

Cornerstone Version 8.40 Changes

General Changes

The **Birth Data screen (PA11)** has been modified to change an error message to a warning message. Previously, Cornerstone would display an error message if the Birth Weight “lbs.” field was left blank, even if the Birth Weight “oz.” field was completed. This warning message prevented users from saving the record without entering a number in the “lbs.” field.

To accommodate very low birth weight infants, Cornerstone will now allow the Birth Weight “lbs.” field to be left blank as long as the “oz.” portion of the field is completed. Instead of receiving an error message, users will now receive a warning message to verify that the field is completed correctly.

Breast & Cervical Cancer (BCCP) Changes

Cancer In Situ Correction:

The **Breast and Cervical Cancer screen (PA30)** has been modified to allow entry of the treatment date, status of treatment and treatment provided when the following diagnoses are entered:

- B4 – LOBULAR CANCER IN SITU
- B5 – DUCTAL CANCER IN SITU

Race Data Collection Changes:

Continue to complete the race information on the Participant Enrollment screen (PA03) when enrolling a new client. When enrolling a new client or beginning a new screening cycle for a re-screen client additional race information is required. Access the Assessment screen (AS01) and select the “**RACE**” **assessment** and answer yes for all of the race categories the client has indicated on the Eligibility Determination Form. More than one category may be entered to reflect all the races the client states apply to her. For example, a client may indicate she is white and Asian; therefore, enter yes to both categories. The following categories are available for selection:

- WHITE
- BLACK OR AFRICAN AMERICAN
- ASIAN
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- AMERICAN INDIAN OR ALASKAN NATIVE
- OTHER
- UNKNOWN

Bethesda System Changes:

Due to the changes in the Bethesda Pap test reporting system and the concurrent use of both the 1991 and 2001 Bethesda systems, additional information will be collected. Some result selections are used with either or both Bethesda systems. If a result selection is associated with only one system the selection will be preceded by either 1991 or 2001. If the result selection may be used for either system, no year will be listed prior to the result.

The **Service Entry screen (SV01)** was expanded to capture the new Bethesda data elements. The following information is required when Pap smear, screening (88164) or Pap smear, MD interpretation (88141) procedures are entered in the Procedure Code field:

1. BETHESDA SYSTEM USED
 - BETHESDA 1991
 - BETHESDA 2001
2. SPECIMEN ADEQUACY OF PAP TEST
 - SATISFACTORY
 - 1991 SATISFACTORY, LIMITED BY
 - UNSATISFACTORY
 - UNKNOWN
3. SPECIMEN TYPE
 - CONVENTIONAL SMEAR
 - LIQUID BASED
 - OTHER
 - UNKNOWN

The Pap test results are:

- NORMAL/NEGATIVE (1)
- 1991 UNSATISFACTORY (8)
- OTHER (9)
- 1991 ATYPICAL GLANDULAR CELLS (91)
- 1991 OTHER, ENDOMET CELLS-POSTM (92)
- 1991 OTHER, ADENOCARCINOMA (93)
- 1991 ADENOCARCINOMA (93)
- 1991 AGUS (94)
- 1991 INFECTION/INFLAM/REACTIVE (P2)
- ASCUS (P3)
- LGSIL (P4)
- HGSIL (P5)
- SQUAMOUS CELL CANCER (P6)
- 2001 ASC-H (P8)
- 2001 ABNORMAL GLANDULAR CELLS (P9)
- NEEDED, NOT PERFORMED (P10)

Procedure Code Changes:

Procedure code “88170 – Fine Needle Aspiration (FNA), Superficial” has been inactivated, and a new code “10021 – FNA Without Imaging Guidance” has been added to Cornerstone. The following table lists the new CPT codes, the procedure charge and the result codes.

