

Ask Dr. Miller



December 2019

Happy Holidays!!

2020 CPT codes:

Please see the attached 2020 NBCCEDP allowable CPT codes. The only change is removal of 00400 anesthesia code that is not covered under Medicare. The 2020 physician fee schedule has been released on the CMS website at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Carrier-Specific-Files>. However, the physician fee schedule search tool has not been updated with the 2020 fees. The clinical laboratory fee schedule for 2020 has not yet been released.

The following questions were posed by NBCCEDP grantees:

Question #1: We would like clarification about screening high risk women. Does assessing the risk status for a woman under 50 count under the 75% rule? If a woman is assessed as high-risk, is her next mammogram considered screening or diagnostic?

Answer: Performing risk assessments has nothing to do with the 75/25 rule. This rule is for screening mammograms paid by the program among women who are **average risk**. Therefore, screening high-risk women under the age of 50 will not count against 75/25 rule. Once a woman is deemed high risk, the reasons for making her high risk (e.g., family history with BRCA, chest radiation, multiple young women in family with breast cancer, >20% lifetime risk, etc) will not go away, so she will remain high risk.

If a woman is high risk but without symptoms, she gets routine screening with an annual mammogram and an annual breast MRI. Diagnostic mammograms are mammograms that are done as a result of a symptom (eg, breast mass, nipple discharge, abnormal finding on previous screening mammogram, etc). Diagnostic mammograms are not included in the calculation for the 75/25 rule.

Question #2: We have had a couple women in our program to be referred for Automated Breast Ultrasound Screening (ABUS) due to dense breast tissue. Is this something that could be covered by the program or may be covered in the future? What additional screening does an asymptomatic average risk woman with heterogeneously dense or extremely dense breast tissue need?

Answer: Currently, ABUS is not a recommended screening by the USPSTF. If it becomes a recommended screening strategy and is covered by Medicare, we will then incorporate it into our program as a screening strategy. There are no guidelines that recommend additional screening for women with dense breast tissue. If a woman has dense breast tissue, the provider should make a determination with the patient if any further testing is needed based on her findings. If there is a specific dense area on the mammogram, some providers may recommend breast ultrasound.

Question #3: On the NBCCEDP Allowable Procedures and Relevant CPT Codes, End Note 2 states that Preventive Medicine Evaluation Visits are not appropriate for the NBCCEDP. The Jan 2019 Ask Dr. Miller newsletter states that Medicare does not cover preventive examinations. Does this mean that codes 99385 through 99397 are not appropriate for a well woman exam? Is this due to the fact that Medicare does not reimburse for these, and the program follows Medicare reimbursement guidelines?

Answer: Well woman visits are preventive medicine visits that cover the entire health of the woman. These codes may be used for well woman visits. However, well woman visits go beyond the scope of the NBCCEDP (i.e., breast and cervical screening and diagnostics). In addition, Medicare also does not reimburse for these codes. By law, the NBCCEDP cannot reimburse more than the Medicare rate. Therefore, when a 993xx code is submitted to your program, it should be reimbursed at the 992xx rate.

Question #4: Can our program cover endometrial sampling for a patient with atypical glandular cells if she does not have abnormal bleeding? We found some documents indicating that the patient needs to have BOTH atypical glandular cells and abnormal bleeding.

Answer: As per ASCCP guidelines, endometrial sampling should be done along with a colposcopy as a follow-up on atypical glandular cells. If the Pap results has the subcategory of atypical endometrial cells, they recommend endometrial sampling first, followed by colposcopy if there is no endometrial abnormality found. The guidelines do not include anything about abnormal bleeding.