

Ask Dr. Miller



April 2013

The following questions were posed by NBCCEDP grantees:

Question #1: Some of our endocervical curettage (ECC) results are returning findings such as “negative, ASCUS, LSIL, HSIL, etc.” instead of the more traditional findings of “benign, CIN 1,2,3, etc.” How do we determine whether treatment is needed with these type of results?

Answer: There are recommendations from the College of American Pathology to move away from the CIN categories and use a two-tiered reporting system of LSIL and HSIL categories for histology (biopsy results) as well as cytology (Pap results). The extent for which this is being adopted and implemented is unclear. Grantees will need to review these pathology reports with their MAB experts to get clear understanding of this reporting. Often times, there may be the traditional CIN results within the text on the report to assist providers with determining appropriate treatment.

Question #2: Which CPT code should be used to cover cervical polyp removal and biopsy?

Answer: The CPT code 57500 covers biopsy, single or multiple, or local excision cervical lesions. It is included on the NBCCEDP Allowable CPT Codes list.

Question #3: I am receiving payment requests for a unilateral screening mammogram (R) and a unilateral diagnostic mammogram (L). Should B&C cover both services on the same date?

Answer: Yes, both services should be reimbursed for the same date. The appropriate codes would be the unilateral diagnostic mammogram CPT 77055 for film or G0206 for digital, and the screening mammogram CPT code 77057 for film or G0202 for digital. The modifier -52 should be added to the screening mammogram CPT to indicate this was a unilateral examination.

Question #4: With the new ASCCP guidelines, can we pay for HPV for ages 25-30 with LSIL result?

Answer: The ASCCP algorithms recommend colposcopy following LSIL when there is no HPV co-test. Reflex HPV testing is only indicated for women ages 21-24 years with LSIL because this group has a low risk for CIN3 or worse disease. Refer to ASCCP publication “Low grade squamous intraepithelial lesions are highly associated with HPV infection, with a pooled estimate of HPV positivity of 77%. This rate appears too high to allow reflex HPV testing to select women for colposcopy efficiently.”

Question #5: Does the NBCCEDP cover pregnancy tests prior to colposcopy? Providers are asking about coverage for urine pregnancy tests that they perform immediately prior to a colposcopy and biopsy. Some of the providers are asking the patients in the program to pay for the test prior to the procedure. I have looked on the 2013 NBCCEDP Allowable Procedures and Relevant CPT codes list and did not find it there.

Answer: Yes, NBCCEDP does cover pregnancy tests prior to colposcopy. NBCCEDP clients should not be responsible for this charge. Pregnancy tests are included on the last line on page 2 of the 2013 NBCCEDP Allowable CPT Codes list.

Various	Pre-operative testing; CBC, urinalysis, pregnancy test, etc. These procedures should be medically necessary for the planned surgical procedure.
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Question #6: A few of our radiologists and breast specialists are recommending excision of suspected fibroadenomas greater than 2 cm rather than performing a core biopsy. They state that a core biopsy is insufficient due to possible underestimation of disease. Would this be considered treatment or diagnostic and treatment at the same time and therefore covered by program funds?

Answer: While fibroadenomas are benign, there is always concern if a suspected fibroadenoma is large, complex on ultrasound, or continuing to grow. Options for diagnostic evaluation of suspected fibroadenomas include short-term follow up, fine needle or core biopsy, and excisional biopsy. In the situation described above, an excisional biopsy would be considered diagnostic. When a fibroadenoma is enlarging or painful, an excisional biopsy would be considered both diagnostic and treatment. Excisional biopsy of fibroadenomas can be reimbursed using NBCCEDP funds.