CPT Procedure and Fee	Procedure Results
10021 – FNA WITHOUT IMAGING GUIDANCE (\$94.09; TC - \$20.54, 26 - \$73.55) 10022 – FNA WITH IMAGING GUIDANCE (\$96.34; TC - \$26.86, 26 - \$69.48)	SUSPICIOUS FOR CANCER (B33) NO FLUID/TISSUE OBTAINED (B35) NOT SUSPICIOUS FOR MALIGNANCY (B36) UNKNOWN (U)
88307 – EVAL SURGICAL MARGINS, BREAST (\$173.45; TC - \$81.13, 26 - \$92.32)	NORMAL/NEGATIVE (1) HYPERPLASIA (B21) OTHER BENIGN CHANGES (B37) CANCER, INVASIVE (B64) CANCER IN SITU, DUCTAL (B65) CANCER IN SITU, LOBULAR (B66) OTHER (9) UNKNOWN (U)

99241 – CONSULTATION VISIT, 15 MINUTES (\$50.93)	NO INTERVENTION NECESSARY (B1/C1) BIOPSY RECOMMENDED (B11/C11) FNA RECOMMENDED (B12) SHORT TERM FOLLOW-UP (B13/C13) CLIENT REFUSED (B14/C14) OTHER (9) UNKNOWN (U)
87621 – HPV TESTING (\$48.50)	HIGH RISK HPV DETECTED (C21) HIGH RISK HPV NOT DETECTED (C22) UNKNOWN (U)

Payor Code Changes:

Additional payor codes are now available on the Breast and Cervical Cancer screen (PA30) and Service Entry screen (SV01). When completing the Breast and Cervical Cancer screen (PA30), always select BCCP as the payor. On the Service Entry screen (SV01), select the appropriate payor for each procedure. Guidelines for the use of these payor codes will be provided in a separate letter and instructions will be provided at the October agency meeting in Chicago. The payor codes include:

- BCCP – Indicates NBCCEDP/federal funding.
- STATE (S) – Indicates State funding.
- KOMEN (K) – Indicates Susan G. Komen Foundation funding.
- MEDICAID/MEDICARE (M) – Used when a woman is referred for the treatment program or becomes eligible for Medicaid or Medicare.
- OTHER (O) – Used when services were paid through a charitable organization or other source, such as a hospital fund.

Cornerstone Report Changes:

The changes in payor code selections will impact the **BCCP - Detailed Procedure and Reimbursement Report (HSPR0783)**. This report will include a column for each payor code with page totals as well as a grand total on the last page of the report. Due to the increased number of columns the report will print in landscape format. Reimbursement will be based on the totals for BCCP and STATE. Each agency will be able to track the supplemental support received from other sources through the KOMEN, MEDICAID/MEDICARE and OTHER categories.

The payor code will be listed in the **BCCP - Detailed Procedure - Results With No Bills Report (HSPR0787)**.

IBCCP program staff will be submitting a request to modify the BCCP – Summary Statistics Report (HSPR0784) to reflect the new payor codes. However, this change will not be made until a future release of Cornerstone and certain numbers on this report will not be accurate until that change is made.

Diabetes Changes

In accordance with the American Diabetes Association 2002 Clinical Practice Recommendations, the following changes were made to Cornerstone:

- ◆ A new **“Diabetes Type” code** of “PRED – Pre-Diabetes” was added to Cornerstone. This new code will be used in the “Type of Diabetes” field on the Diabetes Screening screen (PA33).
- ◆ The following changes were made to the **Diabetes Screening screen (PA33)**:
 - Fields were changed to reflect new terminology:
 - The “HgbA1C Test Date” field was changed to “A1C Test Date”.
 - The “HgbA1C Test Results” field was changed to “A1C Test Results”.
 - The new “A1C Test Results” field (formerly the “HgbA1C Test Results” field) was modified. If users enter a percentage greater than 7%, they will receive a warning message indicating that the value is out of range.

