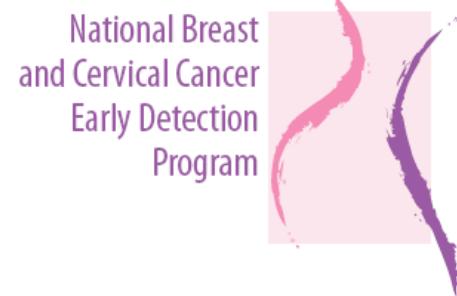


Programa de Prevención y Detección Temprana de Cáncer de Mama y Cuello Uterino de Puerto Rico (PRBCCEDP)



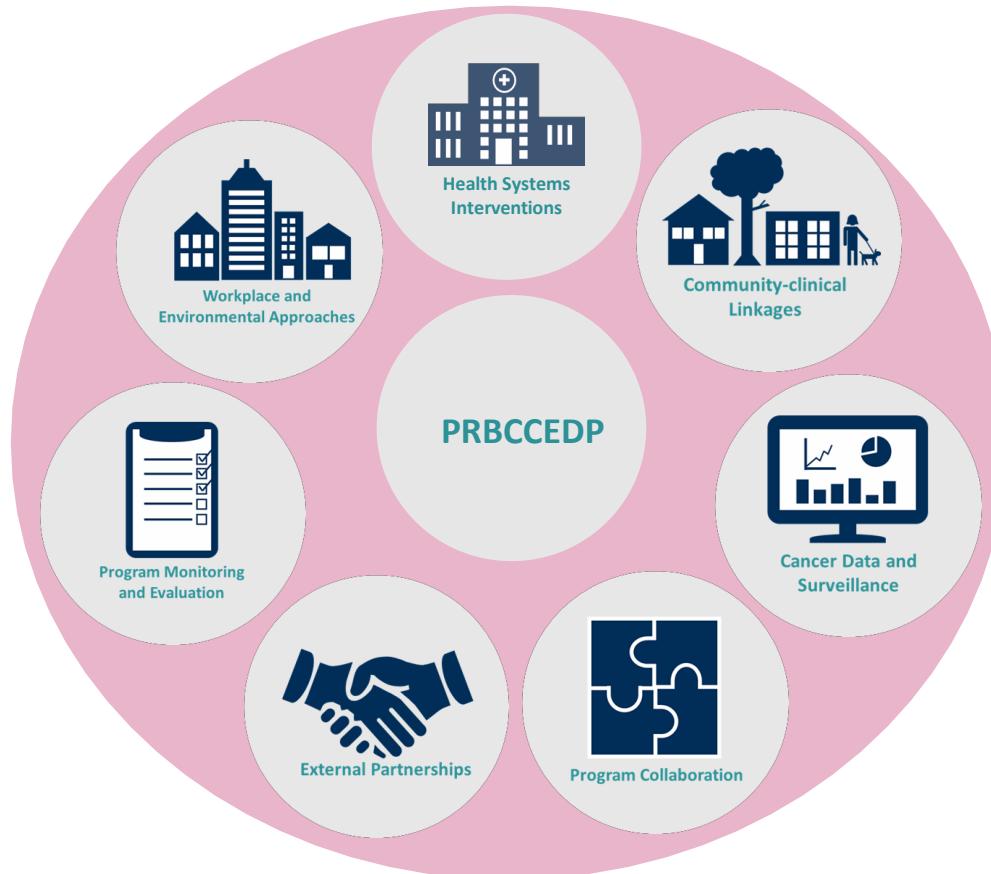
Trasfondo

- El Congreso de los Estados Unidos autorizó la creación del **Programa Nacional de Detección Temprana de Cáncer de Mama y Cuello uterino (NBCCEDP)** en el 1990.
- El NBCCEDP es **administrado** por la **División de Prevención y Control del Cáncer (DCPC)** de los **Centros para el Control y Prevención de Enfermedades (CDC)**.
- Desde el **1991**, el programa ha crecido hasta cubrir los **50 estados** de la unión, **5 territorios** (entre ellos Puerto Rico), el **Distrito de Columbia** y **11 tribus u organizaciones tribales**.
- Se estima que entre **7-13%** de las mujeres en los Estados Unidos son **elegibles para participar** del programa.

