Ask Dr. Miller

June 2018

The following questions were posed by NBCCEDP grantees:

1. ***We have a woman who was recently diagnosed with invasive breast cancer. She was seen by a breast surgeon who requested additional biopsies of other palpable nodules. Could those additional biopsies can be covered our program?***
   Since the patient is already received a diagnosis of breast cancer, she should be referred to Medicaid Treatment Act for care. Additional biopsies would be to determine the extent of disease and treatment options. These follow-up biopsies should be covered by the Medicaid program.

2. ***Currently, we reimburse CPT codes 77053 and 77054 for ductograms. In addition to receiving the claim for the ductogram, we have had several providers also bill us CPT codes 19030. This code is for the actual "injection of the contrast material" which is currently not on CDC's approved list of codes. Are we able to reimburse for this code?***
   Grantees may reimburse for the CPT 19030 to cover the contrast material injection. As for as the CDC list of codes, it is not all inclusive and you have the flexibility to add on additional codes to your program specific list as long as appropriate and approved by CDC.

3. ***We are trying to verify if CPT Code 88141 is a standard coverage code for cervical cancer screening through NBCCEDP. We have some old data which suggest that at one time it was only to be billed for abnormal Pap smear results. We really want to remove that language and just provide coverage, but want to make certain it is okay to do so.***
   None of the cervical screening codes are considered "standard" for the NBCCEDP. CDC does not have such language anywhere. CPT codes are based on the procedures that were performed, not based on the results of the procedure.

4. ***We have a woman who had negative Pap and HPV results, but has a very large polyp on her cervix that needs to be removed. The provider reports that when they touch the polyp it bleeds. Therefore, they need to take her to the OR for excision. Are we allowed to cover the related costs for this procedure?***
   Performing this procedure in the OR is appropriate since the patient is at increased risk of bleeding post procedure. Therefore, your program can reimburse for everything related to the procedure (including anesthesia, equipment, room charges, etc) as long as the

procedure is done as an outpatient. By federal law, the NBCCEDP cannot cover inpatient charges.

5. ***We have a 47-year-old woman whose mammogram result is BIRADS 4 - highly suspicious for malignancy. The radiologist recommended a biopsy, but the patient refused. She was given a choice by the radiologist to follow the mass with mammograms every 6 months for 2 years, which is consistent with guidelines from both ACR and NCCN. Our local health department nurse/patient navigator has tried multiple times to discuss and identify barriers for having the biopsy with this patient. If the patient continues to refuse the biopsy, can our program pay for the bi-yearly mammograms for 2 years?***
   In this situation, your program should cover what is medically appropriate. Since she refuses a biopsy, the next course of action would be short-term follow-up. The woman may decide to proceed with a biopsy at one of the later follow-up visits. These are cases that grantees should review with your medical consultants to ensure medical appropriateness and have clear documentation of your efforts.

6. ***When a high-risk (HR) HPV Reflex result comes back as positive, but negative for HPV 16 and 18, should the result be interpreted as HPV positive or HPV negative? For example, a women over 30 has ASC-US cytology and HR HPV positive results, but negative for HPV 16/18. Should the ASCCP ASC-US algorithm be interpreted via the HPV negative route (co-testing in 3yrs) or HPV positive (colposcopy)?***
   This woman is HPV positive. The HPV test looks for multiple HPV strains. Sounds like this is one that does the general HR HPV test first; then if positive, it looks specifically for HPV 16 and 18 strains. These results mean that she is positive for one of the other HR HPV strains. According to the current ASCCP guidelines, this woman would undergo a colposcopy.

7. ***Since NBCCEDP covers annual breast MRI for women at high-risk for breast cancer, is it okay to get their annual MRI 6-months offset from their annual mammogram? We are getting requests for an annual mammogram and then six months later for an annual breast MRI. Is this acceptable for us to reimburse at this interval?***
   High-risk women should get an annual mammogram and an annual breast MRI. It is common practice for these studies to be done 6 months apart, such as a mammogram in January and a breast MRI in June. Therefore, the program can reimburse for these studies as requested.