

# Ask Dr. Miller



March 2021

**The following questions were posed by NBCCEDP grantees:**

***Question #1: There have been recent articles about recommending women get their screening mammograms either before receiving their COVID-19 vaccinations or 4 to 6 weeks after the second dose of the vaccine. This is due to concerns that lymphadenopathy from the vaccination could be mistaken for a potential breast cancer. What should our program tell our clients?***

Answer: The Society of Breast Imaging published recommendations for managing lymphadenopathy post COVID-19 vaccination (see attached article). There has been documented lymphadenopathy following receipt of the COVID-19 vaccine. The concern is that this lymphadenopathy may show up on mammograms and be difficult to distinguish between a vaccine-related finding and possible breast cancer. Programs should educate women about this issue and find out what your contracted mammography facilities are doing. Many mammography facilities have started to follow these recommendations. Programs should provide consistent messaging with the mammography facilities and help coordinate scheduling. It is fine for women to delay getting a screening mammogram until a month after receiving their second COVID vaccine if she has started her vaccination series. However, this recommendation only applies to screening mammograms. Women who need diagnostic mammograms for any breast symptoms that are concerning for breast cancer should not delay getting their mammograms. The attached article also offers guidance on management of women with lymphadenopathy on mammogram who have received their COVID vaccination.

***Question #2: I have not been able to find the reimbursement rates for the COVID testing CPT codes 87426 and 87635 on the CMS website. Can you direct me to where I might find these rates?***

Answer: NBCCEDP reimburses for COVID antigen or PCR testing when required prior to a breast or cervical cancer procedure. NBCCEDP does not reimburse for COVID antibody testing. CMS has updated the codes and reimbursements over time as more and more testing becomes available. The reimbursement fees are not listed on the standard CMS look up tools. The most

recent reimbursement fees can be found here: <https://www.cms.gov/files/document/mac-covid-19-test-pricing.pdf>. CDC will continue to be flexible as CMS updates to these codes and rates.

***Question #3: For women with insurance coverage, can we pay for their copay if their insurance coverage pays for the remainder of the service? These copays are sometimes barriers to receiving services.***

Answer: Yes. In this situation you would consider these women as underinsured. Since out-of-pocket costs creates a barrier, your program can reduce this barrier by covering that cost and ensuring that these women get the needed services.

***Question #4: Can Medicaid be extended to cover surveillance imaging and lab tests for women diagnosed with triple negative breast cancer (TNBC) who have completed their treatment? The concern is that once a woman with TNBC completes her initial treatment of surgery and chemotherapy, her Medicaid coverage will end because the cancer doesn't require any maintenance hormonal therapy. These women have a high rate of recurrence.***

Answer: Since Medicaid Treatment Act falls under CMS guidance, CDC cannot authorize any extension of Medicaid services. However, once a woman with breast cancer no longer qualifies for Medicaid under the Treatment Act, the NBCCEDP can cover these women for all follow-up surveillance needed as long as she meets program eligibility criteria.

***Question #5: We have a patient that required a surgical breast biopsy in the operating room at the hospital. It was felt that a needle biopsy was too high risk since the lesion was close to her chest wall. Can we cover the hospital charges for the operating room and the recovery room?***

Answer: The NBCCEDP can cover hospital charges as long as they are for outpatient services. The law does not allow NBCCEDP funds to cover inpatient services. Therefore, your program can cover both the operating room and post-op recovery room charges.