

Ask Dr. Miller



May 2022

The following questions were posed by NBCCEDP recipients:

Question #1: We have a 51-year-old client who has never had cervical cancer screening due to a history of trauma and abuse. She is willing to get screened if it could be under anesthesia. Could we reimburse for the anesthesia and facility fees with NBCCEDP funds?

Answer: You can use federal funds to cover outpatient anesthesia and facility fees for this individual. As a part of reducing barriers for this individual, it is important that this person is closely followed with patient navigation to make sure she gets any follow up testing needed as the entire screening continuum will be difficult given the history of trauma. She should also receive either primary HPV testing or co-testing so that she can benefit from longer screening intervals if her results are negative. This special situation should require prior approval by your program any time a provider feels this is needed.

Question #2: Can NBCCEDP funds be used to pay for elastography when a patient has a breast ultrasound and the doctor needs to take a closer look at a solid lesion? The two codes in question are 76982 for the first lesion and 76983 for any additional lesions.

Answer: Elastography is sometimes performed with a breast ultrasound to characterize a breast lesion as possible malignant or benign based on its stiffness. If this service is required by the provider, NBCCEDP funds can be used to cover these CPT codes as they are covered by Medicare according to the CMS physician fee schedule.

Question #3: Are we allowed to use other breast cancer risk assessments besides the BRCA PRO? We have some providers using the Tyrer-Cuzick risk assessment tool. After looking in the guidance manual, I noted that it does not specify BRCA PRO as the only risk assessment tool that can be used, but I want to make sure.

Answer: CDC does not require the use of any specific breast cancer risk assessment tool.

Question #4: Do we reimburse both CPT codes for high-risk HPV testing (87624) and HPV genotyping (87625) if the HPV test provides results for both high-risk and genotyping?

Answer: The CPT code for high-risk HPV testing is 87624 and for HPV genotyping is 87625. If the tests are performed separately, then both codes are reimbursed. If one test is performed for both results, then only 87624 is reimbursed. Below are the CPT codes for each available HPV test.

- Hybrid Capture testing – 87624
- Cervista HPV testing – 87624
- Cervista HPV 16/18 genotyping – 87625
- Aptima HPV testing – 87624
- Aptima HPV 16/18/45 genotyping – 87625
- Cobas 4800 HPV testing which includes results of genotypes 16 and 18 – 87624
- BD Onclarity which includes results for genotypes 16, 18 and 45, 33/58, 31, 56/59/66, 51, 52, 35/39, 68 (most laboratories only report out 16, 18 and 45) – 87624.

Question #5: We have a client that was recently diagnosed with invasive breast cancer in the left breast 2 weeks ago. Her provider asked if we could cover an MRI for a new mass found in the right breast. I understand we do not cover breast MRI for staging. However, does this apply to new masses found in the other breast. She has not started treatment yet.

Answer: You should confirm with the provider if the MRI is for diagnostic purposes. Since she has not been diagnosed with breast cancer on the right side and there is a mass of concern, you may reimburse for a breast MRI if it is for diagnostic purposes of the new mass. Any testing for staging purposes should be covered under the Treatment Act.