

Ask Dr. Miller



August 2015

The following questions were posed by NBCCEDP grantees:

Question #1: Please clarify if the NBCCEDP pays for 3D mammography (aka breast tomosynthesis). I've seen where some grantees have a reimbursement rate listed for the tomosynthesis CPT code.

Answer: **CLARIFICATION:** The NBCCEDP does NOT reimburse for 3D mammography. Prior guidance was that if any grantee receives a charge for a 3D mammogram that they only reimburse at the mammogram rate. This may not have been clear for all grantees as the CPT coding for 3D mammogram is different for other mammograms and may not be clearly understood by all. Typical charges for 3D mammography include the mammogram CPT (such as G0202 or G0204) and an add-on CPT to indicate tomosynthesis (such as 77063 or G0279). These add-on codes indicate the additional charge for tomosynthesis and cannot be used as stand-alone codes. Grantees should only reimburse for the mammogram CPT, NOT the add-on tomosynthesis CPT. For example, you would reimburse the G0202 code but not the 77063 code. There are two additional tomosynthesis codes that are not used often, 77061 and 77062, and can be used as stand-alone. The NBCCEDP does not reimburse for these additional codes.

Question #2: *We have had several requests for a breast MRI for further evaluation following a mammogram and ultrasound with BIRADS 0. The actual reports stated that if MRI could not be performed, than 6-month follow-up with mammogram and ultrasound is recommended. Is there any further clarification that we can use to determine the appropriateness of reimbursing for an MRI in these circumstances?*

Answer: The appropriateness of a breast MRI further evaluation of breast abnormalities identified on mammogram and ultrasound depends on the woman's exact findings, clinical history, family history, symptoms, and level of risk for breast cancer. The provider must consider all of these factors in order to make the appropriate clinical decision. Grantees can always request clear justification for the breast MRI which can help the provider think about is the test necessary and appropriate.

Question #3: Is malignant melanoma of the breast is covered under Breast and Cervical Cancer Prevention and Treatment Act (BCCPTA)?

Answer: In general, the determination as to which cancers or precancers are covered by the BCCPTA is developed by each state's Medicaid program that administers the BCCPTA under CMS guidance. Grantees would need to verify this with their state Medicaid programs. With regards to malignant melanoma, this is a skin cancer not a breast cancer. Therefore, it would not be covered by the BCCPTA.

Question #4: We have a client who is underinsured and has a history of atypical ductal hyperplasia. She has a different breast mass and needs an MRI-guided biopsy. She is very transient and has not followed-up due to inability to pay. Can we reimburse for the MRI-guided biopsy?

Answer: Grantees should only cover the out-of-pocket costs (i.e., deductible or cost-sharing) for this client if it is deemed to be cost prohibitive by your program guidelines for underinsured clients. By law, the program cannot cover what would be covered by her insurance. Therefore, only cover the costs for the procedure that her insurance does not cover. Please refer to the new guidance policy sent out in January regarding underinsured women.

Question #5: After reading CDC's guidance on reimbursing for the PET/CT scan for cervical cancer surveillance as described in the NCCN guidelines, would it be appropriate for the NBCCEDP to reimburse for the other surveillance interventions described in the NCCN algorithms for women previously treated for cervical cancer and are no longer covered under the Treatment Act?

Answer: Yes, all appropriate surveillance testing following treatment for breast or cervical cancer may be covered by the NBCCEDP providing the woman meets all program eligibility criteria. The previous question in the newsletter specifically asked about being able to cover the CT scan as that patient had already been evaluated by the provider and had completed the appropriate in-office surveillance testing.