not* cover food/meals,
so the patient should be prepared to have funds available.

Medicaid Referral

AK B & C refers eligible patients to Breast and Cervical Medicaid when diagnosed with a precancerous or cancerous condition.

- Diagnosis is determined by pathology received or through direct provider contact.
- Once the diagnosis information is received, AK B & C staff will mail a BC Medicaid packet with instructions to the eligible woman. AK B & C will also send notifications to the BC Medicaid Office and to the patient screening provider.
- Once Medicaid receives the application, they will determine eligibility. If the woman is not eligible for any other Medicaid program, she is then reviewed for BC Medicaid, which allows her to receive Medicaid benefits during her treatment period. After treatment is complete, the patients can apply for regular Medicaid benefits but must meet the eligibility guidelines at that time. The state Division of Public Assistance makes the final determination of eligibility based on Medicaid policy and client compliance.

Billing

AK B & C is treated as an insurance, generally billed using HCFA, UB04, or electronically.

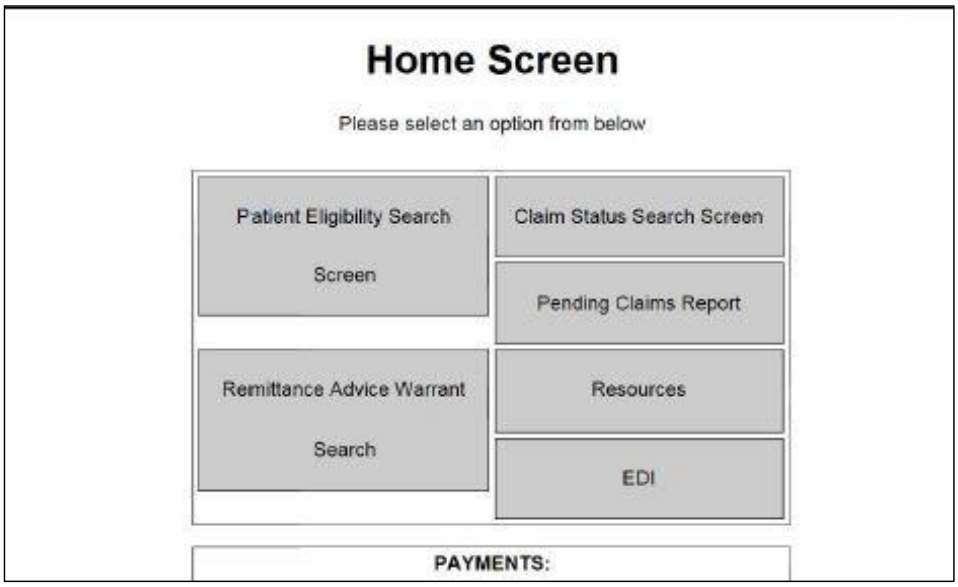
- AK B & C is payer of last resort for all payers except IHS and cost sharing insurances ie; Medi-share or Christian Healthcare Ministries.
- AK B & C claims are paid when the following have been received:
    - The enrollment form for coverage period
    - Data associated with office visit or lab results
    - EOB if client has primary insurance
- AK B & C claim status and patient enrollment status can be viewed through the Med-IT provider site.

Med-IT

AK B & C contracted providers can get usernames and passwords to the AK B & C provider site: Med-IT, www.med-itweb.com. To get access to Med-IT, contact the AK B & C provider support: 907-269-4662. This site allows the provider 24 hour access to:

- Verify patient eligibility
- Print pended claims report
- Check claim status
- Print remittance advice when checks/electronic payment are received

Providers can contact AK B & C during regular business hours if there are any questions about using the site or if they are unable to log in.


Home Screen
Please select an option from below
Patient Eligibility Search Screen
Claim Status Search Screen
Pending Claims Report
Remittance Advice Warrant Search
Resources
EDI
PAYMENTS:

Frequently Asked Questions (FAQs) from AK B&C

- Question: How long am I enrolled for?
  Answer: Patient enrollment is good for one year from the date they enrolled. Claims received after enrollment has ended will not be paid. Patients need to enroll each year to ensure there is no lapse in their coverage with the program.
- Question: What does AK B & C cover?
  Answer: AK B & C covers breast and cervical cancer screening done at an office visit. These could consist of a Pap test and/or clinical breast exam. AK B & C also pays for screening mammograms for woman who are 40 years of age and older.
- Question: What if my screening comes back abnormal?
  Answer: There are several diagnostic services that AK B & C can cover. Cancer screening consists of the screening and diagnostic tests until a diagnosis is made, usually with a biopsy. Contact AK B & C staff if you have questions. Diagnostic services don't apply to age criteria. For example, it may be appropriate to receive a diagnostic mammogram for a woman under the age of 40.
  *E*xample
  Cervical diagnostic – colposcopy
  Breast diagnostic - ultrasound, mammogram, or biopsy
- Question: I received a bill from the provider's office for covered services, what do I do?
  Answer: Have the client contact AK B & C at 1-800-410-6266 as soon as possible. Staff will review the client information to resolve billing issues. Additional information may be needed (i.e. enrollment, data, EOB) or the claim was not submitted to AK B & C.

- Question: Can I qualify for this program if I have health insurance?
  Answer: Yes. As long as a patient meets current income and age guidelines and does not have Medicare Part B, they are eligible for AK B & C. However, AK B & C is the payer of last resort. Meaning primary insurance must be billed first. If primary insurance does not cover cancer screening or has a high deductible, AK B & C can still pay for the services covered under the program. This may be applied toward the deductible and out of pocket; however, if the patient is enrolled and if it's a service we cover, there is no fee to the patient.
- Question: Can I go to any provider for these services?
  Answer: No. For the exams to be covered by AK B & C, the patient must see a contracted AK B & C provider. Provider lists are available on the Med-IT provider site or by contacting AK B & C by phone.

If you have any questions,
Please contact AK B&C provider support: 907-269-4662.

Provider Support Specialist 907-269-4662

For Billing, Enrollments, and Other Questions Call 1-800-410-6266

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ALASKA BREAST CERVICAL Screening Assistance Program

April 2026