

Ask Dr. Miller



December 2023

2024 NBCCEDP Allowable CPT List

The 2024 NBCCEDP CPT list is attached. There are two codes added:

- 38505 - needle biopsy of axillary lymph node
- 00940 - anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium)

Remember that telehealth visits are still allowed using the regular office visit codes through the end of December 2024.

The 2024 Medicare reimbursement rates have not been released yet. We will notify you once we learn that they are available.

The following questions were posed by NBCCEDP recipients:

Question #1: A provider identified and excised a vaginal polyp while performing a colposcopy. Is this payable by NBCCEDP using CPT code 57500?

Answer: We can make an exception and approve this as an incidental finding during colposcopy. The appropriate CPT code would be 57100. The CPT 57500 would be for the cervix, not the vagina.

Question #2: One of our radiologists wants to know if CPT 76882 can be covered along with the breast ultrasound CPT codes (76641 or 76632) if the axilla is evaluated along with the breast.

Answer: CPT codes 76641 and 76642 include the axilla when evaluating it as part of breast cancer assessment along with the breast ultrasound. CPT 76882 refers to focusing on a separate assessment related to the extremity. If only an axillary ultrasound is performed, then use code

76882. Breast ultrasound done with the axillary views cannot be reimbursed as two separate procedures.

Question #3: We are interested in identifying patients at high risk for breast cancer by incorporating breast cancer risk assessment into the enrollment process. There are multiple breast cancer risk assessment tools available. Does the CDC have any recommendations on which breast risk assessment tool to use?

Answer: CDC does not recommend any breast cancer specific risk assessment tool. There are several tools available that vary somewhat.

Question #4: When a screening mammogram has a result of unsatisfactory or need film comparison and the radiologist requests additional breast imaging procedures such as magnification views, is time to compare a follow-up mammogram to an earlier mammogram for film comparison by the radiologist covered by the program? If so, what CPT code should be used?

Answer: There is not a separate code for film comparison. That is covered in the provider portion of the reimbursement for the mammogram. Comparison to older mammographic images is a part of reading a mammogram. The additional imaging is reimbursed using the diagnostic mammogram codes of 77065 if unilateral or 77066 if bilateral.

Question #5: We recently had a patient in our program who underwent a biopsy. The patient went to the ER due to complications from the biopsy. Are we able to pay for this ER visit?

Answer: Yes, the program may cover any visits and procedures required due to a complication from a program-covered procedure as long as it is outpatient. By federal law, the program is not allowed to use federal funds for any inpatient procedures.