

# Ask Dr. Miller



November 2016

The following questions were posed by NBCCEDP grantees:

**1. *Are NBCCEDP grantees permitted to set clinical guidelines for the use of 3-D mammography?***

Grantees may set state specific guidelines for use of screening services, but those guidelines must comply with CDC policies. They must also be clear and evidence-based decisions. Grantees should have guidance from their MAB prior to establishing any such guidelines or policies. There are no standard national guidelines stating which women would benefit more from 3-D mammography.

**2. *Can we require the primary providers to discuss the benefits and risks of 3-D mammography with a woman and include that on the mammogram referral?***

The benefits and risks regarding mammography procedure should be discussed with all women, regardless if it is 3-D or 2-D. Also remember that 3-D mammography is not necessarily ordered by the primary provider. Some mammography facilities only provide 3-D mammography and it is done when the primary provider orders a mammogram. Be sure to know the practices of your contract mammography facilities so that all clients can be well informed.

**3. *Are all women to be offered or provided 3-D mammography screening?***

NBCCEDP does not require that all women have a 3-D mammography. Women should be offered mammography. It is usually up to the radiology center if they provide 3-D mammograms or not. If a woman has the option of having a 3-D mammography or not, she should be counseled on the benefits and risks of 3-D mammograms versus 2-D mammograms. This coverage of this procedure allows grantees to reimburse for 3-D mammography when it is performed. Prior policy was that the NBCCEDP could not pay the additional tomosynthesis charge, but now grantees can cover this charge. We expect that some women will get 3-D mammograms and some will continue to get 2-D mammograms pending on the facility where they obtain their mammograms.

**4. *The previous newsletter indicated that screening tomosynthesis (77063) could be added to conventional screening mammography (77057), but not for conventional diagnostic mammography (77055 or 77056). However, for digital mammography, diagnostic tomosynthesis (G0279) could be added to the diagnostic mammography (G0204 or G0206). Digital screening mammography code G0202 was not mentioned. Can 77063***

***be added to the digital screening mammography code G0202? Can G0279 be added to the conventional diagnostic mammography codes 77055 and 77056?***

G0202 is not referenced in the CPT guidance book under 3-D mammography. CMS has offered additional guidance stating that 77057 can be added to G0202. Most likely the reason it was not initially listed in the CPT guidance book is because there is no specific G code for digital screening tomosynthesis. The most recent additional guidance found states that 77063 can be added to G0202. The CPT code G0279 is only listed as being added to G0204 and G0206. There is no further reference regarding adding it to 77055 and 77056. The 2017 guidance has not been released. So for now we should use:

- 77063 added to 77057 or G0202
- G0279 added to G0204 or G0206

***5. Can the program pay for charges associated with the endometrial biopsy procedure (cervical block - CPT code 64435 and an unclassified drug - HCPCS code J3490)?***

This case needs to have a special review by your MAB. An endometrial biopsy typically does not require any anesthesia. So it needs to be clear why this person needed a cervical nerve block and if it was appropriate before approving reimbursement.

***6. I understand that an endometrial biopsy is reimbursable if performed after a Pap test result of AGC. Does the same rationale exist for abnormal results of two consecutive Pap test negative/HPV positive results?***

The NBCCEDP follows the ASCCP guidelines for diagnostic follow up of cervical cancer screening. These guidelines can be found at <http://www.asccp.org/asccp-guidelines>. Women who are cytology negative and HPV positive should get either repeat cotesting in 1 year or HPV DNA typing. If she gets cotested in one year and is still cytology negative and HPV positive, she should undergo colposcopy. Their guideline does not include an endometrial biopsy.

***7. Has CDC heard anything on Self Pap (at home) tests?***

There are lots of studies looking at self-collection for cervical cancer screening, but most focus on HPV DNA testing. While the Self Pap is an FDA approved device, this is currently not a recommended screening strategy in the US.