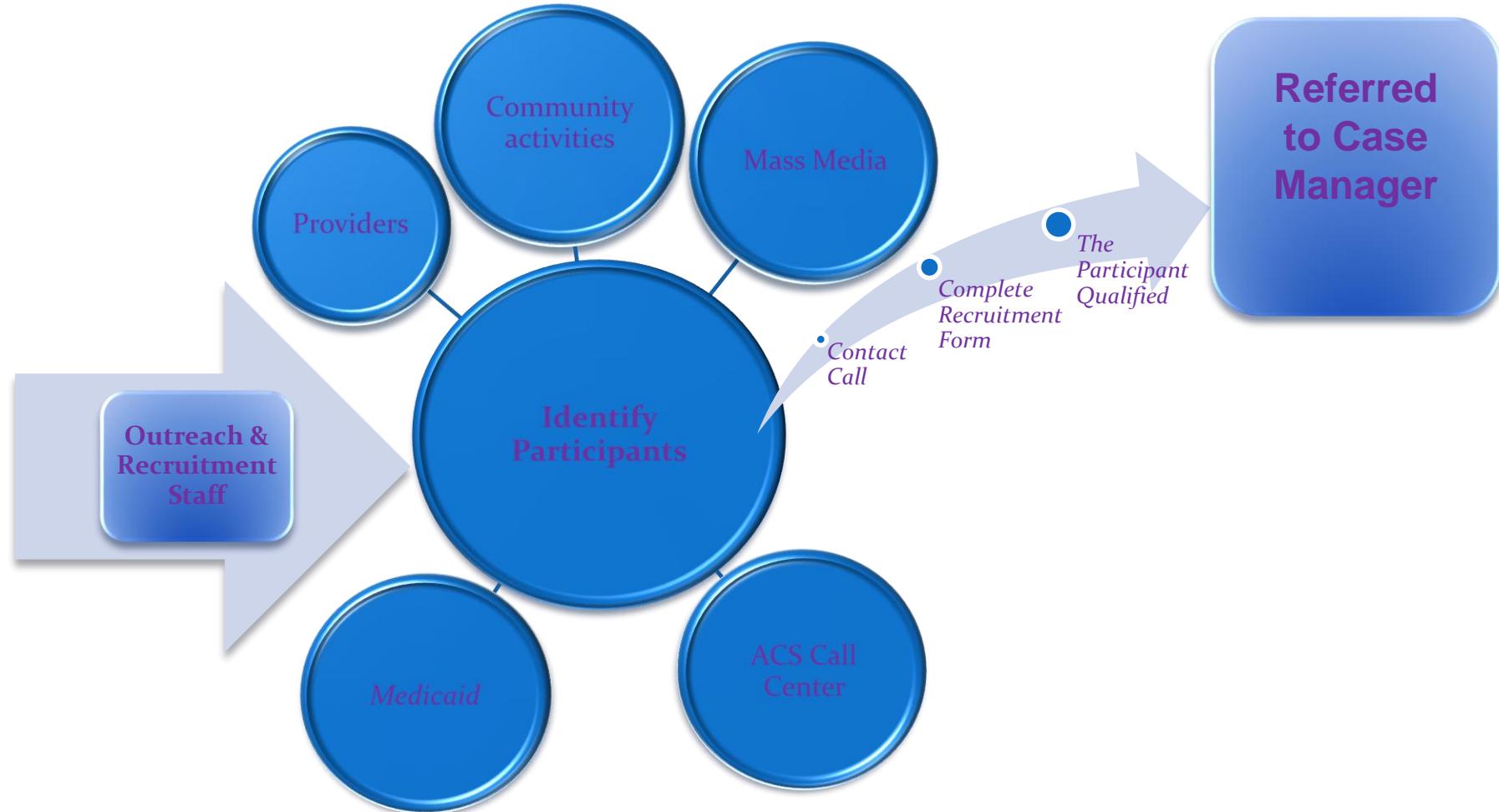
Trasfondo

- En Puerto Rico, desde el año **1991 hasta el 2005**, este programa estuvo adscrito al **Departamento de Salud**. Este era conocido como el Programa “**Compañeras**”.
- **Desde el 2007** el programa es manejado por el **Recinto de Ciencias Médicas** de la Universidad de Puerto Rico.
- **Actualmente**, el NBCCEDP es parte del componente de servicios del **Centro Comprensivo de Cáncer** de la Universidad de Puerto Rico (UPRCCC).
- El programa en la isla lleva el nombre de “**Programa para la Prevención y Detección Temprana de Cáncer de Mama y Cuello Uterino de Puerto Rico**”.

Estrategias



Reclutamiento



Elegibilidad

- Mujeres de **21 a 64 años** de edad
- Clasifiquen entre el **200 y 250% de nivel de pobreza** de acuerdo a sus ingresos y número de personas en el núcleo familiar
- **No** califiquen para la **Reforma de Salud** y no puedan costear la cubierta de un **seguro de salud privado**
- Mujeres de **65 años o más** que **no** tengan **Medicare** o no cuentan con **Medicare Parte B**



**PUERTO RICO
BREAST & CERVICAL
CANCER**
PREVENTION AND EARLY
DETECTION PROGRAM



**Mamografía y
Papanicolaou
GRATIS**
para mujeres elegibles
al programa

REQUISITOS:

- Estar entre las edades de 21 a 64 años
- No cualificar para la Reforma de Salud
- No tener plan médico privado
- Cumplir con los requisitos de ingreso económico
- Mujeres de 65 años o más que no cuentan con Medicare, o no tienen Medicare Parte B

Si desea saber si es elegible comuníquese al:
(787) 522-3265

**CENTRO
COMPRESIVO
DE
CÁNCER**
Universidad de Puerto Rico

ESTADO LIBRE ASOCIADO DE
PUERTO RICO
Departamento de Salud

Parámetros

- **Servicios para cernimiento/diagnóstico de Cáncer de Mama**
 - El programa sigue como parámetros las guías y recomendaciones para la detección temprana de cáncer de mama publicadas por U.S. Preventive Services Task Force.
 - La **prioridad** para estos servicios son las participantes de **50 a 64 años** de edad.
 - Estas deben de representar **no menos del 75%** de todas las beneficiarias de los servicios de mamografía.
 - Las mujeres **menores de 50 años** pueden recibir los servicios de **mamografía**.
 - Estas **no deben de exceder el 25%** del total de las beneficiarias de los servicios de mamografía.
 - Las mujeres de **40 a 49 años asintomáticas** pueden beneficiarse de los servicios de mamografía, pero siempre **recordando la regla del 25%**.
 - Mujeres **menores de 40 años sintomáticas** pueden recibir servicios del programa (**examen clínico de mama, mamografía de diagnóstico y consulta de cirujano, de ser necesario.**)
 - Las **nuevas guías de cáncer de mama** dictadas por el **United States Preventive Services Task Force (USPSTF, por sus siglas en inglés)** fueron publicadas en **enero de 2016**.

Parámetros

- *Servicios para cernimiento/diagnóstico de Cáncer de Cuello Uterino*
 - Mujeres entre las edades de 21 a 64 años de edad.
 - El programa sigue como parámetros las guías y recomendaciones para la detección temprana de cáncer de cuello uterino publicadas por la United States Preventive Services Task Force.
 - La prioridad son las participantes que nunca se han realizado un Pap.
 - Mujeres que desconocen conservar el cuello uterino luego de la histerectomía, se puede pagar una visita médica para realizar un examen pélvico y determinar si cuenta con el órgano.
 - A partir **de marzo de 2012** se comenzó a implementar la **nuevas guías** de cernimiento para cáncer de cuello uterino .

