

Ask Dr. Miller



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The following questions were posed by NBCCEDP grantees:

Question #1: How does the HHS transgender healthcare inclusion policy impact the NBCCEDP policy to screen only women?

Answer: In December 2013, there was a NBCCEDP guidance update regarding serving transgender individuals. 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. Therefore, federal funds may be used to screen these transgender women. Although there are limited data regarding the risk for breast cancer among transgender women, evidence has shown that long term hormone use does increase the risk for breast cancer among women whose biological sex was female at birth. While CDC does not make any recommendation about routine screening among this population, transgender women are thus eligible under federal law to receive appropriate cancer screening. CDC recommends that grantees and providers counsel all eligible women, including transgender women, about the benefits and harms of screening and discuss individual risk factors to determine if screening is medically indicated. Transgender men (female-to-male) may still receive cancer screenings through the NBCCEDP if they have not had a bilateral mastectomy or total hysterectomy.

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. Those recommendations include for “transwomen with past or current hormone use, breast-screening mammography in patients over age 50 with additional risk factors (e.g., estrogen and progestin use > 5 years, positive family history, BMI > 35).” Those preventive care recommendations can be found at <http://transhealth.ucsf.edu/trans?page=protocol-screening#S2X>.

Question #2: A patient with a history of total hysterectomy for CIN disease continued to have vaginal Pap tests for 20 years per ASCCP guidelines. Since 2011, she has had CIN 1, positive high-risk HPV test, and Pap results ranging from ASC-US to LSIL and ASC-H. Vaginal biopsies (CPT 57421) were done in 2014 and 2015. CPT 57421 is not in the list of approved codes, but because the patient had a total hysterectomy cervical biopsy is not possible. May we pay for these biopsies through NBCCEDP, and if so, at what rate?

Answer: Yes, this CPT can be covered through the NBCCEDP as the procedures are considered surveillance for her original CIN disease. Each state has a different fee schedule for CPT codes, therefore you will have to look up that fee for your specific state on the CMS web site.

Question #3: We have a patient with a positive Pap test for atypical glandular cells of undetermined significance (AGUS) and had a negative HPV test. Her provider recommended a vaginal ultrasound. Can our program cover procedures like these? Would this be considered treatment, or would this be perceived as still trying to obtain the diagnosis?

Answer: An ultrasound is never treatment. According to the ASCCP guidelines, women with AGC (without abnormal endometrial cells) should undergo colposcopy with endometrial sampling. Those with abnormal endometrial cells on the Pap test should undergo endometrial sampling. If the provider is recommending a vaginal ultrasound, they are most likely trying to assess the endometrium. This would be still part of the diagnostic pathway and can be covered by the program. Either way, the patient should ultimately have tissue sampling to look for CIN or invasive cancer as per ASCCP guidelines.

Question #4: Does the NBCCEDP program require or recommend that funded states use specific wording for BRFSS questions that are designed to monitor breast cancer screening behaviors among female populations? We are in the process of updating data baseline/targets for breast cancer screening. Our coalition is recommending a new objective to increase the number of women who have had a discussion with their physician/provider about breast cancer screening. We would like to develop an appropriate state-added BRFSS question to either replace or supplement the current breast cancer screening question asking about a mammogram in the last two years.

Answer: The NBCCEP does not have any specific requirements for BRFSS questions. The standard data collection is the number of women who received a mammogram in the past 2 years. If you replace the standard question you will not be able to follow the trend of women who are actually having mammograms which would be needed to see if any intervention actually gets to the one of the overall goals for breast cancer early detection and control. If the coalition wants to add a question about patient/provider discussion of breast cancer screening, that would be fine. Healthy People 2020 actually has this as an objective: “Increase the proportion of women who were counseled by their providers about mammograms”.