

BCCCP Eligibility FAQ
Frequently Asked Questions
About Eligibility for the
N.C. Breast and Cervical Cancer Control Program

Who Should Be Screened for BCCCP?

1. If a woman has just cervical screening or just breast screening, will she count toward my screening goals?

Yes. Every woman is not required to have both cervical and breast screening. Depending on individual circumstances and clinical protocols, it may be appropriate to provide only one screening service.

2. Which BCCCP patients are eligible for screening mammograms?

FEDERAL FUNDS: Low income (<250% FPL) uninsured and underinsured women age 50-64 years old who do not have Medicaid, Medicare (Part B) or Title X (Family Planning) are eligible for BCCCP-provided mammograms. A minimum of 75% of the women receiving initial mammograms paid with BCCCP federal funding should be age 50 and above. Women under age 50 may be enrolled in BCCCP for CBE, but their mammograms must not be paid with federal BCCCP funding, unless they present with clinical symptoms suspicious for breast cancer.

STATE FUNDS: Low income (<250% FPL) uninsured and underinsured women age 40-75 years old are eligible for BCCCP-provided mammograms and CBEs, as long as they are not eligible for Medicaid, Medicare (Part B), or Title X (Family Planning).

3. Are BCCCP patients who are less than 50 years old eligible for a mammogram?

FEDERAL FUNDS: No more than 25% of the mammograms may be provided to women under 50 years of age. (Priority should be given to symptomatic women in this age group.) A diagnostic mammogram may be provided for women younger than 50 who present with clinical symptoms suspicious for breast cancer.

STATE FUNDS: Screening mammograms may be provided to women 40-75 years of age. (Priority should be given to symptomatic women in this age group.) A diagnostic mammogram may be provided for women younger than 40 who present with clinical symptoms suspicious for breast cancer.

4. If women under age 40 are not eligible for a mammogram, what screening services can be provided?

Eligible women age 21-39 may have the following services provided:

- Clinical breast exam and Pap test with pelvic exam
- Assessment of history and risk factors for cancer
- BSE instruction if the patient requests

Women aged 21-39 who present with symptoms of breast or cervical cancer may be enrolled for diagnostic work-up.

5. Can a woman who has had a bilateral mastectomy receive CBE services and a mammogram through BCCCP?

Yes.

6. Are women with implants eligible for BCCCP?

Yes.

7. Which BCCCP patients are eligible for Pap tests?

FEDERAL FUNDS: Low income (<250% FPL) uninsured and underinsured women age 40-64 years old who have an intact cervix and do not have Medicaid, Medicare (Part B) or Title X (Family Planning) are eligible for federal BCCCP-provided Pap tests. A minimum of 20% of the women screened with federal BCCCP funds should be women who have not had a Pap test in the past five years. Women under age 40 should not have federal BCCCP-funded Pap tests unless they present with clinical symptoms suspicious for cervical cancer.

STATE FUNDS: Low income (<250% FPL) uninsured and underinsured women age 21-39 years old are eligible for state BCCCP-provided Pap tests if no other source of healthcare reimbursement is available.

Women who have had a total hysterectomy with removal of the cervix for any reason other than cervical cancer or dysplasia are not eligible for BCCCP Pap test screening.

8. If a patient is not eligible for a Pap test, should I provide a pelvic exam?

Do not provide a BCCCP-funded pelvic exam if a Pap test is not provided. The only exception is if a woman is a new patient and does not know if she still has a cervix. You may provide a one-time only pelvic exam to determine if a cervix is present.