Guías de Cernimiento Cáncer de Mama

Population	Recommendation ¹
Women aged 40 to 49 with average risk	The decision to start screening mammography in women prior to age 50 years should be an individual one. Women who place a higher value on the potential benefit than the potential harms may choose to begin biennial screening between the ages of 40 and 49 years.
Women aged 50 to 74 with average risk	Biennial screening mammography is recommended.
Women aged 75 or older with average risk	Current evidence is insufficient to assess the balance of benefits and harms of screening mammography in women aged 75 years or older.
Women with dense breasts	Current evidence is insufficient to assess the balance of benefits and harms of adjunctive screening for breast cancer using breast ultrasonography, magnetic resonance imaging (MRI), digital breast tomosynthesis (DBT), or other methods in women identified to have dense breasts on an otherwise negative screening mammogram.
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.
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.

¹Siu AL; U.S. Preventive Services Task Force. Screening for breast cancer: U.S. Preventive Services Task Force recommendation statement. Annals of Internal Medicine 2016; 164(4):279-296.

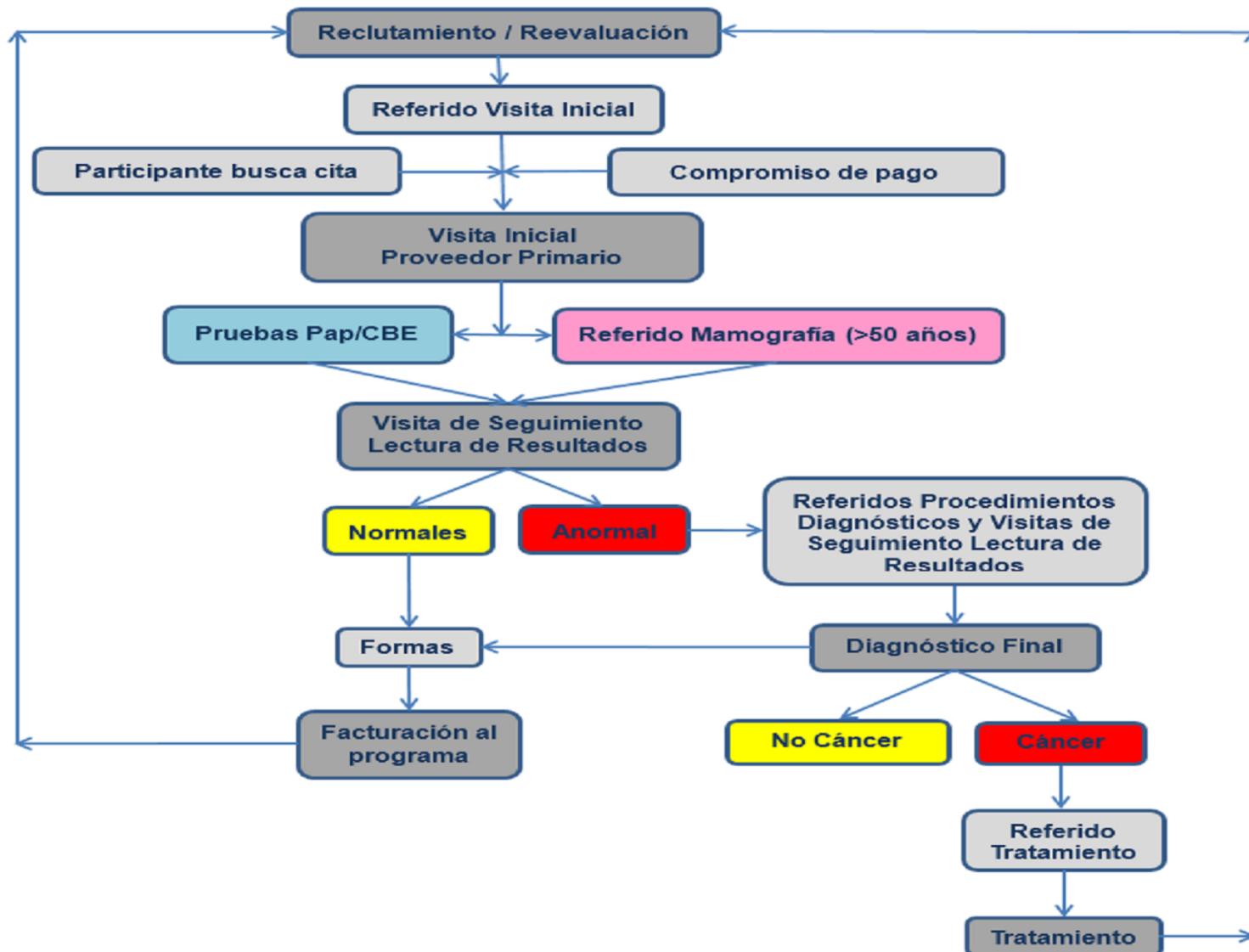
Guías de Cernimiento Cáncer de Cuello Uterino

Population	Recommendation ²
Women 21 to 65 (Pap Smear) or 30-65 (in combo with HPV testing)	The USPSTF recommends screening for cervical cancer in women age 21 to 65 years with cytology (Pap smear) every 3 years or, for women age 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years. See the Clinical Considerations for discussion of cytology method, HPV testing, and screening interval.
Women younger than 30 years, HPV testing	The USPSTF recommends against screening for cervical cancer with HPV testing, alone or in combination with cytology, in women younger than age 30 years.
Women younger than 21	The USPSTF recommends against screening for cervical cancer in women younger than age 21 years.
Women Older than 65, who have had adequate prior screening	The USPSTF recommends against screening for cervical cancer in women older than age 65 years who have had adequate prior screening and are not otherwise at high risk for cervical cancer. See the Clinical Considerations for discussion of adequacy of prior screening and risk factors.
Women who have had a hysterectomy	The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and who do not have a history of a high-grade precancerous lesion (cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.

