

Ask Dr. Miller



January 2012

The following questions were posed by NBCCEDP grantees during the month of January:

Question #1: Does the NBCCEDP plan to cover 3D tomosynthesis mammography?

Answer: Because the current scientific evidence is insufficient to demonstrate that the use of 3-D tomosynthesis reduces morbidity and mortality with the detection of breast cancer, the NBCCEDP does not provide reimbursement for this service. In most studies the sample sizes are fairly small and the evidence is far from conclusive. CDC's goal is to provide high-quality and cost-efficient cancer screening services. Therefore, CDC will continue monitor the science regarding newer technologies for cancer screening as they become available.

Question #2: If a breast ultrasound is performed following an initial mammogram should the mammogram be coded as a BI-RAD "0" or Incomplete? In review of the ACS Guidelines for the Performance of Screening and Diagnostic Mammography (2008), "a BI-RAD 0 assessment is assigned to incomplete evaluations. Additional mammography views, ultrasound, or previous studies are necessary to assign a final assessment category".

Answer: A BI-RADS code is assigned based on the findings, not if any additional tests are performed. BI-RADS 0 means that a final assessment could not be made based on the findings of the initial mammogram and that either additional studies or review of previous films are needed in order to make a final determination.

Question #3: In follow-up to a noted increase in "Incomplete" diagnostic mammograms, the BCCP provider met with the radiology services to determine the cause. The radiologist informed the provider that ACR mandates all diagnostic mammograms include a breast ultrasound for a final diagnosis. Upon review of the ACR Practice Guidelines for the Performance of Screening and Diagnostic Mammography (2008) and the ACR Practice Guidelines for the Performance of a Breast Ultrasound Examination (2011), we could not find a recommendation or mandate that states a diagnostic mammogram must include an ultrasound. The guidelines specify the indications for a breast ultrasound. Is it appropriate to challenge this "routine policy" of performing a breast ultrasound with all diagnostic mammograms?

Answer: CDC is not aware of any guidance stating that this is a standard a part of a diagnostic work-up to be included with all diagnostic mammograms. It is appropriate to challenge this routine use of breast ultrasound for clarification. The radiologist should be asked to share the written guidance they are following. If it is an ACR mandate, then there should be written documentation for all radiologists.

Question # 4: Does CDC allow NBCCEDP to pay for 88312 (a special staining) and if not why?

Answer: The CPT 88312 is listed as “a special stain for microorganisms.” This code is looking for infections and is not related to diagnosing breast or cervical cancer. The code for special stains that has been added by some grantees is 88342. This covers the immunohistochemistry stains that are sometimes used to make cancer diagnoses.

Question #5: If a transgender person (male to female) receives a CBE/Mammogram screening using other funds and needs a diagnostic screening for an abnormal finding can they be enrolled in the program? I've previously heard that the eligibility was determined by the sex at birth.

Answer: The Breast and Cervical Cancer Mortality Prevention Act of 1990, which authorizes the NBCCEDP, specifically states coverage for women. Therefore CDC's position has been to only cover clients who are genetically female. So we will cover transgender female to male patients who have not undergone bilateral mastectomy or total hysterectomy since their cancer risk remains the same. But we do not cover transgender male to female patients.