Ask Dr. Miller

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The following questions were posed by NBCCEDP grantees:

Question #1: Given the recently updated cervical cancer screening guidelines with the addition of primary HPV testing every 5 years, how do we capture this screening method in the MDE going forward?

Answer: To capture primary HPV testing in the MDE, grantees should code the HPV test indication as "screening" and code the Pap test indication as "not done". This combination will indicate screening with HPV testing only.

Question #2: A 47-year-old woman recently had a screening mammogram with a BI-RADS 4 result. Ultrasound showed a hypoechoic mass most likely fibroadenoma. An ultrasound guided core biopsy was recommended. The patient has a history of intermittent left breast pain near the site of the mass. She states that 2 years ago she was told she had a left breast mass. Her lifetime risk of breast cancer is 10.2%. The woman is requesting an excision to remove the painful mass. Would our program be able to cover this procedure?

Answer: Yes, the program may cover this procedure as an excisional biospy. This procedure is listed on our Allowable Procedure List—19120, exicison of cyst, fibroadenoma or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion; open; one or more lesions

Question #3: Can we reimburse for CPT 71046 for pre-op chest x-rays instead of 71020? We found that 71020 is not approved by Medicare.

Answer: CPT code 71020 was deleted by the American Medical Association. CPT code 71046 is the correct code for pre-op 2-view chest x-ray. Therefore, grantees can reimburse for 71046.

Question #4: Can we cover an ultrasound after a mammogram with a BI-RADS 1 (negative) or BI-RADS 2 (benign) result? This patient has extremely dense breast tissue on mammogram. Her provider is requesting an ultrasound. Are there any additional services that NBCCEDP can provide? Is an ultrasound payable through NBCCEDP for a patient with dense breasts?

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Answer: Other imaging services listed on our CPT list can be covered as long as the provider indicates a clear and appropriate justification. There are no guidelines that recommend any specific additional imaging based on breast density alone. Therefore, it is a judgement decision between the provider and patient regarding any additional breast imaging that should be done.

Questions #5: If the HPV test is positive but the HPV 16/18 is negative, do we code the HPV result in the MDE as positive or negative?

Answer: Because the original high-risk HPV test is positive, this patient's HPV result should be coded as positive. The fact that her 16/18 is negative means that she is positive for one of the other high-risk types, but not 16 or 18.

Questions #6: We have a patient who was transferred to the emergency room immediately after having a breast biopsy because she began complaining of shortness of breath and chest pain while in the recovery area. The physician assessed her and called paramedics to have her taken to the emergency room. Her vitals were normal, and EKG did not indicate an MI. The ER physician indicated that this may have been a reaction related to systemic absorption of lidocaine and/or epinephrine. She was given a total of 40 cc 1% lidocaine with epinephrine during the procedure. The patient is uninsured and asked if we are able to cover the cost of the ambulance and emergency room visit.

Answer: Since this is considered a post-procedure complication, the program may cover these expenses, as long as they are outpatient charges. Remember that by law the program cannot cover any inpatient charges.