²*Cervical Cancer: Screening.* U.S. Preventive Services Task Force. July 2015.

<http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/cervical-cancer-screening?ds=1&s=cervical%20cancer%20screening>

Flujograma de Servicios Clínicos



Navegación y Manejo

- Los servicios ofrecidos tienen un **tiempo determinado para cumplir satisfactoriamente con las guías establecidas por el programa.**
 - **Cáncer de Mama:**
 - **≤60 días** : intervalo de tiempo entre el **cernimiento inicial** y el **diagnóstico** de un **cernimiento anormal de mama**.
 - **≤60 días**: intervalo de tiempo entre **el diagnóstico** y el inicio del **tratamiento** para **cáncer de mama**.
 - **Cáncer de Cuello Uterino:**
 - **≤90 días**: intervalo de tiempo entre el **cernimiento inicial** y el **diagnóstico** de un **cernimiento anormal de cuello uterino**.
 - **≤60 días**: intervalo de tiempo entre **el diagnóstico** y el inicio del **tratamiento** para **cáncer de cuello uterino invasivo**.
 - **≤90 días**: intervalo de tiempo **entre el diagnóstico** y el inicio del **tratamiento** para **neoplasia intraepitelial**.

Ciclos

- Ciclo de Cernimiento/Diagnóstico
 - Desde visita inicial hasta visita de diagnóstico
 - ≤60 días: Cáncer de Mama
 - ≤90 días: Cáncer de Cuello Uterino
- Si la participante comienza el ciclo pero no asiste a su última visita de diagnóstico para cerrarlo, el médico puede completar la forma clínica (incluyendo un comentario o razón para completar el ciclo sin la visita de diagnóstico) y facturar las visitas.

Servicios para Cáncer de Mama

● Cernimiento

- Examen Clínico de Mama (CBE)
- **Mamografías** de cernimiento
 - El programa no cubrirá métodos automatizados para realizar las mamografías: CAD y CT.

● Diagnóstico

- Mamografía diagnóstica (Vistas adicionales o “spot compression”) unilateral o bilateral
- Sonomamografía unilateral o bilateral
- Consulta de un cirujano
- Biopsias
- MRI – cumplir con los criterios establecidos para esta prueba

Servicios para de Cáncer de Cuello Uterino

- Cernimiento
 - Examen pélvico
 - Prueba de Pap (Convencional y “Thin Prep”)
 - El programa no cubrirá métodos automatizados para realizar los Pap.
 - Prueba de Pap & Prueba de HPV de acuerdo a las guías de cernimiento para cáncer de cuello uterino (Algoritmos ASCCP).
- Diagnóstico
 - Consultas ginecológicas
 - Colposcopías: sin biopsia, con biopsia, con Endocervical Curettage (ECC)
 - Endocervical Curettage (ECC) solo
 - Loop Electrosurgical Excision Procedure (LEEP), Cold-Knife Conization (CKC) y Laser Conization.
 - Otras biopsias (no colposcopía)

Formas de Cernimiento



University of Puerto Rico Comprehensive Cancer Center
Puerto Rico Breast and Cervical Cancer Prevention and Early Detection Program
PMB 371 PO Box 70344, San Juan PR 00936-8344
Phone: 787-772-8300 ext. 1116

Breast Cancer Screening Data Collection Form (Follow Cancer Screening Guidelines provided)

A. Patient Information					
1a. Last Names	1b. First Name	1c. Initial	2. SSN	3. DOB	4. Age
5a. Postal Address					
5b. Municipality	5c. State	5d. Zip Code	6. Phone Number		
7. Provider #	8. Record #	9. Municipality of Screening			
B. Breast Screening History					
10a. Has the patient had a mammogram before? If Yes, <input type="radio"/> Yes <input type="radio"/> No	11. Does the patient have breast implants? <input type="radio"/> Yes <input type="radio"/> No				
10b. Date of previous mammogram:	12. The patient reported breast symptoms? <input type="radio"/> Yes <input type="radio"/> No				
C. Breast Screening Tests					
13. CBE Date:	<input type="radio"/> Bloody / Serous Nipple Discharge <input type="radio"/> Nipple / Areolar Scarring <input type="radio"/> Skin Dimpling / Retraction <input type="radio"/> Previous normal CBE in past 12 months – CBE not done today <input type="radio"/> CBE not done today – other / Unknown Reason <input type="radio"/> CBE refused				
14. CBE Results:					
<input type="radio"/> Normal <input type="radio"/> Benign Finding <input type="radio"/> Discrete Palpable Mass – Suspicious for Cancer <input type="radio"/> Discrete Palpable Mass – Previously Diagnosed Benign					
15a. Purpose of the Initial Mammogram:	16. Date Initial Mammogram:	D. Diagnostic Procedures:			
<input type="radio"/> Routine screening mammogram <input type="radio"/> Evaluate symptoms, positive CBE, or previous abnormal mammogram <input type="radio"/> Already done by a non-program provider, patient referred in for diagnostic evaluation		20. Diagnostic Work-up Plan:	<input type="radio"/> Planned <input type="radio"/> Not Planned		
15b. Date of Referral:		21. Additional Mammography Views:	<input type="radio"/> Yes <input type="radio"/> No		
<input type="radio"/> Not done (Patient proceeded directly for other imaging or diagnostic workup)		22. Ultrasound:	<input type="radio"/> Yes <input type="radio"/> No		
15c. Date of Referral:		23. Film comparison to evaluate an incomplete assessment:	<input type="radio"/> Yes <input type="radio"/> No		
<input type="radio"/> Not done (Cervical record only)		24. BIII to PRBCCEDP:	<input type="radio"/> Yes <input type="radio"/> No		
16. Initial Mammogram Type:		25. Final Imaging Date:			
<input type="radio"/> Conventional <input type="radio"/> Digital		26. Final Imaging Outcome:			
17. BIII to PRBCCEDP:		<input type="radio"/> Negative <input type="radio"/> Benign finding <input type="radio"/> Probably Benign (Short interval follow-up suggested) <input type="radio"/> Unsat satisfactory (Cycle complete) <input type="radio"/> Unknown (Presumed Abnormal, mammogram from non-program provider) <input type="radio"/> Film Comparison Required			
27. Additional Diagnostic Procedures (Complete the Breast Cancer Diagnosis Data Collection Form):		<input type="radio"/> Large Core Needle Biopsy <input type="radio"/> Open Surgical Biopsy <input type="radio"/> Other procedure (Specify):			
<input type="radio"/> Diagnostic Mammography <input type="radio"/> Consultant repeat CBE <input type="radio"/> Fine Needle Aspiration Biopsy <input type="radio"/> Surgical Consultation					
28a. Follow-up:	<input type="radio"/> 2 years <input type="radio"/> 1 year <input type="radio"/> Short-Term	28b. Specify Short-Term months			
29. Comments:					
30. Provider's Name and Signature:	31. Date:				



