

# Ask Dr. Miller



July 2022

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

**Announcement:** There was a minor edit to the *NBCCEDP Program Manual Part 1: Program Implementation* to remove language about MOUs being submitted to CDC. The updated version 1.1 is available on AMP.

**Question #1:** *We have a provider who is interested in using self-swab for cervical cancer screening. Is it possible to use NBCCEDP funds to pay for this type of screening?*

Answer: Self-swabs are not yet FDA approved for cervical cancer screening. Therefore, NBCCEDP funds cannot be used to pay for it. We are hopeful that this will change in the near future once FDA approved.

**Question #2:** *We have a perimenopausal client with abnormal bleeding between menstrual cycles. The provider is requesting to do an endometrial biopsy. I thought that abnormal bleeding with a normal Pap test result would lead to an assessment for endometrial cancer. In what situations would the NBCCEDP cover an endometrial biopsy?*

Answer: Assessment of abnormal bleeding with normal Pap results is to look for endometrial abnormalities. The NBCCEDP only reimburses for an endometrial biopsy to complete the screening cycle as per ASCCP guidelines. Those guidelines are to follow up on 1) abnormal Pap results showing glandular abnormalities such as AGC or AIS and 2) Pap results in a postmenopausal individual showing endometrial cells.

**Question #3:** *We have a 39-year-old client who had a stereotactic left breast core needle biopsy showing a complex fibroadenoma with associated microcalcifications. The surgeon requested to do a left breast lumpectomy using CPT code 19301. Could the program cover this CPT code?*

Answer: The CPT code 19301 is the code for “Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy)”. This code is used for treatment and is not covered by the NBCCEDP. Therefore, your program cannot reimburse for this code. If the surgeon wants to do an excisional biopsy, your program can reimburse CPT code 19120 which is for “Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19300), open, male or female, 1 or more lesions”.

***Question #4: We have a client who could not get a Pap test because of a very large uterine polyp obscuring the cervix. The provider attempted twice over the past three months. The provider recommended that the client have an exam under anesthesia, diagnostic hysteroscopy, hysteroscopic myomectomy vs polypectomy, D&C, and a Pap test at the same time. Can our program cover these procedures?***

Answer: A hysteroscopy, myomectomy, uterine polypectomy, and D&C are procedures related to endometrial pathology and not related to diagnosing cervical cancer. These procedures are not covered through the NBCCEDP. Because she has such a large polyp, your program should link this person with social services to assist with getting insurance coverage. If diagnosed with endometrial cancer, it would be good to have coverage for that treatment.

***Question #5: Should our clients wait for 4-6 weeks after having their COVID booster before getting a screening mammogram?***

Answer: Due to concerns that enlarged lymph nodes secondary to the COVID booster vaccine may appear on a mammogram and raise concern for possible breast cancer, many imaging centers still recommend waiting 4-6 weeks after receiving COVID vaccination. Individuals should inform the mammography center if they recently received a COVID vaccine. However, this only applies to screening mammograms. There should not be a delay if someone needs a diagnostic mammogram for issues that are concerning for or a potential sign of breast cancer.