

641—8.7(135) Verification for the breast or cervical cancer treatment (BCCT) option of Medicaid. The Iowa department of public health and the Iowa department of human services have coordinated to develop procedures for individuals to access Medicaid coverage for treatment of breast or cervical cancer or precancerous conditions.

8.7(1) Before referring an individual to the individual's county of residence's local office of the department of human services, a contracted county board of health designated agency staff member shall document the following regarding the individual:

a. The individual was enrolled in the IA CFY program when diagnosed; has had at least one of the screening services (Pap test, screening mammogram, CBE or MRI) or diagnostic procedures paid for or with funds from family planning centers, community health centers, or nonprofit organizations; and must be in need of treatment for breast or cervical cancer or precancerous conditions; or

b. The individual was enrolled in NBCCEDP and has moved to Iowa. To be considered enrolled in NBCCEDP, the individual must meet the Iowa program age guidelines; have had at least one of the basic screening services (Pap test, screening mammogram, CBE or MRI) or a diagnostic procedure paid for by the NBCCEDP or with funds from family planning centers, community health centers, or nonprofit organizations; and be in need of treatment for breast or cervical cancer or precancerous conditions; and

c. The individual has creditable coverage circumstances or has no creditable coverage for breast or cervical cancer treatment.

8.7(2) The BCCT option of Medicaid is administered by the Iowa department of human services under 441—Chapter 75, "Conditions of Eligibility."

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