

Ask Dr. Miller



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The following questions were posed by NBCCEDP grantees:

Question #1: Can NBCCEDP funds ever be used to reimburse for screening for women older than 64 years of age (i.e., those without Medicare Part B).

Answer: Yes, please refer to the NBCCEDP Program Guidance Manual, Chapter 2 Policies and Procedures sections that refer to women 50 years and older.

Breast Cancer Screening:

PC.1. Women who are not eligible to receive Medicare A and B are eligible to receive mammograms through the NBCCEDP. Medicare-eligible women with low incomes (up to 250% FPL) who cannot pay the premium to enroll in Medicare Part B are eligible to receive mammograms through the NBCCEDP.

Cervical Cancer Screening:

PC.9. Women who are eligible for Medicare Part B but have low incomes (up to 250% FPL) and cannot pay the premium to enroll in Medicare Part B are eligible to receive services through the NBCCEDP.

Question #2: Can we use treatment funds for persistent CIN1?

Answer: Use of treatment funds depends on the policies developed by each state for their specific Medicaid Program. ASCCP recommends that persistent CIN1 be treated with either excision or ablative therapy. These are typically covered under Medicaid, but verify this with your state Medicaid program.

Question # 3: For a diagnostic LEEP with HSIL Pap result, does the woman need to have a colposcopy procedure before the LEEP, or can the woman go directly to a diagnostic LEEP from HSIL Pap?

Answer: Because approximately 70-75% of women with HSIL will have CIN2 or CIN3, ASCCP recommends either immediate loop excision (except in pregnant women or adolescents) or colposcopy for follow-up diagnostic testing. Both tests are equally acceptable. ASCCP does

acknowledge that young women may have CIN1 or no lesion found and that CIN2 in many young women may resolve without treatment.

Question #5: Following an abnormal Pap and work-up when no treatment is needed, if repeat Paps are not done as recommended by ASCCP, is there a point at which the next Pap is considered “screening” and not a repeat Pap. For example, if Pap results return as ASCUS and colposcopy shows CIN1, ASCCP recommends repeat Paps at 6 & 12 months. But if the first repeat Pap test is not done until 12 months is this considered a screening Pap or repeat Pap?

Answer: This is still considered a repeat Pap although delayed. In this scenario, the provider should consider obtaining an HPV test at that 12-month follow-up. This is the other option recommended by ASCCP for follow-up of CIN1 preceded by ACSUS cytology. If the HPV test is negative, then the client can resume routine screening in one year.

Question #6: We are expanding our HPV testing policies as recommended by ASCCP guidelines for abnormal Pap findings. This would mean paying for HPV following results like certain AGC and certain LSIL or ASC-H cases following colposcopy with no CIN2 or CIN3 findings. We thought we were on safe ground until noticing that the list of allowable CPT codes has an end note stating that we can only pay for HPV testing following ASCUS and as surveillance at one year following a LSIL with no CIN 2, 3 on colposcopy. Does this mean that we cannot pay for HPV in other scenarios as per ASCCP guidelines?

Answer: No. Grantees are allowed to reimburse for HPV after abnormal cytology as recommended in the ASCCP guidelines. That endnote was retained from previous years and has been updated to be consistent with the NBCCEDP Guidance Manual. Please refer to the updated 2011 NBCCEDP Allowable Procedures and Relevant CPT® Codes list, which can be found along with the Clinical Cost Worksheets on the NBCCEDP Resources website at www.nbccedp.org.