Ask Dr. Miller

February 2020

The following questions were posed by NBCCEDP grantees:

Question #1: Is CPT code 99222 (Level 2 comprehensive examination) allowed for an office exam visit that includes both a clinical breast exam and pelvic examination.

Answer: CPT code 99222 is for a comprehensive inpatient hospital care. By law, the NBCCEDP cannot cover inpatient care. Therefore, it is not appropriate to use this code for any services provided by the NBCCEDP.

Question #2: We were contacted by the local health department about enrolling an 18-year-old woman with a known right breast fibroadenoma. In September 2018, she had an ultrasound revealing a 1.2 x 1.0 x 1.3 cm slightly lobulated hypoechoic mass (BI-RADS Category 3 probably benign). Her follow up ultrasound in April 2019 revealed a stable 1.3 cm mass in the right breast likely representing a fibroadenoma. It was recommended that she have a follow-up ultrasound in 6 months to ensure stability. She meets all our eligibility requirements except her age. Can we enroll this youngwoman for a breast ultrasound?

Answer: Yes, this woman may be enrolled in your program for her follow-up ultrasound. This patient falls under the category of women under 40 years of age who are symptomatic. Under clinical services in our program manual, it states that women who are symptomatic or high risk under the age of 40 may be served in the NBCCEDP.

Question #3: Medicare has a different reimbursement fee for outpatient services performed at Critical Assess Hospitals (CAH) that are higher than the standard physician fee schedule rates. Are we are able to pay these CAH rates?

Answer: Yes, the NBCCEDP will allow CAH payment for outpatient services as this is the Medicare rate for hospitals that have been deemed as critical access facilities.

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Question #4: Can federal funds be used for a screening ultrasound when the screening mammogram reveals dense breasts classified as heterogeneously dense or extremely dense? When the ultrasound is recorded in the MDE, how would we prevent an MDE error related to a normal screening mammogram followed by an ultrasound that is listed as a diagnostic test?

Answer: There are no specific guidelines that recommend ultrasound screening due to dense breast tissue. An ultrasound is sometimes suggested after assessing all the mammographic findings and considering the patients risk and benefits. However, it is not a standard practice to routinely perform without any other considerations. If it is determined that an ultrasound was indicated, you will need to document the reason since the mammogram result coded as normal will cause the ultrasound to be flagged in the data review.

Question #5: We need clarification on the "Indication for HPV test" and "Indication for Pap test" in the new MDE version. What are the operational definitions for "HPV reflex" and "Pap after positive primary HPV test"?

Answer: Reflex HPV testing is an HPV test that is done after an ASCUS Pap result or a Pap cytology with absent or insufficient transition zone in a woman age 30 or older. When the specific abnormal result is identified on cytology, reflex testing is usually performed in the lab on the same cervical sample. Occasionally a woman may need to have another sample taken if there is any problem with the initial sample. The HPV result is used as a triage to help the provider determine what type of follow-up the patient needs. This Pap and reflex HPV should be performed within a short time frame and included in the same MDE cycle.

Primary HPV testing means screening with only a high-risk HPV test. Based on guidelines, if the primary HPV test is positive, then genotyping is done to assess for HPV subtypes 16 or 18. If the genotyping is negative for subtypes 16 or18, then the woman needs to have a Pap test done which acts as a triage for follow-up care. If the Pap cytology is negative, she should have repeat testing in one year. If the cytology is ASC-US or worse, the woman should proceed to colposcopy. There should not be a long gap in between these tests given that an abnormal HPV test result means an increased chance of CIN disease or cancer.

There are no specific recommendations regarding the exact time frame between the initial test and the reflex test. However, grantees should have some concern if patients or providers are taking a long time to follow-up on abnormal test results.