

Ask Dr. Miller



May 2017

The following questions were posed by NBCCEDP grantees:

- 1. Is it a requirement to have a clinical breast exam (CBE) prior to having a screening mammogram or before we can pay for a mammogram? We have patients referred to us stating CBE was done by the provider, but no documentation was provided.***

CDC does not require that a CBE must be done before a mammogram. There is no data to support this in the literature. Also, a CBE is not a pre-requisite for reimbursing for a mammogram by the program. Grantees should, however, get CBE information for your MDE records. CBE documentation is only going to be what the provider records in the patient's chart, so grantees can get that the information by contacting the provider's office.
- 2. If the physician does not do a CBE, would we be penalized for not meeting MDE compliance?***

There is no grantee "penalty" if a CBE is not done. In this case, the CBE field should be coded as "not needed" or "needed but not performed" in the MDE record. The MDEs do not require a CBE on a breast service record. The only related edit would be if the MDE record wasn't properly coded.
- 3. An OB/GYN physician asked if we would cover the facility fee for a deep cold knife conization or LEEP as he has had several patients who required anesthesia to perform these procedures.***

Grantees can cover the outpatient facility fees when a patient requires general anesthesia. These fees should be approved as needed on a per patient basis. This is not listed as a standard code on CDC's CPT list because few patients should require more than a local anesthetic for these cervical procedures.
- 4. Can we reimburse the professional fees to the hospitals for radiologist or pathologist if the hospital subcontracts these services?***

If the radiologist or pathologist are not charging separate fees to the program and are being paid by the facility, then the facility could charge the global fee which includes the professional fee.

5. ***A patient was referred to our program who had a hysterectomy in 1991 for atypical uterine bleeding. Her physical exam shows that her cervix is absent. There is no documentation that she subsequently had any vaginal issues following her hysterectomy. There is nothing in her history indicating any prior abnormal Pap results prior to her hysterectomy. The cervical form shows a vulvar biopsy and in the comment section it states there was a vaginal cuff colposcopy which was negative. The vulvar biopsy, which showed VIN stage 3, was followed by a vulvectomy. This does not qualify for our Medicaid Treatment Act. She is to return in 6 months for follow up. Is she eligible for our program?***

NBCCEDP does not cover screening, diagnostic, or surveillance services for vulvar or vaginal cancer. If the patient had a hysterectomy with benign cervical disease, she is no longer eligible for cervical services through the program. Any further gynecologic issues would not be related to cervical cancer. The only case in which this patient would be eligible is if she had a history of CIN or cervical cancer requiring surveillance.

6. ***We have a 65 year old patient who had a cervical co-test result of HSIL and HPV positive. Her cervical biopsy found CIN3. She had Medicare part A&B through her husband, but he passed away and her Part B was removed. She now only has Part A coverage. She cannot pick up part B until she starts Social Security next year. She is not eligible for our Medicaid Treatment Act program due to her Medicare part A coverage and her age. Her physician referred her for a cold knife cervical conization. Can we approve coverage for this procedure?***

Unfortunately, we cannot approve this procedure. The cold knife conization is treatment in this case since she already has a diagnosis of CIN3. The law authorizing the NBCCEDP explicitly states that we cannot use federal funds for treatment. The grantee should look for state funding or donated services to help this patient. The grantee can cover her post treatment surveillance until her Medicare benefits start.

7. ***A Nurse Practitioner called asking for a free mammogram for a transgender woman, who has been taking estrogen for several years and developed breasts. She feels that the woman needs a mammogram, but the woman cannot afford one. Can our program cover this mammogram?***

Transgender women (male-to-female), who have taken or are taking hormones and meet all program eligibility requirements, are eligible to receive breast cancer screening and diagnostic services through the NBCCEDP. Although there are limited data regarding the risk for breast cancer among transgender women, The Center of Excellence for Transgender Health and the World Professional Association for Transgender Health have developed consensus recommendations on preventive care services for the transgender population to include “transwomen with past or current hormone use”. While CDC does not make any recommendation about routine breast cancer screening among this population, transgender women are eligible to receive NBCCEDP services. Grantees and providers should counsel all women, including transgender women, about the benefits and harms of screening and discuss individual risk factors to determine if screening is medically indicated.