

Ask Dr. Miller



January 2022

The following questions were posed by NBCCEDP grantees:

Question #1: If a clinical breast exam (CBE) is not done due to time-constraints or patient refusal, are we allowed to use NBCCEDP funds to reimburse for the preventative office visit if there is still documentation regarding risk vs. benefit discussion of screenings?

Answer: Yes, you can still cover the office visit with or without a CBE. It is not a requirement that a CBE be performed during an office visit to discuss screening. The only time a CBE would be expected is when a patient presents with a breast complaint.

Question #2: For high risk women, current ASCCP guidance recommends that they have HPV testing 6 months after a LEEP, followed by annual testing for 3 years, then every three years thereafter if all previous results were negative. Can the 6 month follow up testing required after treatment via LEEP be covered with NBCCEDP funds?

Answer: Diagnostic or surveillance testing after treatment per ASCCP guidelines can be covered by the NBCCEDP as long as the person meets the program's eligibility requirement. Please refer to the Clinical Services section of the NBCCEDP Program Manual under Cervical Cancer Screening Following Hysterectomy or Other Treatment for Cervical Neoplasia or Cancer. This applies to whatever is the currently recommended follow up by ASCCP, not just annual testing. The only reason NBCCEDP funds would not be used is when the procedure is for treatment.

Question #3: We have a provider that wants to perform a repeat colposcopy because the initial results were inconclusive. Can the program cover a repeat colposcopy?

Answer: A repeat colposcopy can be covered by your program. However, before approving, you need to know why it was inconclusive and what they are doing differently to ensure they will get a final result. This is the kind of case where the provider needs to provide a justification as this is not a normal or expected process. You should also have your medical consultant review this case to assist with providing you specific guidance on how to handle it.

Question #4: A 41-year-old female had a suspicious right breast mass on mammogram and biopsy was recommended. A right breast ultrasound was done which did not reveal the mass. A stereotactic core breast biopsy was done finding cystic duct dilatation, apocrine metaplasia, and a low-grade vascular malignancy could not be excluded. The provider is requesting to proceed with a needle localized excisional biopsy. Can we cover this additional biopsy?

Answer: This excisional biopsy may be covered through your program. The core biopsy result has a suspicious finding that was not definitive. Therefore, an excisional biopsy is required to obtain a final diagnosis.

Question #5: Can we reimburse for mammography screenings with digital breast tomosynthesis?

Answer: Digital breast tomosynthesis is same as 3D mammography and is covered through the NBCCEDP. CDC approved reimbursing for breast tomosynthesis in 2016. Please refer to CDC's allowable CPT list to see which codes are approved to be covered through the NBCCEDP.