University of Puerto Rico Comprehensive Cancer Center
Puerto Rico Breast and Cervical Cancer Prevention and Early Detection Program
PMB 371 PO Box 70344, San Juan PR 00936-8344
Phone: 787-772-8300 ext. 1116

Cervical Cancer Screening Data Collection Form (Follow Cancer Screening Guidelines provided)

A. Patient Information					
1a. Last Names	1b. First Name	1c. Initial	2. SSN	3. DOB	4. Age
5a. Postal Address					
5b. Municipality	5c. State	5d. Zip Code	6. Phone Number		
7. Provider #	8. Record #	9. Municipality of Screening			
B. Cervical Screening History					
10a. Has the patient had a prior Pap Test? If Yes, <input type="radio"/> Yes <input type="radio"/> No	12a. Has the patient received an HPV vaccination? If Yes, <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown				
10b. Date of prior (last) Pap test:	12b. Date of first HPV vaccination:				
11. Is there history of the following conditions? (Mark all that apply)					
11a. Dysplasia/cervical cancer	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown				
11b. HPV	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown				
11c. HIV	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown				
11d. Immune-compromised	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown				
13a. Number of doses received: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3					
13b. Is the patient post-menopausal? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown					
14a. Is the patient pregnant? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown					
15a. Has the patient had a hysterectomy? If Yes, <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown					
15b. Was the hysterectomy performed for either cervical cancer or Neoplasia? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown					
C. Cervical Screening Tests					
16. Test(s) Requested (Mark all that apply):	Date of test(s)	19. Type of Pap Test (Specimen Type):	23. Diagnostic Work-up Plan:		
<input type="checkbox"/> Pelvic exam:		<input type="radio"/> Conventional Smear <input type="radio"/> Liquid Based	<input type="radio"/> Planned <input type="radio"/> Not Planned		
<input type="checkbox"/> Pap test:		<input type="radio"/> Other	<input type="radio"/> Unknown		
<input type="checkbox"/> HPV test:		24a. Follow up:			
<input type="checkbox"/> Short term <input type="checkbox"/> 24b. Specify Short-Term months					
<input type="checkbox"/> Pap in 1 year <input type="checkbox"/> Pap in 3 years <input type="checkbox"/> Pap in 5 years <input type="checkbox"/> Additional Diagnostic Procedures (Complete the Cervical Cancer Diagnosis Data Collection Form): <input type="checkbox"/> Gynecologic Consultation <input type="checkbox"/> Colposcopy w/o Biopsy <input type="checkbox"/> Colposcopy with Biopsy <input type="checkbox"/> Colposcopy with ECC <input type="checkbox"/> ECC (Only) <input type="checkbox"/> LEEP <input type="checkbox"/> CKC <input type="checkbox"/> Laser Coagulation <input type="checkbox"/> Other biopsy-not colposcopy <input type="checkbox"/> Other procedure (Specify):					
17. Pelvic exam results:					
<input type="radio"/> Normal <input type="radio"/> Abnormal pelvic					
<input type="radio"/> Abnormal-not suspicious for cancer					
<input type="radio"/> Abnormal-suspicious for cancer					
<input type="radio"/> Other result (Specify):					
18a. Indication for Pap test to be performed on this screening:					
<input type="radio"/> Routine Pap Test					
<input type="radio"/> Patient under surveillance for a previous abnormal test					
<input type="radio"/> Already done by a non-program provider, patient referred in for diagnostic evaluation					
18b. Date of referral:					
<input type="radio"/> Not done, Patient proceeded directly for diagnostic work-up or HPV test					
<input type="radio"/> Not done, Breast record only					
<input type="radio"/> Not done					
22. HPV Test Result: (If positive, specify type)					
<input type="radio"/> Positive <input type="radio"/> LR <input type="radio"/> HR <input type="radio"/> Unknown					
<input type="radio"/> Negative					
<input type="radio"/> Unknown					
<input type="radio"/> Not done					
25. BIII to PRBCCEDP:	<input type="radio"/> Yes <input type="radio"/> No	26. Comments:	28. Date:		
27. Provider's Name and Signature:					

Formas de Diagnóstico



University of Puerto Rico Comprehensive Cancer Center
Puerto Rico Breast and Cervical Cancer Prevention and Early Detection Program
PMB 371 PO Box 70344, San Juan PR 00936-8344
Phone: 787-772-8300 ext. 1116

Breast Cancer Diagnosis Data Collection Form



University of Puerto Rico Comprehensive Cancer Center
Puerto Rico Breast and Cervical Cancer Prevention and Early Detection Program
PMB 371 PO Box 70344, San Juan PR 00936-8344
Phone: 787-772-6300 ext. 1116

