Ask Dr. Miller

October 2023

The following questions were posed by NBCCEDP recipients:

Question #1: We have a patient with HPV-positive results on cervical cancer screening. They also need to have an anal Pap test. We are wondering if an anal Pap would be covered by the program, and if it is, what CPT code should we use?

Answer: Anal Pap testing is not covered under the NBCCEDP. By federal law, this program is only authorized to provide breast and cervical cancer screening and diagnostic services. Anal Pap tests screen for anal cancer which is outside the scope of this program. There are several other cancers that are HPV associated, but this program only covers screening for cervical cancer among these HPV-related cancers. Pap testing of the vaginal cuff post-hysterectomy is allowed for surveillance to assess for recurrence among persons that have been treated for cervical cancer.

Question #2: Our state can provide colposcopies at our county health departments for those who are underinsured (i.e., cannot afford their cost share). However, the billing system is not ready, so they are unable to bill their insurance company. We plan to use the insurance documentation to determine the patient's portion of the payment. The health department will be able to confirm the patient's deductible. Until the billing is set up, can we pay for the colposcopy without the documentation?

Answer: Because the federal law requires the NBCCEDP to be a payor of last resort, you cannot pay for anything that is covered by a person's insurance. You must have something that verifies that the insurance will not pay for the colposcopy or the portion that would be the patient's responsibility. You must be able to guarantee that your program is only paying what the insurance company determines is the patient's responsibility.

Question #3: We have a client with postmenopausal bleeding that had a Pap result of atypical glandular cells of undetermined significant (AGUS). An endometrial biopsy with endocervical curettage showed few endometrial glands with focal atypia and endocervical mucosa with

squamous metaplasia and lymphoplasmacytic infiltrate. They are scheduled to have a D&C and hysteroscopy. I know that we can cover endometrial biopsies after an AGUS Pap results. I am not sure if we would cover the D&C and hysteroscopy.

Answer: We do cover the endometrial biopsy as a follow-up to the abnormal Pap test result. This is the recommended follow-up from the ASCCP guidelines. The D&C and hysteroscopy with the associated pathology testing are not related to cervical cancer, so they are not covered by the NBCCEDP. The follow-up for the endometrial atypia and related postmenopausal bleeding is to assess for endometrial cancer.

Question #4: We have received a few requests to approve treatment or further testing for atypical ductal hyperplasia of the breast. Are we able to cover any follow-up procedures after this diagnosis?

Answer: A breast lesion with atypical ductal hyperplasia identified on needle biopsy needs to be excised for complete assessment due to the fact that it has a high association with invasive breast cancer. The type of excisional biopsy (stereotactic localization, ultrasound localization, open excisional, etc) depends on how the lesion was originally identified. This is a diagnostic procedure which is covered by the NBCCEDP. This is not considered treatment. Remember that by federal law, the NBCCEDP is not allowed to cover any treatment costs.

Question #5: We would like to clarify what further diagnostic work-up (beyond a diagnostic mammogram) is needed for clients who have abnormal clinical breast examination (CBE) of focal pain/tenderness and the mammogram findings indicate BI-RADS 1, BI-RADS 2, or stable BI-RADS 3. We have noticed some providers noting that no further follow-up is needed. What if the mammogram is normal or benign following an indeterminate CBE?

Answer: Any patient with an abnormal CBE should receive a plan to determine if this is cancer or not. A normal mammogram does not necessarily end the process. If the mammogram has a benign finding that is consistent with the examination and both of these findings have been persistent over years, then it is reasonable that no additional testing may be warranted at that time. If the mammogram does not show anything to be consistent with the CBE finding and this is a new breast symptom, then additional studies such as an ultrasound or a breast biopsy may be needed. Also, the provider may decide to do a short-term follow-up with a repeat CBE instead of immediate additional testing. It really depends on the findings and the level of suspicion as to what should be the next step. Tenderness can be normal for a patient pending the timing of the exam during a menstrual cycle or a persistent finding related to documented fibrocystic changes. Indeterminant finding would mean that the provider identifies something, but they are not sure that it is anything suspicious. It is a medical judgement on the next steps for indeterminate findings. In general, any abnormal CBEs should not be ignored and have a plan for follow-up assessment to rule out breast cancer.