Cancer Screening Attachment for Radiology

SERVICES AND PROCEDURES TO BE PROVIDED

**The Contractor agrees to:**

1. Comply with Maryland Department of Health Data Use Policy 01.06.01 and Maryland Department of Health Strategic Data Initiative policies and procedures for any data that is considered Maryland Department of Health data.

1. Follow the most recent version of the Minimal Clinical Elements (Attached) developed by the Maryland Department of Health (MDH) Cancer Medical Advisory Committees as the standard for care for Maryland residents screened and diagnosed through the LCP.
2. See clients referred by LCP for cancer screening and diagnostic services as indicated below:
	* 1. For cancer services, within a time frame that is not more than eight (8) weeks for screening services, and two (2) weeks for diagnostic services, from the date of referral.
3. Report the results of client services to both the client’s primary care provider and to the PCC Program Monitor using the reporting lexicon recommended by the American College of Radiology and using the reporting format provided by the PCC.
4. Send client results as follows:

 **For Breast Cancer Screening:**

1. For abnormal results or those that indicate need for further evaluation, including “Assessment Incomplete,” “Suspicious Abnormality” or “Highly Suggestive of Malignancy” breast imaging, report results to the client’s primary care provider and the LCP’s Contract Monitor by phone *and* mail or by fax or secure electronic communication within three (3) business days of performing the procedure.
2. For negative results, including “Negative,” “Benign,” or “Probably Benign” breast imaging, report results to the client’s primary care provider and the LCP’s Contract Monitor by fax, mail, or secure electronic communication within fourteen (14) calendar days from the date of service.

***Qualifications and Insurance***

1. For physicians performing services under this Contract, provide a copy of each individual’s current medical license from the state in which they are practicing and provide a copy of his/her specialty board certification, if applicable, to the LCP Contract Monitor with this signed Contract.

1. For mammography, provide documentation of current mammography accreditation by the American College of Radiology (ACR), or documentation of having submitted a completed application for ACR accreditation by the start of this contract. Accreditation must be granted within six (6) months of the start of this contract.

For low-dose computed tomography (LDCT), provide documentation of current low-dose computed tomography designation as an American College of Radiology (ACR) as a Lung Cancer Screening Center or Lung Cancer Alliance (LCA) Screening Centers of Excellence, or documentation of having submitted a completed application for ACR accreditation by the start of this contract. Accreditation must be granted within six (6) months of the start of this contract.

**OR**

●   Performs low-dose computed tomography (LDCT) with volumetric CT dose index (CTDIvol) of < 3.0mGy for standard size patients (defined to be 5’7’’ and approximately 155 pounds) with appropriate reductions in CTDIvol for smaller patients and appropriate increase in CDTIvol for larger patients

●     Utilizes Lung RADS as a standard lung nodule identification, classification and reporting system.

1. For mammography and low-dose computed tomography (LDCT), provide documentation of being certified by the Federal Food and Drug Administration (FDA) to provide mammography and low-dose computed tomography services.
2. Obtain and maintain current medical liability insurance coverage and assume liability for the procedures and/or services rendered under this Contract; and provide documentation to the LCP Contract Monitor with this signed Contract.

**The Contractor and the LCP agree that:**

1. The following attached documents are incorporated into, and hereby made a part of this Contract:

1. The reimbursement schedule(s) or any schedule that may be substituted by the LCP due to changes in Medicaid and Medicare allowable reimbursement rates.

As relevant:

2. The “Minimal Clinical Elements for Breast Cancer Detection and Diagnosis;”

3. The “Minimal Clinical Elements for Cervical Cancer Detection and Diagnosis;”

4. The “Colorectal Cancer Minimal Elements for Colorectal Cancer Detection and Diagnosis;”

1. The “Minimal Clinical Elements for Lung Cancer Detection and Diagnosis;”
2. The “Oral Cancer Minimal Elements for Screening, Diagnosis, and Evaluation of Oral Lesions;”
3. The “Prostate Cancer Minimal Elements for Information, Screening, Diagnosis, Treatment, and Follow up;”