

Ask Dr. Miller



August 2018

The following questions were posed by NBCCEDP grantees:

Question #1: We have a question about the new mammography CPT codes. The new description states “including computer-aided detection (CAD) when performed”. Our contractors are not sure what this means. Can you clarify?

Answer: There is no longer a separate CPT code for CAD, which is a software program used by radiologist to assist with identifying potential abnormalities on mammograms. Since they deleted that code, if a radiologist uses CAD, the fee is included in the reimbursement fee for the mammograms.

Question #2: Please clarify the new CDC directive to “assess all women for breast cancer risk, and provide those at high risk with an annual mammogram plus breast MRI.” We do assist with the MRI for high risk women, but have limited the volume per year. Do you have ideas on how this might be implemented?

Answer: In order to determine if a women is high risk, a provider must complete some type of assessment. It could be taking a detailed family and medical history, using a check sheet, or using one of the online risk assessment tools. It should be a standard practice to determine if a women is at high risk or average risk in order to make sure she can make an informed decision about screening and receive the appropriate screening tests. This is not a new directive. When we began covering breast MRI in December 2013, we stated that providers should discuss risk factors with all clients in order to determine who is at high for breast cancer.

Question #3: We had a woman scheduled to have a breast MRI, but was found to be claustrophobic. She started to have a panic attack and the procedure had to be aborted. Can we cover sedation prior to the patient undergoing the MRI again?

Answer: Yes, your program may cover the sedation for her breast MRI since it is deemed medically necessary in order for her to get the breast MRI given her claustrophobia. This would fall under the “Various CPT codes” on our allowable list.

Question #4: We are reviewing the CDC list of 2018 NBCCEDP Allowable Procedures and Relevant CPT Codes. When we look up the reimbursement amount for CPT codes on the CMS.gov website, we cannot find a fee listed for some of the codes. How do we set a reimbursement amount for the CPT codes 87624, 87625, 88174, 88175, 88164, 88165, 88142, 88143? Can we use Medicaid rates? The two codes of most interest are related to HPV, 87624 and 87625.

Answer: Those are laboratory codes. Grantees still must use Medicare rates as stated in the Breast and Cervical Cancer Mortality Prevention Act which authorized the NBCCEDP. In addition, Medicaid rates are usually lower than Medicare rates. The laboratory rates are on the CMS clinical laboratory fee schedule. This fee schedule can be found at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSched/Clinical-Laboratory-Fee-Schedule-Files.html?DLSort=2&DLEntries=10&DLPage=1&DLSortDir=descending>.

Questions #5: We have a woman who is still on tamoxifen after completing radiation and chemotherapy for breast cancer one year ago. She will be on tamoxifen for five years. This woman was not enrolled in our program when she was diagnosed. She has insurance with a huge deductible and otherwise meets our age and income requirements. Is she still considered “in treatment” because of the tamoxifen? Can her surveillance mammography be covered by our program?

Answer: This “in treatment” statement in the NBCCEDP manual is referring to women who are covered by Medicaid under the Treatment Act. Since this woman has insurance, she could be considered “underinsured” if she is unable to cover her deductible. Your program can enroll her and cover her out of pocket costs for her surveillance mammograms, but should not cover any portion that would be covered by her insurance. Also, the program cannot pay for her Tamoxifen treatment.