Cervical Cancer Diagnosis Data Collection Form

A. Patient Information					
1a. Last Names	1b. First Name	1c. Initial	2. SSN	3. DOB	4. Age
5a. Postal Address	5b. Municipality	5c. State	5d. Zip Code	6. Phone Number	
7. Provider #	8. Record #	9. Municipality of Diagnosis			
B. Diagnostic Procedures (Mark all that apply)					
10a. Gynecologic Consultation		<input type="checkbox"/>	10b. Date of Procedure	10c. Bill to PRBCCEDP:	<input checked="" type="radio"/> Yes <input type="radio"/> No
11a. Colposcopy w/o Biopsy		<input type="checkbox"/>	11b. Date of Procedure	11c. Bill to PRBCCEDP:	<input checked="" type="radio"/> Yes <input type="radio"/> No
12a. Colposcopy with Biopsy		<input type="checkbox"/>	12b. Date of Procedure	12c. Bill to PRBCCEDP:	<input checked="" type="radio"/> Yes <input type="radio"/> No
13a. Colposcopy with ECC		<input type="checkbox"/>	13b. Date of Procedure	13c. Bill to PRBCCEDP:	<input checked="" type="radio"/> Yes <input type="radio"/> No
14a. Endocervical Curettage Only (ECC)		<input type="checkbox"/>	14b. Date of Procedure	14c. Bill to PRBCCEDP:	<input checked="" type="radio"/> Yes <input type="radio"/> No
15a. Loop Electrosurgical Excision Procedure (LEEP)		<input type="checkbox"/>	15b. Date of Procedure	15c. Bill to PRBCCEDP:	<input checked="" type="radio"/> Yes <input type="radio"/> No
16a. Cold-Knife Cone (CKC)		<input type="checkbox"/>	16b. Date of Procedure	16c. Bill to PRBCCEDP:	<input checked="" type="radio"/> Yes <input type="radio"/> No
17a. Laser Conization		<input type="checkbox"/>	17b. Date of Procedure	17c. Bill to PRBCCEDP:	<input checked="" type="radio"/> Yes <input type="radio"/> No
18a. Other biopsy-not colposcopy		<input type="checkbox"/>	18b. Date of Procedure	18c. Bill to PRBCCEDP:	<input checked="" type="radio"/> Yes <input type="radio"/> No
19a. Other Cervical Procedures:	<input type="checkbox"/>	19b. Date of Procedure	19c. Bill to PRBCCEDP:	<input checked="" type="radio"/> Yes <input type="radio"/> No	
C. Diagnosis Information					
20a. Status of Final Diagnosis:					
<input type="radio"/> Work-up Complete	20b. Date of Final Diagnosis:	<input type="radio"/> Lost to Follow Up	<input type="radio"/> Work-up Refused		
21. Final Diagnosis:					
<input type="radio"/> Normal / Benign Reaction / Inflammation <input type="radio"/> HPV / Condylomata / Atypia <input type="radio"/> CIN I / Mild Dysplasia (Biopsy Diagnosis) <input type="radio"/> CIN II / Moderate Dysplasia (Biopsy Diagnosis) <input type="radio"/> CIN III / Severe Dysplasia / Carcinoma In situ (Stage 0) (Biopsy Diagnosis)			<input type="radio"/> Invasive Cervical Carcinoma (Biopsy Diagnosis) <input type="radio"/> HSIL <input type="radio"/> LSIL <input type="radio"/> Adenocarcinoma <input type="radio"/> Other Final Diagnosis (Specify): _____		
D. Treatment Information					
22a. Status of Treatment:			23a. Follow up:		
<input type="radio"/> Treatment Started	22b. Date of Treatment:	<input type="radio"/> 5 years <input type="radio"/> 3 year <input type="radio"/> 1 year <input type="radio"/> Short-term			
<input type="radio"/> Treatment Pending	<input type="radio"/> Treatment Refused	23b. Specify Short-Term months			
<input type="radio"/> Treatment not Needed	<input type="radio"/> Lost to Follow-up (Includes death)				
24. Comments:					
25. Provider's Name and Signature:				26. Date:	



Formas de Referido

Universidad de Puerto Rico
Centro Comprrensivo de Cáncer
Programa para la Prevención y Detección Temprana del
Cáncer de Mama y Cáncer de Cuello Uterino Puerto Rico

Forma de Referido
Procedimientos de Cernimiento/Diagnóstico de Cáncer de Cuello Uterino

Paciente: _____ Lugar de Referido: _____

Procedimientos de Cernimiento

Citología Convencional de Pap	<input type="checkbox"/>
Thin Prep. (LBC) de Pap	<input type="checkbox"/>
Sure Path (LBC) de Pap	<input type="checkbox"/>
Otro Procedimiento:	<input type="checkbox"/>

Procedimientos de Diagnóstico

Colposcopia sin Biopsia	<input type="checkbox"/>
Colposcopia con Biopsia	<input type="checkbox"/>
Colposcopia con ECC	<input type="checkbox"/>
ECC solo	<input type="checkbox"/>
LEEP	<input type="checkbox"/>
CKC	<input type="checkbox"/>
Otro Procedimiento:	<input type="checkbox"/>

Referida por: _____ Lic: _____ Fecha de Referido: _____

Procedimiento realizado por: _____ Fecha de Procedimiento: _____

Interpretado por: _____ Lic: _____ Fecha de Interpretación: _____

Last Revised: 12/2013 Original (Facturación al Programa) – 1ra Copia (Records Laboratorio) – 2da Copia (Records Médico) Form RDC101-S

Universidad de Puerto Rico
Centro Comprrensivo de Cáncer
Programa para la Prevención y Detección Temprana del
Cáncer de Mama y Cáncer de Cuello Uterino de Puerto Rico