- More stringent guidelines will be utilized for referral for Fasting and Post Prandial Blood Glucose readings (entered in the “Blood Glucose Testing Results” field):
 - For gestational diabetes, the normal range for fasting is 70-94 mg/dl, and the normal range for post prandial is 70-155 mg/dl.
 - For other types of diabetes, the normal range for fasting is 70-110 mg/dl, and the normal range for post prandial is 70-140 mg/dl.
- ◆ Two new questions regarding the use of aspirin therapy were added to the “**DM – Diabetes General Enrollment Assessment**” [accessed via the Assessment screen (AS01)]:
 - Question 31: “If > 21 years, has your doctor talked to you about taking aspirin on a daily basis?”
 - Question 32: “Do you take aspirin every day?”
 - For both questions, if the question is left blank, or if the respondent answers “yes”, no goals or planned services will be generated. If the respondent answers “no”, the following goals/planned services will be generated:
 - 613 – Aspirin Therapy Education
 - 600 – Referral to MD/DO
 - 602 – Referral to RPH
 - 603 – Referral to RN/CDE
- ◆ The “**DMCV – Cardiovascular Health Assessment**” [accessed via the Assessment screen (AS01)] was also modified. The following changes were made to existing questions:
 - Question 12: “Total cholesterol between 200 – 240 mg/dl?” was changed to “Total cholesterol between 200 – 239 mg/dl?”
 - Question 14: “HDL cholesterol between 35 – 45 mg/dl?” was changed to “HDL cholesterol between 40 – 60 mg/dl?”
 - Question 15: “Women: HDL cholesterol below 45 mg/dl?” was changed to “Women: HDL cholesterol below 55 mg/dl?”
 - Question 16: “Men: HDL cholesterol below 35 mg/dl?” was changed to “Men: HDL cholesterol below 45 mg/dl?”
 - Question 17: “LDL cholesterol between 130 – 160 mg/dl?” was changed to “LDL cholesterol greater than 100 mg/dl?”

A new question was also added to the “DMCV – Cardiovascular Health Assessment” regarding triglycerides:

- Question 19: “Triglycerides 151 mg/dl or greater?” was added to the assessment. If the question is left blank, or if the respondent answers “no”, goals and planned services will not be generated. If the respondent answers “yes”, the following goals/planned services will be generated:
 - 612 – Blood Lipid/Cholesterol Education
 - 600 – Referral to MD/DO
 - 601 – Referral to RD
 - 611 – Lipid Profile Assessment
 - 619 – Exercise/Physical Activity
- ◆ Five new questions were added to the “**DMP – Diabetes in Pregnancy Assessment**” [accessed via the Assessment screen (AS01)]:
 - Question 12: “Diagnosed with Type 1 prior to pregnancy?” was added to the assessment.
 - Question 13: “Diagnosed with Type 2 prior to pregnancy?” was added to the assessment
 - Question 14: “Diagnosed with gestational diabetes?” was added to the assessment
 - Question 15: “Previously diagnosed with gestational diabetes?” was added to the assessment.
 - For questions 12 – 15, if the question is left blank, or if “no” is entered, goals and planned services will not be generated. If “yes” is entered, the following goals/planned services will be generated:
 - 613 – DM in Pred Ed
 - 600 – Referral to MD/DO
 - 601 – Referral to RD
 - 603 – Referral to RN/CDE
 - Question 16: “If not on WIC, asked “What have you heard about breastfeeding?” was added to the assessment. If the question is left blank, or “yes” is entered, no goals or planned services will be generated. If “no” is entered, the following goals/ planned services will be generated:
 - 620 - Infant Feed/BF Ed
 - 819 – WIC/MAC/CSFP

- The following **new medications** have been added for use on the Diabetes Medication screen (PA36):

Medication Name	Mg/Units	Tablets/Dose	Frequency	Time
Lispro / Aspart	(user completes)		Pre-meal Sliding scale QD BID TID QID Fasting	AM Noon PM Mid-morning Mid-afternoon HS Pre-meal Post-meal Other
Lantus / Glargine	(user completes)		QD Other	HS Other
Humalog 75/25	(user completes)		Pre-meal Sliding scale QD BID TID QID Fasting	AM Noon PM Mid-morning Mid-afternoon HS Pre-meal Post-meal Other
Glucophage XR / Metformin	500 mg tablet	1 2 3 4	QD	HS PM meal Other
Glucophage / Metformin	850 mg tablet	1 2 3 4	No change	No change
Tolinase / Tolazamide	100 mg tablet 250 mg tablet 500 mg tablet	1 2 3 4 5 6	QD BID TID	AM Noon PM Mid-morning Mid-afternoon HS Pre-meal Post-meal Other

In addition, one current medication was modified:

Medication Name	Mg/Units	Tablets/Dose	Frequency	Time
Glucophage / Metformin	850 mg tablet	1 2 3 4	No change	No change

- The **Diabetes Screening Report (HSPR0795)** has been modified. A new “Pre-Diabetes” category has been added under the “Diabetes Diagnosis” section on the “Clinical History” report. The “Months Since Last HbA1C” section has been removed.

In addition, the report now displays the correct values in the “Other” and “None” categories under the “Management Method” section. Previously, these values were switched on the report.