Ask Dr. Miller

July 2020

The following questions were posed by NBCCEDP grantees:

Question #1: The Medicare Physician Fee Schedule has three reimbursement amounts (i.e., par amount, non-par amount and limiting charge amount). Which one does NBCCEDP use?

Answer: The par amount is the reimbursable fee for a participating Medicare provider who has signed an agreement to accept the Medicare rate. The non-par amount is the fee for a participating Medicare provider who has not signed an agreement to accept the Medicare rate. This is usually a little lower than the par amount. The limiting charge is how much a provider can charge a patient if the provider does participate with Medicare. In general, since NBCCEDP providers are under contract with your program to accept the Medicare rate, the program would use the par amount.

Question #2: We have a 22- year-old woman who was referred to our program with breast pain. Can we enroll her and utilize federal funds for her diagnostic mammogram?

Answer: Yes, this patient falls into the category of symptomatic women under the age of 40. The NBCCEDP program manual guidance under the section *Breast Cancer Screening for Women Under 40 Years of Age* states the following: "NBCCEDP funds can be used to evaluate women under the age of 40 who are symptomatic. A woman can be provided a clinical breast examination, diagnostic mammogram, and/or a surgical consultation."

Question #3: Our local medical consultant would like us to include primary HPV cervical cancer screening without Pap testing as an option for women who qualify for that option. According to ASCCP, we would have to use a genotype test that detects HPV 16, 18 and other high-risk strains. Can we include primary HPV screening?

Answer: Primary HPV testing was approved as a screening strategy through the NBCCEDP in August 2018. The language can be found under the *Clinical Management For Cervical Cancer* section in the NBCCEDP program manual. See attached email that was sent to all programs. Currently, there are two FDA approved test kits for primary HPV screening (Cobas and

Onclarity). They specifically identify high risk HPV strains and specifically detect HPV 16 and 18.

Question #4: Some of our clinics are utilizing telemedicine for patient consultations? Can we cover these telehealth visits? What is the appropriate CPT codes and reimbursement rates? I found some information from the National Association of Community Health Centers with guidance from CMS at https://cdn1.digitellinc.com/uploads/nachc/articles/9d0b228f0f644e3cea607155232e2640.pdf.

Answer: Per CMS guidance for Medicare, you can use the same routine office visit codes and reimbursement fees for telehealth visits during this public health emergency. In the document at the link above, the table for Medicare approved telehealth visits using codes 99201-99215 can be found on page 4.

Question #5: Our medical consultants are expecting new screening guidelines in the near future. The biggest change they expect is allowance of primary HPV screening for women starting at age 25, but the program manual says that NBCCEDP funds can only be used for primary HPV testing starting at age 30.

Answer: The NBCCEDP program manual follows the current screening guidelines as recommended by the USPSTF. CDC will adjust the program guidance as USPSTF updates their screening guidelines.

Question #6: Since the ASCCP cervical cancer follow-up guidance is risk-based, should the NBCCEDP cervical indication field be modified to account for the ASCCP risk categories.

Answer: No. These are two different risks. The MDE indication field is collecting the woman's risk of average or high for cervical cancer based on the woman's medical history prior to screening. For example, immunocompromised women are high risk. This determines the appropriate screening intervals each woman should be following. ASCCP risk is the risk of CIN3+ based on the screening test results and screening history to determine which diagnostic pathway a woman should undergo. All women (average and high risk) will go through an CIN3+ risk assessment for determining their diagnostic follow-up. We are not currently collecting the risk of CIN3+.