Forma de Referido
Procedimientos para Cernimiento/Diagnóstico de Cáncer de Mama

Paciente: _____ Lugar de Referido: _____

Procedimientos de Cernimiento

	Izquierdo	Derecho	Ambos
Mamografía	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sonomamografía	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Otro Procedimiento:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Procedimientos de Diagnóstico

	Izquierdo	Derecho	Ambos
Diagnostic Mammography	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fine Needle Aspiration Biopsy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Large Core Needle Biopsy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Open Surgical Biopsy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Otro Procedimiento:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Referida por: _____ Lic: _____ Fecha de Referido: _____

Procedimiento realizado por: _____ Fecha de Procedimiento: _____

Interpretado por: _____ Lic: _____ Fecha de Interpretación: _____

Last Revised: 12/2013 Original (Facturación al Programa) – 1ra Copia (Records Laboratorio) – 2da Copia (Records Médico) Form RDB101-S

Laboratorio

- Indicar en boleta o requisición que el método de pago será el programa.
 - Escribir UPRCCC en la sección de método de pago (“Medical Insurance”)
- También, acompañar la muestra con copia del compromiso de pago.

Tarifas

- Tarifas a base de Medicare Physician Fee Schedule (Non-Facility Fee) y Clinical Laboratory Fee Schedule.
- Envío del documento “NCCCEDP Allowable Procedures and Relevant CPT® Codes” a todos los proveedores anualmente.
- **No se permite el cobro de deducible o diferencia a las participantes del programa.**

Facturación

- Documentos para facturación al programa:
 - Factura (1500, UB-04 u otro método)
 - Nombre de la participante, fecha de nacimiento, información del proveedor (nombre, direcciones física/postal y NPI) fecha del servicio, códigos CPT y tarifas.
- Formas clínicas del programa debidamente completadas (Médicos)
- Resultados (Laboratorios y Centros de Imagen)
- Copias de compromisos de pago asociadas a los servicios ofrecidos
- Enviar los documentos durante los primeros 7 días laborables de cada mes.

1500
HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

1. MEDICARE	2. MEDICAID	3. TRICARE	4. CHAMPVA	5. FEDERAL PLANS	6. STATE PLANS	7. CHARTER PLANS	8. ESOPA	9. GROUP PLANS	10. OTHER
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. PATIENT'S NAME (Last Name, First Name, Middle Initial)									
12. PATIENT'S ADDRESS (No., Street)									
13. PATIENT'S CITY, STATE, ZIP CODE									
14. PATIENT'S RELATIONSHIP TO INSURED									
15. PATIENT'S STATUS									
16. PATIENT'S EMPLOYMENT STATUS									
17. PATIENT'S CONDITION RELATED TO:									
18. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)									
19. OTHER INSURED'S DATE OF BIRTH									
20. OTHER INSURED'S PLACE OF BIRTH									
21. EMPLOYER'S NAME OR SCHOOL NAME									
22. INSURANCE PLAN NAME OR PROGRAM NAME									
23. INSURANCE PLAN NUMBER FOR LOCAL USE									
24. READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM									
25. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE: Authorizes the release of any medical or other information necessary to process the claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.									
26. PATIENT'S DATE OF BIRTH									
27. PATIENT'S ADDRESS									
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Envío de Documentos

- Se enviarán al UPRCCC
 - Taína De La Torre (Data Manager)
 - Email: tdelatorre@cccupr.org
 - documentos deben estar protegidos con el password que provee el programa
 - Correo regular: Universidad de Puerto Rico
Centro Comprensivo de Cáncer
PRBCCEDP
PO BOX 363027
San Juan PR, 00936-3027
 - Personalmente/mensajero: Universidad de Puerto Rico,
Centro Comprensivo de Cáncer
Piso 2, Complejo del Centro Médico
San Juan, PR 00935
 - **No se aceptan documentos vía fax.**

Aprobación y Pago

- Búsqueda en las bases de datos para asegurar:
 - la paciente es participante del programa
 - los servicios no hayan sido facturados anteriormente
 - los servicios fueron los aprobados por el programa
- Verificar que las formas clínicas y las facturas esten debidamente completadas.
 - Los documentos que tienen información incompleta o errores se devuelven al proveedor para correcciones antes de aprobar el pago.
- UPRCCC paga los servicios de los proveedores que tienen contrato directo.
- SAC paga los servicios de los proveedores que **no** tienen contrato con el UPRCCC.

Página Electrónica



Contáctenos



INICIO SOBRE NOSOTROS CÁNCER DE SEÑO CÁNCER DE CÉRVIDO PARTICIPANTES PROVEEDORES RECURSOS EVENTOS Y NOTICIAS



Bienvenidos a Nuestro Portal

El Programa de Prevención y Detección Temprana de Cáncer de Mama y Cuello Uterino de PR es auspiciado por los Centros de Control y Prevención de Enfermedades (CDC por sus siglas en inglés). El Programa provee servicios de cernimiento y diagnóstico para cáncer de seno (mama) y cérvix (cuello uterino) de manera gratuita a mujeres que sean elegibles, así como servicio de navegación de pacientes y manejo de casos, y actividades educativas para la comunidad y los profesionales de la salud.



Cáncer de Seno

El cáncer de seno en Puerto Rico continúa siendo el cáncer más común y la primera causa de muerte por cáncer en las mujeres. La mamografía es la única prueba recomendada para la detección del cáncer de seno (mama) en sus etapas tempranas.

Ver Más



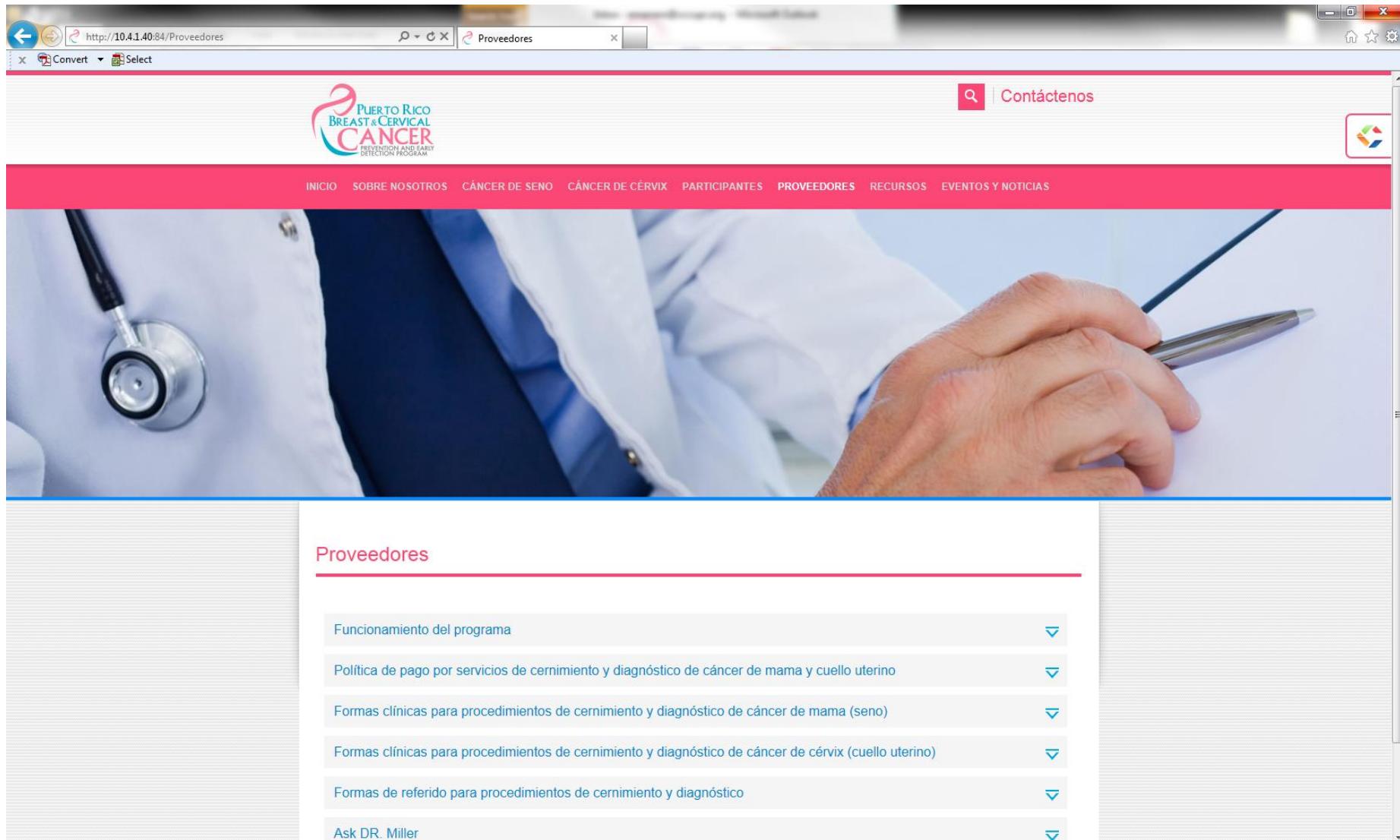
Cáncer de Cérvix

El cáncer de cérvix (cuello uterino) continúa siendo de las causas más importantes de cáncer en la mujer en Puerto Rico. Este cáncer es prevenible a través de la vacunación contra el virus de papiloma humano y la prueba de Papanicolaou.

Ver Más

<http://www.cancerdesenoycuellouterino.com> o
<http://www.cancerdesenoycuellouterino.org>

Página Electrónica



http://10.4.1.40:84/Proveedores

Proveedores

INICIO SOBRE NOSOTROS CÁNCER DE SENO CÁNCER DE CÉRVIDX PARTICIPANTES PROVEEDORES RECURSOS EVENTOS Y NOTICIAS

Proveedores

Funcionamiento del programa

Política de pago por servicios de cernimiento y diagnóstico de cáncer de mama y cuello uterino

Formas clínicas para procedimientos de cernimiento y diagnóstico de cáncer de mama (seno)

Formas clínicas para procedimientos de cernimiento y diagnóstico de cáncer de cérvix (cuello uterino)

Formas de referido para procedimientos de cernimiento y diagnóstico

Ask DR. Miller



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Control de Cáncer PR

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ABOUT

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<http://www.controldecancerpr.org/>

PHOTOS

Control de Cáncer PR

August 13 ·

¡Conoce más sobre nosotros!

Control de Cáncer de Puerto Rico reúne varios programas relacionados a la prevención, detección, control y educación relacionada al Cáncer; tales como el Programa de Prevención y Detección Temprana de Cáncer de Mama y Cuello Uterino, el Programa de Control Comprensivo, y el Registro Central de Cáncer, en un solo lugar.

Conoce más sobre nosotros en <http://www.controldecancerpr.org/>

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Material Educativo



**Prevención y
Detección
Temprana**

CÁNCER DE MAMA

The poster features three women of different ages and ethnicities standing together outdoors. The woman on the left is wearing a light-colored, lace-trimmed top. The woman in the center is wearing a white button-down shirt. The woman on the right is wearing a white top and has her arm around the woman in the center. The background shows a modern building and some greenery. The top half of the poster has a pink background with the program's logo and the title. The bottom half has a teal background with the subtitle.



**Prevención y
Detección
Temprana**

CÁNCER DE CUELLO UTERINO

The poster features three women of different ages and ethnicities posing closely together. The woman on the left is wearing a white top. The woman in the center is wearing a white top. The woman on the right is wearing a white top and has her arm around the woman in the center. The background is a plain, light color. The top half of the poster has a teal background with the program's logo and the title. The bottom half has a pink background with the subtitle.



Contactos

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